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## Health(ism) at every size: The duties of the “good fatty”

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### ABSTRACT

Discussing health in many “body positive” spaces will provoke a variety of familiar responses, for example, “but it is possible to be both fat and healthy,” “thin people can be just as unhealthy as fat people,” and “what about health at every size?” While there are many different ways to interpret the Health at Every Size (HAES) movement, this article seeks to examine the links between Lindo Bacon’s *Health at Every Size: The Surprising Truth about Your Weight* and the popularized body positivity movement as it is today. While Bacon and other health professionals subscribed to HAES undoubtedly have good intentions, those intentions do not absolve the negative impact that the popularization of HAES-related body positivity has had on those of us who are both fat and, by the definition of HAES “unhealthy.” The rise of body positivity into mainstream consciousness has popularized an “acceptable” way to be fat and perpetuates the stereotype of the “good fatty.” Using autobiographical writing of fat women who have been associated with fat activism and body positivity, I draw lines between Bacon’s influential text and some of the healthism that exists in the body positivity movement. Inspired by my discomfort with the celebration of HAES in fat body positive spaces, I ask how does HAES promote healthism in the contemporary body positivity movement?

### KEYWORDS

Health at every size;  
healthism; body positivity;  
fat activism; fat positivity

## Introduction

The moral panic associated with the “obesity epidemic” is in full swing and there are constant warnings from the mainstream media about the medical dangers of being “overweight.” Fat activists and scholars will likely have their own way of retorting to these instigations but over the last decade, a newer “movement” has emerged to counteract some of the discriminatory themes associated with the “epidemic.” Popular body positivity is now easily recognizable in a multitude of different media contexts and the counterargument to the “obesity” epidemic is the Health at Every Size Movement (HAES). HAES, or some iteration of it, is a well-known concept in fat body positive circles and more recently it has become an important notion in popularized conversations around health. Based on the name alone, HAES appears to suggest that size is

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not related to health and this is the understanding I previously had too. However, the HAES that is closely associated with body positivity is very specific and appears to celebrate a phenomenon that fat activists and scholars call the “good fatty.”

HAES has become a useful tool that can be used by many mainstream body positive advocates to help them fight against healthist narratives that use “good health” as a reason not to improve the rights of fat people. However, the version of HAES that is celebrated by the body positivity movement is one that is also closely associated with health professionals such as Lindo Bacon. As a person existing in a fat (unhealthy) body, I have become increasingly concerned by the moral duties that fat people are expected to perform to receive “acceptance” in mainstream body positive circles. In this article, I explore the moralization and healthist narratives of HAES that are perpetuated by mainstream body positivity. I conduct a close reading of Lindo Bacon’s *Health at Every Size: The Surprising Truth about Your Weight* ([2008] 2010) to demonstrate how legitimization from health professionals can result in the expectation that fat people perform good health to receive respect both when receiving health care and in wider society. Therefore, this article attempts to answer the question: how does HAES promote healthism in the contemporary body positivity movement?

### Methodological notes

Until 2014, I would have called myself a passionate advocate of HAES and body positivity. I was young (22), white, fat (UK size 24), and “healthy” and yet, at that point, despite the significant buzz around it, I had never read Lindo Bacon’s *Health at Every Size* ([2008] 2010). However, I had assumed through various fat positive texts that I understood the core principles of HAES. I assumed that self-proclaimed HAES advocates agreed that although health was not a moral obligation, “good health” could be achieved regardless of weight or medical conditions. Yet, when I came to read *Health at Every Size* ([2008] 2010) several years later, I found that although Bacon reminds us throughout the book that HAES is “not a diet,” large portions of their work had a lot in common with traditional diet literature. Reading Bacon’s work at this time was perhaps more difficult for me as I had, at the age of 26, just been diagnosed with type 2 diabetes and was therefore no longer “healthy”. I was searching for ways to improve my long-term health while avoiding diet culture and was more disappointed by *Health at Every Size* ([2008] 2010) than I had expected to be.

