

Shaping my Latinx body in Canada: Challenging internalized anti-fat bias

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A thesis submitted in partial fulfillment of the requirements of the Master of Education program

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Thunder Bay, Ontario, Canada

2025

**Abstract**

This research project explores my journey as a Mestizo Latinx Immigrant woman in Canada and how, with a body transformation, I came to realize that I have an internalized anti-fat bias. As an autoethnographer, I delve into my life experiences, feelings, and memories to discover when this started and how much family, cultural context, education, and healthcare systems influenced its development. In this thesis, I discuss themes such as intersectional oppression, immigration, colonization, family interactions, and anti-fat stigma and bias, mostly in my home country, but also what I have experienced in two years of living in Canada. The findings of this research show: how the lack of attention on topics such as body and food relationships in the educational system affects the later development of a distorted body image and possible eating problems; how the colonization system influenced centuries of history such that a family can be led to grow with anti-fat stigma and bias; and how many racist ideals are perpetuated and enforced in younger generations, which in my case meant being forced into restricted dieting all my life. Finally, through the literature and analysis, this thesis examines and deconstructs how I reached the point where “fat” became a liberating word, a word of power, rather than a negative descriptor used to make me feel inferior. Through research, I built a new, powerful definition that empowers my body image, heals my journey, and leads me to advocate for a more diverse and inclusive world with different body shapes and sizes.

### **Acknowledgements**

To Mauricio, my husband, who has been with me on all my journeys, not only in my thesis research but also in the journey of going inside of me to map my body and accept myself and coming to Canada to have a new start. Most importantly, for the past six years, he has supported me in getting to know me and accepting my body. Sometimes, seeing me in the mirror is difficult, but he has supported me every step of the way. When I was struggling the most with the thesis, he came up with the best idea to record myself, to talk to myself, not only to write my memories but also to record what I was feeling during this research process and when the days were hard, he was there to hug me, to love me and show me how great, how awesome I was doing. All the 5:00 am WhatsApp messages you set up for me daily fulfilled their goal: to motivate me to keep going. They were read, I assure you that. You are one of the best things in my life. I love you, Papichurris.

To Leigh, my supervisor. Thank you for guiding me with all your love and patience during this journey. It was my first time writing and doing a research project; it was a big challenge. You had the perfect words, the right motivation and the combination of reality and hard work I needed to complete it. I had avoided going inside of myself since 2017 when my Instagram project—"Belleza Absurda"—was built. I did not want to face my own story because it was hard to heal and face it. Being able to say aloud that I have an internalized anti-fat bias liberates me from the pressure to pursue a perfect body and the judgment that I put onto my shoulders. It also gave me the gift of healing my mom's relationship and being aware of my responsibility during this journey. Thank you for being a great professor, a fantastic supervisor, and a friend when I wanted to give up and cry.

Mom and Dad, in this paper, I realize how hard it is to grow up in a social context that points at you for everything, but what was more evident to me is that it is not your fault that I feel

bad because you both and, also, me, we grew up in the same social anti-fatness context. Thank you for teaching me to be a perseverant woman, to get uncomfortable when things are not how I want them to be, to face fears, and always to want to pursue my goals no matter what. Thank you for teaching me that life is not binary. Even if what you learned was that you made me realize that I could change and make a different choice in how I see life. With all the confrontation and other ways of thinking, even with all the moments, I have cried because of how you taught me to see my body. Thank you because you are the most amazing parents in the world. You made me the woman I am today—a feminist, activist, rebellious, and unique.

To my grandma, who passed away while I was finishing this thesis. She is an excellent part of my history and how fatphobia grew in our family, not because she wanted to but because she was a victim of rejection and oppression based on her mestizo origins. You will be missed and kept alive in our hearts and in this thesis. “*Soy mestiza, soy tu herencia. Abrazo mis canas que son tu herencia*”

To baby Manuel, you came when I was not expecting you. I was not ready in a way, and I was so scared, but you brought light and love to me. You inspired me to be better not only for me but also for you. So this effort is also for you to be a better mom who does not judge a body and, more importantly, does not judge her body. I LOVE YOU, BABY MANUEL

To the reader of this thesis, just keep in mind this phrase:

“***Not everything that is faced can be changed, but nothing can be changed until it is faced.***”<sup>1</sup>

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<sup>1</sup> James Baldwin (1962). “As much Truth as One Can Bear

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## Chapter 1: Introduction

It is estimated that the global diet and weight loss industry will be worth almost \$300 billion by 2030 (Sole-Smith, 2023). Since the 1970s, the NAAFA (National Association to Advance Fat Americans) has been advocating for the rights of fat people and highlighting the systemic discrimination fat people experience in society and within the healthcare and education systems. Fighting against systems that associate health with thinness can feel like an uphill battle (Sadika & Chen, 2023). Sole-Smith (2023) reported that recent studies indicate that four out of five Americans demonstrate bias and stigma against fat individuals. This discriminatory attitude toward fat people is a form of oppression that urgently needs to be addressed. Despite efforts to promote body positivity and combat weight-based discrimination, there seems to be little progress in reducing the salience of anti-fat stigma, particularly given the amount of propaganda that a person can receive about dieting, reducing weight or getting in your best shape through AI components on social media (Instagram, n.d.). The problem seems to be on the rise, with social media being the primary source of information and the preferred communication channel for mainstream (non-academic) people (Sole-Smith, 2023).

Anti-fat bias, referring to the assumptions made about fat people, such as their lacking willpower so eating too much and being sedentary or even lazy (Puhl et al., 2001; Lee, 2019), and anti-fat stigma, referring to the lack of respect for those living in larger bodies that is experienced in many different systems (Puhl et al., 2010; Tylka et al., 2014; Lee, 2019), are oppressions that have been normalized. Thinner bodies are considered ideal, healthy, normal, and desirable, while larger bodies are claimed to be unhealthy, disease-prone, abnormal and unattractive (Bahra, 2018; Rice, 2009). These normative beliefs have driven the healthcare

system worldwide to focus on preventing people from becoming “obese” or “overweight”<sup>2</sup> (World Health Organization, 2022), feeling anti-fat bias and stigma.

Fat oppression is experienced differently depending upon one’s when intersecting identities like gender/sexuality and racialization (Bordo, 2003; Strings, 2019; Shonrock et al., 2022).

According to Shonrock et al. (2022), in the case of gender and sexuality, the degree to which fat oppression is experienced differently between lesbian women and heterosexual women has been exposed, including higher reported levels of eating disorders in lesbian women. The same research also highlights how gay men experience the same levels of internalized weight bias as heterosexual women (Shonrock et al., 2022). With Black and Indigenous people, Strings (2019) shows how American exceptionalism, in which the ideal thin body based on the Nordic/Aryan type of body is idealized, means anyone who does not fit that bit is considered ugly or out of shape. Differences in body shape matter, with fat Black people or people of colour being portrayed as doubly bad based on their size and race, adding even more oppression to how they are treated in different social spaces, such as the healthcare and education systems (Bordo, 2003).

As Cameron and Russell (2016) state, “obesity discourse perpetuates the idea that being thin is the ideal and being another body shape is irresponsible and evidence of a lack of willpower”(p. 1). There is also money to be made in the rejection of fat bodies, as the diet industry demonstrates. The binary of thin and fat privileges thin bodies as the ideal and oppresses fat people as inferior.

## **Research Purpose**

In this Master's research project, the primary purpose was to explore the internalized anti-

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<sup>2</sup> “Obese” and “overweight” are often used by healthcare personnel and academics, revealing their anti-fat bias. I put these in quotation marks to indicate that they are problematic. I will not use them in the rest of the research.

fat stigma and bias that I carry about my own body and weight through autoethnography. This includes an exploration of how I understand this pressure as it maps onto my educational spaces, family interactions, health system, migration experience, and social and cultural spaces (Sadika & Chen, 2023). Through autoethnography, I also explore and examine how much these experiences have affected my relationship with my body. This research is therefore guided by the following question: *How can my experiences of anti-fat bias as an immigrant Latinx woman demonstrate the importance of size-inclusive education?* Throughout the thesis, I explore the tensions between individual experience and systems of power and privilege and recommend how education, healthcare, and families can help challenge this stigma and foster change.

### **Situating Myself in this Research**

The research is based on a need to recognize myself all over again after 37 years of dealing with a lot of pain, discomfort, self-doubt, and, at the lowest point, even self-hatred. As young as four years old, I faced the distress of hearing comments about how I ate, how thin or fat I was, and whether I was healthy or not based on the shape of my body. I went from not eating solid food, then “overeating” solid food, being slim, then curvy<sup>3</sup>, having a round childhood body shape, then having a slim figure growing up, to finally developing a curvy teenaged body shape that is now a grown, medium-sized<sup>4</sup>, curvy/fat woman shape. It is not easy to recognize a body that has changed, and that it is out the Western mould (Lorber & Moore, 2011) because of my Latinx Indigenous inheritance.

At 25 years old, I also had an accident with a candle and a long skirt, which left me with

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<sup>3</sup> I use the word “curvy” to describe my body in this research project, which will be explained in the last section of the Introduction.

<sup>4</sup> I will discuss the categories of fatness (“fategories”) later as well.

50% of my body covered by scars. Having burns, injuries, and all the pain—physically and mentally—was the most challenging point of my life with my body. Waking up one day with the possibility of losing it all, and at the same time already having “lost my legs”—at least how they looked before the accident—I had to face the scars and the new beginnings. I learned how to walk again, drive, and dance—something that is a passion for me—and reconstruct a self-image while simultaneously discovering all the existing holes in my mindset and the pressure that had led me to that point in my life. It was a moment where I was not only conscious of body image or being an advocate of body-positivity in social media—with my own project “Belleza Absurda”<sup>5</sup>—but I was also aware of how much oppression women's bodies suffer and how much of this oppression is based on anti-fat stigma and bias (Sole-Smith, 2023).

Additionally, the last two years have been challenging for me: coming to a new country—Canada—with all that it takes to be an immigrant, and at the same time comparing myself with the white, thin, Western, Canadian women who, for years, were presented as my (unattainable) beauty ideal (Lorber & Moore, 2011). I am conscious that white, blonde, blue-eyed women are the beauty norm; the original Barbie is the stereotype of how women are supposed to be. During the early phases of this research, the *Barbie* movie was a central part of popular culture, reinvigorating a conversation about feminism into the mainstream, which again triggered the way I saw myself in the mirror. At my job, I am “the new” person. I often feel like the different one, the Latinx person. When I try to fit in, I cannot, not only because of mistranslations in language but because sometimes I have felt that I did not belong because of all these parts of my identity.

My Latinx culture, background and customs make me think differently, and how I look is totally different from what I have around me here in Thunder Bay most of the time. There are

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<sup>5</sup> Belleza Absurda is an Instagram project based on body image, self-love, and women's empowerment.

some Latinx women in Thunder Bay, but they are only 0.004% of the population.<sup>6</sup> There are also other people of colour and Indigenous women, but most of my surroundings are white-dominated spaces where I do not see myself reflected. Moreover, while it is a wonderful opportunity to be in this space, it is also challenging when what I have been taught all my life about beauty is right in front of me, surrounding me, and then I must look at myself and not struggle. Being an immigrant with a cultural identity is a complex and tricky journey.

I want to show with my own story how being a Latinx immigrant can affect how people view themselves in places where they cannot see themselves reflected, where it is not easy to identify with something or someone near them. I want to highlight the importance of teaching body diversity, anti-fat bias and stigma in a multicultural country where Latinxs are arriving every day and are becoming part of the country itself. Furthermore, I want to call attention to the fact that body image is an important topic that has been overshadowed in many systems, which has minimized the impacts of not recognizing the struggles that anti-fat stigma, bias and fatphobia can provoke (Wright & Leahy, 2016).

## **Positionality**

My name is Juliana Paucar Restrepo, and in this thesis, you will see the conflicts surrounding my story and the details that are part of it. As a Latinx person, I use two last names, one from my father and the other from my mother. My first last name—Paucar—is from a Quechua community in Peru; it was hard to find its origin in Colombia because only one family has this last name. Peruvian Indigenous history is not well documented, like in all of Latin America. When I say my last name, among most other Latinx (not from Peru or Ecuador, where the last name is quite popular) and non-Latinx in North America, I can predict that it will be

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<sup>6</sup> Thunder Bay's population is 113,864 (<https://worldpopulationreview.com/world-cities/thunder-bay-population>).

misspelled. It is unfamiliar to most people, and based on the origin, few people know how to say it correctly. I expect to be asked, “Where is that last name from?” I did not have an answer to this question for a long time. However, five years ago, the story about two Quechua Indigenous brothers migrating from Peru to Colombia came to life when a distant cousin went deeper into the topic and discovered our ancestors. So, I am an Indigenous Latinx from the Quechua family in the Andes Mountains.

The contradiction came with my second last name—Restrepo—from my mom’s side. This is a Spanish last name, and it is widespread to have this kind of mixture in Latin America because of Spanish colonization. With this combination, I am no longer only an Indigenous woman but a Mestizo woman—a mixture of Indigenous and Spanish. My (Indigenous) grandmother—from my mom’s side—was discriminated against by my grandfather’s family because she was brown and “too Indigenous.” However, what resonates most with me is the order of my last names: the oppressed name is first, and the second—the oppressor—is the last; it is like I have been destined to be the change to overcome the oppression, that, as women, as Indigenous women, as Mestizo women they have experienced in all their lives.

Anzaldua (1987) explains the contradiction of being a Mestizo woman in Mexico, which reflects how much I struggle with my Colombian Mestizo identity. I added the following extended quote to help me understand my identity and to give insight as someone who experienced this duality long ago:

A mestiza is floundering in uncharted seas. In perceiving conflicting information and points of view, she is subjected to a swamping of her psychological borders. She has discovered that she can’t hold concepts or ideas in rigid boundaries. The borders and walls that are supposed to keep the undesirable ideas out are entrenched habits and patterns of behaviour; these habits and patterns are the enemy within. Rigidity means death. Only by remaining

flexible is she able to stretch the psyche horizontally and vertically. La mestiza constantly has to shift out of habitual formations; from convergent thinking, analytical reasoning that tends to use rationality to move toward a single goal (a Western mode), to divergent thinking, characterized by movement away from set patterns and goals toward a more whole perspective, one that includes rather than excludes. (p. 255)

As a mestiza who has travelled around the world and is now living in Canada (that embodies a strong Western standard of living), being flexible and sometimes attempting to adapt to a new environment is part of life. The essence of a mestiza stems from two distinct cultures: settler White culture and Indigenous culture. As a mestiza, one is perpetually positioned between two corners, never fully anchored in one place. This results in decisions and behaviours that reflect a balance between two worlds—never rigid but constantly adapting. My entire life reflects these dichotomies, as I find myself not in one singular place or corner but persistently navigating between two worlds.

My parents came from two different backgrounds: my mom is from a lower-working-class family raised by a single mom (my grandmother became a widow at 40 years old) and my dad is from a middle-working-class family where my grandfather owned his own business, and his mother was a stay-at-home parent. My lineage and my background are primarily framed by my mom's side of the family as I did not have many connections with my dad's side of the family. My grandmother is a brown woman and was discriminated against by my grandfather's family—the Restrepo family—who were white with Spanish heritage. Living with that discrimination was awful for my grandma, my mom and her six siblings. After my grandfather died, my grandmother was left alone with no money and nothing but her hands. My mom, being the whiter of the seven children, dedicated her life to proving to everyone that she was worth being part of the family Restrepo, that she belonged to upper-class society, and that she could overcome the racist

expectations society imposed on her. Since she was a little girl, my mom set up her mind to belong; she paid for her private school—which is expensive in Colombia—worked on weekends and pretended to be from another social class during the week. To fit in, you must look, behave and be like you are part of that group, and the upper classes in Colombia are almost exclusively white people, descendants of the Spanish with mannerisms and looks of white European norms; being fat is not part of the formula (Bordo, 2003; McPhail, 2023).

My last name, family history, and Colombian context all provide insights into the oppression and context in which I grew up and how I came to see fat as inappropriate and, most of the time, even wrong. Not only was being fat bad, but being a Mestizo woman meant I was not acceptable or “enough,” not only to society but within my own family. Yet, now, I am 37 years old, proud to be a woman and feminist, queer ally, and Mestizo woman. It took me almost 30 years to accept myself as a woman; for me, it was initially more of a pressure than a gift. The pressure of having to wear make-up, having to take care of my hair, having to paint my nails, or having my period was not, for me, the ideal way to be a human being. Men made it seem to me that being a man was easier, and more accessible. In the end, I realized with therapy and much self-acceptance that I was not only a woman but an extraordinary one.

Building my woman-self has been a significant journey. After the accident that I had 12 years ago, I started to realize that I was not only gifted for being a woman but also that everything about me was exceptional. With 50% of my body full of scars and being classified as “ugly” and “imperfect,” I realized that I needed to raise my voice and go deep into many topics, like my own story that includes my own insecurities. Thus at 30 years old, I started a social media project on Instagram to focus on “body positivity” because that was the mainstream entry to this topic, and it was linked to the so-called social media influencers and stories of burn survivors that I followed. I started to talk about these topics, but my initial focus was body

“abnormalities” and my skin.

First, it was the scars on the body, and then it was superficial things like cellulitis and skin marks. I began talking about my legs with my burn scars; then, it was my hair and the acceptance of my heritage. Subsequently, I spoke about my weight, my understanding of why I really hate myself in the way I see it in front of the mirror, and the need for women’s healing. I eventually crossed paths with The Real Catwalk, a not-for-profit platform and social movement that showed me that there are more differences than skin abnormalities; that there are a lot of different interactions that, as humans, make us fight to have a voice, to be part of society, and to be treated with dignity, to be treated as human beings. At that point, I realized that my fight was not only for my skin abnormality but for all the things that intersect to impact me and the people that surround me. That is when feminism, oppression, intersectionality, equity, inclusion, and diversity came to me as something personal and worth fighting for. Every time I came across a new term and deepened my knowledge, I realized how much pain I had within me.

In particular, the term “fatphobia” (Lorber & Moore, 2011; Tylka et al., 2014; Sadika & Chen, 2023) appeared in that pathway of self-realization and caught my attention. I had been taught that fat is wrong, and it influenced how I perceived my body and how I look. Being told in different ways that I always looked fat and that I had to lose weight made me afraid to gain any pounds, and yet at the same time, I was gaining weight every year, leading me to the point of hating myself and feeling wrong about wanting to promote self-love. This pushed me to understand that the fight was inside of me as well. That anti-fat bias exists, and it was closer than I thought. It was not actually only a phobia—the fear of something—it was a stigma, as Goffman (1963) defines stigma as “the attribute that is deeply discrediting” (p. 3). I was discrediting myself and others around me based on their body shapes, and I did not accept it until I started to do the inside work I needed to better understand it. This bias, which I internalized, has led to

discrimination against and maltreatment of all large-body people (Sole-Smith, 2023).

As a result of my work, I believe that education is a powerful tool for advocacy and social media is one site where we can raise our voices. So, here I am: conducting research to explore and contextualize my journey that I have called, “Shaping my Latinx Body in Canada.” While I acknowledge my background brings baggage full of bias and autoethnographic study may lack of a broader point of view, through this work I am able to heal myself. I also hope that by sharing my story, I might inspire young girls and women to also go on a healing journey and recognize the false concepts they may have internalized that feeds the oppression of their bodies.

I want to close the introduction with this poem by Anzaldua (1987), which represents the struggle I feel to be more than one part of myself and my need to fight with all the borders—the oppressions—I encounter:

***Una lucha de Fronteras/A Struggle of Borders***

*Because, I a mestiza,  
continually walk out of one culture  
and into another,  
because I am in all cultures at the same time,  
alma entre dos mundos, tres cuatro,  
me zumba la cabeza con lo contradictorio.  
Estoy norteada por todas las voces que me hablan  
Simultáneamente. (p.254)*

### **Using the Word “Fat”**

The word “fat” is used frequently in this thesis. However, I struggle with the word and I do not often use it because I used to find it so offensive. I feel a conflict between what fat means socially and what I found, through this research, that it could mean. I will define the word further

in this thesis, but for now, I am focusing more on the struggle of what the word means to me.

As Boero (2012) mentioned, fat is a concept that has been used for discrimination most of the time. In my family, fat is not a subject to talk about, or when it is mentioned, it is used to refer to something wrong. If a person in my family gains any kilos, they are in the wrong and getting out of shape. If someone outside of the family is fat, has a big body, or has gained some kilos in recent months—or from the last time they saw the person—gossip and judgement are the primary behaviours that surface in my family. I have been the subject of that gossip and judgement myself multiple times based on my weight fluctuation. So, I have been ashamed to be a fat person, even if I am a “small fat” or just a medium-sized curvy Mestizo woman.

During this research project, I was confronted with the convention of using the word fat as a descriptor, but I found it challenging to use it to describe myself. One of the main doubts or considerations I have is whether I can be classified on the fat/body size continuum or if it is necessary to be classified at all. See Fluffy Kitten Party, 2021, for a discussion of “fategories” that range from “small fat” to “superfat”. As I discussed with my supervisor, Dr. Leigh Potvin, I do not want to appropriate a term as someone who is at the small end of one spectrum. I also do not want to continue to perpetuate my own internalized anti-fat bias by calling myself fat. According to Dworkin and Wachs (2009), determining the “correct” frame of a body shape is inconclusive because there is not enough literature that can categorize all types of bodies and all types of fat. I question how I can classify myself as being or not being fat if, on the one hand, I have been told that being fat is wrong, but on the other hand, all my life I have been classified as a fat person.

Sole-Smith (2023) suggests that to be categorized as fat means a person does not fit in the commercial sizes readily available in all stores (rather than, say, specialty “plus-size” stores). However, clothing sizes are not universal sizes. Each brand has its own sizes; not all small,

medium, large, or extra-large clothing fits the same bodies or measures. So, how can I reason through all these dilemmas and my own bias to use, or not use, the word fat as my own descriptor? I came to a point where I felt okay defining myself as small fat, or what seemed to work for my context better, as a medium-sized, curvy Mestizo woman. Later, during my pregnancy, as my body grew, I could more readily identify as a fat person and, because of the work I had one, I was not afraid of ending up with a fat body shape after pregnancy.

As you can see, using the word fat has been a struggle for me. Through this research process, I have found that it is a descriptor that can give a person much power when the sting is removed and it gains its actual meaning of being a simple way of describing a particular body size and shape. It is a word I use to reclaim what has been taken, to identify a self without being ashamed, because bodies' shape and sizes are diverse and we do not need compare ourselves or tolerate oppression. Reclaiming the word fat, as Drinkwater (2016) states in her TEDtalk presentation, is to value a holistic way of prioritizing mental health, self-worth and how a fat person feels in their own body as a vital aspect of well-being.

### **The Word “Curvy” for a Medium-sized Mestizo**

Using the word curvy can be controversial. According to Limatius (2018), this term sugar-coats the term fat. Also, mainstream society perceives curvy as a flattering, positive descriptor for a larger woman, and it is often used in advertisements for plus-size brands (Litumatius, 2018), replacing fat because of the negative connotations associated with that term over the last century. I acknowledge that fat activism and fat pedagogy scholars have reclaimed the word “fat” as a descriptor, and it is used when someone wants to expose and contest the anti-fat environment (Puhl et al., 2017; Litumatius, 2018).

So, why am I using it? The answer has two parts. The first is based on this research, when I learned more about body shapes, sizes and the fat world. In this autoethnography project, I

portray my experience with internalized anti-fat bias, all while I am learning more about fat studies. I do not want to make the word my own when the reality is that while I have been a victim of the fatphobic world I have been surrounded by, I am not a fat person but a medium-sized woman.

The second reason—and here is where the word curvy enters—is because the recurrent ideal Latinx body shape is the “hourglass” that most of the time is classified as a curvy shape with a narrow waist, round hips, and big breasts. This is my type of shape, but it has been hard to accept this because the body shape that I always wanted was the “square” European type. I am now empowering myself to understand that I am not only a medium-sized woman but a “curvy” medium-size Mestizo Latinx woman. Just as the word “fat” has been claimed by fat activists, I seek to reclaim my curvy/fat shape and accept my round hips and big breasts without fear, even though doubts and insecurities remain.

## Chapter 2: Literature Review

In this review, I focus on relevant scholarship on anti-fat bias and stigma experienced in schooling/education, healthcare, and family contexts. I begin with a discussion of what constitutes “fat” by using the work of Sole-Smith (2023), Bordo (2003), Boero (2012), McPhail (2023), Rice (2007, 2009), and Puhl and Brownell (2001) to examine the concept through different lenses. I follow with a review of writing on weight and anti-fat stigma and bias, explaining the perception of both terms and why anti-fat is now preferred by some (Sole-Smith, 2023; Puhl, 2015; Shonrock et al., 2022; Bombak, 2016; Bramblette, 2015).

I then turn to my theoretical framework that informed this research project. The first is grounded in critical feminist theory and is applied to questioning the binary system of fat versus thin and challenging the hierarchy of privilege of the latter over the former (Rhode, 1990; Wittig, 1997; Lincoln & Denzin, 2003; Ganon & Davies, 2007; Butler, 2011; Gorali, 2020). The second is fat pedagogy, which is an educational approach that challenges weight-based discrimination (Cameron & Russell, 2016; Pringle & Powell, 2016; Levan, 2016; Wright & Leahy, 2016). Together, these two frameworks give me the education and intersectional perspectives I seek as a feminist.

The last section highlights different views on anti-fat stigma and anti-fat bias in contexts like education, healthcare, and the family. Related to education, I discuss how books, teachers, and the academic environment encourage the idea of being “healthy” but, at the same time, do not promote inclusivity in the classroom, often marginalized fat learners (Evans et al., 2008; Nestle, 2011; Pringle & Powell, 2016; Levan, 2016; Wright & Leahy, 2016; Sadika & Chen, 2023). In health care, the amount of fat oppression that big-bodied people suffer is well-documented, from mistreatment by personnel at hospitals and clinics, to inadequate equipment, to measurement issues and misdiagnoses (Amy et al., 2006; Boero, 2012; Tylka et al., 2014; Puhl &

Suh, 2015; Bramblette, 2015; Tylka et al., 2015). I end with a discussion of the family context, exposing how families are subject to judgement for how their children look and are fed, and how that feeds anti-fat stigma and beliefs in culture, customs and behaviours (Bordo, 2003; Kokkonen, 2009; Walsh & Rinaldi, 2018; Sole-Smith, 2023).

### **What is Fat?**

In the discussion in the chapter introduction about the use of the word fat in mainstream society and popular culture, I note how fat is conflated with medicalized concepts like obesity, overweight, morbidity, and illness (Boero, 2012). These negative associations are rejected by fat activists, scholars, and researchers (Boero, 2012; Puhl & Brownell, 2001; Sole-Smith, 2023). When one looks at most of academic, medical, and media articles about fatness, one will find claims like eating too much or not moving enough will result in becoming a fat person, but that is simply wrong (McPhail, 2023). Further, the image of fat bodies is related to being “sick, unattractive, unfit, greedy, uncontrollable, fragile, and belonging to a lower social class” (Rice, 2007, p. 158). So, the word fat, as applied to bodies, has long connoted bad things, as something wrong.

Scholars such as Puhl and Brownell (2001) illustrate how fatness relates to the concept of class, highlighting its wrongful association with lower-income individuals. It also typically targets women—it is also a gendered notion—and specifically women of colour, since race also significantly influences the term (Zinn & Dill, 1996). The concept of fatness, particularly in relation to race, as Bordo (2003) pointed out, emerged from the colonial oppression of Black and Brown individuals. Racialized men were compared to orangutans, while women were compared to chimpanzees, suggesting that anything non-white was deemed primitive. Colonial projects demonized everything associated with people of colour, and branding them as fat, round, and wrong was part of that project (Zinn & Dill, 1996).

Fatness also is often defined by what it is not. For instance, the social construction of the term fat is always linked to notions of laziness, illness, and immorality, that is, the ways in which fat people are seen to be lacking (Sole-Smith, 2023; Puhl, 2015; Boero, 2012). Conversely, fat has now also become associated with the “body positivity” movement, which originated from second-wave feminism and emerged alongside early fat rights activism (Sole-Smith, 2023). However, the body positivity movement has watered down fat activism. It has not effectively promoted body diversity and inclusion (since the movement tends to only include those on the smaller end of the fat spectrum), nor has it redefined fat as a positive term; instead, it has morphed into a concept that rebrands dieting and healthy practices rather than dismantling them, thus perpetuating anti-fat bias (Sole-Smith, 2023, p.175). An example of how body positivity has morphed is the #bodypositivity hashtag has been used in social media such as Instagram. At the beginning, it was used to show different types of bodies, but nowadays is used to promote 21-day weight loss programs or diets, or highlights people transforming their bodies with “before and after” posts.

The term fat is not merely a word, then, but a powerful statement used not only as an insult but also, now, as part of fat activism. As Royce (2016) explains, to make something visible, one must name it. Reclaiming this word and incorporating it into our vocabulary, rather than allowing it to be an insult, transforms it into a potent affirmation. Interestingly, an accurate definition is found in dictionaries, where it is simply characterized as an adjective or descriptor. Many people with larger bodies have embraced the word fat as a symbol of power and as a means to reclaim a space that has been denied for so long (Papas, 2020). Those with larger bodies thus often use the word fat to describe their shapes and sizes, challenging the Western beauty standard and suggesting it is a positive identity that deserves acceptance (Sole-Smith, 2023).

### **Anti-fat Stigma and Anti-fat Bias**

Two concepts at the centre of my work are weight stigma and weight bias, which some call anti-fat stigma and anti-fat bias; I am choosing to use anti-fat stigma and anti-fat bias myself, following the work of Sole-Smith, 2023 because her book had a personal impact on me and helped explain to me why this stigma and bias are not only about weight but also about shape. In her review of Cameron and Russell's (2016) *The Fat Pedagogy Reader*, Bombak (2017) discussed how fat pedagogues started to investigate and teach about this topic and notes how the “obesity canon” portrays fat people as lazy, non-productive, lousy, disgusting, and unhealthy, demonstrating the stigma around weight. Bombak also critiques the lack of inclusion of gender, race, ability, and intersectionality into these discussions at the time. I would add that there are also gaps in the literature related to the experiences of Latinx and immigrants in the literature on fat studies.

According to Sole-Smith (2023), anti-fat stigma is related to the perception that individuals have of large-body people, namely that just because of their shape and size, people think that they are lazy, non-productive, slow, disgusting, and unhealthy. This anti-fat stigma often plays out in the healthcare system, the education system, the workforce, and inside family and other societal contexts (Shonrock, 2022). Anti-fat stigma has been classified as oppression against larger-bodied people in recognition of how they are judged and discriminated against (Sole-Smith, 2023). Anti-fat bias is an important concept in this thesis, and the literature contains descriptions of personal experiences of discrimination as well as documentation of how anti-fat bias is experienced in multiple systems (Shonrock, 2022; Sole-Smith, 2023). For instance, Bramblette (2015) outlines how she was misdiagnosed because of the anti-fat bias she suffered from the healthcare system when medical practitioners blamed her problems on “obesity” rather than her Lipedema condition. She was told she needed to lose weight and start to diet, even though her

body size was due to her condition and not how she ate. She received her diagnosis late due to the bias of the healthcare system because the healthcare professions did not go through all the tests needed to get the complete picture and instead assumed that she was fat because she ate a lot and needed to diet to lose weight. I found another example of this kind of anti-fat bias in a video about the early activist group, The Fat Underground (Dean, 1979), where the stories of more than 100 women, the main target of the mistreatment of larger body, were presented, showing how much discrimination they faced, including in the healthcare system because of their size and weight rather than their actual health.

Researchers conclude the same thing about anti-fat stigma and bias: there are significant negative consequences for the people who are the target of this discrimination (Cameron & Russell, 2016; Bombak, 2016; Puhl, 2015; Shonrock, 2022; Sole-Smith, 2023). These include physical, mental, and emotional consequences, including depression, anxiety, body dysmorphia, anorexia, bulimia, binge eating, and low self-esteem (Carels et al., 2010).

### **Internalized Anti-fat Bias**

As discussed, anti-fat stigma and bias refer to negative attitudes and beliefs toward others based on their weight and shape (Puhl et al., 2008). Internalized anti-fat bias refers to the negative attitudes that a person has toward themselves, which means they are not only judged by others in their external environment but also—as the same term suggests—by themselves through an internal judgement that lives within themselves (Salas et al., 2019). Further, according to Latner et al. (2014), the internalization of negative attitudes and beliefs about oneself due to weight or body size, also known as self-stigma or internalized anti-fat stigma, can lead to significant negative health consequences, impacting the individual's overall quality of life.

As Salas et al. (2019) highlights, the narratives about “obesity” in different systems, such as education and healthcare, make individuals believe that “obesity” is a choice and a lifestyle rather

than that fatness is just part of the diversity of body shapes, resulting in feelings of shame and self-blame. Research by Carels et al. (2010) also shows how implicit attitudes toward weight surrounding a person directly affect the way a person perceives themselves, increasing the likelihood of developing internalized anti-fat bias. They also suggest that this internalized bias can result in mistreatment of the self, mainly through developing eating problems and mental health issues. The literature also shows that when these ideal characteristics are medicalized, it contributes to stigma (Dworkin & Wachs, 2009). For example, the use of the medicalized terms “obesity” and “overweight” terms can make large-body a feeling of being abnormal and outside society, thereby internalizing the stigma that has rejected them (Salas et al., 2019).

As documented in the literature, then, internalized anti-fat bias is a negative attitude that people experience after they are exposed to stigma. I have experienced this personally all my life as I was exposed only to bias and stigma when it came to my own body shape rather than being told my body was just one of a diverse range.

### **Fatphobia**

Manne (2024) defines fatphobia “as a feature of social systems that unjustly ran fatter bodies as inferior to thinner bodies, in terms not only of our health but also our moral, sexual, and intellectual status” (p.11). Three myths about fatphobia need to be dismantled. First, fatphobia is not simply a personal bias; it is a structural phenomenon that creates numerous obstacles for fat individuals, leading to their marginalized status in society. Second, people who engage in fatphobia may not recognize their behaviour as hateful or hostile; instead, they may believe they are advocating for "health" rather than recognizing how fatphobia originates from a deep-seated aversion toward fat bodies. Finally, the prevailing belief that fatphobia is less significant than other forms of oppression overlooks the profound impact it has on individuals. For instance, fatphobia detrimentally affects people's access to education and healthcare, their employment

opportunities, and their reproductive rights (Manne, 2024).

The term fatphobia is not specific to any gender identity or category, but women have suffered this discrimination over the centuries in some Western cultures. For example, according to Catholic tales, when Eve was blamed for eating an apple, she is seen as the error herself, generalizing women's appetite as a problem (Moss, 2024). The need for women to control their weight and restrict their food, has been perpetuated through various cultural beliefs and in different social spaces (Moss, 2024). As Strings (2019) shows, fatphobia is also racialized. Moss (2019) discussed how when Europeans started to commercialize enslaved people from Africa, "whiteness was associated with self-control, hard work and prosperity, shown in lean bodies; meanwhile, blackness meant appetite, laziness, and poverty, shown in larger bodies" (p. 2477). While the idea that fat bodies should not exist impacts all fat people (Moss, 2019), a fat Black person suffers even more because of racialized oppression (Bordo, 2003). Hence, fatphobia needs to be understood through an intersectional lens that considers racism, sexism, ableism, classism, ageism, and more (Tiller, 2022).

