INTRODUCTION

Given the anti-fat biases present in modern culture, body-weight stigma represents a large, and often insurmountable, barrier to physical activity (PA) participation for individuals in larger bodies (Pickett & Cunningham, 2017b). Starting at a young age, children report not wanting to participate in PA due to teasing and stigmatization of their bodies (Hayden-Wade, Stein, Ghaderi, Saelens, Zabinski, & Wilfley, 2005). Unfortunately, these feelings do not magically disappear later in life, as body stigmatizing experiences and PA avoidance are positively associated among adults as well, indicating that body stigma remains a strong barrier to PA participation (Boero, 2007; Vartanian & Novak, 2011; Vartanian & Shaprow, 2008).

It is important to note, at the start, that in the current article, we use the term “fat” as a neutral descriptive term, which is not meant to be derogatory and is consistent with Fat Studies literature. Similarly, we will commonly use the descriptor, “in a larger body.” These terms are used instead others, such as “obese,” and “overweight,” which are seen as problematic in this literature, due to etymological inaccuracies and historical incidences of oppression through medicalization of such terms. See Wann (2009) for a more complete explanation of terminology.

Regardless of body size, PA is an important component of a healthy lifestyle (Bacon, 2010). Regular exercise is associated with reduced risk of certain diseases, including cancer, osteoporosis, and diabetes (Blair et al., 2003), as well as improved psychological well-being (Penedo & Dahn, 2005). Importantly, these benefits are not only experienced by thin individuals. Nevertheless, body stigma remains a strong barrier to physical activity participation for those in larger and otherwise nonconforming bodies (Boero, 2007). Relatively few researchers, though, have documented the experiences of fat individuals in fitness spaces, particularly with regard to the stigma they experience. In the current study, we address this gap and give voice to individuals who are often marginalized in physical activity spaces, allowing them to share their own experiences in sport and fitness spaces (for more on this topic, see Shaw & Hoeber 2016). Using a qualitative, interview-based approach, we explored body weight stigma in physical activity, shedding light on exercisers’ experiences and identifying strategies for change and greater inclusiveness.

Theoretical Framework

The current study is grounded in stigma theory (Goffman, 1963). We begin with a short explanation of stigma, then move to a discussion of cultural body idealizations and stigmatization of nonconforming bodies. Finally, we discuss assumptions about fat bodies, health, and exercise. Drawing from each of these, we assume a three-part frame, focusing on enacted, felt, and internalized stigma which create a tenuous physical activity culture.

Social Stigma

Goffman (1963) defined stigma as, “an attribute that is deeply discrediting,” which relegates its bearer, “from a whole and usual person to a tainted, discounted one.” (p.3). Importantly, Goffman noted tension between socially accepted identities and experiences of individuals with nonconforming identities. This incongruence, he argued, results in lowered social status of individuals with certain devalued identities, based on negative stereotypes attributed all persons holding that particular identity. This tension has become
the focus of a large body of work examining the conditions necessary and negative effects of social stigma.

Building on these foundations, Link and Phelan (2001) conceptualized social stigma in terms of several co-occurring components. In particular, they argued that human beings generally engage in labeling of individuals as a social process. Further, this categorization over-simplifies individuals based on salient and (largely) visible traits, creating “us versus them” dynamics and differential treatment. As such, individuals with stigmatized identities (e.g., racial minorities, those with disabilities, sexual minorities, fat persons) face reduced status and discrimination based on negative stereotypes. Not surprisingly, having one or more stigmatized identity is related to poor mental health outcomes (Schmitt, Branscombe, Postmes, & Garcia, 2014). Power relationships and trait idealization are also important, in that individuals with stigmatized traits have reduced social capital and power in society, while those with desirable traits are afforded greater social status (Lozano, McKenna, Carless, Pringle, & Sparkes, 2016). As such, those with stereotyped identities, “accrued all manner of untoward outcomes associated with lower placement in the social hierarchy, ranging from the selection of sexual partners to longevity,” (Link & Phelan, 2001, p. 379).