This article is a part of my completed PhD project that traced the historical threads of body positivity through British and North American fat activism from 1969 to the late 2010s. I found that much of the “assimilationist” activism that body positivity has been accused of had been present in fat activism since the 1960s, and, although fat activism is more than body positivity, body positive ideas

have always been present in the fat activist movement. I found five major themes where specific “moral” duties were encouraged in order to assimilate fat women into mainstream society: femininity, (hetero) sexuality, (proximity to) whiteness, “self-love” and, of course, health. The majority of the health threads I was able to follow attempted to “free” fat people of the burden of their fatness by suggesting they are healthful in other ways. What was surprising to me, however, was that various moral duties appeared in the literature repeatedly and were not just limited to health. This specific article interrogates the moral duties associated with health, HAES, and body positivity and their legitimization through the mainstream publication of texts published by not only Bacon but self-identified fat activists or body positive advocates.

Although my larger project included a multitude of texts from a variety of spaces, this article examines autobiographic texts written by fat and body positivity activists in addition to Bacon’s *Health at Every Size* ([2008] 2010). Since this article concentrates on the legitimization of moral duties, it seems pertinent to focus on texts that have been through a mainstream publishing process. Apart from Bacon’s book, I argue all of these texts fall within the realm of “body positivity.” I was able to define what body positivity was by using Charlotte Cooper’s (2016, 12–13) definition for the fat activist body positivity proxy. According to Cooper (12–13) body positivity has a basis in Wann’s influential text *Fat!So?: Because You Don’t Have to Apologize for Your Size* (1998) that is presented with a “peppy” tone which suggests self-love and self-acceptance are vital alongside narratives geared toward “personal growth and development” (Cooper 2016, 12–13).

My core material was “scavenged” (Halberstam 1998, 13) through a process that Alison Hennegan (1988) calls the “pricking of my thumbs.” As is likely apparent, I am tied quite closely to my research and despite trying to force myself out of it very early on in the project, I realized that to achieve the “objectivity” (Haraway 1988) that I have come to prioritize in feminist research, I had to be honest about my role. Hennegan (1988, 166) refers to the “pricking of my thumbs” when she writes about becoming a “lesbian reader” and always being able to find “her books.” Like Hennegan, I found many of the texts I used for analysis because they were written by people “like me” and I was able to recognize and locate them easily. I spent much of my teenage years online in fat communities and continued to do so during adulthood which therefore made it quite easy to “stumble” across important material. The material I eventually collected was varied and I used textual layering (Johnson et al. 2004) to conduct a thematic analysis to pull themes from the HAES texts which were “good” health, “healthy” eating, and exercise. It is these three themes that make up the basis for this paper.

Although some of the texts I will analyze in this article existed before Bacon ([2008] 2010) published *Health at Every Size*, what I intend to demonstrate here is how the cosigning of health-related moral duties by a health

professional has made them seemingly more legitimate. For the ease of my reader, the texts I will be focusing on are: *Things No One Will Tell Fat Girls* (Baker 2015), *Lessons from the Fat-O-Sphere: Quit Dieting and Declare a Truce with your Body* (Harding and Kirby 2009), *The Not So Subtle Art of Being a Fat Girl: Loving the Skin You're In* (Holliday 2017), *Two Whole Cakes: How to Stop Dieting and Learn to Love Your Body* (Kinzel 2012), *Big Girl: How I Gave Up Dieting and Got a Life* (Miller 2016), *I Do It with the Lights On* (Thore 2016) and *Fat!So?: Because You Don't Have to Apologize for Your Size* (Wann 1998).

It is also important to outline why I have chosen Bacon's text over many others. HAES ideas were not new when Bacon wrote *Health at Every Size*; ideas were mooted as early as the 1960s (Louderback 1967) and there was even a small burst of publishing in the 1980s that encouraged an intuitive eating approach to health (Bennett and Gurin 1982; Groger 1986; Polivy and Herman 1983; Schwartz 1982). However, I chose to focus on Bacon's *Health at Every Size* ([2008] 2010) because it has achieved significant recognition in the mainstream which can be evidenced by its status as the "number one" text when I search for literature on HAES on Amazon, Google, and Google Scholar, and its appeal on Goodreads: as of April 28, 2019 Bacon's book has 2055 ratings. Bacon is recognized as an authority on HAES as their ideas are expanded by the HAES website which they manage (HAES Community n.d.), thus extending the scope of their influence.