### **Theoretical Frameworks**

The two theoretical frameworks I use for this thesis are critical feminist theory and fat pedagogy; both are important to as I analyze my internalized anti-fat bias and the external factors that have fed that. I use critical feminist theory to help me question the binary of thin or fat (Lincoln & Denzin, 2003; Ganon & Davies, 2007). As a person who has found herself in the middle of the binary, I have found it complicated to be neither labelled as thin nor to having lived in the shoes of a large-body person. Discussing critical approaches generally, of which both feminist theory and fat pedagogy are examples, Lincoln and Denzin (2003) said:

The critique and concern of the critical theories have been an effort to design a pedagogy of resistance within communities of difference. The pedagogy of resistance, of taking back

“voice,” of reclaiming narrative for one’s own rather than adapting to the narratives of a dominant majority ... (aims at) overturning oppression and achieving social justice through empowerment of the marginalized, the poor, the nameless, the voiceless. (pp. 625-626)

### ***Critical Feminist Theory***

Critical feminism, as Gorali (2020) states, challenge and encourage the exploration of various forms of subordination. It also urges questioning of existing discourses about womanhood and gender to transform and redefine traditional gender concepts and relations. Recognizing how people have normalized the history and existence of oppression, which has hindered meaningful change, like Wittig (1997), I want to bring attention to the issue of gender-based oppression and emphasize the importance of not accepting it as a natural part of any society.

It is hard to live in a world that marginalizes a woman for being in a large body; as Rhode (1990) argues, critical feminist theory illuminates how the marginalization of women and other oppressed groups constitutes the world. As mentioned, this theoretical framework is vital for questioning binary systems, including thin/fat. Butler (2011) asserts that it is crucial to reveal the hierarchies, and exclusions and inclusions, as a first move. As a second move, it is important to highlight the opposition of the differences in the hierarchies; in this thesis, the difference is between fat oppression (exclusion) and thin privilege (inclusion).

I use critical feminist theory in my autoethnographic research to assist in my self-reflection on my own experiences of embodiment as a Latinx woman migrating to a North American country.

### ***Fat Pedagogy***

Fat pedagogy describes an educational approach to critically examining and challenging

weight-based oppression. Fat pedagogy is rooted in feminist and fat studies as fields and fat activism as a social movement. There are many different approaches but fat pedagogies have in common a desire to challenge weight-based discrimination and promote inclusive teaching practices (Cameron & Russell, 2016; Pringle & Powell, 2016; Levan, 2016; Wright & Leahy, 2016), including disrupting the belief that thin means “healthy” and that “eating healthy” means that people will get thin (Pringle & Powell, 2016). These ideas have led to the oppression of those who do not have the thin privilege (Bacon et al., 2016), that is people who are thin and who do not face oppression based on their body size and shape. Fat oppression impacts everyone, not just fat people, because even smaller people can see themselves as fat, have a distorted relationship with their bodies, or be so afraid of gaining weight that they engage in disordered eating or other harmful behaviours in an effort to avoid fat stigma (Cameron & Russell, 2016).

Fat pedagogy is a broad term, and defining the concept is not as simple as saying “deconstruct the fat stigma” (Taylor et al., 2023, p. xxvi) through educational means. It is a field that examines the relationship between body shape and weight and society's perception of these over time and across cultures, explores the impact of historical and contemporary discourses on body shape and weight and how they affect individuals' experiences and perceptions of themselves and others, and provides a critical framework for examining the intersection of body size, power, and social justice (Cameron & Russell, 2016). Fat pedagogy offers insights into how educators can work toward creating a more inclusive and equitable society (Cameron & Russell, 2016; Levan, 2016; Boero, 2013), challenging the stigma of fat people being considered lazy, inactive, unproductive, and out of control (Levan, 2016, p.137).

Cameron and Russell (2016) suggest that one of the foundations of the fat pedagogy currently is critiquing dominant obesity discourse, showing how the word “obesity” is a medicalized term based on faulty assumptions. While many scholars argue that addressing

“obesity” is important for health reasons (Bruch, 1957; Swinburn et al., 2009; Freedhoff, 2014; Sharma, 2023), fat studies and fat pedagogy scholars show how the very idea of “obesity” perpetuates oppressive assumptions about fat people and leading to unfair accessibility to, or treatment in healthcare, education, and employment (Levan, 2016; Rothblum, 2016; Bacon, 2016; Cameron & Russell, 2016; Boero, 2013). Fat pedagogy is an emancipatory and liberatory pedagogy that illuminates how dominant obesity discourse is problematic like hateful discourses around race, gender, class, sexuality and ability, and has not yet been considered as much as it should (Cameron & Russell, 2016).

Both critical feminist theory and fat pedagogy have shifted my own perspective from “body positivity” to a more radical position of fat liberation, which critiques fat shaming and anti-fat bias and promotes fat inclusivity. Through this research, fat liberation and fat pedagogy have helped me to see that even if I am neither a thin woman nor a fat woman, I still have a role to play in addressing fat oppression (Wright & Leahy, 2016).

### **Systematic Anti-fatness: Societal Influences**

In this section, I am going to discuss the ways in which anti-fatness plays out in four societal spaces: schooling and education; health care, the family, and immigration. I do because these will each be important sites for my own autoethnographic research.

#### ***Schooling and Education***

Elementary and secondary schooling, and the formal education system more generally, are challenging spaces for people with a larger body. Curriculum design, classes—especially physical education—teachers, classmates, the physical classroom environment, and equipment all reflect the ideal body standard of thinness (Sadika & Chen, 2023; Pringle & Powell, 2016).

According to Pringle and Powell (2016), physical education teachers subscribe to the “obesity epidemic” paradigm, which aligns with the promotion of the “virtues” of physical activity. For

teachers operating within this paradigm, fat people are perceived as unhealthy and presumed to be eating junk food and not doing any physical activity but instead playing with an X-Box, and can even be considered “moral failures” (Evans et al., 2008). Students are reduced to simple binaries of good/bad, healthy/unhealthy, and active/inactive (Pringle & Powell, 2016; Tiller, 2022). These beliefs can negatively impact students, affecting them psychologically (e.g., body disorder ailments, poor self-esteem, depression), socially (e.g., disaffection, alienation, marginalization), and physically (e.g., starving themselves, purging, bingeing, excessive exercise) (Pringle & Powell, 2016).

Teachers, and the curriculum they teach and the books and other resources they use, encourage students to “be healthy” and “be active” and students are expected to make healthy choices all the time, not just in their classrooms, but at their kitchen tables and when they hang out with their friends and family (Nestle, 2011). In this case, health is equated with thinness, and activity is in service of weight loss or preserving a thin body. Rather than encouraging students to challenge the myth that thinness equates health, schools continue to perpetuate harmful stereotypes about weight and body image instead of promoting body inclusivity (Taylor et al., 2023). Pringle and Powell (2016), alongside others working in fat pedagogy, argue that schools should promote the idea that all bodies are worthy of respect and care.

Educators have used different approaches to deconstruct fat and challenge the system that perpetuates a dominant beauty stereotype (Lansing, 1976; Sole-Smith, 2023; Taylor et al., 2023). For example, one approach focuses on deconstructing fat; Pringle and Powell (2016) described a school project where students were exposed to different types of articles, some of which talked about the “obesity epidemic” and others that took more inclusive approaches, and then asked to discuss their perspectives, which challenged stereotypes and the healthy/unhealthy binary beliefs (Pringle & Powell, 2016). Other programs implemented at schools focus on body image using

media literacy to reduce internalization of the appearance ideal, creating space to discuss fat talk and body comparison and the negative consequences of both, and exploring strategies to deal with these issues (Wright & Leahy, 2016).

Another approach is taken in art education. Recognizing and representing different bodies in art education can challenge the visual imaging that children may have and prevent the internalization of socially dictated norms (Levan, 2016). At the same time, it allows them to express themselves in different and more positive ways about different body shapes and large-body people (Levan, 2016). Levan (2016) describes a study in which she collected drawings in New York City over three years. The students were asked to do three drawing: a friend, a skinny person, and a “heavier” person. The first two drawings were easy; all students did them without hesitation. The last was a confronting experience that the children found difficult and that showed what is impregnated in a student’s mind with regards to an anti-fat bias, the children had absorbed, such as fat people being lazy, out of control, or alone (Levan, 2016). Levan concluded that her study revealed the influence of magazines and other media that the children viewed as well as the lack of diversity in body shapes in the curriculums, and the influence of adults who reject fat bodies. Children learn much from watching adults who name-call, make fun of large-body people behind their back, and advise their children on what they need to do to be considered healthy and good-looking (Wright & Leahy, 2016).

In short, the education system is still permeated with biases and beliefs that damage body inclusivity. While there are educators practicing fat pedagogy who describe critical approaches, most current school programs focus on preventing “obesity” or seek to address eating disorders, rather than critically examining the complexity of weight discourses and addressing fat stigma head on (Wright & Leahy, 2016, p.148).

### ***Healthcare***

Another area where fat oppression or anti-fat bias thrives is in the healthcare system. This can be seen in the bias held by healthcare workers, the treatment of patients in hospitals and clinics, and the equipment and measures used (Puhl & Suh, 2015). Indeed, it is common for larger-bodied people to be discriminated against in healthcare spaces.

Fat people are often, they are directed to a weight loss program based on a weight-normative approach regardless of what ailment might have brought them to seeking healthcare (Tylka et al., 2014). Amy et al., (2006), Puhl and Suh (2015), and Tylka et al. (2014) have all documented how the healthcare system is constructed on beliefs that stigmatize larger-body people, and have noted that they can face disrespectful treatment, embarrassment about being weighed, negative attitudes from providers, advice to lose weight unrelated to their medical condition, gowns and exam tables that are too small, and equipment that make them uncomfortable. Further, Tylka et al. (2014) compare a weight-normative healthcare system and a weight-inclusive approach. Their data show that the weight-normative approach can lead to frequent weight cycling where patients regain the weight they lost through an intervention, repeating this pattern over time, which has negative health outcomes that can have a significant impact on overall health and well-being. Conversely, the weight-inclusive approach prioritizes nonmaleficence and beneficence, promoting the individual's well-being.

Boero (2012) poses an essential question in her research: “Is health at every size or thin at any price? The only thing that has been evident in the healthcare system is that obesity is labelled as an epidemic” (p. 133). The “obesity epidemic” that Boero (2012) highlights in her research “relies on the historical understanding of fatness and the need to individualize responsibility for health, in an era where state support public health is low, and income and wealth inequality are high” (p. 125). The fear of being misdiagnosed, as Bramblette (2015) highlights in her story of a

late diagnosis of lipedema, “has hurt her physically” because when accessing care, she was stigmatized based on weight bias that assumes fat people self-inflict their condition by eating too much or not taking care of themselves.

As Puhl and Suh (2015) states, “Weight stigmatization is a contributor to health outcomes and behaviours that can promote and exacerbate obesity” (p. 182). For larger-bodied people, oppression in the healthcare system is evident when they are forced to lose weight before receiving other treatment or forced to follow dietary restrictions, which when combined with more generally societal pressures, can lead to developing eating disorders (Boero, 2012). Puhl and Suh (2015) note that food restrictions can lead people to binging and then throwing up to “balance” and that this problem is often bigger than whatever issue they are facing. Indeed, Tylka et al. (2015) indicate that “multiple researchers have found that rigid dietary control is connected to higher psychological distress, including disordered and disinhibited eating.” (p.166)

Some organizations, like the Association for Size Diversity and Health (ASDAH), advocate a more inclusive approach to promoting the well-being of all humans; an example of one of their initiatives is Health at Every Size (HAES). Unfortunately, it is hard to imagine how initiatives like this can flourish when the weight loss market still generates more than \$300 billion per year and the plastic surgery market is one of the biggest in North America and Latin America (Sole-Smith, 2023). It is as if being fat and healthy is seen as an impossibility, despite many years of advocacy and questioning of simplistic measures like the BMI (Body Mass Index). The fight is ongoing and it feels like it will remain a long one.

### ***Family***

Families are a primary social structure where anti-fat bias can be taught and transmitted (Sole-Smith, 2023). Kokkonen (2009) states that mothers often face societal pressure to ensure their children are "healthy" and well-fed, but it must be said not perceived to be too well-fed, i.e.,

heavier. Mothers may be harshly criticized if their children do not meet the thin standard. As they themselves may have internalized this message, they can pass it on to their children, and especially their daughters, who, when they grow up, may feel the need to be thin or restrict their food intake and pass that on to their own children, and so on. In other words, mothers are often under pressure to be thin and have thin-bodied children (Walsh & Rinaldi, 2018).

Sole-Smith (2023) shows how the thin stereotype is not a parenthood issue per se but reflects the mindset of the systems (healthcare, education, economics, politics, etc.) that hold fast to a standardized Western beauty. This imposed standard is how parents have been raised themselves, so they grow up with the fear that any fat body will be rejected (Sole-Smith, 2023). In the end, it is not their fault, but instead reflects a set of beliefs rife with anti-fat bias in which they have been encultured. It is not fair to expect families and parents to pressure their children into thinness, and if they do not "succeed" in achieving these things, letting children feel that they are failures (Sole-Smith, 2023). Sole-Smith reports on a 2012 study that shows how anti-fat bias has only intensified over time because of these social pressures, despite all the literature and advocacy to change this situation.

Families act as social units that transmit culture, including social beliefs shaped by colonization when white settlers came to the "New World" and establishing a social order where they placed themselves at the top of the racial hierarchy (Bordo, 2003). Black body shapes were considered wrong, big, and ugly; the only acceptable shape was thin and white, and anything else was categorized as bad (Bordo, 2003). As Strings (2019) states, there is a consensus that thinness, as an ideal, was widespread in colonial North America, but interestingly, that ideal affected mainly white upper-class women rather than working-class men or women and people of colour. Strings (2019) reviewed writing from the Renaissance period up until the nineteenth century that documents a robust shape was initially highly valued for women but then continued to shrink,

eventually perpetuating a thin canon. For generations, anti-fat bias and stigma has been impregnated in the mindset of families, and not just in white high-class society. Colonization has affected families, influencing the way they comment on their children's bodies, feed their children, select diets to help their children lose weight, all to achieve the historically relatively recent thin, white body ideal (Sole-Smith, 2023).

### ***Immigration***

Literature on immigration experiences and fatness is a growing field of research, and my project is well-situated to contribute to this growing body of research. Davis (2007) traces the “Our Bodies, Ourselves” movement, which has been taken up in different countries, including the Netherlands, the United States, Japan and Armenia. This feminist project “validated women’s embodied experiences as a resource for challenging medical dogmas about women’s bodies, and, consequently, as a strategy for personal and collective empowerment during the migration experiences” (p. 2). Davis starts with her own experience as a non-immigrant in her country facing oppression in the healthcare system, then documents how she came to realize how others experienced even worse situations in the same system based on their differences in age, gender, class and race. Her work shows how including stories of people of all nationalities in different countries about the oppression they face in the healthcare system, including in sexual and reproductive care, is important. She also noted how weight issues were the principal cause of oppression.

The literature also explores immigration experiences based on the racialization of fat bodies and how discrimination against people of colour and large-body people is greater in countries that have Western beauty stereotypes as a standard of the ideal (thin) body (Lorber & Moore, 2011). In my experience, migrating from the southern hemisphere to a developed country in the northern

hemisphere of America, means that I am looked at in particular ways—or overlooked—based on my skin colour, nationality and body shape. I am not treated as an equal, but as someone who can do hard work such cleaning because I am Latinx; my past credentials, my work experience or my language proficiency are not considered valid when I apply for a job. My education credentials are deemed inferior, and the process to get citizenship in any country that I have or would consider immigrating to is long or even impossible. I have been ignored and rejected and been exposed to racism and discrimination. Basu (2020) portrays the transnational experience of being from the South and coming to the North as a way to contribute to the construction of global feminism when women from different places reveal the different layers of oppression they face when they move, including different types of violence in each geographical location. Likewise, my immigration experience and everything that I have experienced with racism and internalized anti-fat bias and the way I self-perceive my body are influenced by my experience of arriving in Canada and having to make an effort to fit in despite the culture shock. My experiences need to be shared.

## **Conclusion**

To sum this chapter and point to what is to come, influenced by feminist theory and fat pedagogy and in recognition of the different systems that have impacted me, I seek to illustrate in this thesis how various biases can influence one's self-image, including a distorted perception of the body. I seek to share my own story and draw strength from my ancestry, childhood, and present experiences as I navigate the challenges of migrating to a country that epitomizes the Western beauty standard (Lorber & Moore, 2011). Mapping my body has revealed both the knowledge I need to acquire and the gaps in literature, and the importance of sharing experiences of Latinx women such as myself to address internalized anti-fat bias and stigma prevalent in our social contexts and systems.

### Chapter 3: Methodology

This chapter elucidates the reasons for my choice of autoethnography as the methodology for this thesis project and my decision to embrace the role of autoethnographer, despite initially resisting it and delving into my own experiences with internalized anti-fat stigma. It was important to expose how, as a feminist, a thesis researcher, an immigrant, and a woman, I tell my story with a critical and political purpose to show how anti-fat bias is learned based not just on the information but in the surrounding context (Richardson, 2001; Ellis, 2004; Adams 2008; Hamilton et al., 2008; Berry & Clair, 2011; Adams et al., 2014). As a qualitative research method, the Research Ethics Board approval was attained for the project as part of the Tri-Council Policy Interpretation 2 policy interpretations and all data related to other humans was anonymized.<sup>7</sup>

The second part of this chapter focuses on the data procedure and analysis. I explained the methods I used to extract the data from my own experiences; I made it personal, but I also tried to put it as academic as possible. The three methods used were journaling (Ellis, 2004; Colori, 2015; Woodley, 2020; Wright & Hoyen, 2020), self-recording, and reflecting on specific literature and experiences (Bordo, 2003; Pausé, 2012; Singleton, 2020; Sole-Smith, 2023). The three methods combined got all the insights I needed to expose the systematic anti-fat bias that has surrounded me my entire life, as well as the internalized anti-fat bias that was built within me. It was essential to have three different methods to triangulate the data and, in that way, assure the trustworthiness and credibility of the research project, to not only base the results on my experiences, but also in the feelings the experiences produced on me and the literature that I read

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<sup>7</sup> Tri-Council Policy Interpretations: [https://ethics.gc.ca/eng/policy-politique\\_interpretations\\_review-evaluation.html](https://ethics.gc.ca/eng/policy-politique_interpretations_review-evaluation.html)

to construct this thesis and organized all my ideas (Creswell & Creswell, 2018).

In the last part of this section, I explain the tools I used for the data analysis, how I started coding, came down to 7 themes and how that process helped me to answer the thesis question with the information that was retrieved from the journal entries, the self-recording transcripts, and the literature relation with all my experiences.

At the end of the chapter, I exposed the research goals and what I want to pursue during the process of this thesis. The primary purpose is to deconstruct a set of beliefs that I have built based on the education system, healthcare system, family context and social context (mainly social media movements), and reaching that is learning more about the “body positivity” movement, getting my own fat meaning and empowering women to overcome anti-fat bias and stigma.

### **Autoethnography**

This research is guided by autoethnography because, as Didion (1979) notes, “We tell stories in order to live” (p. 11). I chose to focus on my own story to uncover a conflict that has grown within me over the years, resulting in internalized anti-fat bias that has led to self-hatred. Autoethnography, a qualitative method, can amplify the insider's voice in an outsider context (Hamilton et al., 2008). It has been utilized to engage with different individuals, cultures, politics, and social research (Adams et al., 2014). Autoethnographic research has various characteristics, including emphasizing “personal experiences to critique cultural beliefs, practices, and experiences” (Ellis, 2004, p. 37). The method also employs personal reflection to interrogate the intersection between self and society (Berry & Clair, 2011, p. 95), acknowledging the researcher's relationship with others and their impacts on the personal experiences that the researcher shares (Adams, 2008). In my case, my family and social context have significantly influenced my journey.

As feminist autoethnographers have noted, autoethnographies combine head and heart,

supporting the development of insights and even theories through examining the experiences of one person (Richardson, 2001). Doing autoethnography is not an easy journey, and I can vouch that this research experience has been a messy one for me in finding the right question, topic, and methodology. It is also messy, as highlighted by Coia and Taylor (2005) because autoethnography focuses on the *I*. Autoethnography has the potential to show the reader a different way to live and to face problems presented in the research (Bochner & Ellis, 1999), and may also show readers how to thrive and make contributions to social justice (Adams, 2012).

In critical autoethnography, researchers typically examine different types of oppression (Creswell & Creswell, 2018) such as those related to race, class, gender, sexual orientation, and body shape. In my case, I am a woman experiencing oppression related to body shape and immigrant vulnerabilities that put me in an uncomfortable and challenging position. I was particularly inspired by the work of fat studies scholar Pausé (2012) and feminist sociologist Richardson (2001) to write an autoethnography focusing on my experience of coming to a new country and facing my body transformation. This eye-opening experience lead me to my research question: *How can my experiences of anti-fat bias as an immigrant Latinx woman demonstrate the importance of size-inclusive education?*

As I will describe in the next section, I engaged in journaling, recording voice notes and videos, and connecting what I read with everything I have lived and am living to assist me in answering my research question. I recount my experiences from an early age to my teenage and young adult years and how those affect me today, and I end with my present experiences in Canada. My research engages with my experiences in the Latinx community, the comments from family back in my country, and the new space that I occupy right now.

According to Richardson (2001), writing stories and self-stories in the 1970s served as mostly as political statements, and in the 1990s, these seemed to shift from the political to

personal stories, both of which impacted the social context by influencing the behaviours and experiences of future generations. I seek to use my own experience to reflect on my life and other women's lives and to demonstrate the importance of embarking on a self-discovery journey, questioning preconceived "truths," and deconstructing the harmful notions that family contexts, social spaces, educational systems, and healthcare impose on women's minds. As Singleton (2020) states, "The epistemic aim of autoethnography work is to contribute, critique or extend knowledge in some way" (p. 331). I aim for this thesis to be particularly helpful to other immigrant women, such as Latinx immigrant women in Canada such as myself. Perhaps it might lead to them mapping themselves and deconstructing what they have learned about body image and shape so that they can learn to embrace their own bodies.

## **Data Procedures**

In this section, I focus on the procedures I used to collect autoethnographic data, namely journal writing, self-recording, and reflecting on specific literature and experiences.

### ***Journal Writing***

Journaling is both a therapeutic tool (Colori, 2015) and the most common strategy for data collection in autoethnography (Ellis, 2004). For years I have written the stories of many different people on social media through my work on Belleza Absurda. Simultaneously, in my most crucial moments, I also write to express what I feel in my heart. When I chose autoethnography as a data collection method, it was logical to me to write a journal and reflect on my personal experiences. I sought "to use journaling as a method of developing personal knowledge and forming new discourse" (Woodley, 2020, p. 578) and to develop new knowledge about my internalized anti-fat stigma.

Collecting and documenting experiences in my journal focused on a mixture of past and present. I included experiences related to food, my body shape, and growing up in Colombia,

along with what I live today: arriving in Canada and discovering I have body-distorted self-perception. There are 20 entries in total that connect the past and the present: the traumas, the difficult experiences with my family, the healthcare system, and the lack of body diversity education that I encountered alongside my more current experiences with the Latinx community in Thunder Bay. After my first winter here, I experienced a truly body-diverse, weight-inclusive approach taken by the medical professionals whom I had the privilege to encounter here in Canada. The handwritten journals for almost one year can be found in **Appendix 1**.

I made a list of past experiences I wanted to explore and noted new experiences related to the thesis topic, inclusion criteria that involved areas where my experiences converged with findings within the literature. I then wrote down everything that came to my mind, including details, the people involved, and how the experiences affected me. With this, I engaged in insider/outsider discussion with my own thoughts while simultaneously sharing my own voice. Also, during bi-weekly check-ins and conversations/discussions with my supervisor, concepts and experiences I considered while reading and journaling would crystallize as research concepts. Like Wright and Hoyen (2020) describe their classroom experience of having their voice become relevant through journaling, I found that journaling made me feel that my voice was relevant in my family context, enabling me to make statements and work to overcome anti-fat bias.

I started to collect the data in the summer of 2023 when I first faced my new body, and it was hard to see myself in the mirror. Normally, when I finished work, I sat in the library or outside by the lake to write. I finished collecting the data in the spring of 2024, before having my baby and turned over the first draft of the thesis. Also, I reached data saturation and crystallization when the experiences I was journaling about and reflecting upon were not revealing new information and/or experiences. In other words, once I started having repetition and a lack of new concepts emerging, I knew I had reached data saturation. Using “thematic

analysis of the narrative" (Ellis, 2004, p. 196), I tied the journal entries to how I was feeling about my body's evolution, situating each specific moment with the feeling of body-distorted self-perception and anti-fat stigma.

### ***Self-recording***

To provide more insight into my feelings, and with the awareness that some things are better said than written, I recorded myself reflecting on some of the most personal and painful journal entries. Self-recording helped me to consider my feelings about my thoughts and reflections that I was journaling on. Furthermore, processing information conversationally in a self-reflective way is valuable to me. Given that sometimes writing in English (my second language) takes a concerted effort to order my thoughts, speaking orally (and recording it) helped me to have more freedom to think, feel, and reflect. This technique involved having a more personal conversation with myself and reliving those moments' emotions. There are 10 recordings on which I made specific notes and coded the most important entries to be retrieved.

**Appendix 2** shows the audio transcripts and the notes I made.

Each recording lasted two to five minutes; they were not extended because the purpose was to capture emotion, not details. The recordings helped me analyze the data collected through journaling, but they are not journal entries per se. The recordings also helped me identify the main arguments I was making, simulated the discussion I was having with myself, and captured my reactions in real time.

### ***Reflecting on Specific Literature and Experiences***

Reading some literature before starting to write, ask questions or select topics gave me a basis to understand the main terms I was using in my thesis and deconstruct their meaning before adding new articles and readings to deepen my knowledge of my topics one by one. As Pausé

(2012) states, autoethnography is a methodology that enables the author to weave together personal narratives, theoretical insights, and existing literature in a way that creates a rich and reflexive understanding of the researched phenomena. In my case, multiple authors helped me to identify not only my focus but introduced me to a lot of terms that were unfamiliar to me and, at the same time, gave form and sense to my experiences. For example, with Sole-Smith's work (2023), I gained an understanding of the importance of the word fat and had to reflect on how much I had resisted it, illuminating the need for me to ponder changing weight bias to anti-fat bias. Even if it seems obvious now, this procedure gave me the tools to understand both the context of the topics I was exploring and my own history and experiences.

When I read an article or a chapter of a book, I could immediately connect some of the literature with my own experiences. For example, when I started to read Bordo (2003), I made the connection between colonialism and my grandmother's in-laws' experience, and my mother's trauma associated with having dark skin and her physical appearance as well as her need to belong to white society rather than recognize her Indigenous background, which helped my understand her responses to then having a Mestizo daughter with all that she was afraid of and had rejected. These connections made me realize the information that needs to be collected in my journal entries, the impact of some of my past experiences on today's body image, and the relationships I had built with my body. I made notes on all the readings, articles, and books related to what I have learned and how I could connect that with the main topics of the research and my story.

A prominent part of the methodology of autoethnography is to connect scholarly knowledge with the method that the author chooses, in my case, journaling. Connecting with scholarly writing helped give sense to the process and structure to the knowledge I produced. It also allowed me to add my inside voice to the conversation. Connecting scholarly knowledge

with my internalized anti-fat stigma, how it was built based on my family context, and the intersection of Latin American colonization and the imposition of a Western Beauty standard is resonates with the autoethnographic approach taken by Singleton (2020) in her wrok on the intersection between feminism, activism, and craft workshops. She grounded her own autoethnography with scholarly knowledge on craftivism (combining craft with activism) and feminism, which gave sense to her work.

Another notable methodological resonance I found appears in Woodley (2020), who links the significance of autoethnography for amplifying the researcher's internal voice, allowing a researcher to step away from traditional academic structures while still retaining scholarly knowledge. In doing so, she found meaning in the methodological process, noting how autoethnography can enable adults to voice their past, closely examine its impact on the present, and enriching the discourse surrounding previously gathered data that often lacking the insider's viewpoint.

In the end, the data procedures I chose were fundamental to demonstrating how my internalized anti-fat bias was constructed and experienced, particularly illuminating the role of the colonial mindset that has surrounded me.

## **Data Analysis**

I used the ATLAS.ti web version as data analysis software to organize all the information written in the journals and the transcripts of the voice recording notes. The journals were handwritten, so I transcribed them into a digital version so that I could put them into the software. I used Otter.ai to convert voice recording entries into written transcripts. Both software platforms helped me analyze the data, but it was ATLAS.ti that helped me identify the most important codes and themes, and relate my experiences to what I was seeing in the literature. Thematic coding was used wherein I analyzed the journals, using ATLAS.ti and developed codes according

to key themes (Vaughn & Turner, 2016). As noted above, I had 20 journal writing entries, and 10 voice notes in total, both of which recounted my experiences in different topics related to my weight and my own journey with the transformation of my body. The voice notes highlighted the feeling of the journal entries to complement the experiences.

The first step of analysis was reading the transcripts while listening to the recordings to get a feel for the emotions in the moments and to identify any repetition of topics and themes. The second step involved going through key topics based on what I had already identified in the literature and my early reflections as the main themes I wanted to explore: “education,” “healthcare,” “family,” and “immigration.” The third step of the data was triangulated with literature and through discussions with my supervisor. My supervisor also reviewed my codes and discussed their connections to the literature and other anti-fat bias work. I then coded within these themes, initially identifying 99 codes that were topics constantly repeated in my journals and recordings; “weight,” “social influences and pressure,” “eating issues,” “fat beliefs,” and “body image conflict” were the most repeated codes. “Weight” was present 65 times and appeared in almost all 20 entries and half of the recordings, followed by “social influences,” which was repeated 58 times and primarily reflected the pressures I felt in the various contexts. “Eating issues” appeared 41 times, tracing my own journey with food and disordered eating. “Fat beliefs” occurred 39 times and focused on anti-fat bias, anti-fat stigma and internalized anti-fat bias present in my daily life. Finally, “body image conflict” appeared 34 times in the entries, which zeroed in on how much beauty standards affected my body image and resulted in me feeling in conflict with my body.

I then summarized the most repeated topics into 10 code groups (categories) and highlighted both the main topics of the research and my own experiences as they related to anti-fat bias. The code groups were: 1) Weight as a rollercoaster relationship; 2) Social body

standards and influences based on Western beauty stereotypes; 3) Eating issues and relationship with food; 4) Body relationship journey through all stages; 5) Fat beliefs as a social construction; 6) Healthcare experiences that influence the perception of myself; 7) Women's intersectional oppression in socio-cultural spaces; 8) Migration journey through my body change experiences; 9) Pregnancy with ups and downs with every stage; and 10) Family relationships when in my country and when outside of it. These 10 code groups summarized the journal entries and made it easier for me to analyze the data and trace and connect the experiences.

For the final stage of data analysis, the code groups (categories) were narrowed down to themes in order to maintain a logical sequence and enable me to make connections between the literature, the topic and the data. The seven themes were: 1) Struggles with my body image and relationship with food due to lack of basis of education on diversity of shapes and how to connect with food; 2) Family influences in the construction of personal identity; 3) Fat stigma impregnated as an internalized anti-fat bias; 4) Social intersectional oppressions and influences towards women based on Western beauty stereotypes; 5) Weight as an influence on every stage of my life and how much it impacted the way I see myself; 6) Healthcare as an influence in how I perceived myself and lived every stage of my life; and 7) Migration and the impacts on my body image and self-perception.

These 7 themes allowed me to organize the data results and show how my experiences were linked to the research question: *How can my experiences of anti-fat bias as an immigrant Latinx woman demonstrate the importance of size-inclusive education?*

### **Research Goals**

Before I end this chapter, I want to revisit the goals I set for myself in this research project. In general, I aim to show the reader one way of identifying and deconstructing internalized anti-fat bias that people have built through experiences in their family, in the educational and

healthcare systems, and in other social spaces. I also wanted to empower myself through better understanding my own story of surpassing oppression as a woman, mainly as a woman of colour and a Latinx Mestizo woman, and I want to share that journey that with others. In the next section, I will share the more specific goals that helped me meet these more general research goals.

### ***Learn to Overcome the Idea of “Body Positivity”***

In 2017, when I started engaging with social media, I embraced the mainstream concept of “body positivity.” At that point, I did not go any further to understand the movement. Instead, I settled for following the trend of showcasing diverse body shapes, not realizing the trend was a corrupted version of fat acceptance that some used to manipulate followers and sell them something. For over 5 years, I supported “body positivity.” At the time, I thought it was just, but then I came to realize that even if the movement started with good intentions, a deeper analysis of revealed it was a “thin-washing” movement that had became a hashtag to promote “fitness,” dieting, and losing weight. It spread the false idea that one could be positive about one’s body, but only if it looked a certain way (i.e., not *too* fat).

Finding out how much this term had been manipulated was eye-opening, and I wrestled with feeling responsible for what I had shared and how I shared it. The first thing I did was stop sharing body-positivity content and then I really started questioning what I had been doing. I found out that, in my case, it had something to do with body image—related to how a person sees themselves (Lorber & Moore, 2011)—and then I discovered discussions that had been occurring about the oppression that the body is exposed to with anti-fat stigma and bias, which affects body image (Sole-Smith, 2023). I rejected engaging with fat studies because I was not fat, and, in hindsight, because I was afraid based on internalized fatphobia and anti-fat stigma and bias that I was not yet ready to face.

The summer of 2023 was my breaking point. I insisted on researching body image and body inclusivity in all my first-year MEd courses. I started to read several articles, but all of them pointed to weight bias and weight stigma. I did an assignment in which I had to interview two women, and one of them talked about body-distorted self-perception and her journey with an eating disorder and internalized weight bias, and that was the trigger to understand how wrong I had been. The first thing that I recognized was that I too had a distorted body self-perception that had started when I was 15 years old, and was not exposed until my first winter in Thunder Bay. I did not recognize my body and had lost track of my dimensions, seeing myself as larger than I was. I realized I had rejected myself because I felt big, which connected with what I began to read about the need to deconstruct and demystify the word “fat” (Sole-Smith, 2023).

### ***Deconstructing Fat and Building My Own Meaning of Fat***

What is the meaning of the word fat? Let it begin with the fact that fat is an adjective—a word that names an attribute or describes a noun (Oxford Languages Dictionary, 2024). There is nothing wrong with the word, and it is not a bad word; it is just an attribute like thin, white, brown, blond, curly, black. Before learning the meaning of the word and the stigma surrounding it, for me, the word fat was a label (Boero, 2012), something that gave an etiquette and not a good one. It was a classification that everyone treated as the worst thing that could happen to them, and then it was combined with “overweight,” “obese,” and other terms that make people feel outside of the average (Boero, 2012). Understanding the word fat, needs to be studied in a social, cultural and historical context to determine what it is and what is not.