**Body Stigma and PA Participation**

Unfortunately, body-weight stigma is particularly salient in PA settings (Schmalz, 2010). Given that exercise is one of two common weight-loss solutions (the other being dieting), PA spaces are often unwelcoming or even openly hostile to fat bodies. In fact, fitness spaces are places where those in larger bodies experience the most shaming and discrimination (Cardinal et al., 2014; Schmalz, 2010). As examples, both fitness professionals and physical education teachers often display anti-fat biases (Dimmock, Hallett, & Grove, 2009; Greenleaf & Weiller, 2005). Interestingly, these practices continue despite findings that individuals evaluate fitness facilities advertising health and wellness more favorably than those emphasizing weight loss (Cunningham & Woods, 2011).

**Enacted, Felt, and Internalized Stigma**

Whereas scholars have conceptualized manifestations of stigma in several ways, here we focus on three: enacted, felt, and internalized stigma (e.g., Jacoby, 1994; Herek, 2009). The first, enacted stigma, refers to, “episodes of discrimination against [marginalized persons], solely on the grounds of their social unacceptability,” (Jacoby, 1994, p. 270). These manifestations are physical, external actions which relegate those with marginalized identities to lower status. The second manifestation, felt stigma, relates to marginalized persons’ fear of enacted stigma. That is, reduced social status creates a sense of shame, anxiety, and an expectation of discrimination (Herek, 2009). Finally, internalized stigma refers to the acceptance of negative evaluation of a particular characteristic by an individual holding that characteristic. That is, through constant normative reinforcement, a marginalized person may believe that her or his marginalization is in some way justified.

Not-so-subtle anti-fat messages in PA serve as a strong barrier for individuals with non-conforming bodies to participate. It is not surprising that many individuals avoid PA to avoid the shame of being fat in a fitness space (Vartanian & Shaprow, 2008). However, the benefits of PA exist for everyone, regardless of body size. Therefore, it is important to document this stigmatization, thereby problematizing these attitudes and creating opportunities to develop more inclusive spaces. Given the preceding, we developed the following research questions for this project: To what degree do individuals in larger bodies experience enacted (RQ1), felt (RQ2), and internalized (RQ3) stigma in the PA spaces?

**METHODS**

**Participants**

Persons who self-identified as fat/overweight and lead fat-inclusive yoga classes (N = 9)
took part in the study. Study participants represented a wide age range, from 32 to 55 years (M = 43.44, SD = 7.50) and resided in multiple cities in the United States and Canada. Though mostly White, participants represented a diverse set of racial backgrounds (i.e., African American/Black, Asian, and White), and were predominately women (n = 8).

**Procedures**

The current study emerged as part of a larger body of work (see, Pickett & Cunningham, 2017a), exploring strategies used by fitness instructors to create more body inclusive spaces. In general, this larger study was designed to explore the organizational behaviours that create more inclusive physical activity spaces for individuals in larger bodies. Thus, the original study interview guide addressed actions taken by managers in PA settings to engage this traditionally underrepresented population. Through this work, however, a common theme emerged in the data: that these instructors had experienced high levels of body stigma themselves. Therefore, for the current study, we employed an exploratory qualitative methodology, using semi-structured phone interviews, allowing participants to construct their responses and phrase experiences in their own voices. Prior to data collection, Institutional Review Board (IRB) approval of methods and study materials was obtained. While following a general interview guide, interviews were allowed to flow between topics as participants desired and lasted between 39 and 98 minutes each. Specific questions in the interview guide addressed individuals’ experiences with body weight, stigmatizing experiences, and physical activity. Additional probing questions addressed multiple time periods across the lifespan, different contexts and activities, and participants’ perceptions of specific incidents. The sample was purposefully chosen, to be diverse and topical- with each individual self-identifying as fat/overweight, having engaged in multiple forms of PA, and now working in the delivery of body-inclusive PA programs. Interviews were collected until topic salience was achieved (Creswell, 1998). We chose to focus on yoga, given the thin-body, weight-loss focus of modern Western yoga spaces (Farmer, 2012).

**Data analysis, trustworthiness, and credibility**

Data analysis was an iterative process. To improve trustworthiness and credibility, we followed a multi-step process in collecting data, as recommended by Creswell (2013). First, interviews were conducted by the first author following a semi-structured guide, with a set series of consistent questions for participants, but allowing for deviation where appropriate. Immediately following each interview, initial thoughts were recorded into a reflexive journal, which was maintained throughout the research process and allowed for a more thorough accounting of researcher positionality (Ortlipp, 2008). We then transcribed interview recordings verbatim and engaged in member-checking with participants to improve clarity and ensure accuracy.