### **What is health at every size?**

It would be extremely gratifying to give a neat explanation of how HAES is used and understood but unfortunately, HAES narratives are quite complex. I will, however, do my best to give a miniature history and context before moving on to my analysis.

"Obesity" narratives have been running rampant in mainstream society for decades. Natalie Boero (2012, 41) reports that *The New York Times* published 751 articles on "obesity" from 1990 to 2001. And, since the millennium, the moral panic over "obesity" has only intensified, Michelle Obama's cause as First Lady was to tackle "childhood obesity" with the Let's Move Campaign (n.d.), and childhood "obesity" narratives in the UK have followed the same trajectory (Carvel 2006; Chand 2017). At the time of writing on May 10, 2019, the *Guardian* (n.d.) website brings up a specific page dedicated to "obesity" with 2396 search results.

Therefore, a method that could help fat people navigate health care systems and criticism from friends, family, and the mainstream media would be extremely useful. For many people, this method is HAES. Unfortunately, there is some conflict around how people practice HAES. Cooper has detailed how HAES began with fat activists "talking and organizing around their dismal experiences of health care" and references to HAES-like approaches

can be found as far back as The Fat Underground's 1973 *Fat Liberation Manifesto* (Fishman and Bracha 1998). In 2010, the concept of HAES was trademarked by Association for Size Diversity and Health (ASDAH) to prevent weight loss companies from appropriating HAES to make a profit. ASDAH's (n.d.) website reports that to use HAES trademarks services must adhere to five basic principles which are weight inclusivity, health enhancement, respectful care, eating for well-being, and life-enhancing movement. Trademarking HAES meant that it no longer belonged to the activists who worked to build it but rather health professionals, or as Cooper (2016, 176) calls them, "self-appointed moral guardians" meaning that there became very specific ways to practice HAES and not all of them were necessarily in-line with the original activist vision.

I argue that this specific way of doing HAES has led to a type of healthism. Healthism is neatly defined by Abigail Saguy (2013, 63) who argues it is "the moral imperative to be healthy and pursue health." Healthist narratives not only follow fat people who try to access health care but also in society more generally. How common, for example, is it to hear someone ask about a fat public figure "but are they *healthy*?" The fat and body positive advocates I will discuss in this article will argue that, yes, they are healthy, they may even explain all the healthful activities they take part in. And yet, although these rebuttals may be true, this article explores the (negative) impact of retorting to health concerns in this way. I suggest that HAES's presence in the body positivity movement has only reiterated the moral duties of the "good fatty."

### **The duties of the good fatty**

Body positivity, as argued by Cooper (2016, 12–13), has become a proxy of fat activism and focuses on encouraging an individual to "change their mind" about their body, an idea which Samantha Murray ([2008] 2016) has critiqued extensively. With its increased popularity, it appears that these methods of "changing your mind" have come with new expectations for fat people. Although as evidenced by the panic in the mainstream media about "obesity," it is still unacceptable to be fat, it is "more" acceptable if a fat person is engaging in the duties of the good fatty.

The good fatty can be characterized by what Kathleen LeBesco (2004) calls the "will to innocence" which is undertaken by assimilationist fat activists as a response to anti-fat propaganda. These fat activists respond to shame narratives that are often accompanied by the moral panic of the "obesity epidemic" with a "rhetoric of innocence" which seeks to absolve fat people of the "blame" for their fat bodies. Using what LeBesco calls a "scientific rhetoric," assimilationists can counter the mainstream ideas of fat being unhealthy and due to lack of willpower by citing specific "science" that argues fat is not a moral choice, but a biological inevitability (115). Therefore, if fat



people exercise, eat “well” and perform the appropriate duties of the good fatty they remain “innocent” of their fat bodies as they are doing all they can to change their weight. These practices that supposedly prove fat people are a biological inevitability align closely with HAES principles and Bacon ([2008] 2010) even suggests throughout their book that many fat people find that they lose weight on a HAES plan.