What is an average body? Well, it is a stereotype imposed on people in a patriarchal society and defines parameters to describe a human being as beautiful (Lorber & Moore, 2011). In Western cultures, the stereotypical standard for women is white, blonde, blue-eyed, thin, middle-class, able, cisgender, and heterosexual (Lorber & Moore, 2011, p.1). In the book “Adios

Barbie,” I found multiple experiences of how Barbie dolls have affected women worldwide regarding how they see themselves (Edut, 1998). Barbie is the personification of the Western beauty standard and was the main doll of all girls from the 1980s to early 2000s, so the effect on how girls perceive themselves was distorted based on how perfectly Barbie looked (Lorber & Moore, 2011). Of course, Barbie is thin, but unconventionally thin, and following her standard has given much trauma to more than one generation.

For me, deconstructing the word *average* meant abolishing all this structural thinking, removing the Barbie standard and then building my own. I had to fight a lot with myself, my beliefs, and my mind structures; it was a hard fight. After all the reading that I did, for me, the word fat means a qualifying adjective that gives power to large-body women to find their own space, demand the respect they deserve, and overcome the stigma and bias that surrounds the word and their bodies. It is a word that helped me find my own label, even an in-between label, and reconcile with my body.

### ***Empower women to overcome internalized anti-fat bias***

Telling stories, is a solid tool to unveil the past and present and heal the future. I have struggled not to be the main character in my social media; I have fought hard not to put my story as the central part of social media, only to learn that my story has healed me and many women worldwide who follow me. Putting myself out there and doing an autoethnography has been a big challenge, but it is the most healing path that I have taken in my 36 years of life.

This research project shows how much I went to deeper spaces, both painful and joyful, to learn about myself, my women's lineage, my mom, and all my wounds. Using myself to learn and contribute knowledge on how to relate to the story can help the path for millions of women who have lived the same. The goal is not only to invite the reader to follow until the end but also to get all that they need to start writing their own story and find how much they can heal and, most

importantly, to deconstruct fundamental beliefs that have made them build the wrong ideas about themselves, like anti-fat bias and stigma.

## Chapter 4: Findings and Discussion

This chapter describes my findings related to my journey with body image, food relationships and anti-fat bias throughout my life. As detailed in the previous chapter, the initial 99 codes were narrowed to 10 categories that aligned with the project's four main concepts (education, healthcare, family, and immigration).<sup>8</sup> Each of the five themes focuses on a different area of my life that contributed to constructing my internalized anti-fat bias. The excerpts of journal entries and transcripts highlight themes such as distorted body image, eating issues, family pressure, social influences on my body image, and weight that emerged as central relevant issues in my life growing up, with the healthcare system being a primary influence on my body perception and, more recently, how immigration impacted my body image.

The themes are listed in order of appearance in the journals and the number of times they were repeated in the data. The first, the impact of a lack of formal education on my relationship with my body and food, was repeated more than 200 times, highlighting the frequency and relevance of these components to my experiences with anti-fat bias. The second, how fat stigma and fat bias have been the origin of my internalized anti-fat bias, appeared almost 150 times in the data, showing the impact of external beliefs on my internal beliefs. The third theme, external oppressions and beauty standards (related to social media influence and the intersectional oppression women experience), has been a crucial issue during my life and was repeated 130 times. The fourth theme focuses on the healthcare system and how much it has impacted my relationship with body image; it emerged almost 40 times. Healthcare is particularly relevant because it is a more recent theme that I became conscious of when I arrived in Canada and had the chance to compare normative and inclusive healthcare approaches. The fifth and final theme

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<sup>8</sup> See [Appendix # 3](#) for a table with all the codes that shows the work done to narrow the list to five themes.

is about my experience with my body transformation during my immigration experience. That theme appeared almost 30 times and explores how this experience led to a realization about my distorted perception of myself.

In each section, I focus on presenting a main theme and explaining its specific role in my life journey. The first theme, “The struggle with body image and relationship with food,” is split it into three sub-themes: body image, food, and family as a critical factor in the relationship between my body and food. The second theme, “External and Internalized anti-fat bias,” they are at the core of the thesis and is split it into two sub-themes: portraying external fat stigma and bias and my internalized anti-fat bias. Finally, I merged the three last themes into one category, “Oppressions against body image,” which reflects how much social context affects self-perception construction. It is split into three themes: intersectional oppressions, the influence of the healthcare system on my body image and the impact of immigration on my body image and self-perception.

As I share my thoughts, emotions, and insights regarding my body as I reflect on the research question and my experience as a Mestizo Latinx, curvy/fat, medium-sized body-shaped woman, I weave in relevant literature. Mapping my body, following my journey, and expressing my emotions at each stage of my life was meaningful. Like Pausé (2012), I found that conducting this autoethnography allowed me to explore how social issues were reflected in my own experiences.

### **The Struggle with Body Image and My Relationship with Food**

This theme portrays how the lack of education I received in school shaped my body image and how my relationship with food has impacted me. Neither topic were part of the school curriculum where I grew up. In Colombia, talking about bodies is not seen as an “educational” topic, but rather is more of a beauty contest topic, so schools do not address bodies, shapes,

weight, or anything related to mapping and understanding your own body and self in a classroom. Also, food relationships are never taught because it is assumed that it is the family's job to teach children how to eat, and it is left to them to be the educational channel for learning how to eat and build a relationship with your body. I thus had to rely on social learning through family and media to understand my body and how I had to eat.

In this section, I will discuss three elements: 1) my body image journey through my life stages; 2) eating issues and my relationship with food; and 3) family influences on the construction of my body image and food relationships. I grouped those three topics because when I started to analyze the findings, I could see how much they connected in the way they were the way I learned the topics rather than in a schooling system. It's worth noting that the words education, schooling and education system are not mentioned, but only because of the lack of information and guidelines provided by my educational system in Colombia. It is an example of what Eisner called the "null curriculum" (Noddings, 2012).

There were 69 entries related to food and body image, and the reader must understand that I have struggled with these two things all my life. The first was already evident to me; I have struggled with food and engaged in disordered eating. The second was a discovery through this research—even though I had questioned myself multiple times about body image, its significance became much clearer through this research. For as long as I can remember, my body shape has been an issue for most people in my life and became one for me. My body has been either too small or too big and, and at the same time, never enough.

### ***Body Image***

An excerpt from Audio Transcript 4 (p. 1) highlights how I felt about my body for most of my life: "*I felt that my body was not enough. Never, never was enough.*" Phrases like this, or in some cases, this exact phrase, were in almost every journal entry. This demonstrates how

pervasive this pattern of thinking was for me. It was informed by fatphobia. With the pressure that comes from outside—in my case, from my family, media and my social context—related to beauty standards, the idealization of thin as the ideal body, and the way people praise losing weight as healthy, it is discouraging not to have the “right” type of body shape or to gain an extra kilo that I was supposed to lose. These types of thoughts have been present all through my life, so much so that sometimes I do not even notice them; they are on repeat. I believed them and made them part of my identity.

My lifelong relationship with dieting and food restriction was also evident in the data, particularly as it relates to my desire to have the “perfect” body. Here, I discuss what this looked like for me as a pre-teen:

*Since I was 12 years old, my mind was set to weigh 5 kilos under the actual weight of the moment. The upside part was that I did not lose that much; every five (5) years or so, I gained five (5) kilos more, sometimes even 10. It was more challenging because they put more pressure on my shoulders every single time, and it grew whenever it was a “special occasion.” I remember I was going to be 15 years old (quinceañero)—in Colombia, it is an age that marks a milestone for young women—[some family members] told me I was a little overweight, so I had to get on a restricted diet to look great. (Journal 8, p. 1)*

Latin American culture has many special occasions, such as birthdays, holidays, and other celebrations. In my family and community, the expectation is that you show up looking your best self and dressed up. Other people at the gathering stare at you and look at any detail that has changed from the last time they saw you. During my teenage years, I was pushed all the time to lose weight, and only through this research did I realize how much of this pressure came from my parents and family and how much it affected me and impacted my life.

Through this research project and as a result of my experience immigrating to Canada, I

have become increasingly conscious of my distorted self-perception. In this entry, my distorted body image is captured:

*It is hard because I see my body at 15, 20, 25, 30, and even two years before, and I see a beautiful, incredible, perfect woman. However, in those moments, I only saw a woman who was told that she was 'overweight,' that she needed to lose 5 kilos, and that she had to reach the 'perfect' standard. Being told by everyone around me—doctors, all my family members, friends, etc.—to lose weight all the time has made me develop what I think is a body dysmorphia towards my body that when I see myself in a mirror or a picture, I see a bigger version of myself and not my actual self. (Journal 8, p. 1)*

It can be challenging to diagnose body dysmorphia, especially without expert psychiatry (Matos et al., 2023). I came to realize that I have developed a distorted perception and a toxic relationship with my body, often leading to feelings of self-hatred. I believed that my body was not right and that I was "overweight." A key finding here is the strong influence that my family had in the construction of my body image: their fatphobia and the stigma directed at me were crucial to building my distorted relationship with my body that was not contested in my formal education. My findings resonate with the work of fat studies scholars who have discussed the role families can play in internalized fatphobia and anti-fat bias (e.g., Kokkonen, 2009; Sole-Smith, 2023; Moss, 2024) and with fat pedagogy scholars who have discussed how little attention is paid to these issues in formal education (e.g., Cameron and Russel, 2016; Levan, 2016).

### ***Relationship with Food***

My relationship with food prominently featured in 20 journal entries and 10 audio transcripts, mainly focusing on how I was taught about, and engaged with, disordered eating habits. After seeing how often—almost 70 times—I discussed my issues with solid food (e.g., the portions of solid food that I like, how I was forced to restrict food and diet) and then seeing how

much I turned to liquid food as a “tool” that was “approved” by my surrounding environment to lose weight and “compensate,” it became impossible to deny that I have eating issues. For example, my swinging between liquid<sup>9</sup> and solid food and feeling that my body needs to be fixed through dieting is highlighted well in the following excerpt from my journal:

*My food story started when I was a little girl. I remember and have been told that I did not eat any solid food in my first four (4) years of existence... I am not sure, maybe because I inherited one of my family members' fear of food and a background of my family history of being afraid of being fat. When a [family member] was between 25 and 30 years old, she was “chubby,” and [another family member] gave her just a glass of juice for dinner. She had to drink it every night after work and English class, and that was [she was given to eat]. (Journal 3, p. 1)*

Compensating with liquid food or even replacing meals with liquid options became a pattern. It was something that I was forced to do and I was taught that it was good for keeping in “shape.” As discussed by Tylka (2014) and Puhl (2015), poor body image and weight stigma can lead to a poor relationship with food and extreme eating behaviours. What really caught my attention how often I cycled through periods of consuming liquids to big portions of solid food, then feeling shame for eating what I liked, then dieting and restricting myself with every extra kilogram I gained by returning to eating less food and replacing some meals with liquid food options to “detox.”

There is also often conflict between me and my family members around body image expectations. The following excerpt shows how much my family has been involved in influencing the way I eat and how I have learned to see myself in a “wrong” way: “*I blamed my*

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<sup>9</sup> For me, liquid food refers to baby bottles filled with chocolate milk or just formula blended with different types of food to nourish me.

*[family] because [they] gave me the pills. [They] forced me to eat, and [...] still today, [they] tell me that I am fat all the time.” (Journal 5, p. 1).* This excerpt refers to when I was forced, as a little girl and only eating liquid foods, to ingest vitamins and supplements to increase my appetite and start to eat solid food. I noted that after some years of taking them, “*My appetite was so strong that I could eat enormous amounts of food and not be full; my hunger was insatiable*” (Journal 5, p. 1), and I was then told by family that I eat too much. Being forced to eat and not having a guide to know how much I should eat was confusing. The Journal 5 entry highlights how insatiable I became and how much I ate. It was hard not to then feel shame or embarrassment, but simultaneously, I felt very hungry and I wanted to eat it all. “*I was insatiable all the time*” (Journal 5, p. 1).

It seemed no matter what I did, I was wrong. My family pressured me to eat solid food by making me take vitamins and supplements, which increased my appetite, yet when I gained weight, my family started to control what I was eating. The following excerpt shows how much my relatives controlled my eating after I started eating solid food and this continued until I was an adult: “*My [family was] watching how much I was eating, how often I was eating and, of course, my weight*” (Journal 5, p. 1). It became a pattern that my family members controlled. The control that they exerted was repeated in different entries more than 20 times. In fact, the main thing I was taught was that I needed someone overseeing what to eat, what not to eat, and how much to eat. For example, in this excerpt from Journal 11 I noted: “[*My family*] take turns controlling how much I eat, how my body looks, and my weight.” (Journal 11, p. 1). Further, it was hard for me to understand why, once I was eating and doing what they wanted, that I still had to be overseen, controlled, and told what to do. For example, “[*My family*] oversees what I eat; if I eat a lot, [*my family*] will disparage me, and whenever I am in [*their*] house or somewhere else, [*they try*] to control everything I eat.” (Journal 5, p. 2). It was hard to understand the little rule

we were following that nobody talked about, that when I did eat, I was only to eat a small quantity to stay thin and be seen as beautiful. Hence, food, control, and appearance were crucial in my interactions with my family.

Adding to the constant supervision and control of my relationship with food was the way my body was refereed to by my family, which contributed further to my internalized anti-fat bias. For example, one excerpt captures a vulnerable, and typical, moment when I was related to as an animal: “*My [family] referred to me as ‘the cow.’*” (*Journal 3, p. 2*). Being compared with an animal based on my body shape and the way I ate was meant and taken as an insult and, as Bordo (2003) states, reinforced that fatness is related to animals to make humans feel terrible about themselves, as though they do not have any self-consciousness. Russell and Semenko (2016) offer an intersectional analysis of animal insults, noting how these are rooted not only in what they call “sizeism” but also sexism and speciesism.

All these aspects of my relationship with food fed my distorted body image and, even worse, a weird relationship with food that opened the door to a restricted diet that became part of my daily life. One of the many factors known to lead to eating issues is starting to eat in a restricted way (Puhl & Suh, 2015), along with being controlled by what you eat, being judged by how much you eat, or starting to compensate or replace any food with something that is not enough—like liquid food (Puhl & Suh, 2015). All of those factors were present in my life.

While journaling, I found myself making a list of all the diets I have tried and that were suggested to me by my family and doctors. It made me realize how much focus on dieting impregnated my mind, including the way I eat and how I automatically think about how to restrict my eating every time I gain weight. In this journal entry, I made a list of all the diets I have tried (some more than once) throughout my life:

*I ate tuna pineapple salad for lunch for a month without dinner. I also had all kinds of*

*milkshakes to replace meals. I ate small portions six times a day. I was using only “fitness” products (in Colombia, we use that label for “low” calories and “low” fat food). Skipping dinner almost every day. Only juices are needed for a week (as a “detox”). I was drinking pineapple skin infusions to get liquids out of my system. Only eating protein category of food. Keto diet. Drinking celery infusion to lose weight. Eating aloe before breakfast to burn fat in my belly. Drinking apple vinegar to burn fat. Drinking lemon, baking soda and water before breakfast. Papaya seeds water before breakfast. All the pills to lose weight have been invented and sold on the market. Magnets in the ear to inhibit my appetite with a special diet. For almost 30 years, I was constantly losing weight. (Journal 6, p. 1)*

In hindsight, it is no wonder I had a problematic relationship with food. As Tylka (2015) states, feeling like you have with no control over what you eat, one can end up in a messy relationship with food. Perhaps if my schooling had been informed about anti-fat bias, I would have had the tools to address this earlier in my life. Indeed, it would have been helpful to have access to educational materials that could have helped me relate more positively to food. However, the only official information about food I had came from nutritionists who adopted a traditional, weight-focused approach, who were always looking to put me on restricted diets. If only I had been exposed instead to nutritionists or other medical professionals working from a critical dietary perspective (Ginger et al., 2014) or had encountered critical, feminist food education in my schooling (Parker & Koeppel, 2020; Bombak et al., 2024).

### ***Critical Factors Connecting My Body and Food***

At my school in Colombia, teachers never talked about eating disorders or the importance of food in our daily lives. The only information students received was at the end of high school when there was brief mention of bulimia and anorexia, the only two types of eating disorders ever discussed. Disordered eating information was left to doctors and parents to provide to children

and teenagers. The doctors I encountered held the same position as the nutritionists, adopting a traditional approach that emphasized body weight above all else, or as Tylka (2014) suggests, a normative weight approach that seeks to “help” people be thin, but not help them determine what is healthy for each specific person regardless of weight. The following excerpt shows how the lack of helpful information, combined with the pressure I felt to be thin, made me feel when I was young:

*When I was a little girl, everybody [family and doctors] made me feel that it was amazing that I was eating, but after I started to gain weight, it radically changed from a good thing to a terrible thing. (Journal 5, p. 1)*

It is easier to be conscious about something when the people around you have tools to guide you, and when the systems that are supposed to educate do not have an intrinsic bias, in this case, an anti-fat bias. I did not receive any education in school about what a healthy relationship to my body or food might look like, so it was challenging for me to adopt a more critical approach or have terminology to describe what I was experiencing. Instead, I was influenced by my family, nutritionists, and doctors, all of whom had an anti-fat bias, and this influenced my relationship to both my body and food. The following excerpt shows this challenge:

*My weight was affected not only by what I ate but by the activity I was forced to do to lose weight, so I gained weight, and I lost weight like a roller coaster; it was a constant of ups and downs. (Journal 5, p. 1)*

The struggle was huge, and I struggled to understand what was “good.” Food is good, but food is terrible. Being little/slim/thin was not good because it meant being malnourished, but at least then I was closer to the “ideal shape” (Lorber & Moore, 2011). Being fat/big/curvy was healthier than being malnourished but it was also bad/wrong (Bordo, 2003). Not having proper

guidance—from school, from doctors or from my parents—made it more difficult because I never knew what was right. Even if I was eating “correctly,” I still always felt lost: “*Even today, it is challenging because I love to eat. I love all types of foods*” (*Journal 5, p.1*).

Me pointing to parents, teachers, and doctors, however, is easy but not altogether fair: we actually need to blame the systems all of them, all of us, have been marinated in. Parents are under a lot of pressure from external systems that evaluates them by their children’s bodies, blaming them if they are not “correct” (Sole-Smith, 2023). Parents are rightfully afraid of being judged, of being labelled “bad” parents and they may not understand what is actually best for their children because they may not be getting more critical information and the outside pressure is a substantial influence, even if it’s wrong (Sole-Smith, 2023). It is problematic that families often do not have systems to support them in gaining the proper knowledge so that they can offer better informed guidance to their children so that they, and their children, can build positive relationships with their bodies and good connections with food.

### **External and Internalized Anti-fat Bias**

My internalized anti-fat bias is something that was built that put me in conflict with myself, my body shape, my weight, and then my pregnant body. In this section, I describe how the anti-fat stigma and bias I encountered became my own internalized anti-fat bias. The more than 90 references in the journal entries and audio transcripts show that the external stigma and bias influenced every decision I made about food and how I looked. To unpack this, I have divided this section into two sub-themes: external anti-fat stigma and bias and internalized anti-fat bias.

#### ***External Anti-fat Stigma and Bias***

As I described in the literature review, anti-fat stigma and bias are prevalent forms of thinking that make people feel bad about themselves and have a distorted conception of themselves. Both influenced me, and as a result, I developed an internalized anti-fat bias. The

following excerpt made me realize how much harm I have done to myself: *“I felt shame about wanting to eat, to have a big amount of food, or to want to repeat another plate”* (Journal 5, p. 1). As I noted in the previous section, being judged by what and how much I eat has marked my entire relationship with food. I look at others when they eat, compare myself with them, and judge myself for what I eat, which in turn makes me feel that I too am observed when I eat.

While undoubtedly being surveilled by my family has fueled this feeling, but so too has external anti-fat bias. The following excerpt shows the anti-fat stigma I have been exposed to from others and how I feel when I am eating in a public space: *“Every time I went to a restaurant, it was horrible because many people stared at me based on what I ordered”* (Journal 5, p. 1).

This type of exposure is something that larger-body people are constantly exposed to (Boero, 2013). They feel observed and criticized, enduring what feels like the eyes of millions on them, which can make it difficult to see and accept themselves. This judgment can come from the same gender group, in my case from other women, which in my contexts seemed to be unfortunately more common than what I encountered from other genders or sexes. In the following excerpt, I portray situations that I have experienced with Latinx women friends, not only in Colombia but also here in Canada: *“I love all types of foods, and when women [in my life] surround me, they stare at me as if I am weird because I eat in large quantities”* (Journal 5, p. 1). This perception of having eyes on me increases my insecurities, whether it is accurate or not, and has led me to question every decision I make about what to eat or not eat, how to dress, and how I see myself generally.

Another aspect of anti-fat stigma is the idea of needing fatness to be fixed. I commonly encountered the idea that something in my body needed to be fixed, that my diet needed to be fixed, my habits needed to be fixed. Indeed, it felt, like everything in me must be fixed as the outside world perpetuates the idea that weight is related to health and is violent with people who

do not “fit.” In my experience, this pressure to be fixed was presented every time I visited any doctor's office, as shown in the following excerpt: *[Family members] told me every time we went to the doctor, and they weighed me: Do not worry, Preciosa<sup>10</sup>. We will fix that with this diet, closing out our mouths and not eating too much. (Journal 9, p. 1).*

As Boero (2013) points out, fat people are encouraged to transform their bodies, to fix the number on the scale, and to get in shape to reach “good health.” Also, it is implied that fat and larger-bodied people are promoting being “fat” and “overweight” just by existing in their bodies, especially if do not seem to be actively working to fix themselves (Salas et al., 2019) Even when I was just little, I was labelled as the “fat girl” in my fatphobic family, and I thought of herself as being “wrong” all the time: *“I started to gain more weight than height, and that became a huge problem because I was the ‘fat girl’” (Journal 3, p. 1).* My thinking then shows how the perception of oneself can be built, and how fear, bias, or stigma grows inside leading to the feeling that a person somehow “wrong” and needing to be fixed. Like Rice (2007), the label of “fat girl” was put upon me, leading to much dissatisfaction with my body image, fear of the growth of my body, and most importantly, the perception that I was described by a term that I perceived as “wrong” and “bad.”

When pressure is exerted by a particular group of people (e.g., family) and also from wider society and systems like healthcare, the body becomes an object, intensifying disconnection and fear. In my case, my fear grew more and more, to the point that I did not perceive my body accurately and rejected my body, thinking that the body that I had was wrong and not enough. The people around me and my social context all contributed to this. I am not alone; many women genuinely believe that something is wrong with their bodies (Sadika and Chen, 2023). Schools

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<sup>10</sup> Preciosa is a kind, loving word used among family members.

have the potential to disrupt external anti-fat stigma and bias (Cameron & Russell, 2016), but that did happen for me.

### ***Internalized Anti-fat Bias***

This section highlights excerpts of the journal entries where my internalized anti-fat bias was exposed. As explained in the previous section, my internalized anti-fat bias is a construction that grew out of my social context and the anti-fat bias surrounding me. When I started researching this topic, I believed the opposite of what I had come to learn; I truly believed that fat was “wrong,” and, as a result, I mistreated myself almost every day. Take for example, this audio excerpt where I compared myself pejoratively to animals just like my family used to do when I was a child: *“I looked at myself in the mirror, and I saw a hippo; I saw a giant animal, an elephant”* (Audio Transcript 4, p.1). Replicating a specific behaviour, in this case, self-talk, is easy when it echoes what is normalized. But I ask myself now, why are the hippo and the elephant guilty for my big body, and why do they have to be implied to be bad animals because my body is bigger than the people around me expected? Why am I wrong if my body grows? In the natural world, having different sizes and shapes is expected; there is nothing wrong about the hippo and the elephant being the size and shape they are (Russell & Semenko, 2016). They exist and are part of nature, just as my body size and shape exists, and it is part of nature.

For me, however, those animal insults cut deep and I came to feel that my body was not “perfect” enough to be part of the world. I had learned to judge myself and see my body as wrong and needing to be fixed, so I pushed my body and forced it to change through dieting. As the following excerpt shows, dieting has always been an option I immediately considered when I gained weight:

*After the first winter [in Canada], of course, I gained weight, and it began to torture me a lot. My body grew too much for what I was used to, and it was hard to take it all in. Of*

*course, my first action was to start a diet. (Journal #15, p. 1)*

Every time I gained weight, it triggered the anti-fat bias in me, and eventually, just living my daily life triggered the bias as shown in the following excerpt: “*My internalized weight stigma, anti-fat stigma, and fatphobia rise every time that my tummy shows*” (Journal 1, p. 1). This shows the fears and self-judgement that have grown in me in response to what I learned from a fatphobic environment.

The fat oppression, alongside the gender and racial oppression I experienced, eventually led me to fear even living and breathing. Even something like drinking water became a problem, as I thought that I needed to stop my body from growing. The internalized anti-fat bias started to disconnect my mind from my body as the following excerpt shows, creating in me a fear of facing a stage of my life that was significant for me: “*I have been so disconnected from my body that I do not trust it to be able to endure things like growing a baby*” (Journal 18, p. 1). Indeed, prior to becoming pregnant, my internalized anti-fat stigma led me to the point of thinking that I was not a good enough woman to even have a baby, or to carry a baby successfully: “*I was so afraid that she was going to say, your pregnancy is high risk based on your age and weight; I thought everything was going to end up bad*” (Journal 14, p. 1). Many doctors in my life had told me that weight and age are indeed considered two “risky” factors that can impact one getting pregnant or carrying a baby to term, but they did not suggest ways of working with my body rather than against it through going on yet another diet.

Here we can observe how anti-fat stigma and bias permeates the medical system, portraying being “overweight” as “wrong” and as “risky” when it comes to pregnancy. Yet factors such as weight and age do not inherently increase risks associated with pregnancy, contrary to common perceptions within the healthcare system as fat studies scholars have noted (Parker & Pausé, 2018, 2019). This reveals a need for explicit, and more critical, education on weight in relation to

sexuality and reproduction, as part of reproductive freedom. Women, teenage girls, and anyone who can become pregnant need to know that their body size and shape do not inherently put them at a disadvantage (Sole-Smith, 2023).

The perception of a woman's ability to play sports, climb a mountain, reach a challenging goal, or have a baby are often reduced to how a woman looks, so whatever a woman wants is only possible to reach if they stay, or become "thin" (Sole-Smith, 2023). Internalizing this anti-fat bias leads people to not appreciating their body. It becomes a challenge for me to see myself in the mirror, thinking all the time that my body needs to be fixed, as shown in the following excerpt: "*I am constantly judging my body but not appreciating what it is*" (Journal 20, p. 1). Internalized anti-fat bias leads to a point when appreciating oneself becomes a challenge. Thankfully, through this research project, I became aware of my internalized anti-fat bias, its sources and origins, the damage that it has caused, and the oppression that continues to be forced on me.

### **Intersectional Oppressions**

In this section, I explore the way gender, age, ethnicity and anti-fat bias intersected to influence my understandings of my body, including my reproduction journey. As I noted earlier, fat oppression reflects an imposition of Western beauty stereotypes (Lorber & Moore, 2011), specifically the idealization of the thin, young, White, female body. The topics of gender, age, and ethnicity appeared in my journal entries and audio transcripts more than 130 times, including entries relevant to fat oppression. Fat oppression intersects with ageism, sexism, and racism (Salas et al., 2019), leading me as a Latinx woman to have an imaginary number on the scale that I was supposed to stay below at a certain age. As I noted in the previous section, it also affected me when it came to my reproductive health.

These stereotypical standards are directed at girls and women, reflecting how weight-based

oppression is related to patriarchy (Boero, 2013), and it is frequently enforced by all gender. As the following excerpt shows, people in my life have felt entitled to have opinions about my body and shared them, without my permission:

*The way they have normalized stupid comments about weight and bodies make me so angry, but also makes me realize how much I have permitted in my life, from doctors, from teachers, from my parents, from my friends. (Audio Transcript 1, p. 1)*

As women, we are taught to remain quiet, submissive, and permissive (Sole-Smith, 2023). I was taught back in Colombia—and sometimes here in Canada—that I should think twice before saying something and I should not take up too much space. I was forced to be polite, to not enter discussions that would be considered beneath me, and not to comment, under any circumstances, on any topic that could lead to conflict. I thus came to accept everyone commenting on my body because it was normalized. I let everyone have an opinion on how I should look as it was an expected behaviour and dynamic in my daily life: “*Being told by everyone around me—doctors, my family, friends, etc.—to lose weight*”(Journal 8, p.1).

I have been told multiple times, by multiple sources, to lose weight and that something must be transformed with my body. That experience is different from what my younger brother or my boyfriends have had to face. My mother, my girlfriends, and I received these comments constantly and “passed” them along, as did the boys and men in my life. The following excerpt is based on an experience that I had with a male friend in my teenage years; after arriving home after an exchange trip out of Colombia, I had to face my first real body change in years because I gained 10 kilograms in six months:

*He had a crush on me, but as soon as I gained some weight after my exchange semester in the USA, he said: “Well, you were an excellent catch, but now you look like another person. You better get in shape to be back on your feet.” (Journal 7, p. 1)*

As a woman, and being a Latinx, I was expected to have a shape that projected sexiness and I needed to attract men's attention. If not, I was not “worthy.” Having my friend make this type of comment was hard on me given everything I had already faced around weight control. The comment, coming from a close friend who used to have a crush on me, pushed me to look for “magical” solutions or to see habits as obligations.

These types of comments are normalized and end up feeding insecurities in girls and women. The following excerpt shows how I took comments like these as more pressure to exercise, to adopt restricted diets, and to use weight control “medicine” to fulfill the social standard required of me:

*Ozempic was shown as a “magical” and “perfect” solution that makes you wonder if perhaps it can be the solution that you have been looking for to look “perfect.” And “I loved to exercise and move my body, but since I have a memory, I have been pushed to do it without any other reason to lose weight. (Journal 10, p. 1)*

The relationship between weight and gender-based oppression leads to women feeling like they must lose weight as the “solution” for looking “right” and fitting in. We are constantly sold magical solutions. If it is not a “miracle” 15-day diet, it is a medication or an exercise routine that will lead you to lose weight in less than a month. The dieting market is big business despite it never working; research indicates that long-term weight loss is next to impossible for most people (Rothblum, 2018).

It is hard moving forward with all of this pressure, all this information that sells “thinness.” Even though I have started to change my mindset, to learn more about it and deconstruct my internalized anti-fat bias, I still cannot escape it. The following excerpt shows the external oppression became a constantly present, inside voice, even when I was trying to go on a different path, even though I want to learn how to do things differently: “*There are voices in my head*

*telling me you are fat.* ” (Journal 1, p. 1). Getting rid of the voices in your head that are saying that you are still “wrong” is hard, and I think that it is significantly harder for women in a patriarchal and racist system (Didion, 1979; Boero, 2013; Strings, 2019) Through this research project, I realized that listening to my anti-fat internal voice was something that I had learned to do; I “allowed” it to happen to me unconsciously although I now recognize that is not my fault but a reflection of the anti-fat stigma and bias I endured in my life. The challenge is turning this anti-fat voice in my mind into a celebratory “I AM FAT!” one. Indeed, that is one of the things that this thesis made me realize: that even though it is hard, it is possible to feel empowered and recognize myself as a fat person, something fat activists and fat scholars encourage. I think it is especially important for me to do so as a Latinx woman since the beauty ideals I have been brainwashed about are based on white European women—the Western beauty stereotype (Lorber & Moore, 2011; Strings, 2019). Those standards were brought to the Americas by colonialism and have reinforced the idea that thin is good and fat is bad, alongside other binary oppressions that people face in the world. I need my inside voice to not only proudly proclaim “I AM FAT!” but also that “I AM A FAT LATINX WOMAN!”

### **The Influence of the Healthcare System on My Body Image**

As I noted in an earlier section, one space where I encounter fat oppression outside my family is the healthcare system. In this section, I explore how much I was informally educated by the healthcare system, and how that has impacted my body image and the way I relate to my body. This topic appeared in many different journal entries and audio transcripts and repeated more than 70 times, including when I wrote and spoke about my pregnancy. The most relevant excerpts come from my experiences with the healthcare system in Colombia, which came at a formative time in my life and informed the relationship I built with my body.

In different stages of my life, healthcare providers—mainly nutritionists—have pushed me

to lose weight to achieve something “good” with my body, while not even wanting to know anything else about me. They just looked at my body shape, weighed me, and listened to my family, then gave me a “suggestion” or a “recommendation” to lose several kilos to be in “shape.” Instead of positioning themselves as a positive and caring part of my health education, they inflicted harm given they prioritized weight above all else. The following excerpt reflects something that I had just come to realize before coming to Canada:

*The healthcare system in Colombia is a violent environment towards women, but mainly for fat women. All my medical history—with all my doctors—marked me as overweight.*  
(Journal 13, p. 1)

Every appointment, which I had at least once every year for prevention was grounded in a fear of fatness. Since about the age of 12, I felt like I had to work all year round to lose weight to avoid having the next appointment include the same shameful “suggestion” to lose weight. I have carried this feeling for years. For me, this fear of gaining weight was a constant. It grew proportionally with the years. I can now see that the older a woman gets, the more complex the comments become, infused with not only anti-fat bias but also ageism. I did not understand that women’s bodies change with the years; instead, in my mind given what I had been told, my body must stay in one shape, at one weight—the “ideal” weight. I also thought my body had to be “better” every year to get a “happy face” and approval from doctors.

The traditional medical system has based what has been considered “healthy” on the BMI (body mass index)—a measure that was invented by white men working in the insurance industry based on white men’s bodies and weights, and that was never intended to be used in medical settings (Russell, 2020). The following excerpt shows how much one of my last visits to a doctor in Colombia affected the perception I had about my fertility and the ability of my body to conceive a baby:

*That appointment marked my life until today because the fear of getting pregnant at 37 and being bigger in shape and measures made me think that it was going to be trouble. (Journal 13, p.2)*

Doctors perhaps do not realize how much impact their words can have on a person, and even more so if that person has a miscarriage or a troubled relationship with their body or with food. Being defined as “unhealthy” based on my weight has affected me all my life. However, it felt even worse when I was told I needed to lose weight to have a baby. The healthcare system I encountered was unaware of its anti-fat bias and the many providers I interacted with didn’t have a holistic perspective on health, attending to a very limited aspect of my physicality and ignoring my mental and emotional health. I found it violent and damaging to have medical providers only seem to be interested in “fixing” me by telling me to lose weight. In Colombia, even ophthalmologists weigh their patients at every appointment! Weight is a number that is apparently needed to create a “full” health chart of a patient regardless of what body part is being examined. It is only one of the numbers they write down, but most of the time it seemed to be the only variable needed to make a “diagnosis.”