In conversation with Murray, Cooper (Cooper and Murray 2012, 135) proclaims that people who transgressed the concepts of the will to innocence “have become queered as a joke” and deemed “bad fatties.” Bad fatties are fat people who do not work hard to become thin, they are often presented as a caricature in mainstream media as a grotesque figure who does not exercise and eats to excess (see: Megan McCarthy’s character in *Bridesmaids* [2011]; Rebel Wilson’s character in *Pitch Perfect* [2012]). The bad fatty is the opposite of the good fatty who “is an apologetic fat person who takes “care” of themselves (read: well-groomed, fashionable, and active) and acknowledges that they could and should be pursuing lifestyle choices that are socially palatable” (Pausé 2015, n.p.). The pressure to maintain a good fatty approach to health within body positivity is extremely noticeable in the memoirs and blogs of fat body positive advocates. The good fatty is a person that society is willing to humanize differently to bad fatties as they are making strides to change the fate of their “poor health” by participating in their moral duties.

I have recognized three main duties of the good fatty which are “good health,” “healthy” eating and the will (and ability) to exercise. If these duties are carried out then fat people may be absolved of healthist narratives and made “innocent” of their fat bodies; if they are not then, I argue, a person becomes a “bad fatty” who is deemed morally inferior. Although many of these “duties” existed before Bacon published their book in 2008, I argue that it is the publication and further popularization of this particular HAES narrative that has solidified these duties as part of fat body positivity.

### **“Good” health**

Body mass index (BMI) is a popular metric used by health professionals to gauge the health of individual people. Boero (2012, 131) asserts that HAES professionals critique the use of BMI within the context of “good” health suggesting that correlations between “obesity” and poor health are more complex and can be influenced by both social and biological factors. There are though other numbers that can indicate “good” health among individuals. Lonie McMichael (2013, 169) argues that HAES has a longer-term “positive outcome” on health indicators such as blood glucose, blood pressure, heart rate, and cholesterol. The idea of “good” health numbers seems to have been adopted by many fat body positive advocates. For instance, Kelsey Miller (2016, 194) found there were “other numbers she could enjoy” on her



“intuitive eating” journey apart from the one on the scale. She reported that “in the few months since I’d quit dieting and begun a regular fitness routine, my blood pressure had normalized, my resting heart rate had dropped.” And, Hanne Blank (2012, 54) argues, “[w]ith the exception of things that can be measured objectively – your blood pressure, for instance, your blood sugar level, and so on – everything else is an opinion.”

The will to innocence is present in Wann’s *Fat!So?*. Very near the beginning, Wann (1998, 10) lets her reader know, “[m]y blood pressure, cholesterol, and blood sugars – the three best health indicators – are all normal. I have no history of serious illness. I don’t smoke. I exercise and eat my vegetables.” Wann’s assurances to readers of her book use both the scientific and innocence rhetoric discussed by LeBesco (2004). Wann’s fat body cannot carry the immorality of an “unhealthy” person as she has scientific evidence to suggest otherwise. For Wann, fat is not a moral failure or a representation of a lack of will power, it is biologically predetermined.

Since the publication of *Fat!So?*, Wann has criticized her desire to value health within a social justice movement (quoted in McMichael 2013, 275). However, many of the body positivity movement’s themes can be traced back to the self-love activism that Wann championed through fat activism, and, although the instigation to perform “good” health did not start with Wann, it did not stop with her either. The popularized eat well and exercise approach to HAES has manifested into an almost saintly performance of health within body positivity. And, although Deb Burgard (2009a, 51) argues the idea that the HAES model “perpetuates the oppression of fat people by defining healthier people or people who exercise as the “good” fat people while condemning people who are sedentary or in poorer health” is a myth, based on my research I have found that body positive advocates – especially those in the public eye – frequently proclaim that despite their weight they are “healthy.” The dismissal of BMI and the embrace of other health-related numbers does a disservice to those of us who are both fat and medically “unhealthy.” Moreover, while many medical professionals may agree that I am medically unhealthy due to my diabetes diagnosis I am specifically concerned about the way these “other” scientific numbers may interfere with the moral perception of a fat person and their ability to navigate the knottiness of not only a healthist medical system but society too.

### **“Healthy” eating**

The second duty of the good fatty is a commitment to eating a “healthy” diet and although there may be disagreements between HAES advocates about what a “healthy” diet looks like, they do tend to agree that:

Many people first come across HAES® as an alternative to dieting [...] Rather than pursuing weight change, HAES® advocates help people focus on health-gain and body respect (Health at Every Size UK n.d.).

The declaration that diets do not work is repeated often in HAES and body positive circles. Megan Crabbe (2017) wrote a memoir about her struggle with dieting and Kate Harding and Marianne Kirby (2009, 8) offer similar anecdotal evidence when they suggest that diets may only work in the short term; Harding lost 20% of her body weight twice but regained it all back over the course of three years. And McMichael (2013, 98) argues that accepting diets do not work is part of a recovery process for many fat people. These anti-diet anecdotes are supported by HAES practitioners (Aphramor 2009; Burgard 2009b; Gaesser 2009) and Bacon ([2008] 2010, 47) spends a large portion of their book arguing that traditional low-calorie diets do not work. They assert, “... here’s the thing: Not one study has ever shown that diets produce long-term weight loss for any but a tiny number of dieters.”

But what is a diet? A significant part of Bacon’s book is dedicated to diet tips which they call “tricks.” Although Bacon does include the disclaimer, “[t]hese tricks are intended to support you in feeling fullness and stopping when you’re satisfied . . .” (205), the intended goal, it appears, is to reduce the number of calories consumed and many seasoned dieters will likely recognize these “tricks.” Readers are encouraged to “eat off smaller plates” (205) and “choose high-volume food” as “dozens of studies show that you eat the same volume of food at a meal, as opposed to the same number of calories” (206). Despite Burgard (2009a) and Bacon ([2008] 2010) arguing that HAES is not only for people who are medically “overweight,” many “tricks” seem to suggest that a person who is interested in incorporating HAES into their diet is overeating. Bacon ([2008] 2010, 83) also includes a section on foods that may impact weight, they are especially concerned about fat consumption.

Another nutrient that affects your weight regulation system is fat. Fat consumption has clearly increased over the years: Americans ate an average of 523 more calories in 2003 than in 1970. Interestingly, while the *percentage* of fat in our diet has dropped (given our overall increase in calories) much of the fat we’re eating today is *added* fat, as opposed to naturally occurring fat in foods. Average consumption of added fat jumped from 53 pounds per person in the 1970s to over 74 pounds in the year 2000, a 40 percent surge.

Bacon connects an increased consumption of foods rich in fat with increased weight gain. Considering they consistently remind their readers that *Health at Every Size* ([2008] 2010) is not a diet or weight-loss book, it seems strange to caution readers against fat in this way.

Bacon is also a proponent of intuitive eating – even for diabetics (Bacon and Matz 2010) – which despite not having one singular approach revolves around the idea that calorie counting is not a healthy way to eat and people should listen to their body’s hunger cues. Bacon ([2008] 2010, 195) suggests that after

following intuitive eating for a while a person's body will become accustomed to craving "healthy" food. This healthy food, although not explicitly stated, I can only assume based on other advice from the book, will be low in both fat and calories. Therefore, if a fat person is eating fewer calories than they expend in a day and are still not losing weight, this contributes to that particular fat person's image as a good fatty and solidifies their "innocence."

Outward and loud dismissal of fat people who have an "unhealthy" diet is rare in fat body positive texts, yet there does appear to be a running theme where fat authors will add caveats to their work about the diets they eat. In 2012, Kinzel (2012, 3) writes,

I adore cooking and refuse to keep anything less than real butter in my house. I eat very little meat [. . .]. My diet consists primarily of fresh vegetables and whole grains, and I have a serious weakness for good cheese. I keep a jar of bacon fat in my refrigerator and I occasionally use it to cook big leafy greens [. . .].