The following contrasting excerpts are important because they show how changing countries helped me have a better experience with the healthcare system. I found the more intuitive and holistic approach used by doctors and other health professionals in Canada to be a revelation after what I had experienced in Colombia in every single specialization. Here is an excerpt from an experience in Colombia: “*I was 35 at the moment, the doctor was kind, and they told me that everything was good, but I needed to lose weight*” (Journal 13, p. 2). In contrast, this excerpt from when I had my first appointment with my midwife in Canada, which highlights a different approach and how much respect I felt in this new country:

*What amazes me about this first appointment is that she listens to me, asks me about my*

*routine and what concerns me, and then prescribes a blood test but never asks for my weight or asks to weigh on the scale. (Journal 13, p. 3)*

I think it is important to also note here that the Colombian healthcare system is private; it is not publicly funded. It is not uncommon to hear about misdiagnoses, which can carry dire consequences. In Canada, healthcare is a right where almost everybody has access to a decent healthcare system. Even if many medical practitioners here take a traditional approach, as Tylka (2015) suggests, in comparison it seems to me that this country is actively working to adopt an intuitive and more holistic approach to health.

Ultimately, the influence of the healthcare system, mainly the Colombian healthcare system, reinforced what I learned in my family and at school: that thin bodies are highly valued and that weight loss is necessary if you do not meet that standard. I now see my experiences with Colombian healthcare as violent. Combined with the oppression I was encountering with my family and elsewhere, it is no wonder that the relationship I built with my body was full of insecurity, full of guilt, and led a distorted body image and internalized anti-fat bias.

### **The Impacts of Immigration on My Body Image and Self-perception**

As noted above, experiencing the differences in healthcare in Colombia and Canada was a revelation. In this section, I further describe how coming to Canada transformed my life and helped me to understand that I have internalized a distorted idea about my body. I also learned that I have lived with an internalized anti-fat bias. Coming to Canada was a dream come true; I wanted to come to North America and have the option to live in a developed country with all the possibilities that offers. In Colombia we talk about the “American Dream,” however, in this case, it is the “Canadian Dream.” Of course, coming to Canada was not without challenges, including learning to adapt to the cold weather and the lack of sunlight for almost seven months of the year, building a new life and community from scratch, getting to know my surroundings, and changing

my career path, all while working full-time to pay our bills and achieve our family goals. It created an intense pace of life without much room to breathe.

My body experienced a significant transformation given the extreme weather of Thunder Bay in winter. I was used to living with a minimum of 18 centigrade and a maximum of 33 centigrade in Colombia, and now had to adapt to -30 centigrade in winter and only 20 in summer. I found that this shift changed how I ate, not only because of what is available to purchase, but also because the body asks for different things when it is so cold. The other issue I found is that you must cover your body with layers and layers of clothes for almost seven months, which you can only take off for three months. After my first winter and all those months of covering myself, summer arrived and when it came time to uncover my body, it was a shock. I had to map my body to recognize myself again. I saw one shape in the mirror, another in the window, another in the pictures people took of me, and another in my husband's pictures of me. I was developing, or maybe finally recognizing, that I had built a distorted relationship with my body image which were rooted in my internalized anti-fat bias.

The following excerpt shows how my immigration experience affected me as shown in my reflections on my body transformation:

*I started to gain weight because my body was changing due to all the immigrant experience, weather changes, and stresses I was exposed to. The weather—I think it is one of the factors—has also exposed me to the different variables of the migration process.*  
(Journal 13, p. 3)

This excerpt shows how changing habits, weather, and the seasons affected me. Usually, I try to keep calm—emotionally and mentally—but the experience affected the only thing that I have struggled to connect with all my life: my physical self, my body. I found it harder to connect the dots or figure it what was happening when I lived where nothing changes, or at least nothing

changes simultaneously. There I could “control” most of the areas of my life and keep a feeling of balance, an equilibrium.

The types of changes I experienced with immigration triggered a lot of different things, like my fear of gaining weight, the distortion of body image, and more. My internalized anti-fat bias rose to the point of total rejection and hate of my body. As I wrote in this excerpt: *“I gained some weight, my body suffered a transformation a lot after the first winter, and I was freaking out to face them again”* (Journal 11, p. 1). My body changes made me face many fears and affected my mental stability. I could spiral in those fears and get to the point of questioning everything. As Tylka (2015) suggests, anti-fat stigma can negatively impact well-being, and can trigger disordered eating and other behaviours. In my case, I was not only contemplating going on a restricted diet, I was also thinking about stopping eating for good.

I was also afraid of what my parents would say when they saw me again, on how I would be able to “fit” into Canadian society, and how I could follow the Latinx community standards here in Thunder Bay. The following excerpt shows a small part of the journey of emotions that I went through during that period:

*I went to therapy and met with my nutritionist, not to change my diet but to connect with my body’s needs and what I needed to eat. After the appointment, I realized that my body was going through a lot that was sustaining me.* (Journal 15, p. 1)

What a body endures cannot be easily measured. The last sentence in the above excerpt highlights how much introspective work I needed to do to realize not only the outside pressure I was facing but also the unconscious pressure I put on myself. Even when my body was sustaining me and getting me through a lot, it was not something I valued because I did not value my body. I only wanted my body to be “perfect” because that was what was asked of me since I was young. My internalized anti-fat bias shows up, then, in the way that I do not allow myself to be

compassionate with myself, at all. Being exposed to extreme changes, like what I experienced in moving to Thunder Bay, would affect anyone, and in my case, it affected my body and then my mental health.

As an external factor, being an immigrant and getting used to a new culture, learning everything from a new perspective, is challenging, like diving into new waters. Further, the effort is doubled as you feel obligated to fit in and to build a community. In my case, I arrived in Canada in a place where the Latinx community is small and not located in close proximity. I also had learn how to read my new city's culture and not generalize it to all of Canada, or even all of Ontario. Canada is a multicultural country, but in Thunder Bay, almost 80%<sup>11</sup> of the population is white settlers, so diversity is not a forte of the city. Particularly, I found that much of the city's mindset to be more conservative than liberal—politically speaking—which I found difficult as someone who is liberal and feminist. The following excerpt captures when I realized that my new reality was, in a way, far from what I pictured. Even though I had experienced positive differences, like what I described above related to Canadian healthcare, I found some of the same old things were present here too:

*I found out that even if we come to a country that is inclusive and has an open mindset of customs, you will find tons of people that not only do fat shaming but also think that it is ok to do that as a man; [they are] entitled to do it. (Journal 4, p. 1)*

I had high expectations as an immigrant based on what I had read and seen about Canada. However, the reality is that the patriarchal system is everywhere and that men getting to do and say whatever they want is not only a Latin American issue, but a world issue. Being exposed to fat shaming here was hard and in some ways it felt even worse when I witnessed it being done

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<sup>11</sup> Source: <https://townfolio.co/on/thunder-bay/demographics>

not to me but to someone I knew and appreciated. This person's immigration journey is similar to mine and I know how hard her body transformation has been, so it was impossible for me not to feel angry and to express my discomfort. The next excerpt shows how much women's immigrant journeys can overlap, including how much judgement and anti-fat stigma we are exposed to, no matter the country or the context. It seems just for being women, we have to endure this type of oppression:

*What made me mad was that sooner I was talking to her about how much the transformation of her body since she arrived in Canada has affected her and about a hormonal problem that she was going through, we were sharing our own migration experiences as a new immigrant here in Canada, and how much our bodies have to suffer based on the weather, the seasons and the stress you are exposed. (Journal 4, p. 1)*

When I see someone else facing oppression, no matter the gender, I immediately jump into my defender persona and adopt an attitude that does not allow any further attacks. Being a woman who has faced oppression, I cannot just ignore it. It was challenging to have to jump in with my feminism card to address something that has become so obvious to me now, that commenting on other's bodies, and most of all, shaming anyone's body is simply not acceptable. It resonated so deeply with me own fat-shaming moments, and it was hard to face.

Another external factor that has affected me in my immigration experience is the lack of diversity in this city. With a high percentage of white settlers in Thunder Bay's population, it is hard to find diversity in most spaces—university, work, or events—. I found that when everything looks just one way, it is difficult to feel that a person like me belongs there. The following excerpt shows the impact this had on me: "*The lack of representation at my job, my master's, and the town affected the way I perceived myself; it made me feel that I did not belong*" (Journal 17, p. 1). It is crucial for humans, as social beings, to feel a sense of belonging. And it is

hard not to start feeling badly and resuscitate fears when you do not belong. This part of the immigration experience triggered my insecurities, which meant it impacted my body image. I was rooted in a place in Colombia and felt comfortable being there despite the problems I experienced.

The immigrant experience is highly relevant to my internalized anti-fat bias because it was then when everything felt like it exploded in my face. Because of the stressors I encountered through immigration, my mental health challenges were exposed. I was at the edge of the decline, and I started to question all that this thesis project had revealed to me, and that is when this topic and my decision to adopt an autoethnographic methodology gained even more meaning to me. Upon reflection, I have learned that I do not realize something until I have to confront it. And that is how I started to dig more deeply into myself to find answers and, most importantly, the origin of so many of my problems. Yes, immigration has been challenging, and I had to face many issues simultaneously because I was suffering physically, mentally, and emotionally. In my case, I realize that it had all started with my body, which I had internalized in my mind, and it ended up impacting my emotional wellbeing. It was not an easy process to identify, but it became crucial to pay attention to my mental health even while I was busy adapting to a new country.

## **Conclusion**

Going through all my life experiences and seeing firsthand my internalized anti-fat bias and how it was built was painful and, at the same time, insightful. As I mentioned in the acknowledgements to the readers of this thesis: “Not everything that is faced can be changed, but nothing can be changed until it is faced.” (Baldwin, 1962, p. np). I definitely appreciate the process of doing an autoethnography and putting myself there because facing one of my fears made me change all my own beliefs about the concept of “fat,” which I rejected and thought was wrong, and finally construct new belief and meaning that empower me, and hopefully could

empower much more women.

## Chapter 5: Conclusions

In seeking answers to my primary question, *How can my experiences of anti-fat bias as an immigrant Latinx woman demonstrate the importance of size-inclusive education?* I discovered there is a lot of scholarly information about this topic. Still, there remains insufficient practical information of how these scholarly ideas can be applied in the education system, such as how teachers could help students build a good relationship with their bodies and see themselves represented among diverse body shapes and sizes that are all worth celebrating. We also need practical ideas for how to learn how to relate to food, not on a universalized good/bad binary, but as fuel for our own unique bodies that enables us to do the things we want to do (Pringle & Powell, 2016).

The educational system that I experienced in Colombia ignores how the Western beauty stereotype (Lorber & Moore, 2011) was imposed through the colonization process by European colonies, thus perpetuating it and reinforcing dominant discourse about the “obesity epidemic” that simplifies “healthiness” to looking a certain way and “being active” and “eating right” as the only solutions (Boero, 2013). While there have been some interesting arts-based education initiatives like Levan’s (2016) that have sparked classroom discussions of body diversity and inclusion, these remain unusual examples in formal education. Such programs also are only a beginning; more time is needed to help students identify anti-fat bias (McNinch, 2016) and to develop deeper relationships with their own bodies.

Reflecting on the Canadian context and the immigrant experiences I have recounted in the study, I realized how important it is to implement pedagogical approaches that are more inclusive of everyone attending school, including immigrants and vulnerable populations. As my own experience illustrated, inclusion needs to take into account not only body shape and size but also race, skin colour, and nationalities and the diverse experiences students bring with them. That

would require moving beyond simplistic efforts to encourage body positivity and instead require adopting more critical, intersectional approaches aligned with fat pedagogy.

### **Moving Beyond “Body Positivity”**

As I described in my study, before I started this research, I was keen about the body positivity movement. Initially, body positivity was a movement that aimed to encourage acceptance of individuals with larger body sizes (Sole-Smith, 2023), but I came to realize it was a watered-down version of the fat acceptance movement that celebrated smaller bodies and excluded those on the bigger end of the fat spectrum. I realized how the body positivity movement was damaging fat advocacy and continuing to oppress larger-body people, and thus in the end all of us who do not fit the standard. Body positivity has become a mainstream and social media “thin-washed” movement, focusing on bodies that are not fat and not even medium-sized, and promoting excessive exercise and “healthy” (i.e., restricted) habits of eating. This movement, then, yet again promotes fatter bodies being inferior to thin bodies (Manne, 2024), while pretending it is a feminist activist movement seeking inclusion of larger-bodied people. It is just a perpetuation of the oppression against fat people.

As my research revealed, the external world affects people’s mindsets. Social media, and media in general, are sometimes people’s primary source of information so it serves an educational function, just as my family, healthcare, and immigration experiences taught me. All of these can inadvertently fuel negative attitudes about and actions toward fat individuals as well as fuel internalized anti-fat bias (Salas et al., 2019). This was a shocking realization for me because I was “all in” with the body positivity movement and continued to defend that it had a good purpose. Nonetheless, I came to see that it was not enough to address internalized anti-fat stigma.

Helping me move beyond body positivity was understanding that the concept of “fat” has

been reclaimed by large-body people; it does not have to be an insult or negative descriptor, but a simple descriptor of a particular body size and shape that can honour who someone is and ensure they are comfortable in their own skin (Dormen, 2005). The fat liberation movement is not just about body acceptance but about challenging oppression (Boero, 2013). All bodies deserve to exist, and do not need to be fixed or transformed to fit arbitrary standards. Fat liberation is a more radical position than body positivity, but I think it is the correct position to take when advocating for people in larger bodies and people who have diverse body shapes. Fat liberation also advocates against the oppression of all bodies, recognizing that even privileged, thin people suffer under the striving to have the “perfect” body (Wann, 2009). Emphasizing fat acceptance and liberation rather than body positivity could help to improve the quality of life of all people who have been oppressed by the colonizing Western body standard.

### **Deconstructing and Reconstructing the Meaning of “Fat”**

As I described in my study, the word “fat” is one that I have struggled to understand, define, and even use. At the beginning of this research project, using the word created an internal conflict in me because I was taught it was wrong, so I resisted using it as a descriptor of myself or anyone else. Reading and seriously engaging with the ideas of all the authors, activists, and scholars who advocate for fat bodies and have reclaimed the word “fat,” was liberating. I found myself in that literature and in this activist world.

According to Royce (2016), fat is a simple descriptor of a person’s body shape and size. I came to realize that that I was not fat, and that I had not been fat. Further, I have not faced the same sort of discrimination as someone who is truly fat. For example, I fit the mainstream commercial sizes in almost all brands, except in pants because I have big Latinx hips (so I have to look for loose pants or Colombian brands), and my body fits in every space (like airplane and classroom seats) and I do not need special accommodations based on my body shape or weight

(Puhl & Bowell, 2001; Boero, 2012; Sole-Smith, 2023). I no longer find myself in a gray area and now can more accurately label myself; I am a Latinx Mestizo, curvy, medium-sized woman. Still, I had to face many challenges because of anti-fat stigma in the Latinx context, which is based on colonial repression that my family internalized (Bordo, 2003), such as being forced to live on restricted diets and being unable to connect to my body or food.

While I cannot describe myself with the “fat” word yet, with my pregnancy, I gained some weight, and my body shape changed, but I was no longer afraid to self-identify as fat if that was what I became. I now seek to feel comfortable and accept my body however it is. My body is changing and will continue to change, and in that process, I may find myself to be a small-fat woman. I am not afraid to face that anymore. As Papas (2020) suggests, I feel empowered to claim the word, to use the word, and be an ally to or part of the fat community. I found that if it is just a word, I do not need to feel shame about my body, but instead can be proud to have a body that allows me to be a powerful woman.

The path of learning that I walked down with this Master’s has greatly contributed to me building a different point of view. It enriched what I was coming acknowledge before my studies and helped me construct a critical view of my world, my social context, my family, and my beliefs. The word “fat” thus became more to me than just a descriptor; now, it is a liberating word and I can raise my voice and advocate for different types of body shapes and sizes. I can help show the world that every shape is worthy, that weight has nothing to do with health, and that every woman and human being deserves a dignified life and treatment, no matter their body, their weight, or anything else about their appearance that negatively influences how others perceive them or how they perceive themselves.

As women, we need to advocate for each other. We need to foster good relationships with our bodies relationship and strive to disrupt the unhealthy patterns that have been perpetuated for

centuries through colonialism and fat oppression. Advocacy is not only about protesting when you see oppression but also about making changes in how you speak, think and act. In my case, that could mean advocating through social media and in educational spaces and leadership workshops, and normalizing being fat in friend circles and family conversations. It can be about using the word fat positively, making it clear that the word has power; indeed, it is not just a word, it can change perspectives to help build respect for all bodies and shapes.

### **Overcoming Internalized Anti-fat Bias**

Realizing that I have an internalized anti-fat bias was not easy. Accepting that I held a prejudice around seeing myself in a bigger body (Salas et al., 2019) made me also realize that, of course, that also meant I saw others in large bodies as wrong. That was hard to admit to myself; I was engaging not only in oppression of myself but also of others. Doing this research forced me to delve deep to understand why I had developed this internalized anti-fat bias and to understand why it was problematic, and work to building more accurate and more compassionate knowledge. Doing an autoethnography helped me reflect on my own path and recognize the external oppression to which I was exposed. The most shocking finding for me was understanding the impact of colonialism on my own family, how that affected the way they saw fat bodies, and how I had inherited that view (Bordo, 2003).

Finding the autoethnographic work of Richardson (2011) who shared her story of transformation after a car accident and the work of Pausé (2012) who shared her story of “coming out” as fat inspired me to start this research project, and to dig deeply into my own experiences and document them, not only for myself but for other women, including other Latinx women and other immigrant women who might see themselves reflected in my story. There is a gap in the research sources because there are not many fat Latinx stories told (for exceptions see Garcia Hernandez, 2021; Zerafa, 2023). I do not know any other Latinx immigrant scholars living in

Canada who have shared their stories of looking in the mirror and being terrified to accept their body.

Doing this autoethnography showed me that Didion's (1979) statement that we tell stories to live is accurate, because this project not only gave me life but also inspired other women in my life. Just by telling others what I have researched has created a space for them to tell me their stories without feeling afraid to be in their own skin and for them to want to learn more about anti-fat stigma and anti-fat bias. In the end, my autoethnography about my internalized anti-fat bias, about learning more about the word "fat," and learning how to understand myself as a small-fat person and rid myself of the fear of having a large body showed me a different way to live (Bochner & Ellis, 1999).

## **Recommendations**

This thesis showed me the importance of going on a learning journey like this, and it has sparked in me a desire to advocate for fat liberation and provide education to confront anti-fat bias. It also helped me to understand how different systems—education, healthcare, and families—reinforce fat bias and stigma and thus are sites that need to change if they are going to contribute to positive mental health and help people navigate through challenges they might face with their bodies and with food. Below, I share some recommendations for each of these spaces that have emerged from my autoethnographic research journey.

### ***Educators***

Despite having excellent educators in school, I never heard anything related to body image that sparked questioning of anti-fat bias. I had good teachers during my school years who were aware of the problems of anorexia and bulimia and talked about the topics without any sense of it being taboo, yet they did not identify the systems that fuel these problems. I also do not have a sense that they truly saw me and understood what I was going through. I think that we

need teachers get to know their students, care for their development as a person, and talk about emotions and hard topics that might seem as taboo.

I was particularly inspired by Levan's (2016) arts-based education project focused on body diversity, but I will add to this that educators should not focus only on body size and shape but also include skin colour, disability and other factors to normalize that there is great variety in human beings and our uniqueness is our superpower. This resonated with the work in fat studies about the importance of taking intersectional approaches (Pausé, 2014 ).

As a final piece of advice, I would recommend using current literature in teaching young people. Using popular culture helps to engage young people in these conversations can help build a common ground and spark open discussions (Foos, 2024; Valauri, 2024). For example, one of my favourite modern graphic novels and TV series is *Heartstopper* (Oseman, 2019) that talks openly about gender, mental health, body shapes, and most of all, diversity as a whole.

### ***Healthcare***

As I recounted, my experiences with healthcare in Colombia and Canada was very different. My experience in Colombia was filled with anti-fat bias. I thus recommend that it is high time that outdated methods, like using the BMI as a measure and making a diagnosis based on weight rather than other variables, be discarded. Based on my experience as a pregnant woman in Canada, not having healthcare workers ask me about my weight or make assumptions based on my weight, not even when I was diagnosed with gestational diabetes, was astounding. Having my healthcare workers in Canada focus on the issue at hand rather than my weight helped me feel confident and not be anxious or panic. As Humphreys (2010) states, “It is unethical to use BMI in contemporary general practice... it is an overly simplistic measure that, in fact, can be harmful to patients” (p.1). Feeling welcome and being treated as a person rather than a number would make such a difference in the healthcare system, and I recommend continuing to build on

the advocacy for a non-weight-centric healthcare system that would be a safe place for all. That means that the education and training in healthcare fields must change so that the next generation of healthcare workers understand anti-fat bias and do not perpetuate it in their practices (O'Reilly, 2016; Ward et al., 2016).

### ***Family***

In my thesis project, one of my central influences was my family. Families can be the first safe space for a person if you are one of the lucky people who has a family that functions well. Good or bad, it is the first place we learn about ourselves and the world. Ideally, families are a place where children can be themselves, feel safe, and develop without prejudice. For families like mine that are full of anti-fat bias, that can create challenging conditions as I have recounted here. It is important for families to recognize that there are so many different shapes of bodies. Even if it is challenging to overcome internalized stigma, it is important to at least listen to one's children rather than immediately judge them for something that is out of their control. People often assume that because society says something, like not meeting an idealized standard, is "wrong," so it must be "fixed." But the reality is that telling a child or youth that they need to be "fixed" impacts how they feel about themselves and encourages them to feel disempowered and ashamed rather than helping them love their own body and connect with food.

For future parents, I ask you to learn about diverse body shapes, to get to know more about the new movement to empower children to believe in themselves and to be confident in who they are, and to use the correct adjectives to describe your children's bodies and not be afraid to say the word fat. Parents could practice body affirmations with their child in front of a mirror so that they recognize themselves and parents can resist the harmful Western body ideals. I highly recommended Sole-Smith's (2023) book, *Fat Talk: Parenting in the Age of Diet Culture*.

## Challenges and Limitations

As a woman, Latinx, former professor, and an immigrant, I found this research challenging to do because it was my first time conducting a research project of this magnitude and writing a Canadian thesis in a foreign language and in a form and structure than I was not used to. I found it challenging to reach the standards of the Canadian academic world, not because I feel academically unable to do it, but because I found it overwhelming to read, think, and write in another language without losing my essence as a Latinx and the way we express our ideas, thoughts, and emotions.

Doing an autoethnography was even more challenging than I anticipated because I had to put my life onto paper knowing that many strangers would read it, and I struggled to find the right tone given this thesis is both an academic artifact but also deeply personal. It was complex to be both an “insider” and an “outsider” in the same research project. That is a challenge of the autoethnographic method: sharing my personal experiences and then trying to analyze and interpret my feelings as if I was a third party, bringing in the lenses of the scholars I read.

Despite how hard I found the process, reaching the end and realizing that my internalized anti-fat bias was not my fault, and more importantly, not even my family members’ fault, was so liberating and healing. I could rid myself of the judgment I felt from the outside world as well as my judgments against my family members, especially the women in my family who put me through so many painful moments with my body. Writing my stories and experiences made me confront myself, find myself, and be more compassionate with myself and with my family, so all the effort was worth it.

Another challenge I encountered was maintaining my focus on mainly on me, and my gender and ethnicity. Time and word constraints imposed on a Master’s thesis here forced me to focus the research project on my story. Having the strength to not listen to others was challenging

because I usually am telling other people's stories, and not my own. Not including the perspectives of other women, Latinx, and other genders was hard, especially because when I told anyone about my research topic, I found everyone had a story and had something they wanted to tell me about experiences, feelings, traumas, regrets, and their own journeys with internalized anti-fat bias. I came to understand, though, that I needed to focus on my own learning journey first and that focusing on other people's stories was an escape from facing my story and feelings. The positive outcome of having so many people wanting to share their stories with me is that I realize there will be much good work for me to do when this project is complete.

### **Future Actions**

After doing this project, I see there is opportunity to expand my thesis work, particularly in talking with people of other genders and sexualities about their experiences. Shonrock (2022) discusses how heterosexuals experience weight stigma and internalize weight bias in different ways than sexual minorities, with gay men tending to experience the same level of weight stigma as heterosexual women, and lesbian women experiencing higher levels of weight bias than heterosexual women. Fat studies scholars have noted that there is a significant gap in the literature when it comes to the perspectives of queer people (Pausé et al, 2016). I thus would like to explore these issues with the queer Latinx community, investigating how they experience the immigration journey, including their own possible body transformations and internalized anti-fat bias.

I would also like to start a social media advocacy and education campaign to educate more women in Latinoamerica about anti-fat stigma and bias. It may also be possible to use that platform to connect with more Latinx communities in North America to discuss the topic of internalized anti-fat bias and how others have faced it. I could also revive my podcast where I collected stories about diverse individual's life journeys, but this time I could focus on

immigration stories about body transformation and how they navigated shifts in beliefs held in their country of origin.

I also have decided I want to be more vocal about what I have learned in this thesis and share my learning through my Instagram project, educating and advocating for curvy/fat women who do not always have any representation or spaces to talk about what they are dealing with in their daily lives. I want to be authentic, not just a staged persona, but a vulnerable woman talking to others about how we can navigate our own body image paths and embrace the power of self-identifying. Rather than just being an “influencer” on social media, however, as noted above, I am now motivated to continue to conduct research on this topic and eventually become a professor who shows, guides, and talks about uncomfortable topics. Like Kannen (2016), I want to hear the voices of my students when they speak the unexpected, be there to listen to them, to guide them as we engage together in critical discussions.

I have shared how not having access to critical perspectives on embodiment had a huge impact on the relationship I built with my body and with food. The systems around me—education, healthcare, family, and other social contexts—did not help me understand the issues I faced or provide guidance in a way that would be educational and caring rather than miseducative and oppressive. I am glad I followed this path in education with this Master’s research. To this thesis, thank you for creating a space for learning more about a topic I was so afraid of, for letting me delve into my mind, experiences and feelings, and for helping me confront wrong and harmful beliefs that I had internalized. For me now, fat is power, not anything else.

## Chapter 6: Epilogue

As a final thought, I want to add something personal that happened to me before finishing this thesis and after I gave birth to my first child. I spent three months with my parents. After I made “fat” a powerful rather than shameful part of my life, it released the power my parents had on me and helped me heal the way I see myself and my body. I have spent most of my life fighting with my mom and dad because of how much I weigh and how my body looks. After years of confronting them about commenting on my body and my way of eating, I learned how to shift my dynamic with them by recognizing that respect goes both ways and enables us to live with diverse perspectives. Being able to live with them postpartum and being able to eat and live in my new body without any comment from them was the best and most healing experience that I have had with my parents.

I now can identify the roots of some of their behaviours toward food and body image, which taught me a lot about my own behaviours and my own internalized anti-fat bias. At the same time, I was able to forgive and understand them and not judge them for how they have interacted with me. This thesis gave me the power to understand myself and to understand them. It allowed me to be more respectful of them and to not only react but be able to teach them. And finally, this thesis has allowed me to stand by myself and not feel ashamed of my body's transformation after giving birth to my child.

Writing this thesis was a wild ride. I had to face my own fears, and write in another language, in another country, and finish it after giving birth. It was worth it. I would not change any part of this experience because it has taught me a lot. Thank you, “fat,” for haunting me and finally making me face you and embrace you.

## References

Adams, T. E., Holman Jones, S. L., & Ellis, C. (2014). *Autoethnography*. Oxford University Press.

Anzaldua, G. (1987). La conciencia de la mestiza: Towards a new consciousness. In C. McCann, & S.-K. Kim (Eds.). *Feminist theory reader: Local and global perspectives* (2<sup>nd</sup> ed.). (pp. 254–252). Routledge.

Aphramor, L. (2010). Validity of claims made in weight management research: A narrative review of dietetic articles. *Nutrition Journal*, 9, 1–9.

Bacon, L., & Aphramor, L. (2011). Weight science: Evaluating evidence for a paradigm shift. *Nutrition Journal*, 10(1), 9.

Bacon, L., O'Reilly, C., & Aphramor, L. (2016). Reflections on thin privilege and responsibility. In Cameron, E. & Russell, C. (Eds.). *The fat pedagogy reader: Challenging weight-based oppression through critical education* (pp. 42–50). Peter Lang.

Basu, A. (2020). Globalization of the local/localization of the global: Mapping transnational women's movements. In C. McCann & S.-K. Kim (Eds.), *Feminist theory reader: Local and global perspectives* (2<sup>nd</sup> ed.). (pp. 69–79). Routledge.

Boero, N. (2013). *Killer fat*. Rutgers University Press.

Bombak, A.E., McPhail, D., & Ward, P. (2016). Reproducing stigma: Interpreting "overweight" and "obese" women's experiences of weight-based discrimination in reproductive healthcare. *Social Science & Medicine*, 166, 94–101.

Bombak, A. (2017). Book review: *The Fat Pedagogy Reader: Challenging Weight-based Oppression Through Critical Education*, edited by Erin Cameron and Constance Russell. *Fat Studies*, 6(1), 112-123.

Bombak, A. E., Adams, M., Garofalo, S., Russell, C., Robinson, E., Parker, B., Riediger, N., & Cameron, E. (2024). The framing of food in Canadian university classrooms: A preliminary analysis of undergraduate human nutrition sciences, dietetics, and food studies syllabi. *Canadian Food Studies*, 11(1), 211-236.

Bordo, S. (2003). *Unbearable weight: Feminism, Western culture and the body*. University of California Press.

Bramblette, S. (2015, May 20). *Breaking bias*. TEDx Talk [Video]. Youtube.  
[https://www.youtube.com/watch?v=1\\_XuwM844bY](https://www.youtube.com/watch?v=1_XuwM844bY).

Bruch, H. (1957). *The importance of overweight*. W.W. Norton & Company Inc.

Butler, J., & Weed, E. (2011). *The question of gender: Joan W. Scott's critical feminism*. Indiana University Press.

Butler, J. (2011). Speaking up, talking back: Joan Scott's critical feminism. In J. Butler & E. Weed, (Eds.), *The question of gender: Joan W. Scott's critical feminism*. Indiana University Press.

Campos, P., Saguy, A., Ernsberger, P., Oliver, E., & Gaesser, G. (2006). The epidemiology of overweight and obesity: Public health crisis or moral panic? *International Journal of Epidemiology*, 35(1), 55-60.

Cameron, E., & Russell, C. (2016). *The fat pedagogy reader: Challenging weight-based oppression through critical education*. Peter Lang.

Carels, R. A., Wott, C. B., Young, K. M., Gumble, A., Koball, A., & Oehlhof, M. W. (2010). Implicit, explicit, and internalized weight bias and psychosocial maladjustment among treatment-seeking adults. *Eating Behavior: An International Journal*, 11(3), 180–185.

Creswell, J. W., & Creswell, J. D. (2008). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage.

*mixed methods approaches* (5<sup>th</sup> edition). SAGE.

Creswell, J. W., & Miller, D. (2000). Determining validity in qualitative inquiry. *Theory Method Practice*, 39(3), 124-130

Coia, L., & Taylor, M. (2005). From the inside out and the outside in. In C. Kosnik, C. Beck, A. R. Freese, & A. P. Samaras (Eds.), *Making a difference in teacher education through self-Study*. Springer.

Coveney, J., & Booth, S. (2019). *Critical dietetics and critical nutrition studies*. Springer.

Davis, K. (2007). *The making of our bodies, ourselves: How feminism travels across borders*. Duke University Press.

Dean, M. (Director). (1979). *Fat Underground* [Film]. YouTube.  
<https://www.youtube.com/watch?v=UPYRZCXjoRo>

Denzin, N. K., Lincoln, Y. S., & Smith, L. T. (2008). *Handbook of critical Indigenous methodologies*. SAGE.

Derbez, A. (Executive Producer). (2020-present). *La magia del caos* [Audio podcast]. La Magia del Caos. <https://lamagiadelcaos.mx/>

Didion, J. (1979). *The white album*. Simon and Schuster.

Dormen, L., (2005). Curvy. *Ploughshares: A Literary Magazine*, 31(2), 109–124

Drinkwater, K. J. (2016, November 22). *Enough with the fear of fat*. TED Talk. [Video].  
Youtube. <https://www.youtube.com/watch?v=bzlYyhh3X0w>.

Dworkin, S. L., & Wachs, F. L. (2009). *Body panic: Gender, health, and the selling of fitness*. New York University Press.

Ellis, C. (2004). *The ethnographic I: A methodological novel about autoethnography*. AltaMira Press.

Freedhoff, Y. (2014). *The diet fix: Why diets fail and how to make yours work*. Harmony

## Books.

Fluffy Kitten Party. (2021, June 1). *Fategories: Understanding the fat spectrum*. Fluffy Kitten Party. <https://fluffykittenparty.com/2021/06/01/fategories-understanding-smallfat-fragility-the-fat-spectrum/>

Foos, K. A. (2024). We need bigger mirrors: The importance of fat fiction for young readers. *English Teaching: Practice & Critique*, 23(2), 231-244.

Garcia Hernandez, Y. (2021). The making of fat erotics: The cultural work and pleasures of gordibuena activists. *Fat Studies*, 10(3), 237-252.

Gingras, J., Asada, Y., Fox, A., Coveney, J., Berenbaum, S., & Aphramor, L. (2014). Critical dietetics: A discussion paper. *Journal of Critical Dietetics*, 2(1), 11-11.

Goffman, E. (2009). *Stigma: Notes on the management of spoiled identity*. Simon and Schuster.

Gorali, M. (2020). Women, action and difference. Outlines for critical feminism. *Derechos en Accion*, 15, 542–553.

Hamilton, M. L., Smith, L., & Worthington, K. (2008). Fitting the methodology with the research: An exploration of narrative, self-study and auto-ethnography. *Studying Teacher Education*, 4(1), 17–28.

Hobbs, M., & Rice, C. (2018). *Gender and women's studies* (2<sup>nd</sup> Ed). Women's Press.

Hobbes, M., & Gordon, A. (Executive producer). (2020-present). *Maintenance phase* [Audio podcast]. Buzzsprout. <https://www.maintenancephase.com/>

Hornbacher, M. (1998). *Wasted*. Harper Flamingo.

Humphreys, S. (2020). The unethical use of BMI in contemporary general practice. *British Journal of General Practice*, 60(578) 696-697.

Jeffreys, S. (2005). *Beauty and misogyny*. Routledge.

Juntunen, H., Sandeberg, K. & Kocabas, M. K. (2018). *In search of meaning: Literary, linguistic and translational approaches to communication*. University of Tampere.

Kannen, V. (2016). How can you be teaching this?: Tears, fears, and fat. In E. Cameron & C. Russell. (Eds.). *The fat pedagogy reader: Challenging weight-based oppression through critical education* (pp. 31–40). Peter Lang.

Kokkonen, R. (2009). The fat child, a sign of “bad” motherhood? An analysis of explanations for children’s fatness on a Finnish website. *Journal of Community & Applied Social Psychology, 19*(5), 336–347.

Latner, J. D., Barile, J. P., Durso, L. E., & O’Brien, K. S. (2014). Weight and health-related quality of life: The moderating role of weight discrimination and internalized weight bias. *Eating Behaviors, 15*(4), 586–590.