And in 2016, Whitney Way Thore (2016, 174) writes about an incident with a romantic interest (who happens to be a feeder) where she adamantly denies eating "unhealthily" all the time.

Boo Boo and I [. . .] were giddy over the mashed potatoes, meatloaf, and broccoli casserole we'd happened upon at midnight. When Matt texted me [. . .], I sent him a picture.

*Mmm. I bet you love to eat that Southern cooking [. . .].* I responded honestly and without thinking.

Actually, I rarely eat food like this. I'm sure I eat waaaaay healthier than my figure would cause you to believe.

And, Tess Holliday (2017, 61), writes in her memoir, "[a]s a model I get asked a lot of skincare tips and I always say that the best things you can do are eat a healthy, balanced diet and drink lots of water." Within the realms of fat body positivity, the appearance of eating a healthy diet has become of great importance to fat people – especially if they are public figures. In contemporary culture fat women are permitted to be fat provided they are not over-eating and it is even better if they can prove they are eating less than a thin person. However, LeBesco (2004, 114) argues that the insistence that fat people eat as much or less than thin or average-sized people "drains pro-fatness rhetoric of its power." So while Bacon's inference is that people who do not know how to eat healthily can adopt their "tricks" and lose weight, LeBesco argues that this does a disservice to fat people who understand healthy eating and food pyramids but eat in a way which encourages weight gain anyway (133).

## The will (and ability) to exercise

The third duty of the good fatty is the will (and ability) to exercise. In addition to several proclamations that HAES is not a diet plan Bacon also assures us that HAES is not an exercise plan. Bacon calls a HAES approach to exercise “active living” (217) and again, many of their suggestions will sound familiar: “it means taking the stairs instead of the elevator, raking the leaves yourself instead of recruiting a neighborhood child to do it or using a leaf blower, or parking at a distant spot instead of circling the parking lot looking for the closet space” (217). The inference of these exercise tricks, much like the diet tricks, is that the majority of HAES followers may be under-exercising rather than over-exercising which casually connects under-exercising with over-eating and weight gain.

One of the sections I found most surprising in Bacon’s book refers to unborn children of dieting mothers as “couch potatoes” (Bacon [2008] 2010, 55) which contradicts a statement made later in the book where readers are encouraged to “be confident in your right to exercise. Stand up to people who ridicule you and let them know that *they* are the ones with the problem” (222). Calling people who do not exercise “couch potatoes” (whether in jest or not) while encouraging people to stand up to those who ridicule them suggests that Bacon, whether consciously or not, believes bad fatties who do not engage in exercise *do* deserve to be ridiculed, thus cementing the moralization of exercise.

Just as “good” health numbers and “healthy” eating have ebbed over into body positivity, the implied necessity of exercise has too. For example, defending her will to exercise Holliday (2017, 277) argues,

At the time I was seeing a personal trainer three times a week [. . .]. If I don’t want to go to the gym, I won’t. Instead I’ll take my kids to Disneyland and walk a half dozen miles while enjoying the park. Believe it or not, this fat girl does get her cardio.

Additionally, Harding (Harding and Kirby 2009, 19), explains how she began to understand the meaning behind a “runner’s high:” “This is why people jog. They do it for the exhilarating rush, for the thrill of moving through space under their own power.” All three women are outlining their good fatty status by demonstrating their will to exercise. These examples work to demonstrate that fat people can and do enjoy exercise and to debunk some of the negative stereotypes about fat people that suggest they are lazy and inactive. That fat people can exercise solidifies the innocence of the good fatty and allows them to assimilate while being forgiven for their fat bodies.

Bacon’s HAES exercise rhetoric suggests that anyone can (and should) exercise – even if their mobility is restricted but body positive advocates are not always careful to consider ability in these discussions. Jes Baker’s (2015,

43) memoir is peppered with small sections she calls “The Fat People: *Do All the Things!* Challenge.” Below is number three:

I’m not even going to dignify the idea that fat people shouldn’t ride bikes by speculating as to why that might be. [...] I used to ride a bicycle everywhere, and didn’t even have a car for years. So fuck you, haters. I love bicycle riding more than I love a lot of things, and I’m not quitting anytime soon [...].