Lee, J. (2019). “You will face discrimination”: Fatness, motherhood, and the medical profession. *Fat Studies, 9*(1), 1–16.

Levan, D. L. (2016). Recognizing and representing bodies of difference through art education. In E. Cameron & C. Russell (Eds.), *The fat pedagogy reader: Challenging weight-based oppression through critical education* (pp.133–140). Peter Lang.

Limatus, H. (2018). Fat, curvy or plus-size? A corpus-linguistic approach to identity construction in plus-size fashion blogs. In H. Juntunen, K. Sandeberg,. & M. K. Kocabas (Eds.), *In search of meaning: Literary, linguistic and translational approaches to communication* (pp. 12–38). University of Tampere.

Lorber, J. & Moore, L. J. (2011). *Gendered bodies: Feminist perspectives* (2<sup>nd</sup> Ed). Oxford University Press.

Lorber, J. (2012). *Gender inequality*. Oxford University Press.

Lovejoy, M. (2001). Disturbances in the social body: Differences in body image and eating

problems among African American and white women. *Gender & Society*, 15(2), 239–261.

Manne, K. (2024). *Unshrink: How to face fatphobia*. Crown.

Matos, M., Coimbra, M., & Ferreira, C. (2023). When body dysmorphia symptomatology meets disordered eating: The role of shame and self-criticism. *Appetite*, 186, 106552–106552.

McCann, C., & Kim, S.-K. (2010). *Feminist theory reader: Local and global perspectives* (2<sup>nd</sup> ed.). Routledge.

McPhail, D. (2023). “The white man’s burden”?: Obesity and colonialism in the developing north. In A. Taylor, K. Ioannoni, R. A. Bahra, C. Evans, A. Scriver, & M. Friedman, (Eds.), *Fat studies in Canada: (Re)mapping the field* (pp. 7–49). Inanna Publications.

Merriam, S. B., & Tisdell, E. J., (2015). *Qualitative research: A guide to design and implantation*. John Wiley & Sons.

McNinch, H. (2016). Fat bullying of girls in elementary and secondary schools: Implications for teacher education. In E. Cameron & C. Russell (Eds), *The fat pedagogy reader: Challenging weight-based oppression through critical education* (pp. 113–121). Peter Lang.

Miric, M., Álvaro, J. L., González, R., & Rosas, A. (2017). Microsociología del estigma: Aportes de Erving Goffman a la conceptualización psicosociológica del estigma social. *Psicología e Saber Social*, 6(2), 172–185.

Moss, S. (2024). Fatphobia: The personal is political. *The Lancet (British Edition)*, 403(10443), 2476–2477.

Noddings, N. (2012). The Eisner legacy: A warning unheeded. *Journal of Curriculum and Pedagogy*, 9(1), 29-31.

O'Reilly, C. (2016). Mitigating weight stigma through health professional education. In E. Cameron & C. Russell (Eds.), *The fat pedagogy reader: Challenging weight-based oppression through critical education* (pp. 189-197). Peter Lang.

Oseman, A. (2019). *Heartstopper*. Hachette Children's Group.

Parker, B., & Koeppel, M. (2020). Beyond health and nutrition: Imagining the school food environment through an integrated approach. *Canadian Food Studies*, 7(2), 48-71.

Parker, B., Brady, J., Power, E., & Belyea, S. (2019). *Feminist food studies*. Canadian Scholars' Press.

Parker, G., & Pausé, C. (2018). "I'm just a woman having a baby": Negotiating and resisting the problematization of pregnancy fatness. *Frontiers in Sociology*, 3(5), 1-10.

Parker, G., & Pausé, C. (2019). Productive but not constructive: The work of shame in the affective governance of fat pregnancy. *Feminism & Psychology*, 29(2), 250-268.

Pausé, C. J. (2012). Live to tell: Coming out as a fat. *Somatechnics*, 2(1), 42–56

Pausé, C. (2014). X-static process: Intersectionality within the field of fat studies. *Fat Studies*, 3(2), 80-85.

Pausé, C., Wykes, J., & Murray, S. (2016). *Queering fat embodiment*. Routledge.

Pausé, C. J. (2018). Frozen: A fat tale of immigration. *Fat Studies*, 8(1), 44–59.

Pringle, R., & Powell, D. (2016). Critical pedagogical strategies to disrupt weight bias in schools. In E. Cameron & C. Russell (Eds.), *The fat pedagogy reader: Challenging weight-based oppression through critical education* (pp. 123–131). Peter Lang.

Puhl, R., & Brownell, K (2001). Bias, discrimination, and obesity. *Obesity*, 9(12), 788–805.

Puhl, R. M., & Heuer, C. A. (2010). Obesity stigma: Important considerations for public health. *American Journal of Public Health*, 100(6), 1019–1028.

Puhl, R., & Suh, Y. (2015). Health consequences of weight stigma: Implications for obesity prevention and treatment. *Current Obesity Reports*, 4(2), 182–190.

Puhl, R. M., Himmelstein, M. S., Armstrong, S. C., & Kingsford, E. (2017). Adolescent preferences and reactions to language about body weight. *International Journal of Obesity*, 41, 1062–1065.

Rice, C. (2007). Becoming “the fat girl”: Acquisition of an unfit identity. *Women's Studies International Forum*, 30(2), 158-174).

Richardson, L. (2011). Getting personal: Writing-stories. *Qualitative Studies in Education*, 14(1), 33–38

Rhode, L. D. (1990). Feminist critical theories. *Stanford Law Review*, 42(3), 617–638.

Robinson, M., Andrew, J., Cranney, B., Hales, E., & Triller, R. (2022). Women and fat studies: Feminist re-visioning. *Canadian Woman Studies*, 35(1/2), 3.

Rothblum, E. D. (2018). Slim chance for permanent weight loss. *Archives of Scientific Psychology*, 6(1), 63-69.

Royce, T. (2016). Fat invisibility, fat hate: Towards a progressive pedagogy of size. In E. Cameron & C. Russell (Eds.), *The fat pedagogy reader: Challenging weight-based oppression through critical education* (pp. 21–31). Peter Lang.

Russell, C., & Semenko, K. (2016). We take “cow” as a compliment: Fattening humane, environmental, and social justice education. In E. Cameron & C. Russell (Eds.), *The fat pedagogy reader: Challenging weight-based oppression through critical education* (pp. 211-220). Peter Lang.

Russell, C. (2020). Fat pedagogy and the disruption of weight-based oppression: Toward the flourishing of all bodies. In S. Steinberg & B. Down (Eds.), *The Sage handbook of critical pedagogies* (pp. 1516-1531). Sage.

Sacher, C., D. (2024). *Fat-stigmatization in education* [Unpublished master's thesis]. Cape Breton University.

Sadika, B., & Chen, J. (2023). Fat women's experiences and negotiation of fatphobia in Canada: A systematic review. In A. Taylor, K. Ioannoni, R. A. Bahra, C. Evans, A. Scriver, & M. Friedman (Eds.), *Fat studies in Canada: (Re)mapping the field* (pp. 50–79). Inanna Publications.

Salas, X. R., Forhan, M., Caulfield, T., Sharma, A. M., & Raine, K. D. (2019). Addressing internalized weight bias and changing damaged social identities for people living with obesity. *Frontiers in Psychology*, 10, 1409–1409.

Sharma, A. M. (2023). Does this person have obesity? *EClinical Medicine*, 58, 101935.

Simões, C. F., Junior, N. N., Locatelli, J. C., de Souza Mendes, V. H., de Oliveira, G. H., Werneck, A. O., dos Santos, T. L. C., Remor, J. M., Oliveira, R. P., & Lopes, W. A. (2023). A structural equation modelling associating obesity and body dissatisfaction with health-related biopsychosocial parameters in adolescents. *Current Psychology* 42(1), 702–713.

Sole-Smith, V. (2023). *Fat talk: Parenting in the age of diet culture*. Henry Holt Company.

Stings, S. (2019). *Fearing the Black body: The racial origins of fat phobia*. New York University Press.

Swinburn, B., Sacks, G., & Ravussin, E. (2009). Increased food energy supply is more than sufficient to explain the US epidemic of obesity. *The American Journal of Clinical Nutrition*, 90(6), 1453–1456.

Taylor, A., Ioannoni, K., Bahra, R.A., Evans, C., Scriver, A., & Friedman, M. (2023). *Fat studies in Canada: (Re)mapping the field*. Inanna Publications.

Tiller, R. (2022). Fatphobia throughout a life. *Canadian Woman Studies*, 35(1/2), 36–38.

Tylka, T. L., Annunziato, R. A., Burgard, D., Daniëlsdóttir, S., Shuman, E., David, C., & Calogero, R. M. (2014). The weight-inclusive versus weight-normative approach to health: Evaluating the evidence for prioritizing well-being over weight loss. *Journal of Obesity*, 983495.

Tylka, T.L., Calogero, R.M., & Daniëlsdóttir, S. (2015). Is intuitive eating the same as flexible dietary control? Their link to each other and well-being could provide an answer. *Appetite*, 95, 166-175.

Valauri, A. (2024). “I like the way I am”: Invisibility and activism in children’s picture books with fat protagonists. *English Teaching: Practice & Critique*, 23(2), 217-230

Vaughn, P., & Turner, C. (2016). Decoding via coding: Analyzing qualitative text data through thematic coding and survey methodologies. *Journal of Library Administration*, 56(1), 41-51.

Verseghy, J., & Abel, S. (2018). *Heavy burdens: Stories of motherhood and fatness*. Demeter Press.

Wann, M. (2009). Foreword: Fat studies: An invitation to revolution. In E. Rothblum & S. Solovay (Eds.), *The fat studies reader* (pp. ix–xxv). New York University Press

Ward, P., Beausoleil, N., & Heath, O. (2016). Creating space for a critical examination of weight-centered approaches in health pedagogy and health professions. In E. Cameron & C. Russell (Eds), *The fat pedagogy reader: Challenging weight-based oppression through critical education* (pp. 81–90). Peter Lang.

Wittig, M. (1997). One is not born a woman. In C. McCann & S.-K Kim (Eds.), *Feminist theory reader: Local and global perspectives* (2<sup>nd</sup> ed.). (pp. 220–226). Routledge.

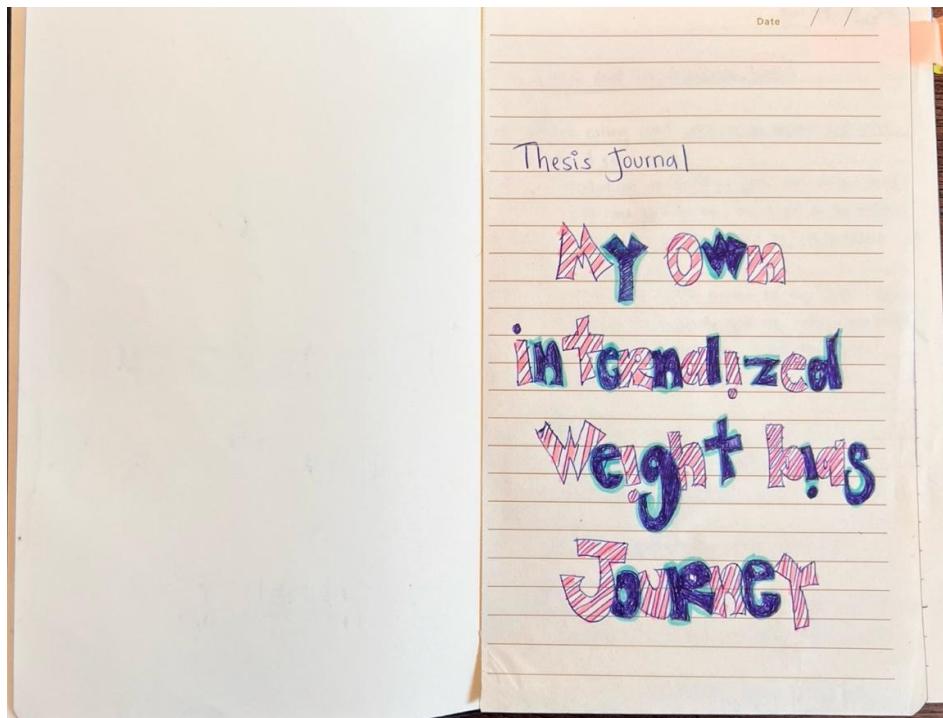
World Health Organization. (2022, March 1). *Obesity and Overweight*.  
<https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>

Wright, J., & Leahy, D. (2016). Moving beyond body image: A socio-critical approach to teaching about health and body size. In E. Cameron & C. Russell (Eds.), *The fat pedagogy reader: Challenging weight-based oppression through critical education* (pp. 141–149). Peter Lang.

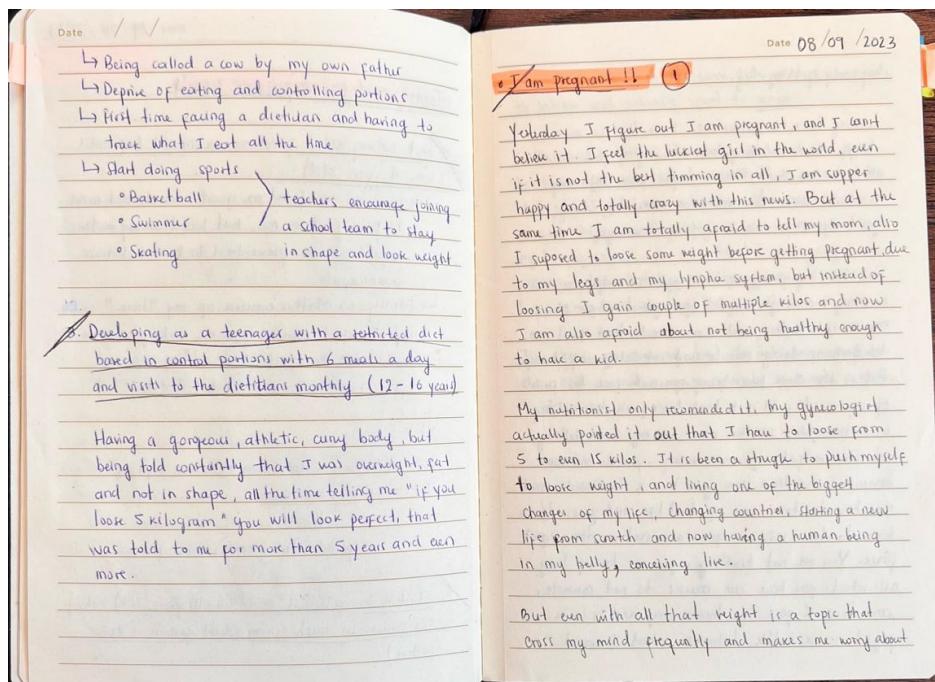
Zerafa, S. R. R. (2023). (Un) Mapping trajectories of fatness: a critical account of fat studies' origin story and the reproduction of fat (white) normativity. *Critical and Radical Social Work*, 11(3), 424-439.

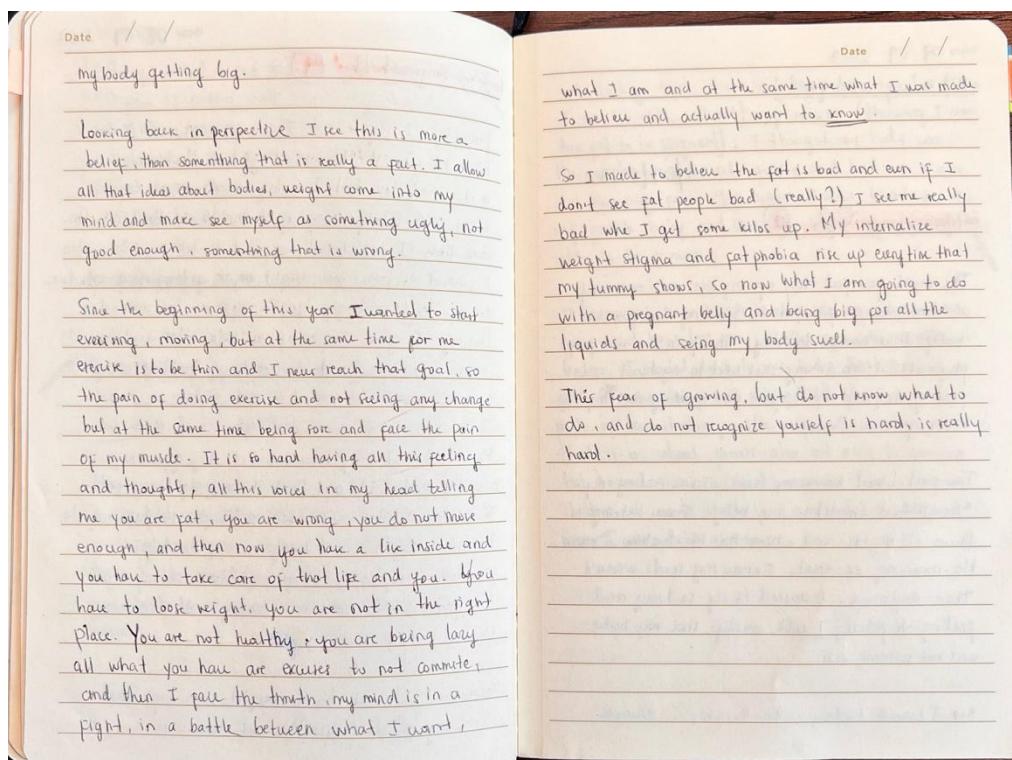
## Appendices

### Appendix 1: Handwriting Journal

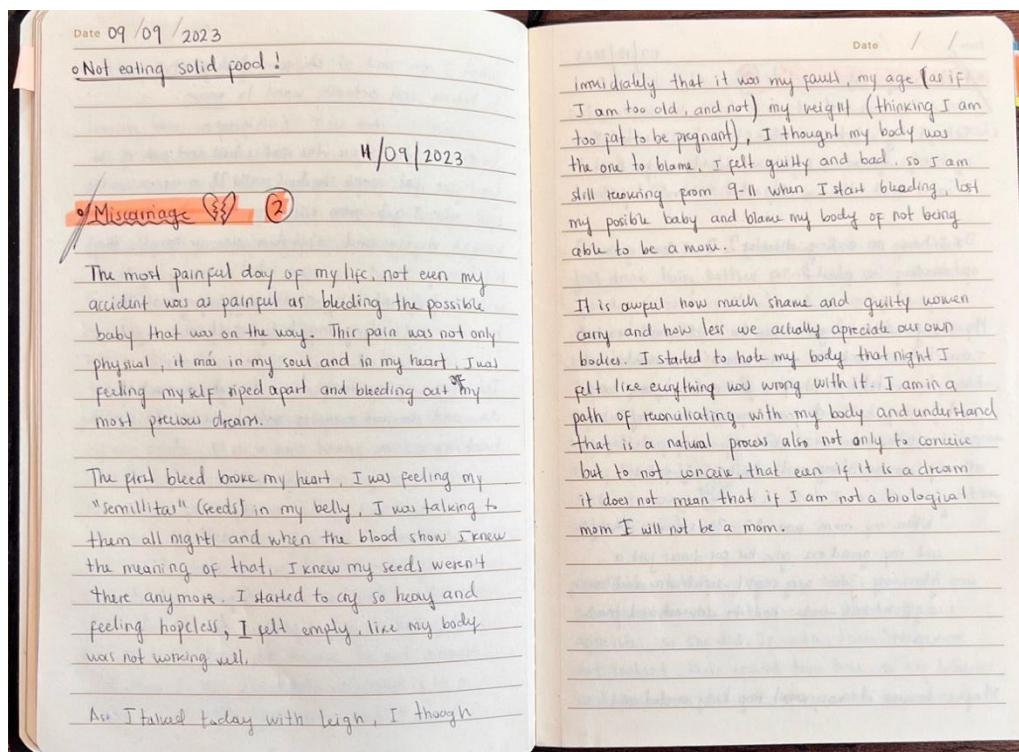


#### Journal # 1: I am pregnant

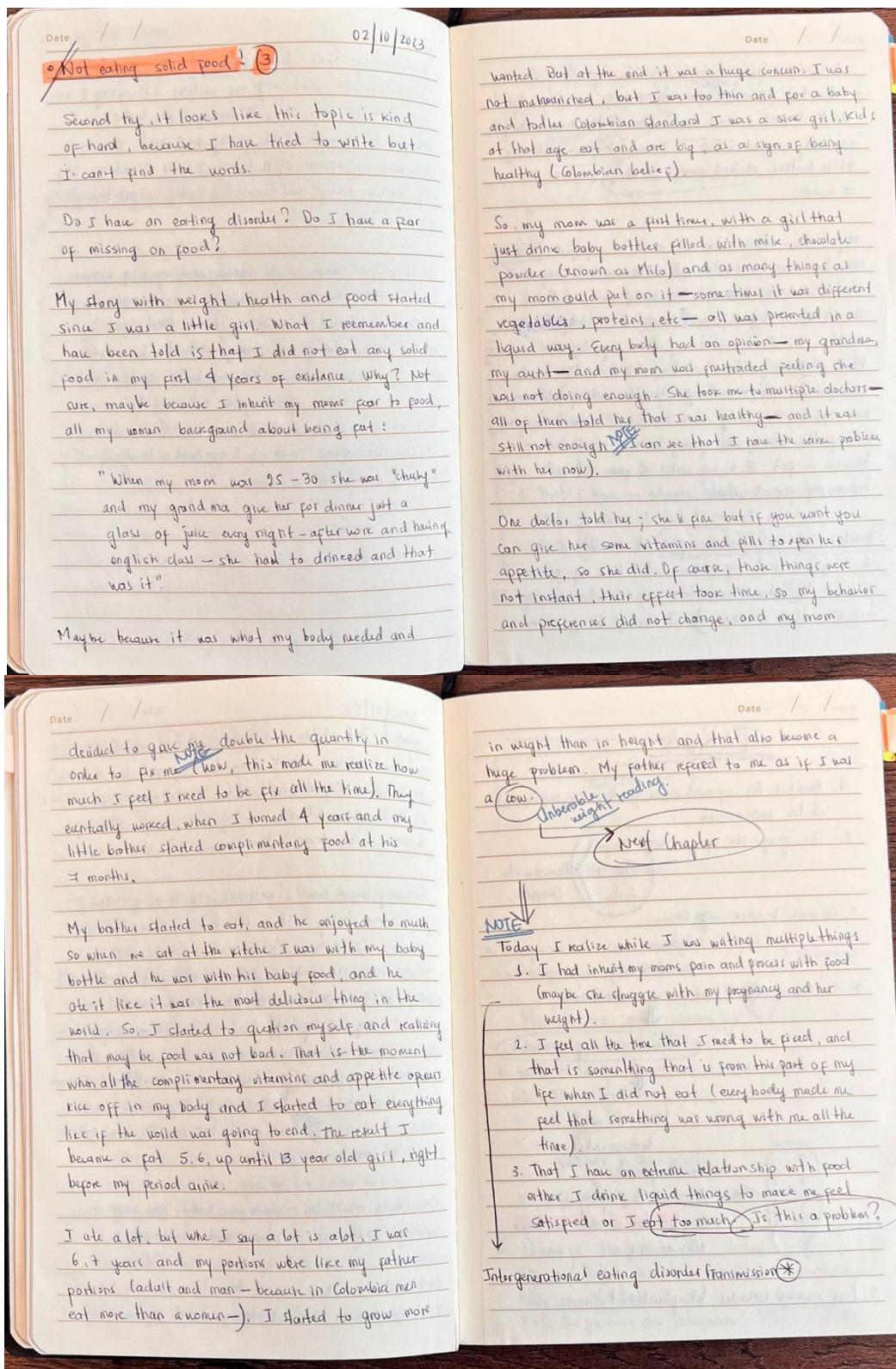




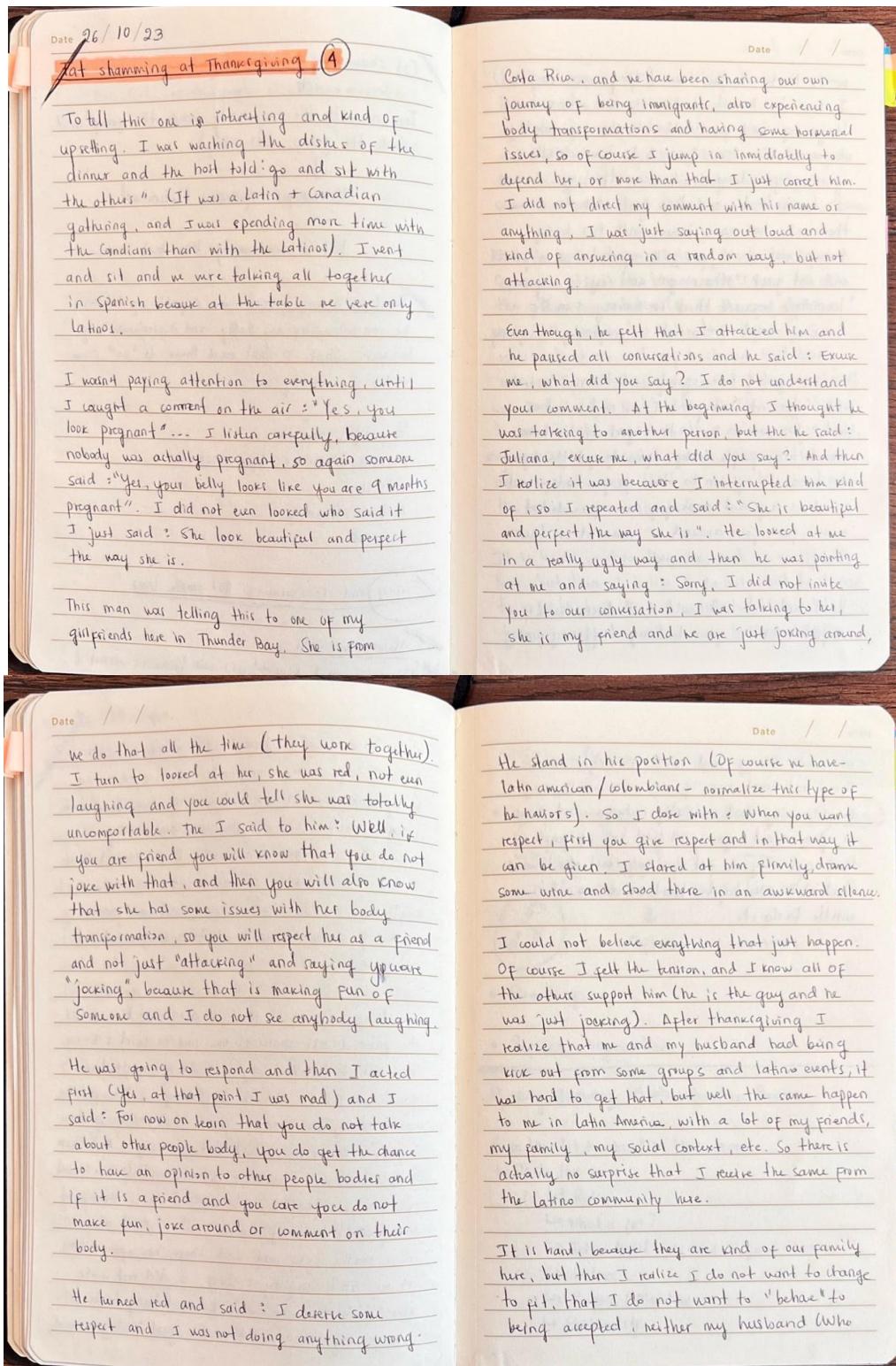
## Journal # 2: Miscarriage

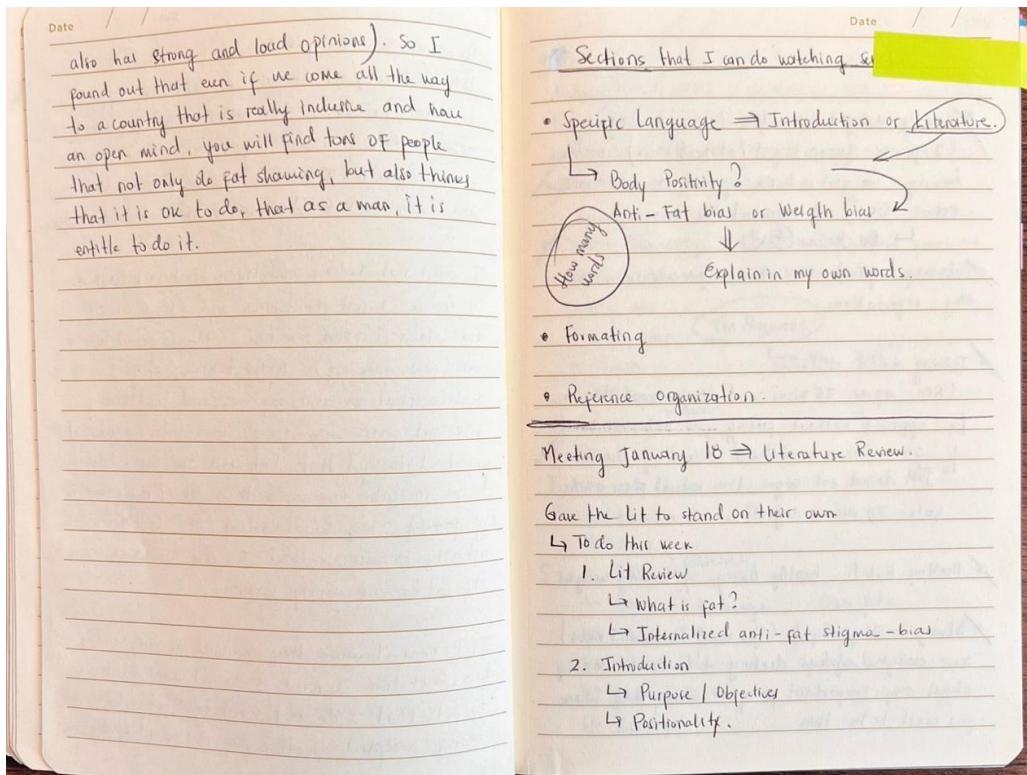


## Journal # 3: Not eating solid food

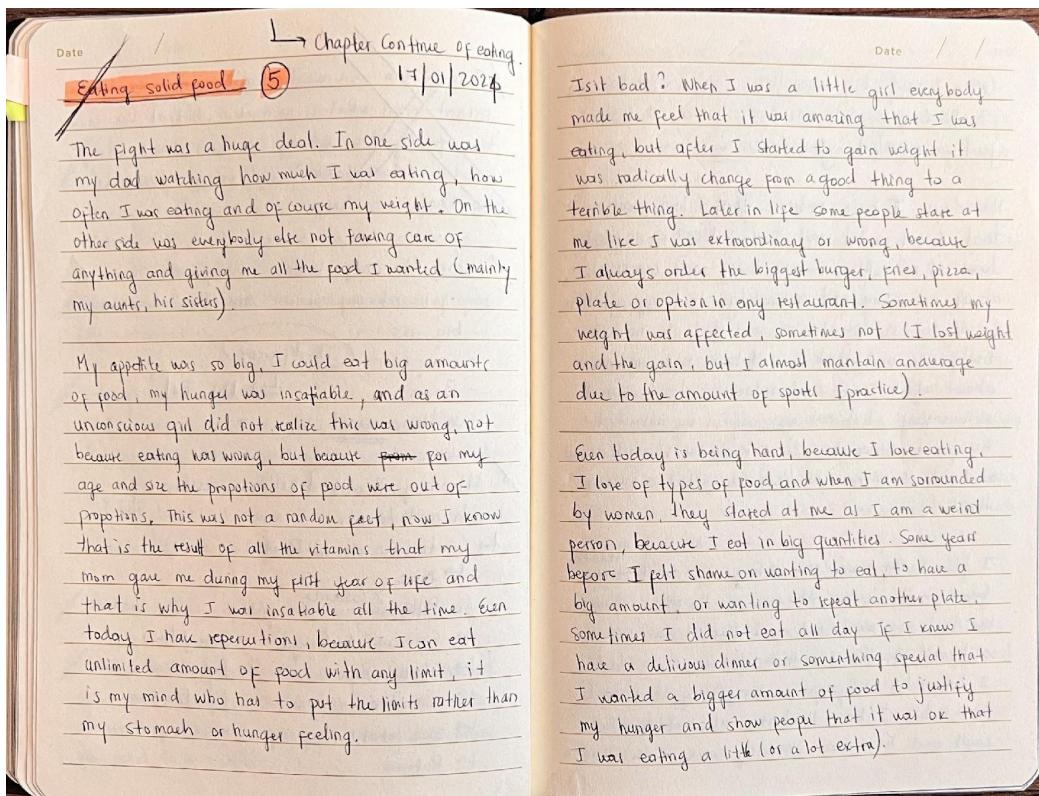


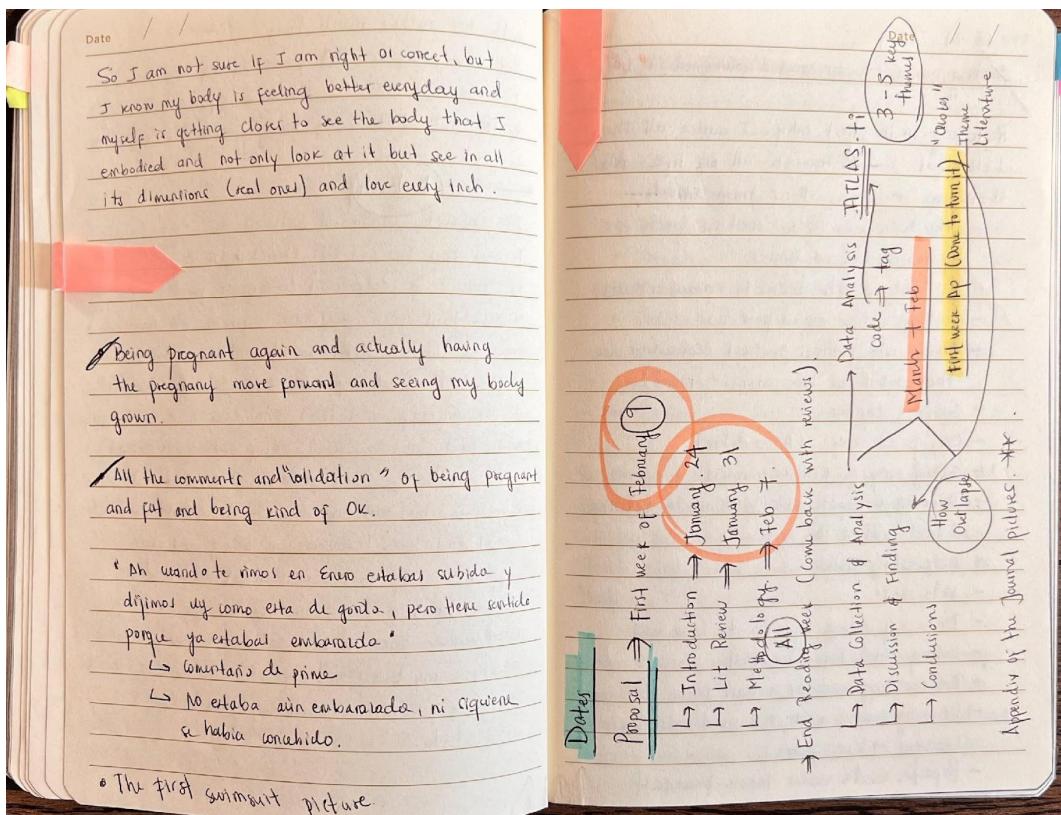
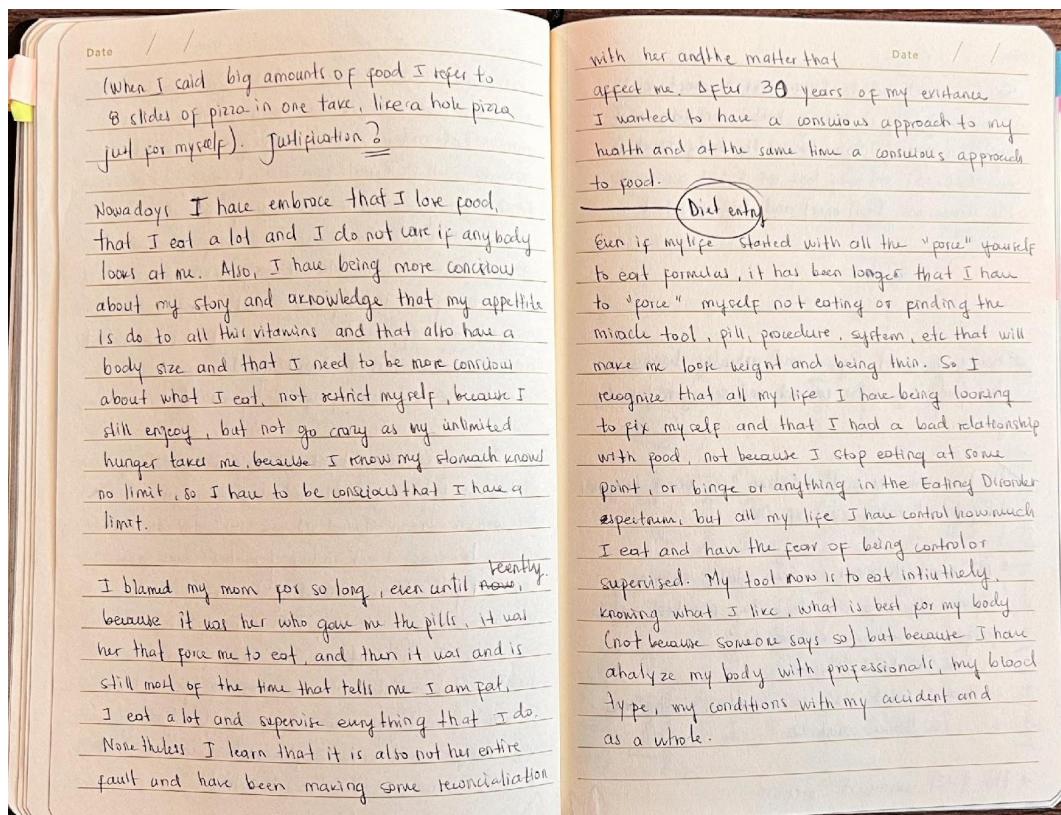
## Journal # 4: Fat Shaming at Thanksgiving

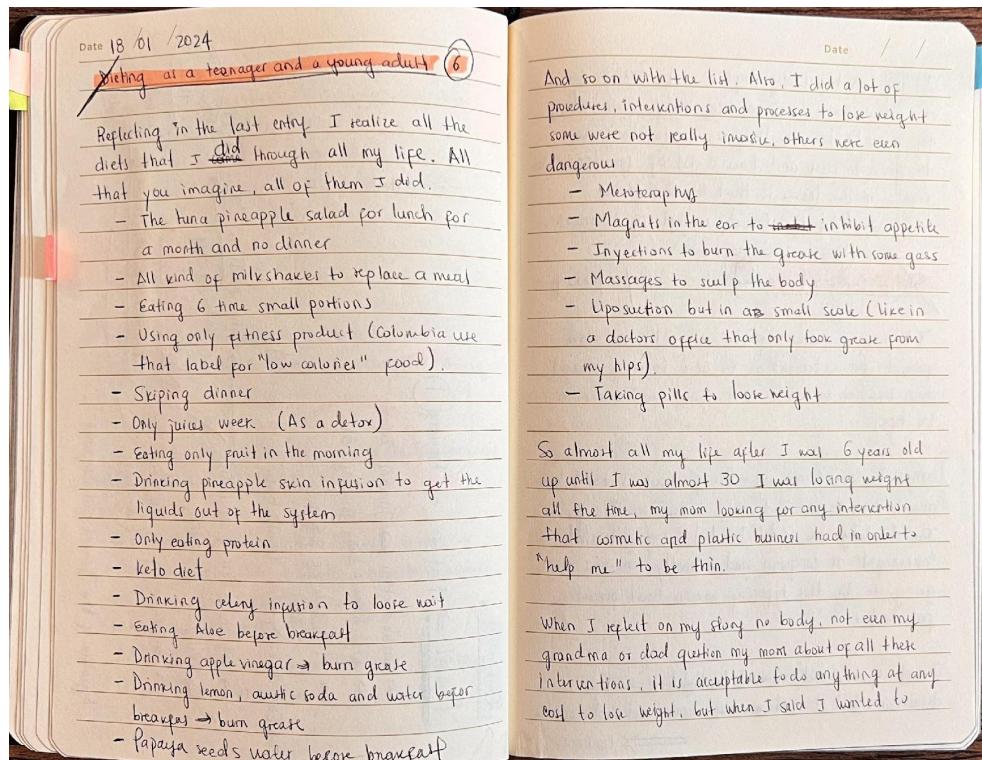




### Journal # 5: Eating solid food





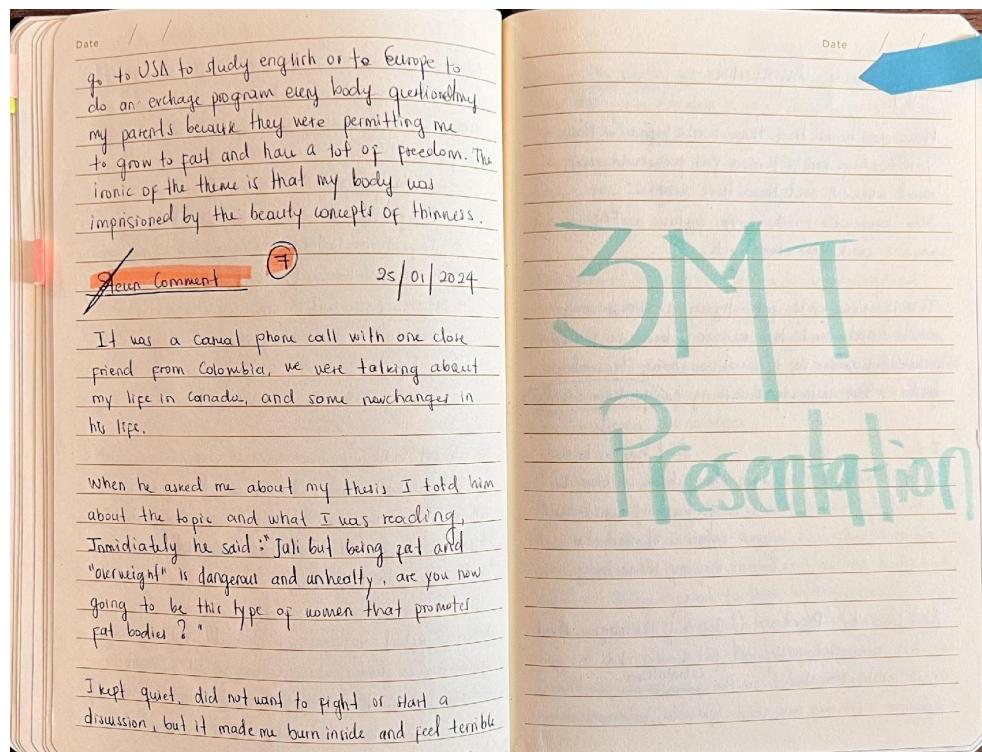
**Journal # 6: Dieting**

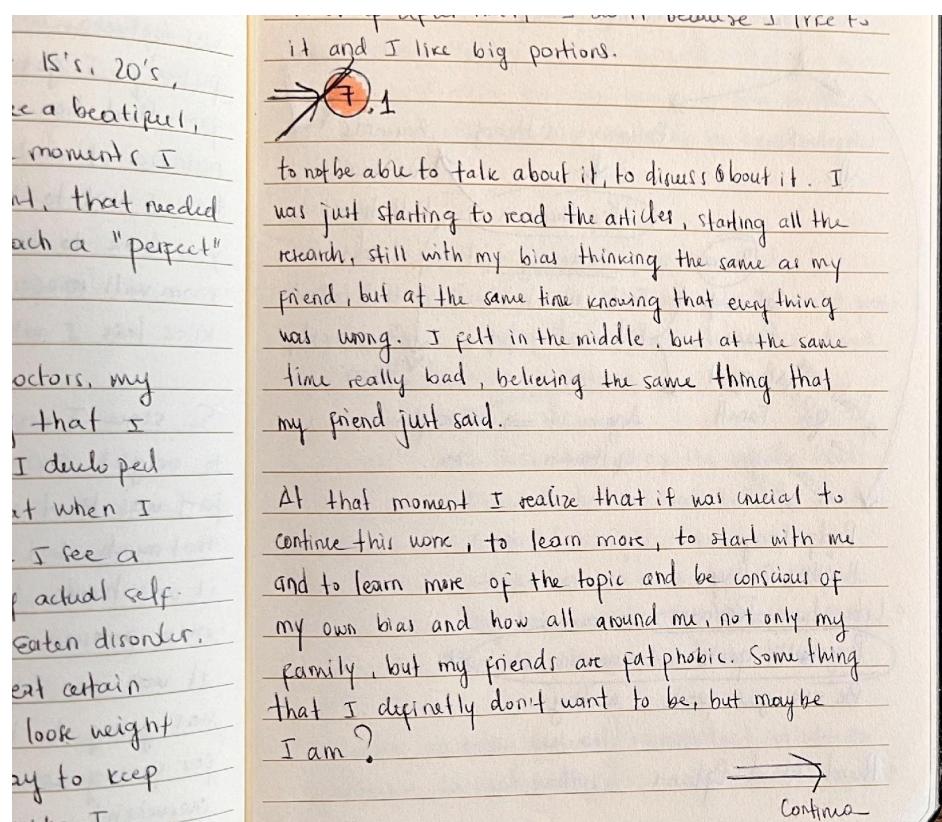
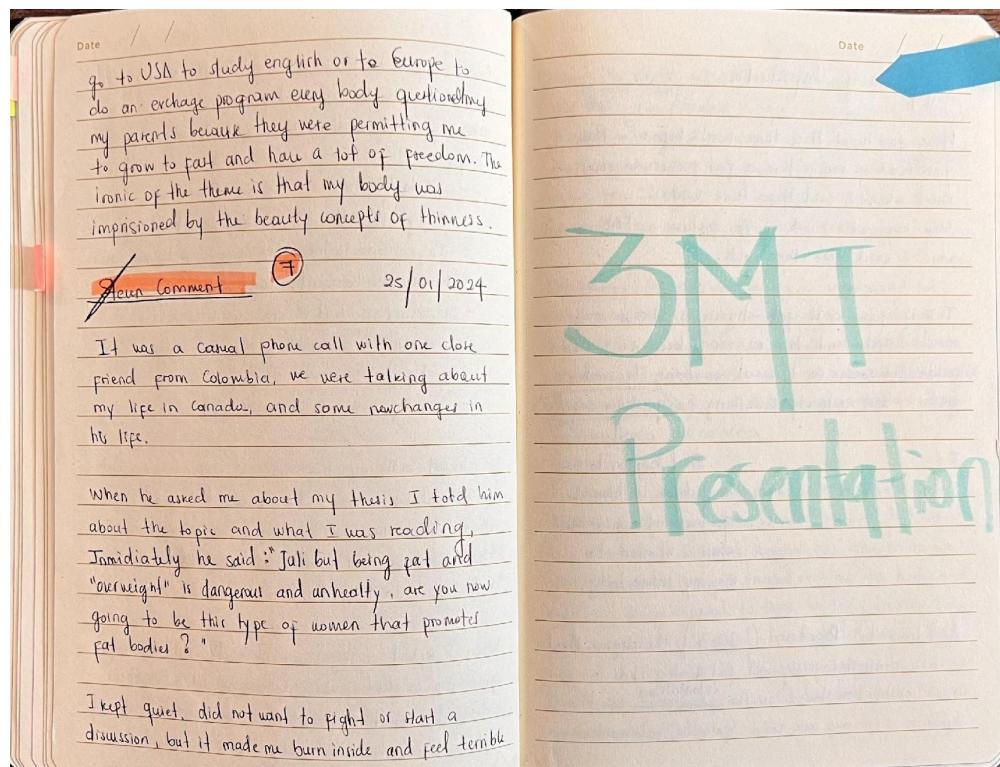
And so on with the list. Also, I did a lot of procedures, interventions and processes to lose weight some were not really invasive, others were even dangerous

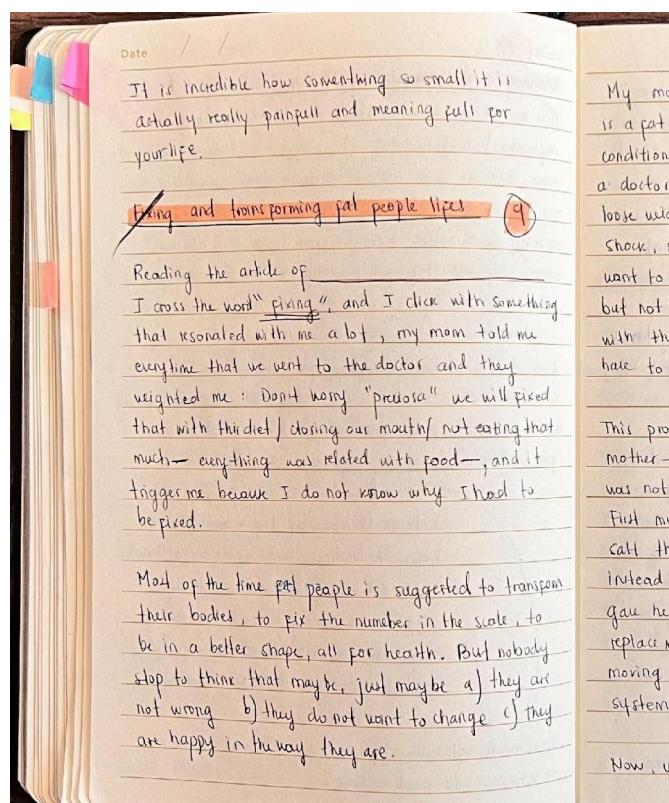
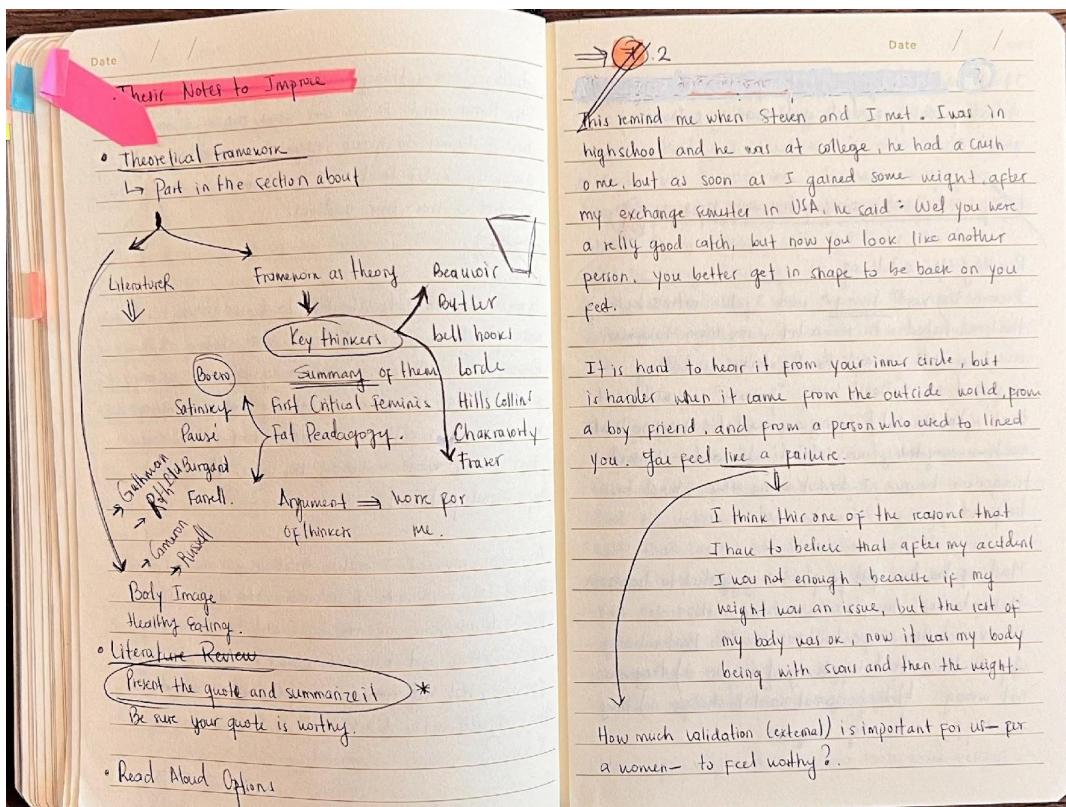
- Mesotherapy
- Magnets in the ear to ~~not~~ inhibit appetite
- Injections to burn the grase with some gass
- Massages to sculpt the body
- Liposuction but in a small scale (like in a doctors office that only took grase from my hips).
- Taking pills to loose weight

So almost all my life after I was 6 years old up until I was almost 30 I was losing weight all the time, my mom looking for any intervention that cosmetic and plastic business had in order to "help me" to be thin.

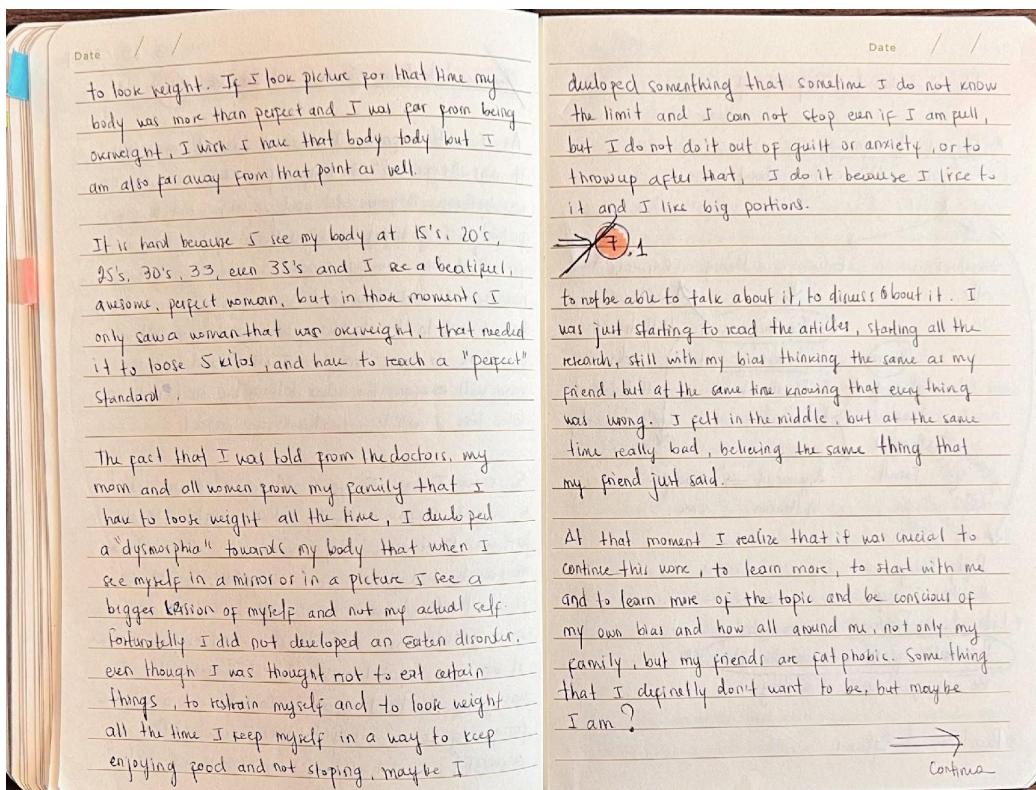
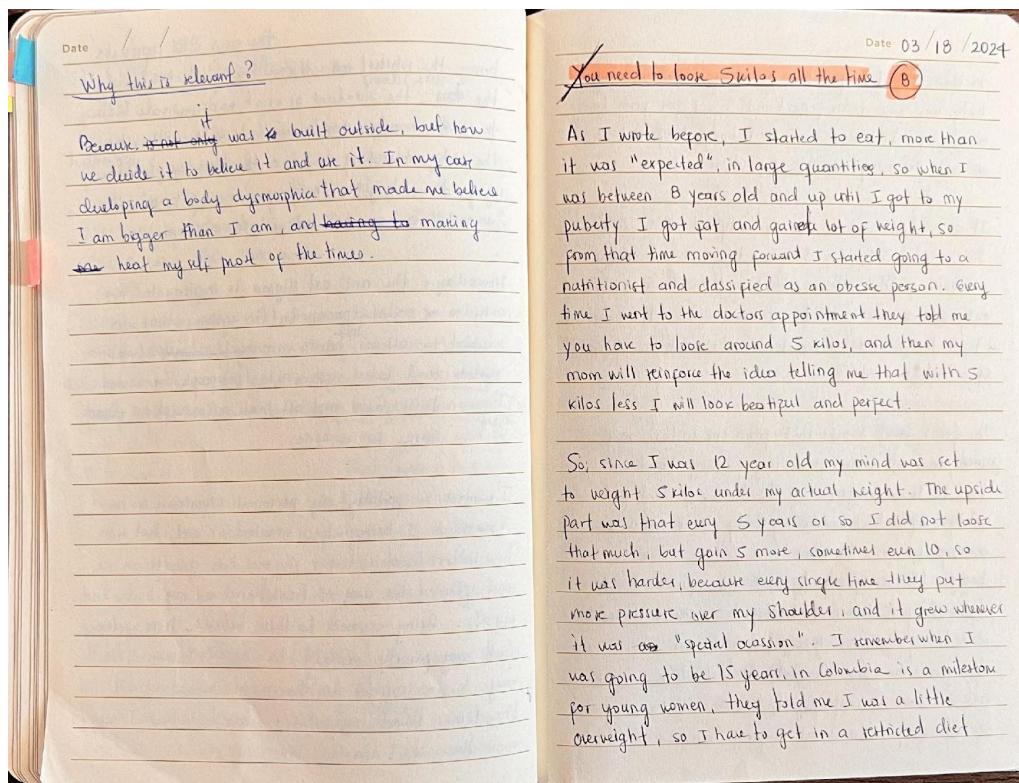
When I reflect on my story no body, not even my grandma or dad question my mom about all these interventions. It is acceptable to do anything at any cost to lose weight, but when I said I wanted to



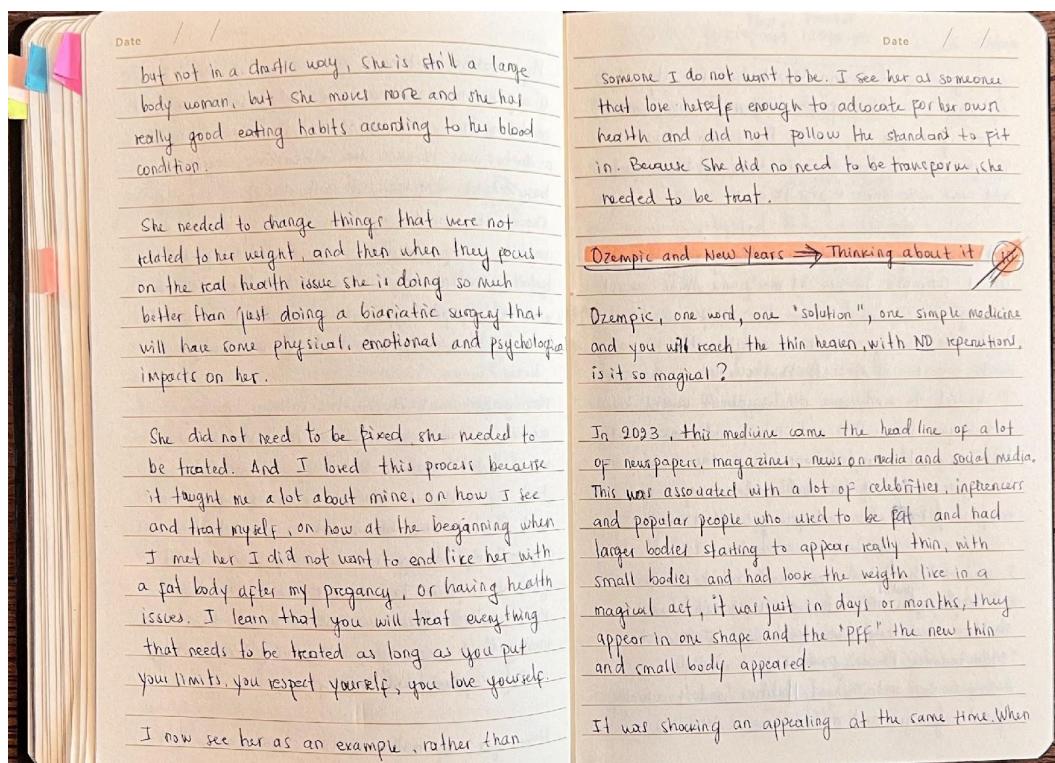
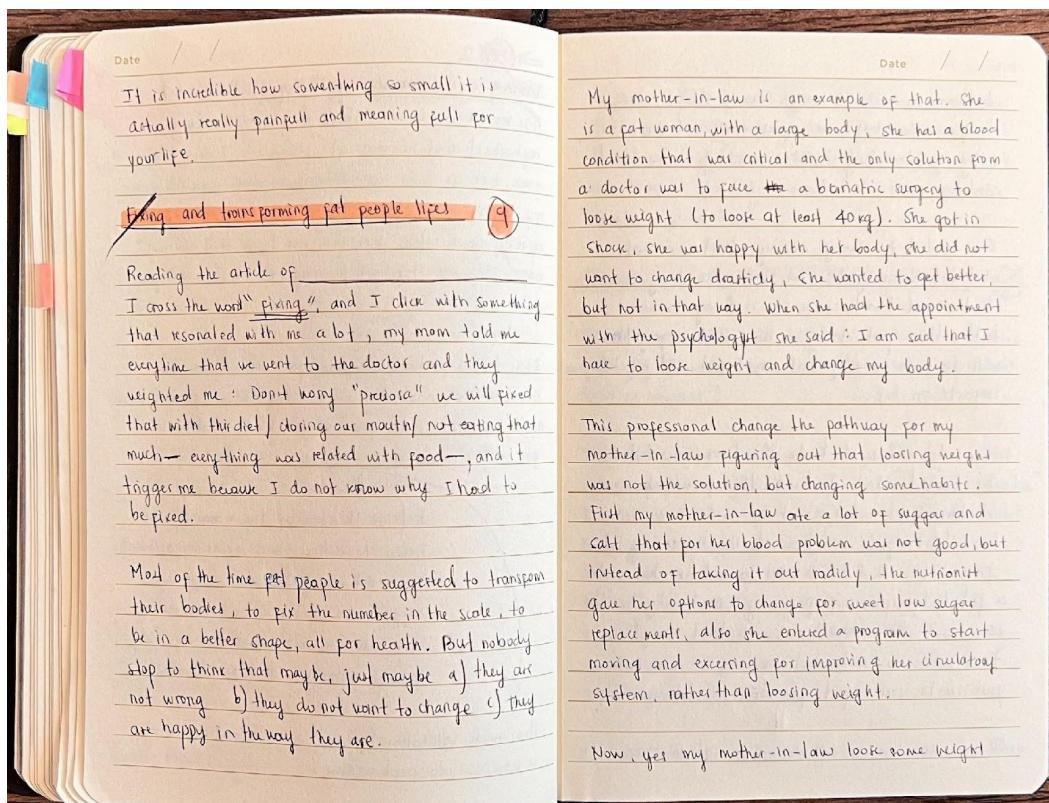
**Journal # 7: Steven Comment**



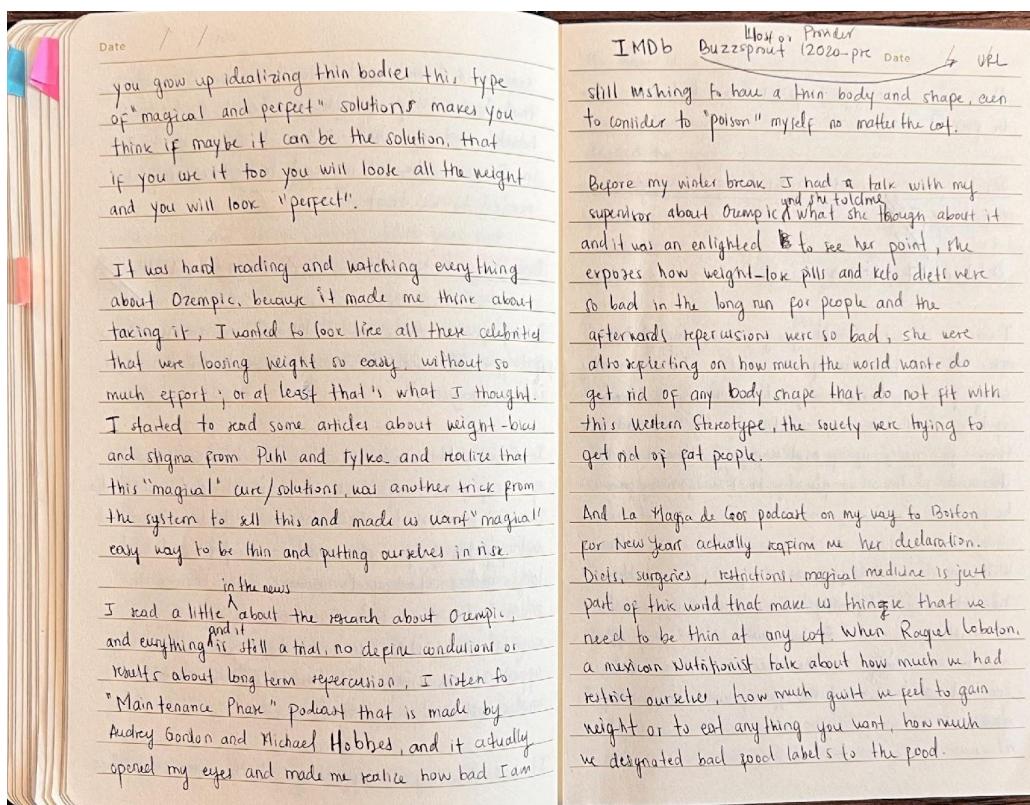
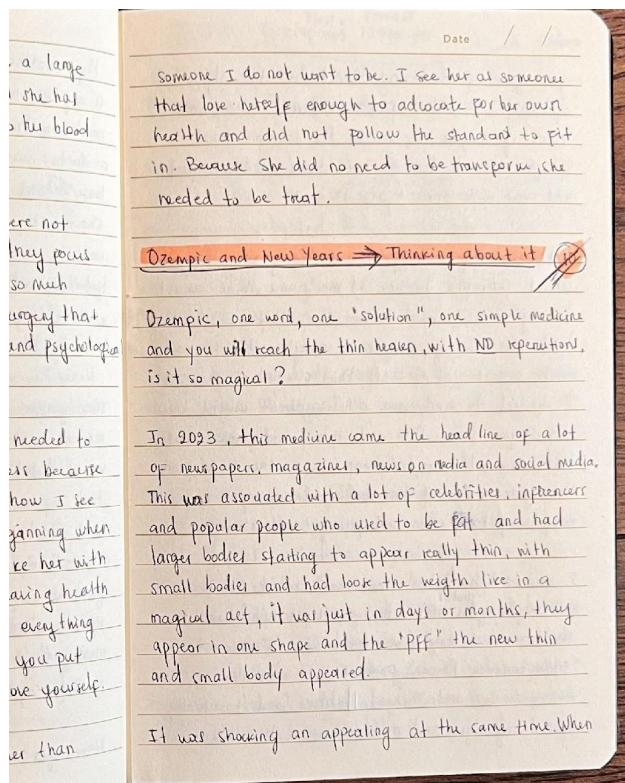
## Journal # 8: 5 Kilos all the time