**Your challenge:** Rent a bike from a bike shop or bike-share program in your city, buy your own, or dust off that old two-wheeler from the past. Strap a helmet on and get riding!

The assumption made by Baker is that a person’s only barrier to riding a bike is the “haters;” however, Baker is a smaller fat person, and while it may be fairly easy for her to rent or buy a bike, for people with larger bodies that is not the case. In earlier episodes of Thore’s reality television show *My Big Fat Fabulous Life* (2015), after being diagnosed as prediabetic, she decides to take up bike-riding. During the episode, Thore has to have a bike that is built specifically for her as she exceeds the weight limit of most bikes. Even with a specialized bike, Thore struggles and an episode in a later season shows Thore explaining, “with this bike ride, every single time I pedal it’s uncomfortable, it’s painful, it hurts, and it doesn’t get any easier, because of my ergonomics, because of my body, because of this skin, this fat” (*My Big Fat Fabulous Life* 2016). Suggesting fat people can do everything that thin people can and reducing physical embodiment to weight alone is destructive to a social justice movement that claims to campaign for equity among people of all body types. Nevertheless, these ideas find a home within fat body positivity, whose advocates perform the duties of the good fatty because their able bodies allow them to. Implying fat bodies are capable of everything thinner bodies are creates a narrative that fat people *should* be performing the same exercise behaviors as thin people regardless of whether that fat person finds exercising enjoyable. Bacon ([2008] 2010, 222) suggests that HAES followers “ditch the self-limiting attitude” thus affirming that fat people are restrained by their self-doubt and those in “good” health are to be celebrated and made truly innocent of their fat bodies.

### Moral failure

Of course, the way that fat people address their moral failure and refusal to participate in the moral duties of the good fatty is important to body positivity. Although HAES narratives suggest health can and should be achieved whatever size your body is, more mainstream narratives still argue that people should work to reduce the size of their bodies. April Herndon (2002) compares fat people who refuse weight loss surgery and the opportunity to, by mainstream definitions, “get healthy” to deaf people who refuse cochlear implants.

In these instances, both fat and deaf people are then regarded as “unwilling” and therefore are labeled as having an “elective” disability. Herndon (2002) asserts that when a disability becomes elective, the person with that disability is no longer recognized as marginalized which works to depoliticize their embodiment. HAES has a similar impact on body positivity; when a fat person is not healthy, this is often regarded as a choice, while it is unlikely that many people are making the active “choice” to remain unhealthy when they do not constantly participate in the duties of the good fatty they can effectively be excluded from a mainstream body positivity that prioritizes moral duties.

## Conclusion

HAES and body positivity are not always connected, but they do have similarities and, in many situations, draw on each other; as the panic around the “obesity” epidemic increases, so does the pressure to perform the moral duties of the good fatty. The links between HAES and body positivity are numerous and more substantial than I could fit in a short article but one area for further discussion is the increasing pressure on people – but especially women – to partake in popularized wellness and self-love activism. Increasingly, there are links between these moral duties where eating “well,” maintaining “good” health numbers other than BMI, and exercising are regarded as positive contributions toward self-love and therefore activism. Undeniably, this self-love activism is an enormous tool of the body positivity movement, and those links between self-love and good health are ever-pervading.

This article has focused on the legitimization of these good duties through the publication of successful texts written by body positive advocates and Lindo Bacon as a health professional. My wider project observes the assimilationist nature of body positivity as it threads its way through historical fat activism, where, unfortunately, narratives of the good fatty have permeated many fat activist themes. While it may be easy to suggest that body positivity is the less radical cousin of fat activism, it is a movement that is very well-recognized by the mainstream, and it is important to continue critiquing representations of the good fatty and their moral duties, even when it may seem easier to celebrate a small step forward for fat women.

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No potential conflict of interest was reported by the author.

## Notes on contributor

**Gemma Gibson**'s research focuses on the history of the body positivity movement and fat activism. She is particularly interested in femininity, "health" and whiteness. Gemma currently works as a sociology tutor in the Department for Lifelong Learning at the University of Sheffield.

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