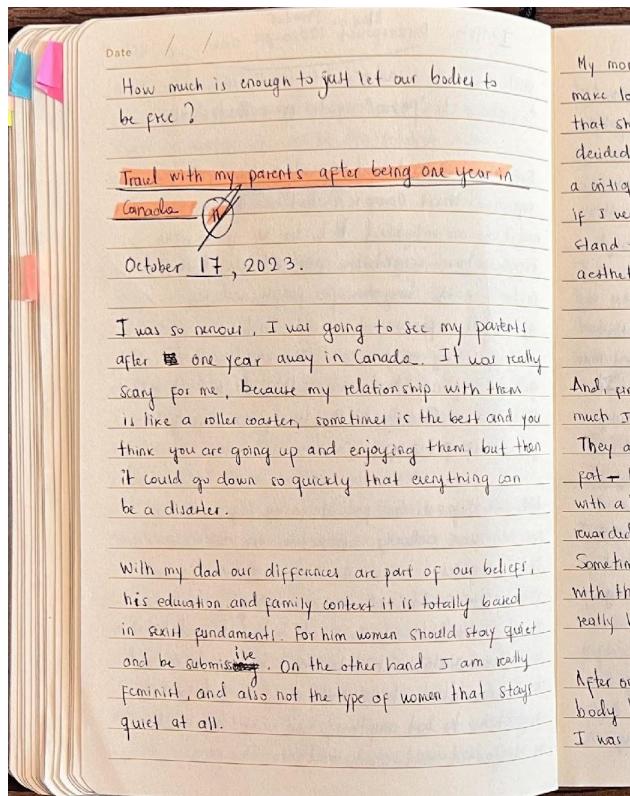


### Journal # 9: Fixing and Transforming Fat People's Life

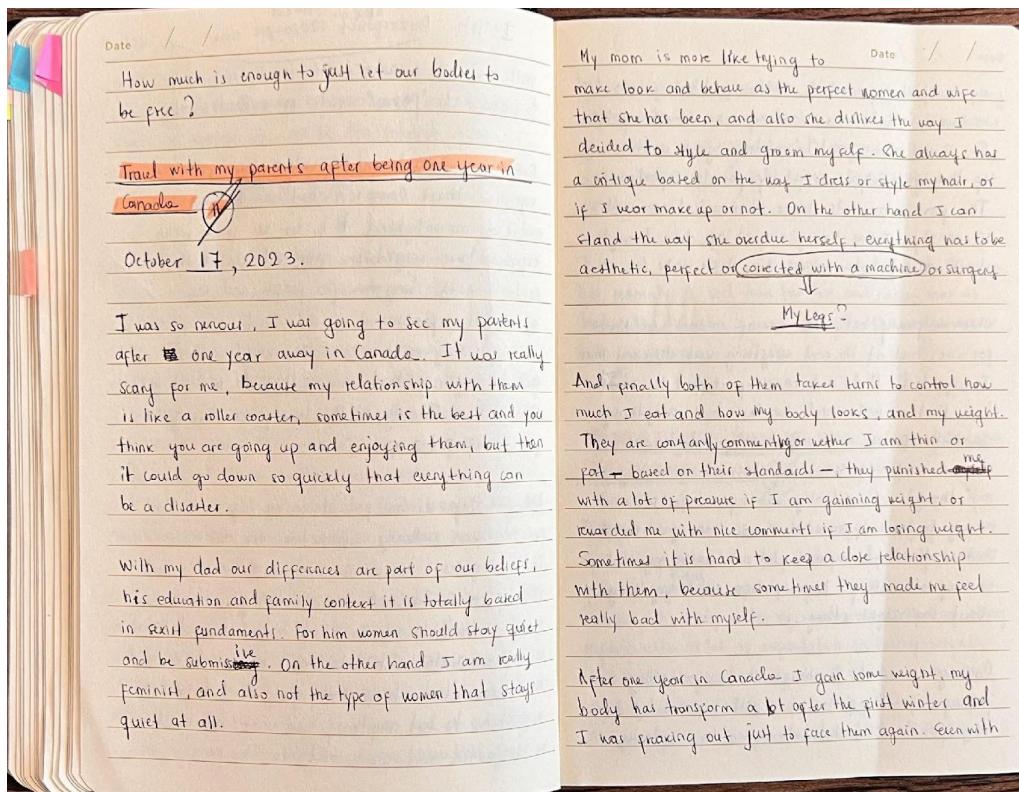


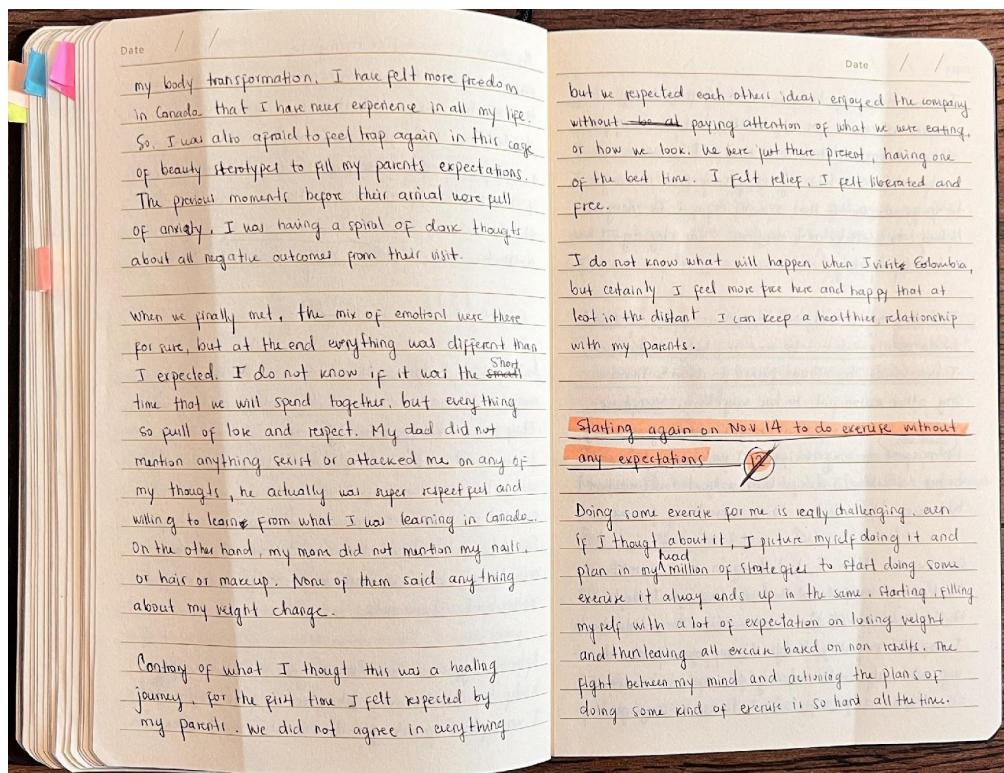
## Journal # 10: Ozempic and New Years



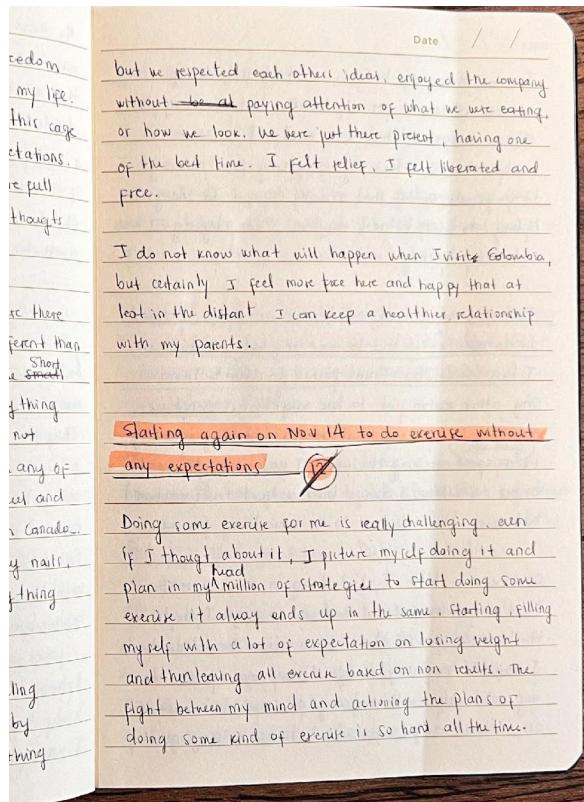


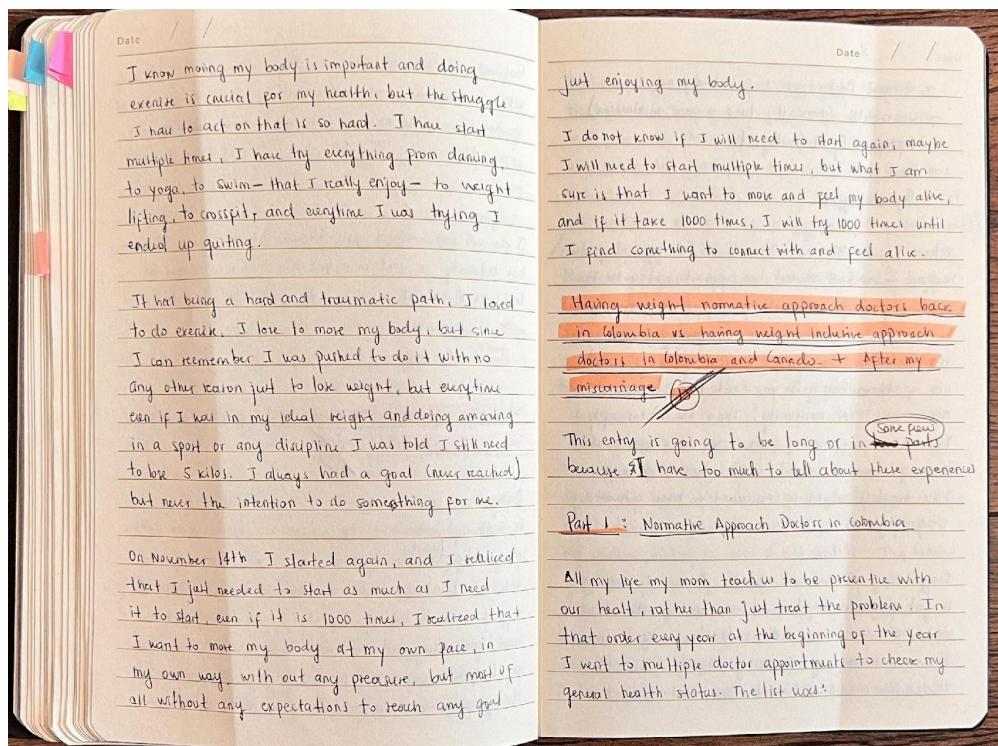
### Journal # 11: Travel with my parents after being one year in Canada



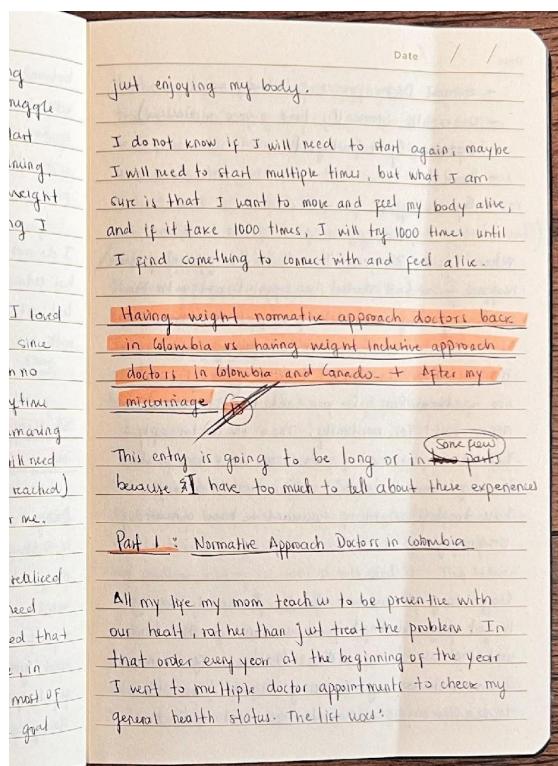


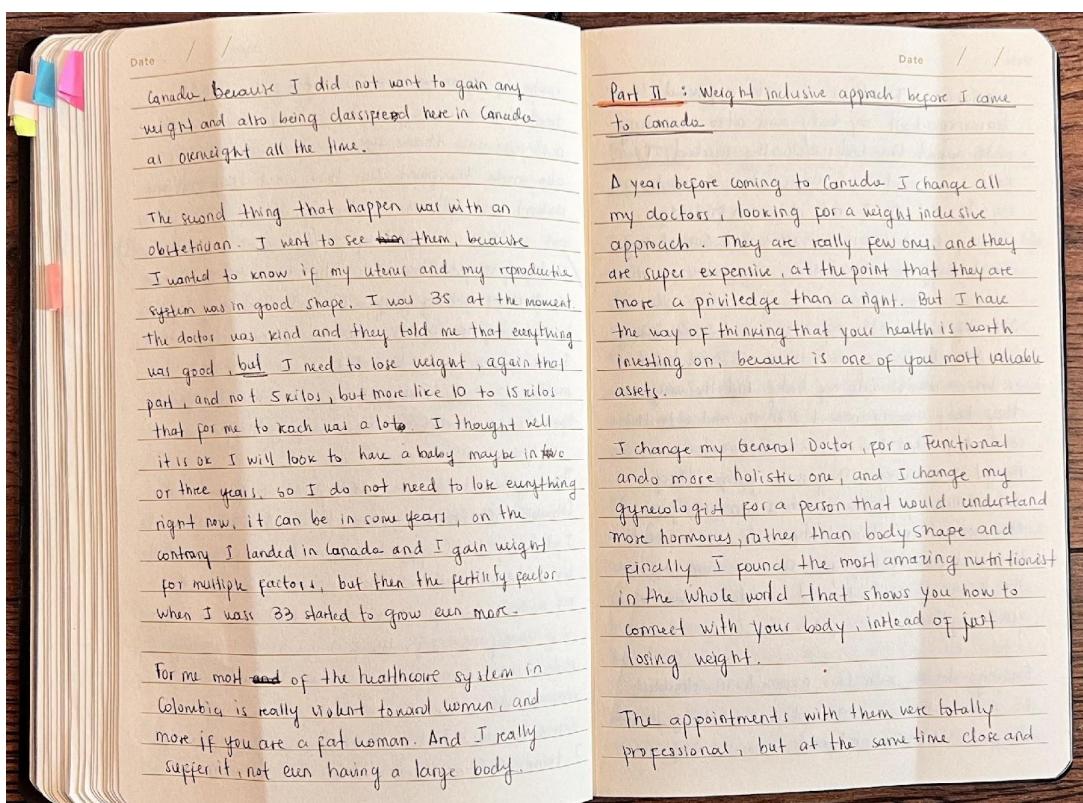
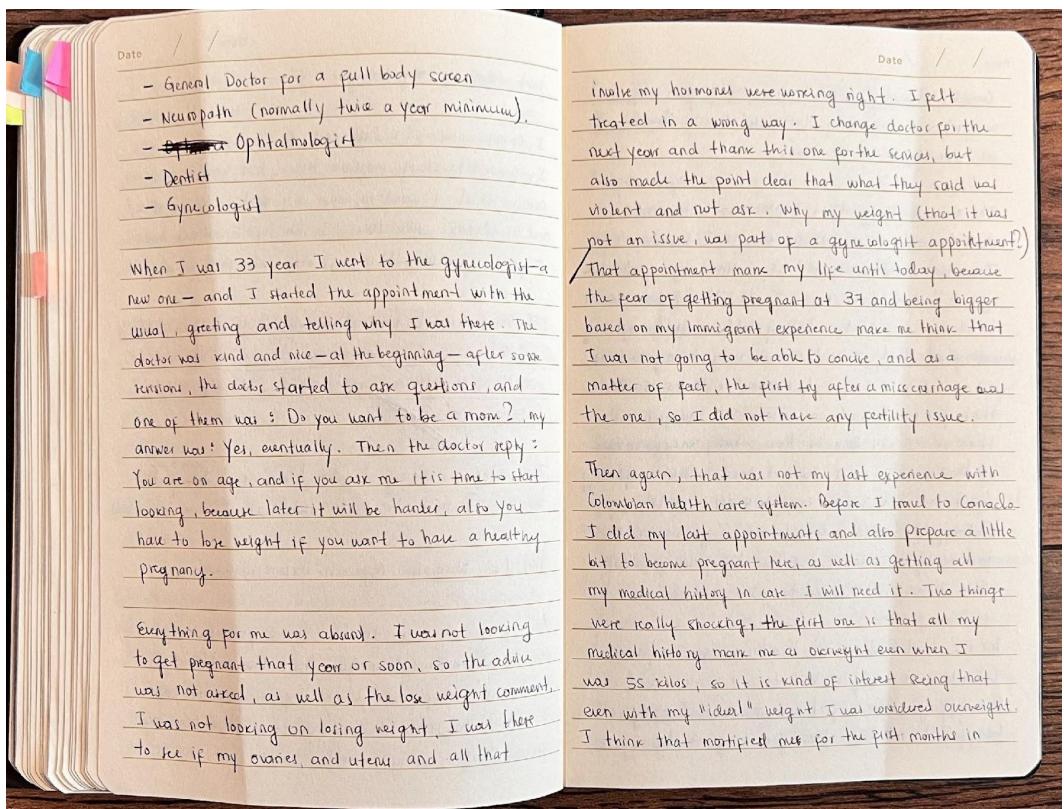
### Journal # 12: Starting again to do exercise

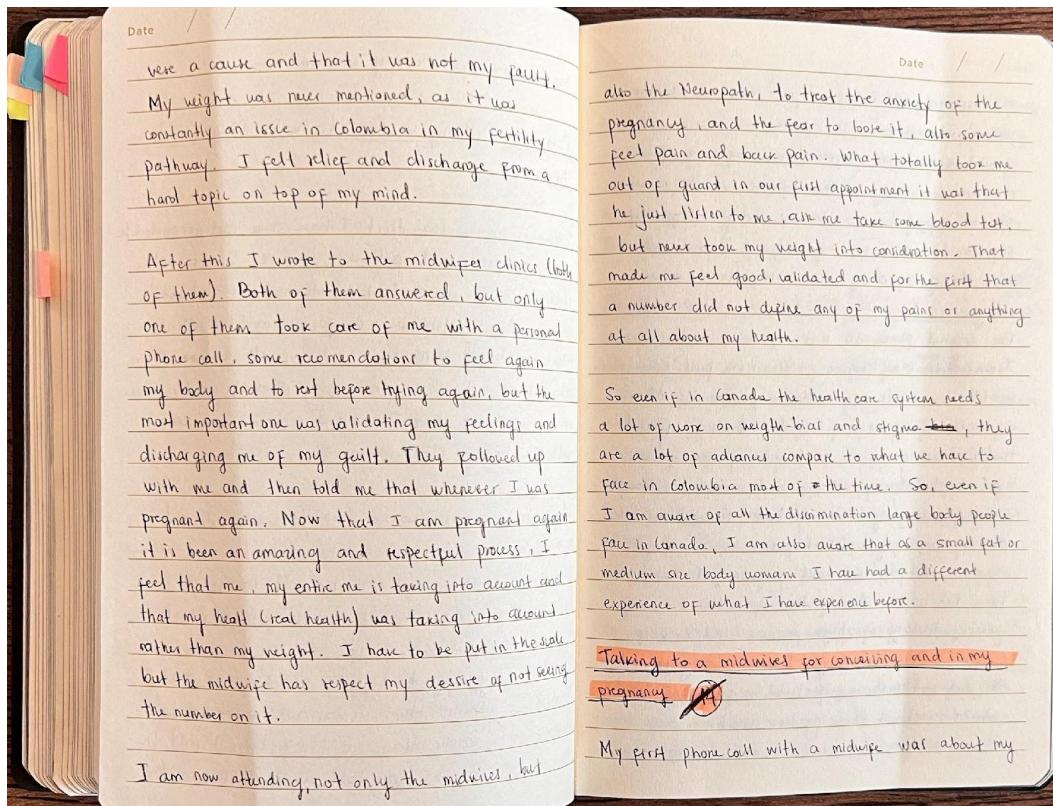
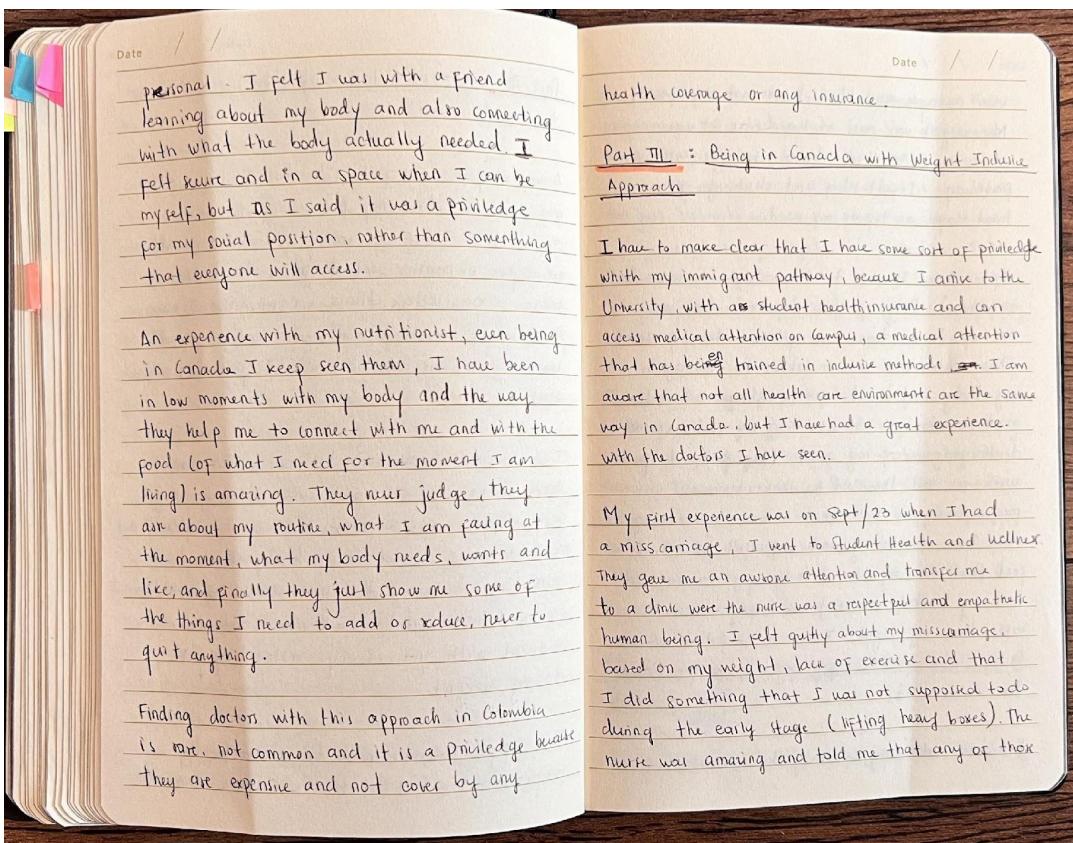




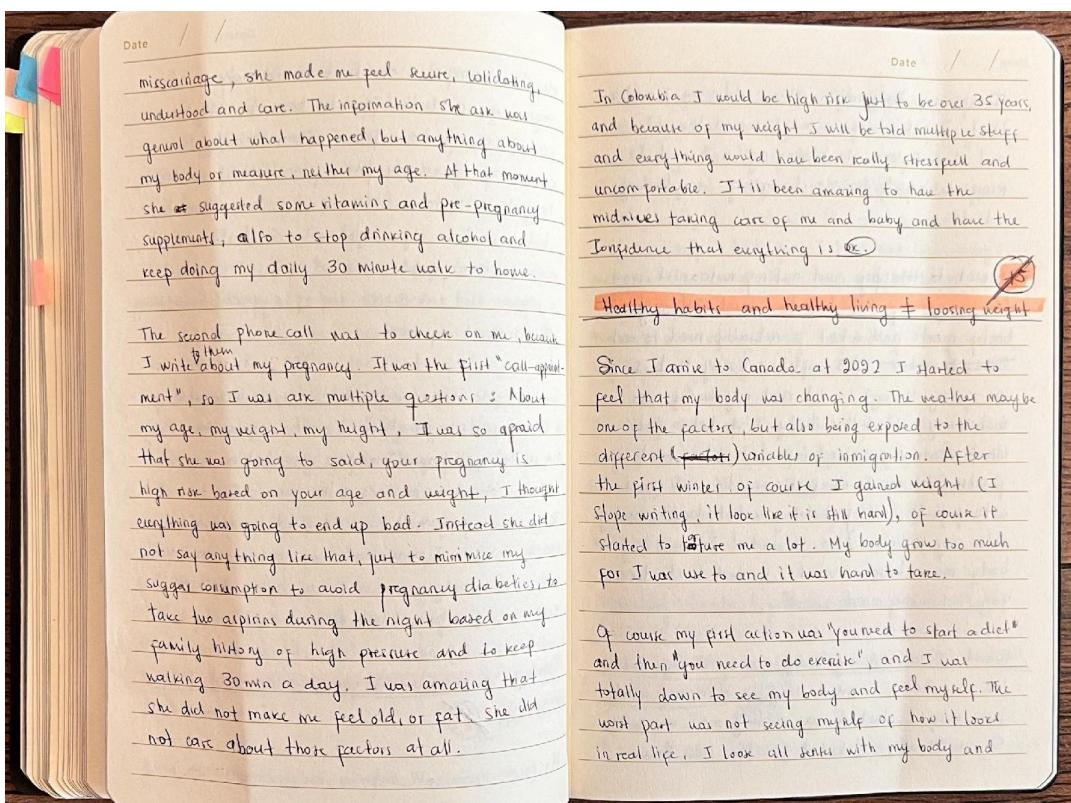
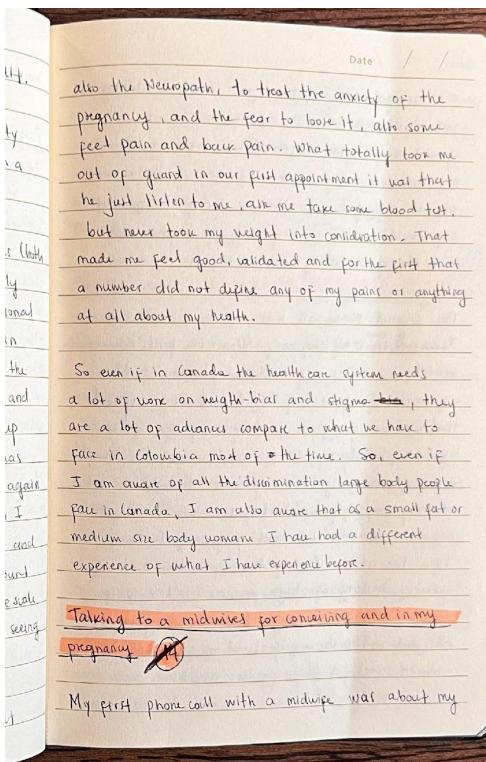
**Journal # 13: Having Weight Normative Approach Doctors Back in Colombia vs Having Weight Inclusive Approach in Colombia and Canada**



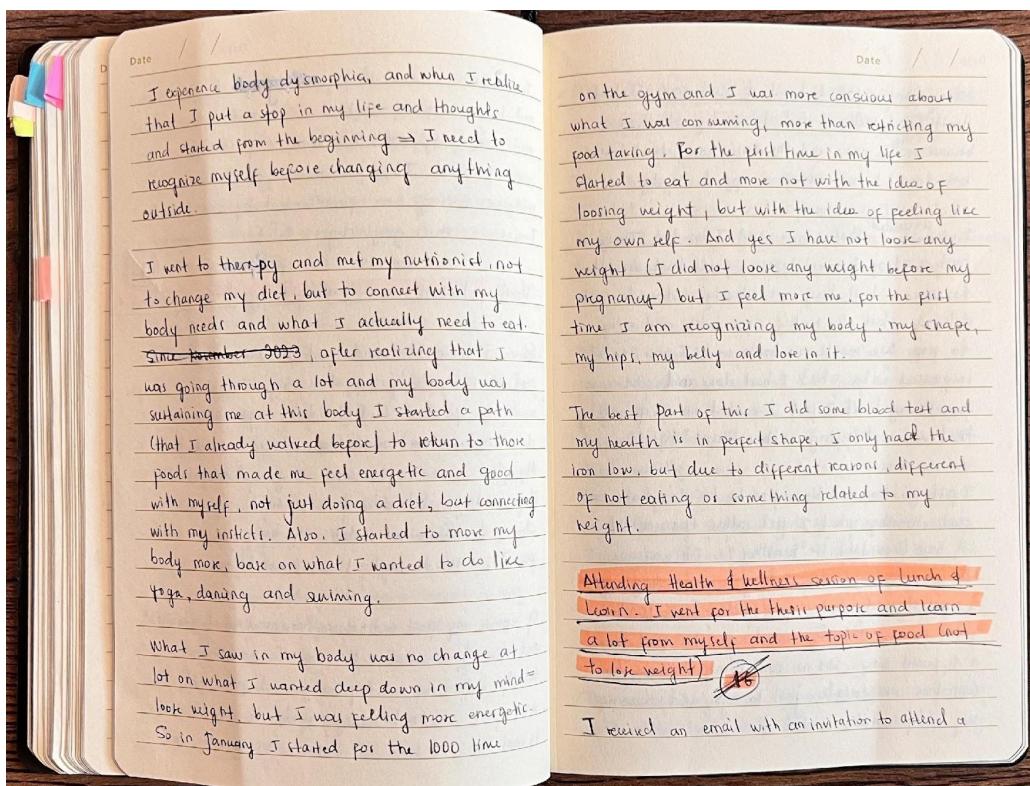
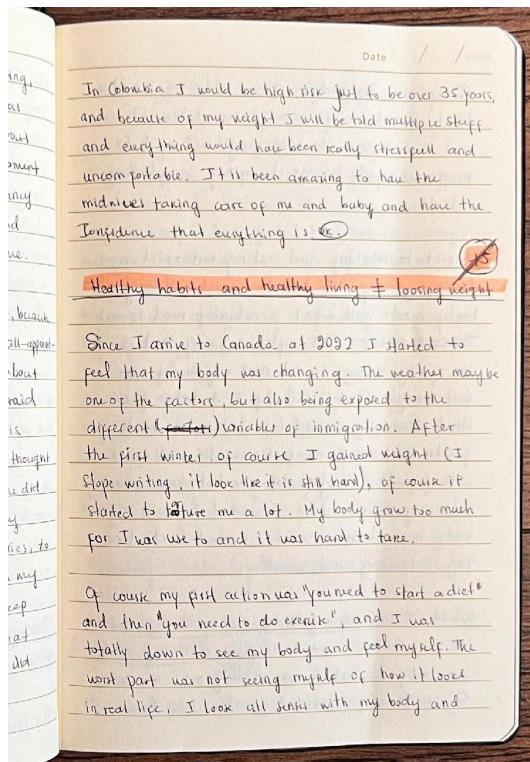




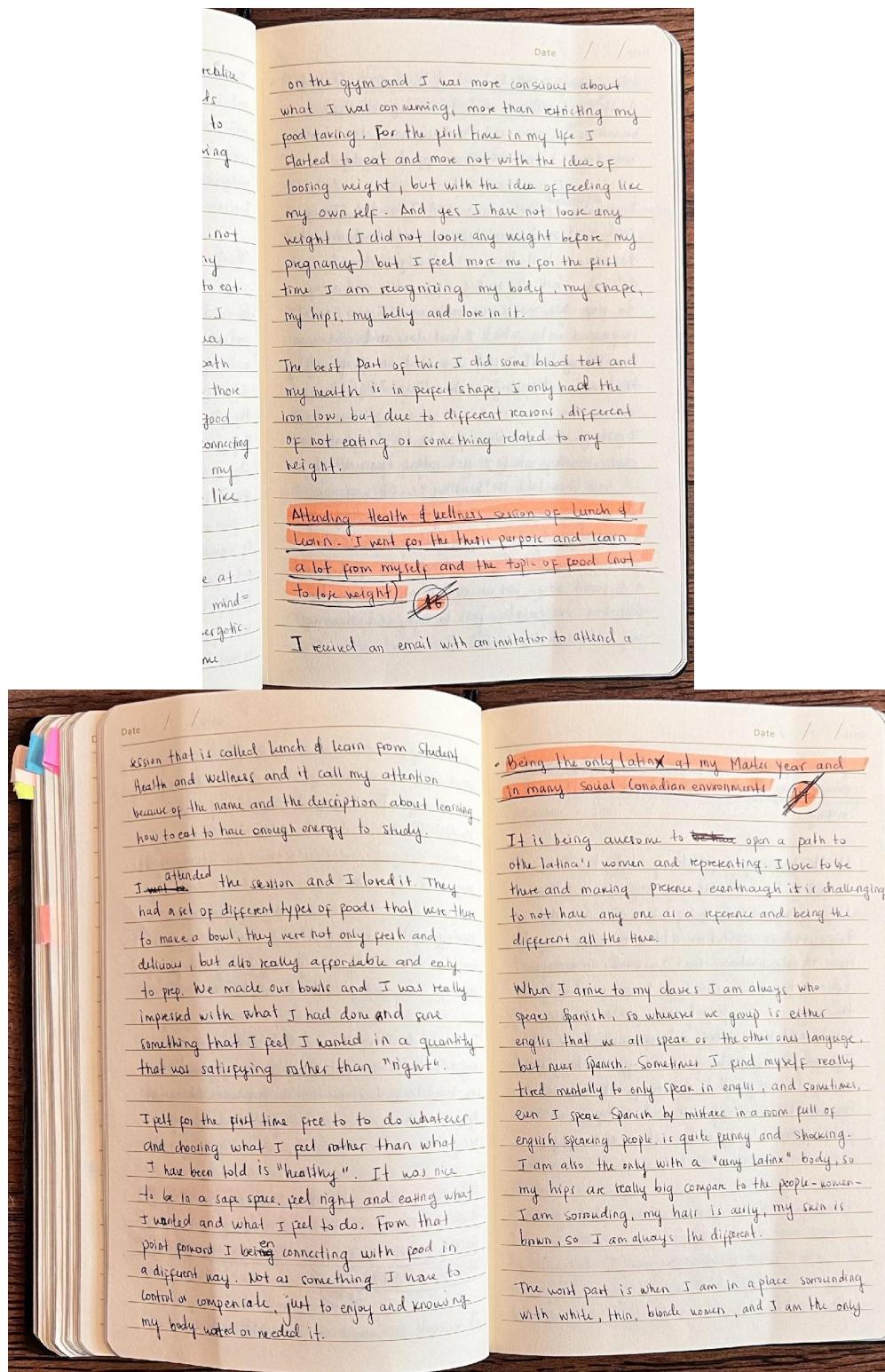
### Journal # 14: Talking to the midwives for conceiving and in my pregnancy



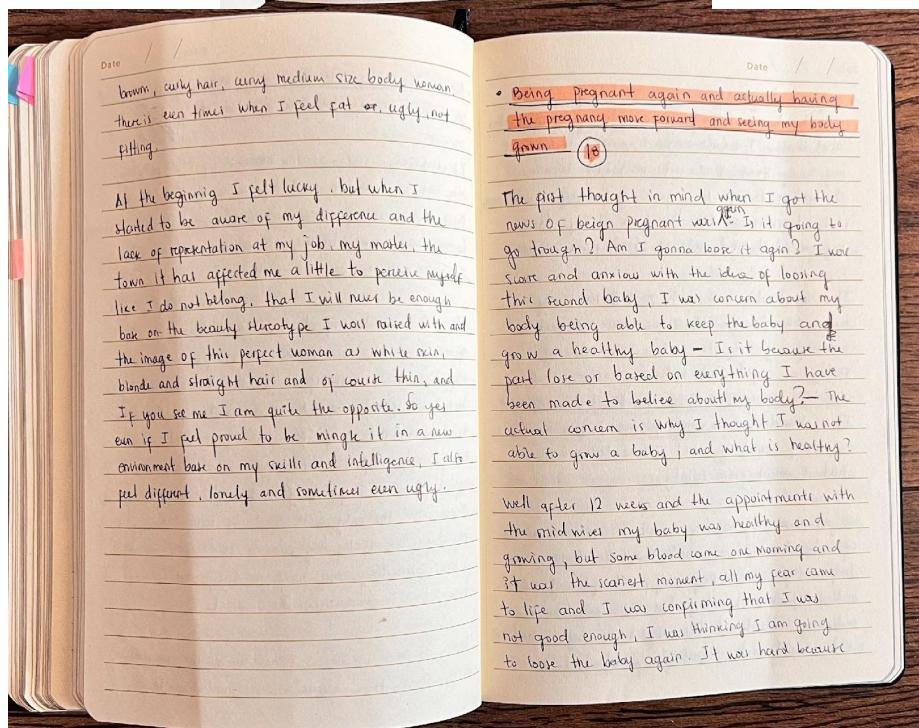
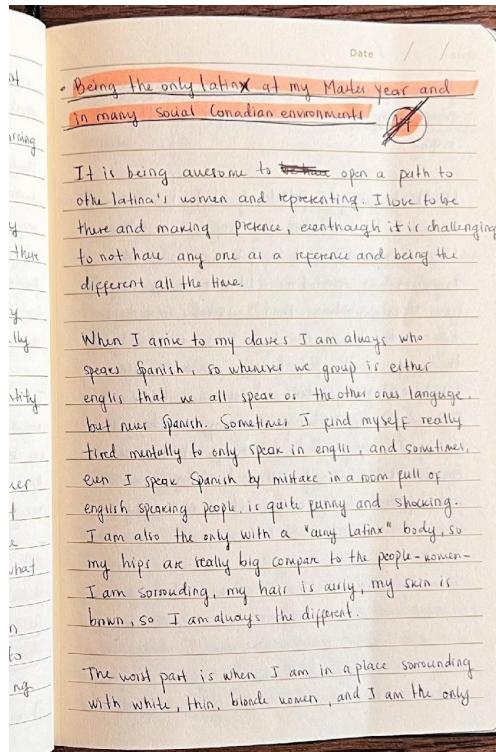
### Journal # 15: Healthy habits and healthy living is different of losing weight



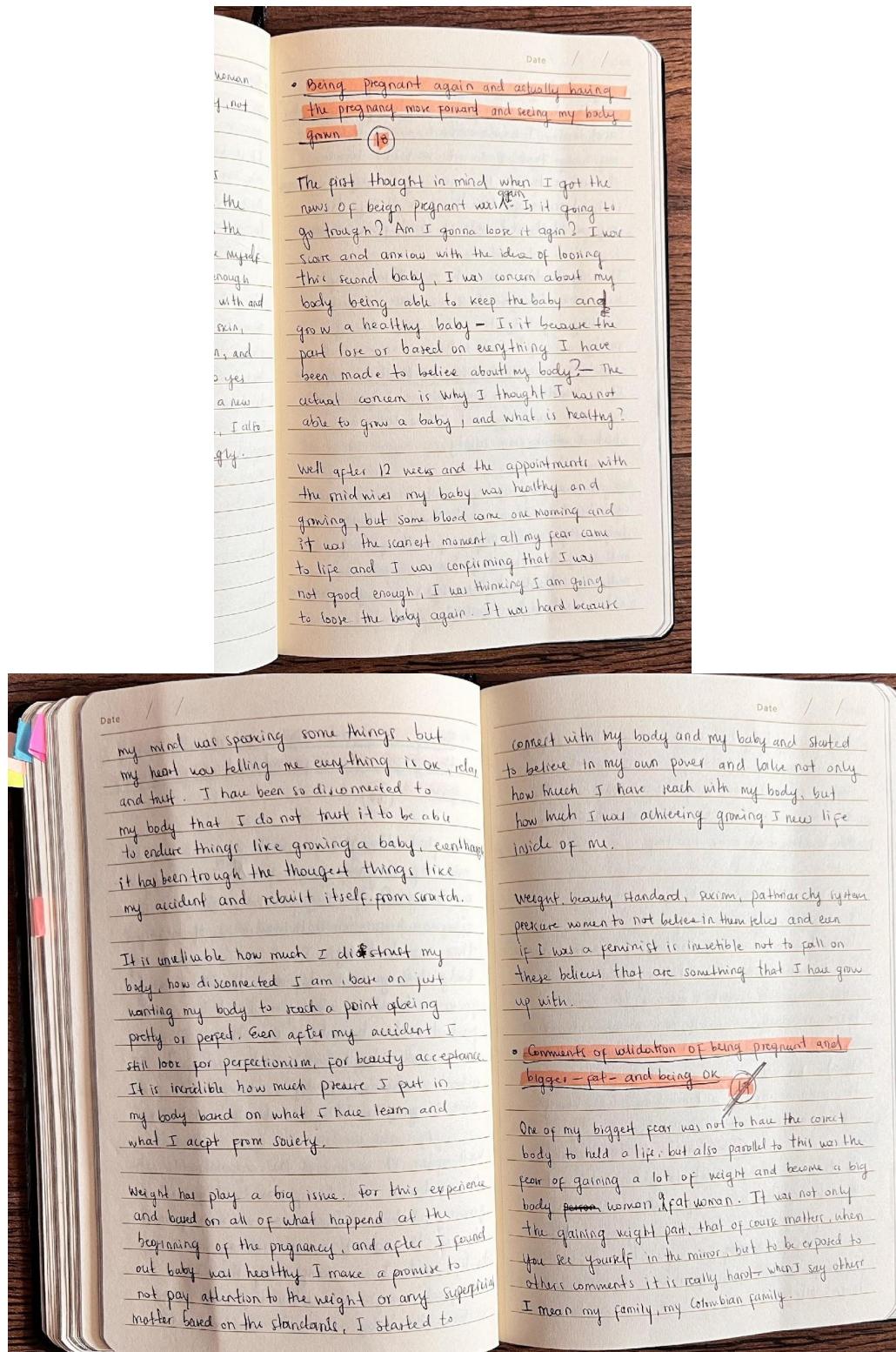
### Journal # 16: Attending Health and Wellness Session of Lunch and Learn

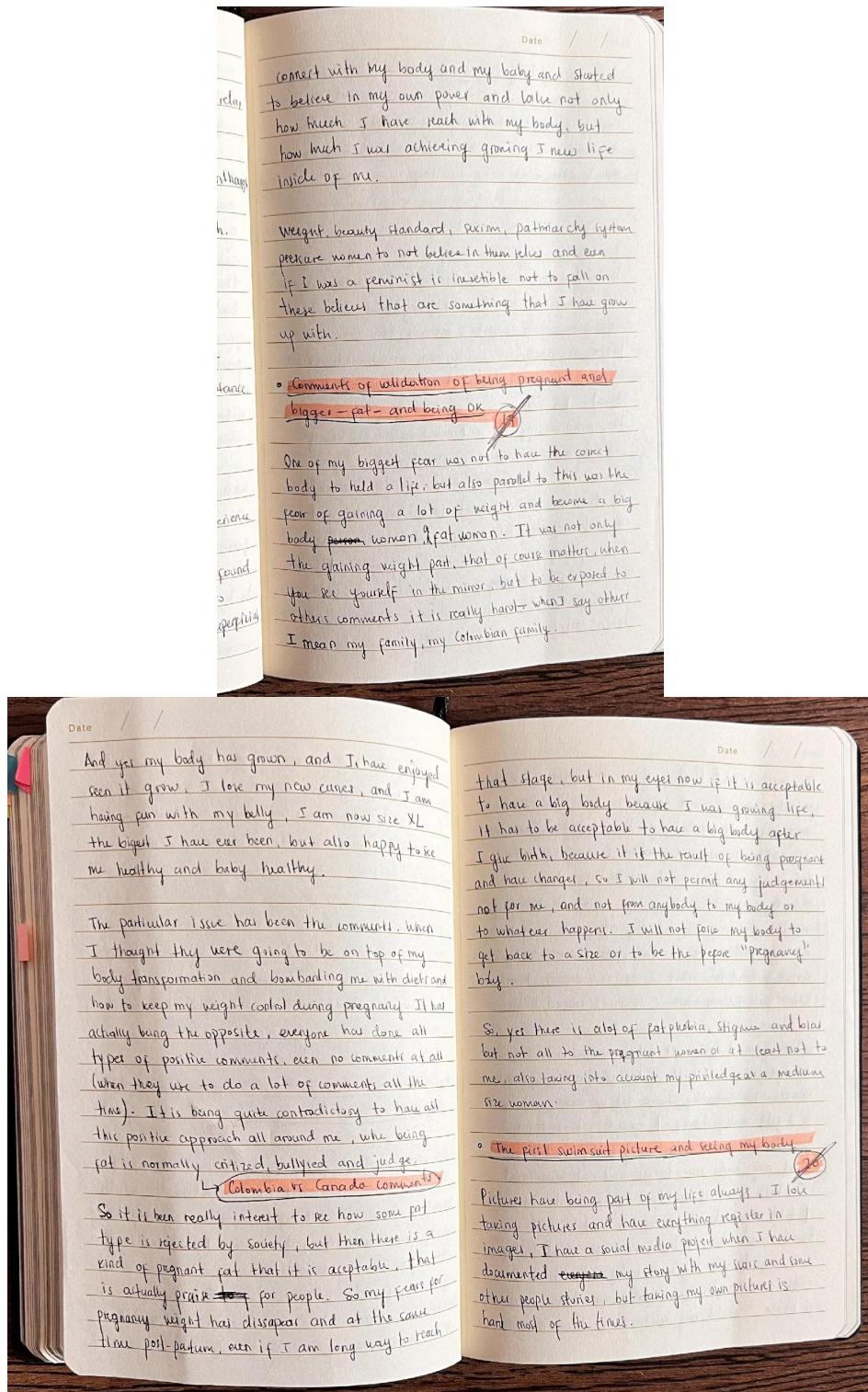


**Journal # 17: Being the only Latinx at my Master's and in many Social Canadian environments**

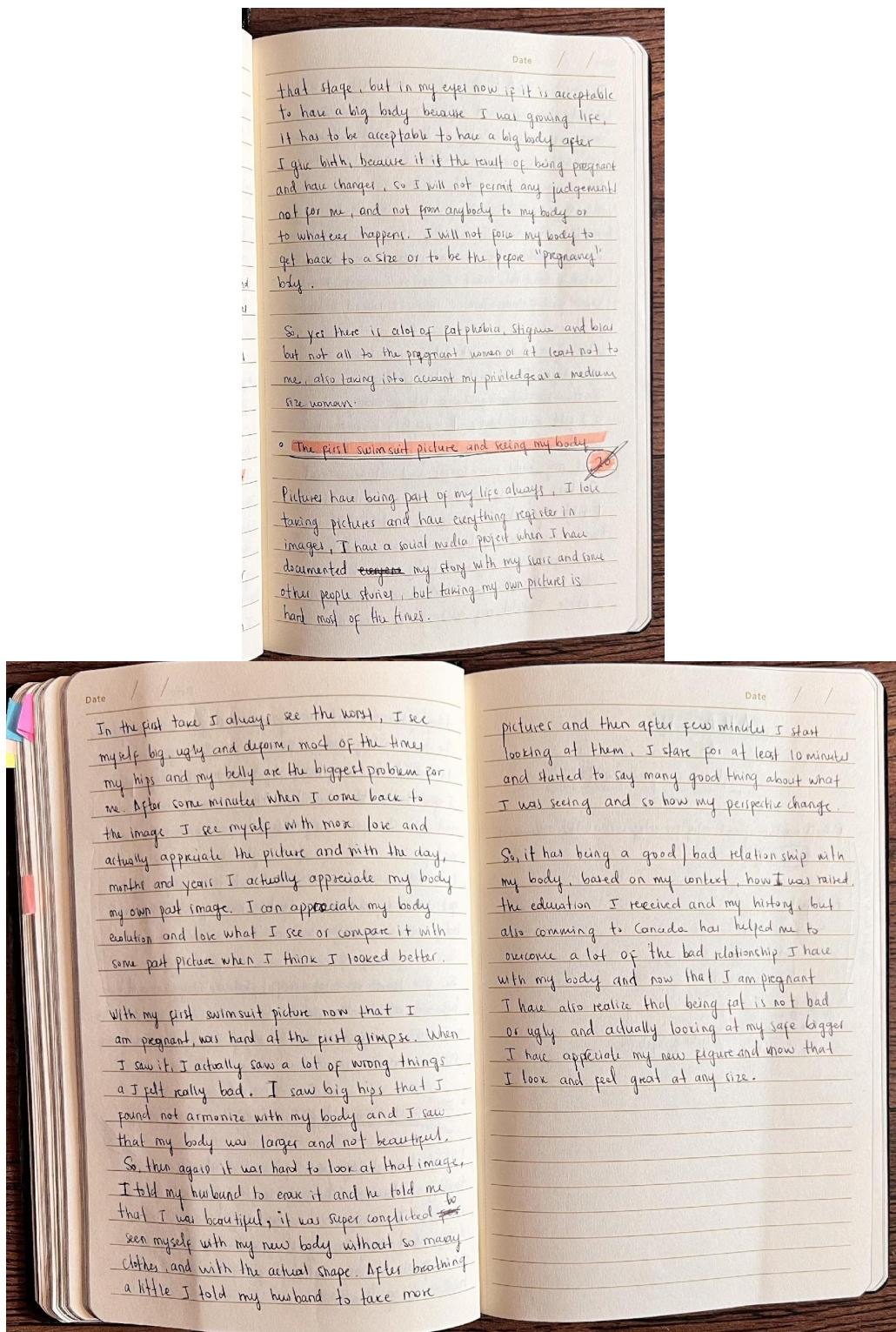


### Journal # 18: Being pregnant again and seeing my body growing



**Journal # 19: Pregnancy body validation**

### Journal # 20: The first swimsuit picture during pregnancy



## Appendix 2: Voice notes transcripts

### Transcript # 1: Body comments from Colombians

**Transcript Audio # 1: Body Comments from Colombians**

**Keywords**  
Colombian, Thunder Bay, comments, weight, Latin American, and, Colombia, friends, people, Juliana, talk, fat, Peruvian, belly, body, angry, obsessed, parents, stupid, Ecuadorian

How do I feel about sexism and the Latin American community? That is also really present there. Not only the Latin American community here in Thunder Bay is Latin American people, but also my Colombian family; it is my Colombian context is the way I have been interacting with people down there in Colombia, and I specifically speak about Colombia because it's the country that I'm from. So, I'm not going to say every Latin American person is that way, but here in Thunder Bay. Particularly, all my bad experiences with my body have been with Colombian people, so let's say Colombian people here in Thunder Bay and back in my country. To not generalize because it's true, I have not experienced these types of things with any Mexican, Peruvian, or Ecuadorian. So, I cannot talk about that from all of Latin America. I'm only going to talk about Colombian people here in Thunder Bay and Colombian people back in Colombia.

Oh, my God. It really gets on my nerves. It really pisses me off. It. I really hate that, and with those behaviors and the way they think and the way they talk and the way they have normalized stupid comments about weight and bodies make me so angry, but also make me realize how much I have permitted in my life, from doctors, from teachers, from my parents, from my friends, every time I met my friends back in Colombia (my school friend) that like to talk about weight all the time. And I said my school friends because I was from all girl school, so my main groups were only women. It doesn't mean that I didn't receive these type of things from men. I did receive it from multiple of them, but then I grew up, and I changed my circle of friends, and the guys have been not that oppressive. The girls, instead, have been really hard on themselves, but also with myself, like with me.

My parents, oh, my God, my brother, my grandma, the first comment every time I call them—by video call—is: "you look fat, you are fat." My cousin, the first comment she said, when she figured out I was pregnant was: "Oh! now I get why you had a belly when we met in January," I wasn't pregnant in January, but the only thing she saw in me was a belly and not me, like "Hey, Juliana, I haven't seen you in more than a year. I'm happy to see you." No, she only noticed that I was bigger and fat, according to her eyes.

And then the Colombian people here in Thunder Bay. Oh, my God, it is awful. They are obsessed with the food, they are obsessed with the weight, they are obsessed with the bodies. They are so violent with their comments. They make jokes of the weight of the women, and they think they are funny. They are not, your stupid ash@les and I'm sorry for the bad word, but it's my journal, and I said them because those behaviours make me so angry. So yeah, that's my feeling with that part, and that's why I push myself forward, and I don't want to be around those people anymore, and I don't talk with those

JP Juliana Paucar Restr... ...

It means that sexism is present in the Latin American Community

[Reply](#)

JP Juliana Paucar Restr... ...

It is repetitive, because I was reflecting, that after all I was generalizing, and my experience has been only with people from Colombia

[Reply](#)

people anymore, and with my family, I have restricted their comments about my body for like, for good.

So yeah, I love to be in Canada, that's for sure.

*Transcript # 2: Eating*

## Transcript Audio 2: Eating

**Keywords**

Realize, impregnate, bad, eat, society, based, portions, cousins, handwriting, restrict, pressure, digital, grandma, felt, body, magnificent, beliefs, aunt, journal, parents.

Eating. So, after I transcribed my journal, from handwriting to digital, I realized that almost seven entries and even more, from the 20th ones that I got, are based on food, are based on the quantity of food I eat, are based on how much I eat, are based on how much people control me, on how much I eat. It made me realize how much pressure I put on myself, but also how much pressure I allowed society to put on myself, my family to put on myself, and when I say society is kind of like doctors, parents, brother, cousins, aunt, grandma, friends, I uh.

I felt I have been feeling ashamed from really long time, because I like to eat. I like to eat a lot, and I don't think I eat bad. Maybe the portions need to be a little bit smaller. That's true. Maybe, I need to realize what's better for my body rather than what is better for my taste. That is also true. But I don't need to restrict myself to enjoy life, because actually, it's super balance, and it's it's amazing how much of these beliefs and ideas that we have about fat bodies in weight, and how bad is supposed to be, impregnate yourselves.

And I wonder, and I am still wonder sometimes, before I got the magnificent conclusion about where does all this come from? And I think I know. I think I know. But even though it's hard.

*Transcript # 3: Racism and Colonialism*

|Transcript Audio 3: Racism and Colonialism

**Keywords**

Colombia, Indigenous, Spanish, grandma, fat, mom, Europe, Christopher Columbus, pain, human being, mixture, Cartagena, affected, whiteness, body, connect, brownish, stereotypes, growth, eye-opening

So, reading some text and some articles, I was asking myself, where do these all anti-fat biases start from? Because I guess there was a time, at least here in America, that we didn't think about anything of that. And also, there was a time in Europe when curvy ladies, fat ladies, were the symbol of fertility. So, if you were a woman and you were fertile, you were beautiful, you were worth it.

So, when did everything happen? From Europe, I don't know. I didn't go that deep. I didn't care that much. But for Colombia, that is the point when I want to start. I realize that everything started to change when Spanish people came in and colonized us in Colombia. I'm a mixture, part Spanish and part Indigenous, so as we call mestizo. And, then everything from my family is conflicted between you either are Spanish or you are Indigenous. And, all these allow racism, and discrimination that we have been facing since 1492 when Christopher Columbus arrived in Colombia—well, not to Colombia, to the Americas, and then finally got to Cartagena. So Indigenous people and black people were, were the ugly part, the bad, the rejected part. And because, of course, they had different type of bodies from the European people, and they were more curvy and maybe more fat. I guess the Western beauty stereotypes start to growth.

What connected to me, and what made me feel relief was to connect all that background with my mom's story—like life story—and then how that had affected me as her daughter, and how much that has affected us as a family. Because my grandma is really Indigenous—my grandma's for my mother's side—and then my grandpa for my mother's side, is super Spanish. Umm, or at least his parents and grandparents were really Spanish. We are all a mixture in Colombia kind of thing, but there is more whiteness in Spanish and there is more Indigenous that are brownish. I'm, of course, brownish, so I know my mom experienced rejection, and my grandma experienced a lot of pain, and then that has fell into me, and that's why my mom pushed me to be thin and pushed me to fit in the standard of what is considered beautiful in Colombia.

So, this has been, like a really eye opening moment for me, and the most important part is that it took a lot of pressure, a lot of thoughts, a lot of regrets, a lot of pain out of my chest. Because I now understand where that come s from, and that I don't want it anymore, and that I can be whatever I want, and that I'm actually a perfect human being. And with all these what I have right, what I have read, what I have learned, I want to give my body the permission. To be free. That's what I want.

*Transcript # 4: Pregnancy Journey*

## Transcript Story 4: Pregnancy Journey

**Keywords**

feel, eating, lose, weight, pregnant, doubted, pregnancy, journey, elephant, doctors, exhausted, based, accident, journal, Bordeaux, hippo, baby, midwives, Colombia, animal

Pregnancy journey. So, for this, I think I have three or four entrances in the journal, and it's been quite a ride because even if I've been pregnant for five and a little bit more months, to be exact, 23 weeks this journey is actually being around me since 2022 before we came here to Canada, and I started to like preparing myself, as I told in the journals.

So, how do I feel? I feel so happy right now, but I think the journey has been really rocky. I've been questioning myself a lot. I self-doubt myself a lot. I thought I wasn't going to be able to be with a child, like to be like to get pregnant. But the tricky part is, like, I never doubted my husband's fertility. I always doubted my fertility. I doubted my fertility based on my age, but also based on all the comments that I received from multiple doctors back in Colombia, and all of them based on my weight. Umm, I have felt, and I have been, like I have been feeling or I have felt. I think it is, I have felt that my body was not enough. Never, never was enough.

And, now the experience is totally the opposite, because with the midwives, I'm not a risky pregnancy, and I'm also not having any issue based on my weight or anything. Baby is growing as it's supposed to grow. My belly is growing as it's supposed to grow. My health is so good.

Um, I'm eating normal. I'm not eating like a beast or like the world is going to end. I think I ate more before baby, and not because that was bad. It's like, I don't know. I think I have more space in my stomach and my body, and now I'm eating less. I'm feeling good, but I cannot get out of my head how bad I felt, how bad I felt in 2022 when those doctors told me I have to lose 10 to 15 kilos, and I looked myself in the mirror and I saw a hippo, I saw a giant animal, an elephant. And it's funny because now I realize with Bordo, how wrong it is for me to actually relate my image with a big image of a big animal, as an insult, and, um, but that was the real thing. Like I felt like a huge elephant right that moment.

And then when I lose baby number one, I thought it was my fault, because I didn't lose any weight, because I didn't put much effort, because I didn't care about me, because I was eating whatever I wanted. And in my normal life, I should have restricted my behavior to eating in order to lose the weight that I was supposed to lose before I got pregnant. I am halfway through—and I know the challenging parts are coming—and my legs are responding so good, even with my accident condition and my blood stuff condition that I have in my legs after my accident. And I'm feeling exhausted, of course, but not as it's not an exhausted like strange exhausted; it's kind of like pregnancy exhausted. So, well, this is how I feel, and I think it's been amazing to realize that my body is not wrong, that anything is wrong with this. I.

JP Juliana Paucar Restr... ...  I make a pause, because it definitely affects me

Reply 

*Transcript # 5: Not knowing my weight*

|Transcript Audio # 5: Not knowing my weight.

**Keywords**

weighed, weight, blood test, vitamin D,  
lack, number, pregnancy, arrow, Canada, expecting, pregnant, system, little  
bit, guess, wait, register, issue, lose, good

The other thing that I have pointed out a lot is my weight. My weight has only, has always been an issue. Since 2020, I haven't weighed myself that much. I know my last weight before I came to Canada because of those doctors I know was high, or at least higher than I ever thought I could reach. But after that, I haven't weighed myself for real in two years.

With my pregnancy, I have weighed myself, but I don't know the number, and it has freed me a lot. I have weighted because I know that is a number that they need, but they don't tell me, they don't talk about it, and they don't tell me the number. They just register it, and they see the evolution, and they don't say anything else. And I love that.

Umm, but I love that I don't know how much I'm weighting. And I love that I don't, I'm not expecting to lose any weight. For the first time in my life, since I was born, I have no weight myself, I don't know the number, I don't care about that number. I am getting myself free of a system that doesn't work for me, because all my blood test comes up good. I have my Iron low based on the change of the climate, the lack of sun and a little bit of the lack of vitamin D, and also pregnant pregnancy, but that's it.

So, I love not to be weighed, and I can say it out loud. I.

*Transcript # 6: Dieting***Transcript Audio # 6: Dieting****Keywords**

diet, weight, loss, intakes, pregnancy, kilos, gain, food, staff members, contradictory, bombarded, biometric, social media, amount, daily, dieting, context, surgery, follow, kilograms

How I feel about diets in dieting. It is contradictory because I grew up in a world where all the time I was said, I was told to lose weight, to go on a diet to keep these foods out of my side, to take this food out of my daily prep out of my daily intake. Now that I'm not on a diet all the time, I have been bombarded (bombarded, bombarded, I don't know how to say it in English) from social media, from media in general, about all the types of diets that I need to do during my pregnancy, not to gain weight, after my pregnancy, to lose the weight, but also before my pregnancy to be on shape. Before, I got, like, the big chunk of weight I gained because of the baby. So, every time I go on social media, it says that this is the best diet and this is the best way. And everybody's talking about that all the time.

Everybody is like, on a daily basis, I lose this amount of kilograms because I did this. Even men and women in a random context. Like I have, like one of my friends who had bariatric surgery a couple of years ago, she gained seven kilos last year. So, in January, she has a diet to lose those seven kilos. And she was talking about that. But then I follow a really renowned singer from my city. And then he was talking about one of his staff members how to lose weight. So it's kind of annoying because it's kind of like not people telling you how to connect with food. How to have a totally balanced life with food, but only saying how to lose weight with food.

*Transcript # 7: Eating Issue***Transcript Audio # 7: Eating Issue****Keywords**

intakes, disorder, eating, portions, issue, liquid diet, eating disorder, certain limitations, proportionate, body, figure, deeper, aware, bases, paid, solid, classified, realize, wanting, liquid

So, finding out that I have a disorder of eating, that I don't know if it's classified as an eating disorder, but actually getting to know that something is wrong, and I have an eating issue, makes me realize how attempt I need to be. When those things, thoughts go through my mind, and I want to lose weight, based on the one I am seeing and listening to, and, everybody's saying around me, rather, of what I feel in my body.

So, that means since I was born, I have either been on an all-liquid diet, like daily intakes, or all solid, big portions. And I figured out that is the same thing that my mom's lived, and it is kind of like, pass it to me. And, and, well, it is hard, that's for sure. But also, it is awesome to know in have a name on that, like it is an issue that I need to touch bases that I need to be aware of that, it doesn't mean that I need to stop eating or just change everything is like I have to be aware that is not going all liquid all solid is going in mixture of that and the portions that my body needs, rather than the portions that my mind wants.

If it does, if it does make any sense. It's like sometimes I want to eat a lot. But it's because my mind wants to eat a lot instead of what my body wants or needs to have. So, it's kind of like, I like this food, but I don't need ten portions of pizza; that is my favourite food; I can have two or three. And it's okay. It doesn't mean just one or just a little one, two or three is okay, not five or 10. Because I am a medium lady, my body has certain limitations regarding the intake. That also needs to be proportionate to mine paid way in colour isn't to take in order to have a balance in life.

So, yeah, it was nice to realize that part and to be conscious and to know about the eating issue that is more disorder eating, or an eating disorder maybe or maybe could be a new disorder and figure it out and go into explore more later on when I go to my doctorate and go deeper in this part of the topics.

*Transcript # 8: Health different from weight***Transcript Audio # 8: Health Different from Weight****Keywords**

feel, weight, body, connected, emotions, conflict, mental health, movement, thesis, mind, equilibrium, terms, move, emotional, lose, find, harmonize, place, documents, synchronize

Realizing that health is different from weight has been the most amazing accomplishment during this thesis that I have ever had. Why? Because I feel fulfilled, I feel that I finally have a conclusion. And it is like, even if it's in a lot of documents and a lot of articles, it is the first time that I actually understand it and also get it into my mind.

Health is different from weight. So, it doesn't matter how much you weigh in terms of your body, your emotions and your main mental health are in a good place, your body needs to function, your body needs to be able to move the new body, no matter the weight, you move, your body needs to be harmonized in a really, really holistic, 360 way, when you can just move, exercise, have energy, be vital. Your mental health is really important in that process. And then your emotions need to be connected with all of those. And that doesn't mean you need to be thinking or you need to lose weight. What you actually need is to work on yourself, look at the mirror, love yourself and be connected what you actually need in terms of your daily day life in terms of your moment in life, right?

So, it is not covering your empty holes to feel good with anything. It's having a harmonized good equilibrium in yourself. And when all of those are synchronized, that's it. You don't need to be thin, you don't need to be fit, you don't need to lose weight, you just need to be yourself. And you will be connected in your mind, heart and body. And when you find the movement (exercise) that you want to do, when you find the food that you like to eat and makes you good, when you find the emotional space that you feel that you are entitled to have, there is what it is. In this moment of my life. My mental health is good, but I need to work towards all this conflict that happens in my mind. Sometimes, my body is in a good way. Not only because I'm like making this baby, but everything like movement in equilibrium is there. My emotional part is conflict as well. But I think I can work on that. So it's kind of like getting the pieces in the right place. Not caring about the way I think that's it

*Transcript # 9: Immigration experience***Transcript Audio # 9: Immigration experience****Keywords**

academic environment, thunder bay, feel, European settlers, Indigenous people, women, belong, migrating, settlers, minority, light, runways, international students, mixture, notion, country, the international community, ancestors, blonde, classroom

How I feel when I go to work, when I enter a classroom here in Canada, in general, so it is definitely hard. But it is because it is hard when I don't see myself represented or reflected in another person; here in Thunder Bay, there is a particular that most of the people that actually live in Thunder Bay are why settlers (settlers, settled settlers, whatever—trying to say it in correct English).

So, 80% of the population here are European settlers. So, they came from European ancestors, mainly Finland, or Italian or English. So, most of them are white, have light eyes, even green or blue, and have light hair, even if it's light brown or blonde. And yeah, and women have these amazing square bodies, there are like the perfect bodies on all runways in the fashion industry. And then there is 18% of Indigenous people that, unfortunately, I don't have a lot of time to connect with them because I don't work with them as much as I would love to. Also, in my work environment, there is not that much representation of them.

And then, in my academic environment, there are really few of them, but mainly Indigenous people who are men, not women. When I go to my academic environment, it is almost international students, but the main population in the international community is Indians. So even if I look like them, there is not the culture that I identify with. So, it's hard because most of the time, I see them, and I see diversity, but I don't see me in them. So yeah, so mainly all the contests that I have been socializing in the last two years are really different people for me.

So, I feel different. I feel strange. I compare myself a lot. Sometimes I feel out of place, out of order, out of every notion. I don't feel that I belong. Even if they made me feel that I actually belong, I don't feel that I belong steadily physically. I feel that I'm the opposite of what they look like. It is hard. It's been hard. It's been hard to find my place and also hard to find my identity. I do not want to fit in but just try to fit in all the time. And that's is the part, that's a mixture of things that happens when you're migrating to another country when you are a minority or a really big minority. Oh, well. This is it.]

*Transcript # 10: Pictures***Transcript Audio # 10: Pictures****Keywords**

pictures, swimsuit, hard, pregnant, kirby, Latin Americans, conflicted, contradictory, perfect, glowing, body, small, commenting, Colombians, Latina, reconcile, perceive, fat, move, context

Pictures. This is a good one. Pictures, swimsuit pictures, pregnancy pictures, daily live pictures. So, it's been a hard word. Try to reconcile with my image not only of being pregnant but also of being a curvy mid-sized woman and also, small fat or maybe medium fat, or maybe not fat at all. But curvy and Latina and I don't know, small size, I don't know. Is it still a question? It is still hard to classify myself, but either way, pictures are really, really shocking for me.

I have been taking pictures since I have a memory. I love taking pictures, but it is hard to take pictures of myself. But the latest pictures that I took of myself were of myself in a swimsuit. I realize how much I have disappeared from social media because I have the fear that people will start commenting on my body, on my curves, and on my belly. And that happened when I took those pictures of me and my swimsuit. Because I was like, Oh! Look, my hips are super big. Oh! look at this it's not good, I suppose to look at myself as a pregnant lady in this perfect way. It sucks who tells you how to be perfect or how to look perfect. When you're pregnant. You're just pregnant. So yeah, it's been really hard. Even though I want to have all the process of my belly in pictures, it is hard to see myself through those pictures because there's one thing that I'm expecting to see. And there is another thing that I'm actually seen.

So, yeah, it's been contradictory. It has been hard, it has been conflicted. But I'm facing all that. And, I'm trying to make a better way to self-perceive my body to have a different perception of how I look and know that I look the best way and glowing because I'm making life so simplified it is still hard. There are a lot of standards in my mind that I'm trying to fulfill even if I'm pregnant, even if I don't have any shape to be pregnant. There is actually a shape that social context in the social media and social beliefs in the context that I move on that is Latin Americans Colombians on test in now your North American content, make you believe you have to look in a certain way so

### Appendix 3: Codes, themes and categories

Parental Codes	Themes	Group of codes - Category	Code Name
Education System	The struggle with body image and relationship with food, problems that grew on me based on family interactions and lack of education on the topics.	Body weight Journey through all my life stages	Body image conflict and hate Process of body acceptance Body reconciliation Conflict between what is "right" and what I want and need Self-Perception of my body, that can distorted My own path of body appreciation Body dissatisfaction Body transformation to be thin Self-blame on circumstances and hate towards my body Disconnection from my body Feeling Good About Myself Taking care of myself The idealization of thin bodies Judging body appearance Learning about my body and connecting with what my body needed My body is not enough Unrealistic body expectations Perfectionism Fear of pictures Connecting with my body instinct Emptiness feeling with myself Fear of comments on my body Fear of not being able to start again
Family context		Eating issues and relationship with food	Eating issues eating too much or only liquid ingestion Shame as a feeling based on my body or how much I eat Diet Culture beliefs Enjoying food and feeling good about it Feeling guilty because what I eat Appetite increased that it was insatiable Intuitively connection with food Large portions of food when I eat Mind-body connection when eating Family Diet Pressure Family history of diet culture and fat oppression Awareness of food intake Family control over what I eat
		Family influences the construction of body image and food relationship	Family Control over Appearance Anxiety about family expectations Relationship struggles with family Family reconciliation Conflict with Mother Family Comments Family Rejection
Social spaces	Fat stigma impregnated as an internalized anti-fat bias  Intersectional oppression and social influence towards women, based on Western beauty stereotypes.	Fat beliefs as a social context construction  Social body standards and influences based on Western beauty stereotypes  Women intersectional oppression in socio-cultural spaces	Internalized anti-fat bias Fat beliefs from my social context Anti-fat stigma from social context Anti-fat bias from social context Fatphobia Continuing learning about my internalized anti-fat bias Feeling of not belonging Social influences and pressure to have a ideal body shape Body liberation of the standard body shape Beauty Western-Standard Social expectations of my behaviour, my body, my habits Social media and diet culture Fear of being trapped in beauty stereotypes Fat shaming women from men Sexism behaviour My activist behavior - feminist Lack of representation Sorority with women around me Ageism an oppression against women Colonialism and fatphobia Being exposed to people's comments Patriarchal system oppression Skin color distinction in colonialism

			Weight management and control
			Gained weight a constant in my life
			My body is getting big and growing
			Need to be fix based on my weight and body shape
			Losing weight is painful and it is needed at any cost
			Emotional impacts from body and weight intervention
			Anxiety of losing weight
			Exercising to lose weight
			Weight not addressed
			Physical impacts after an intervention or a process that ended up lossing weight
			Fear of gaining weight
			Loneliness and isolation
			Seeking a weight-inclusive approach
			Losing weight to be pregnant
			Medical history
			Doctors listening to my concerns
			Health distant from weight
			Health as a privilege
			Mental Health connecting to body health
			Ozempic: magical solution
			Self-development and mental health
			Violence in the Healthcare System
			Felt guilty about my miscarriage
			Fat Acceptance in Pregnancy
			Self-doubt of my capabilities
			Pregnancy going well
			Weight gain because of the baby
			Migration experiences comming from a Latinx culture to a North American culture
			Cultural differences between Latinx and North Americans
			Weather impact on your habits
			Cultural Identity
			Respecting others on their own true
			Main Topic of the document