After compiling data, the first author undertook a process of open coding (Strauss & Corbin, 1998). Through this, 24 initial codes were derived (see Table 1), which were collapsed into six larger themes. Finally, a round of selective coding further reduced and mapped those themes onto the a priori framework previously outlined. This structure was reviewed by the second author, who was familiar with the data, to triangulate findings.

**RESULTS AND DISCUSSION**

Our participants widely supported the notion that PA spaces are often exclusive towards those in larger bodies. In many cases, this stigmatization leads individuals to avoid PA altogether (Vartanian & Shaprow, 2008), as many participants had done themselves for extended periods of time. In the current study, we sought to examine these stigmatizing experiences in PA spaces. In the space that follows, we discuss the ways our participants were discouraged from engaging in PA. In particular, we found all three manifestations of stigma were common, consistent with the framework laid out by Herek (2009).

**Enacted Body Stigma**

*Explicit Negative Evaluation.* The first form of stigmatizing experience participants noted was an explicit negative evaluation of their body or ability. While these experiences were comparatively rare, they were the most jarring and difficult to overcome. Negative evaluations took several forms, including staring, unsolicited advice from others, and in some cases, being prohibited from participating with thinner others. These findings are consistent with others, who have documented high rates of anti-fat prejudice and discrimination in PA (e.g., Cardinal et al., 2014; Dimmock, Hallet, & Grove, 2009).

As an example, Anna noted that individuals in larger bodies are often left out of classes, saying: “You definitely hear about people who will call or go into a studio and say, you know, ‘I’m curvy, I wanna come to this class,’ and they’re just like, ‘No, it’s not for you.’” Kimberly, had similarly been told by an instructor that she could not participate in a particular fitness class, due to her apparent “orthopedic issues.” Obviously, being explicitly barred from participating (i.e., enacted stigma) represents a strong barrier to participation.

Another example of explicit stigmatization came from Dianne, who noted that she was judged before she even took her first class. She said:

Signing up at the front desk and people saying to me, “Do you know this is going to be a hard...
<table>
<thead>
<tr>
<th>Manifestation</th>
<th>General Theme</th>
<th>First Order Code</th>
<th>Representative Quotation(s)</th>
</tr>
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<tbody>
<tr>
<td>Enacted</td>
<td>Exclusive Behaviors</td>
<td>Fitness Culture</td>
<td>“I hope we aren’t that Lululemon crowd like some other places, with that kind of culture. I hope, instead we are real people doing yoga.” - Gwen</td>
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<tr>
<td>Unwelcome</td>
<td></td>
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<td>“I meet a lot of people that tell me, ‘I keep wanting to try yoga but…’ ‘I’m too old, I’m too fat, I’m not flexible enough, I can’t afford the fancy clothes’ Right? Fill in the blank. All these things alienate people.” - Elen</td>
</tr>
<tr>
<td>No Accommodation</td>
<td></td>
<td></td>
<td>“After a half hour, [the student] left because she couldn’t do it. She was trying and whatnot, but there was no accommodation for her size.” - Michael</td>
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<tr>
<td>Barriers</td>
<td></td>
<td></td>
<td>“In so many cases, it’s a risk just going in.” - Elen</td>
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<tr>
<td>Cheerleading</td>
<td>Beginner</td>
<td></td>
<td>“When I walk into a new class, or gym, or fitness setting, people will always assume the fat lady is a beginner. That somehow I need to be extra encouraged or extra cautioned to take care of myself- like those things aren’t important to everyone.” - Kimberly</td>
</tr>
<tr>
<td>Well-Meaning Encouragement</td>
<td></td>
<td></td>
<td>“Go you! You’re doing the right thing! Bless your heart, you’re gonna get that weight off!” - Amber</td>
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<tr>
<td>Shock / Awe</td>
<td></td>
<td></td>
<td>“There’s a lot of cheerleading! It’s sort of shock and awe when I can do something in this body.” - Amber</td>
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<td></td>
<td></td>
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<td>“You’ll lose the Weight!”</td>
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<td></td>
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<td></td>
<td>“A lot of times, I’ve had people say to me, ‘Oh just keep coming back, the weight will come off!’ Mostly, I would just smile nervously and go on about my business because that stuff freaked me out.” - Kimberly</td>
</tr>
<tr>
<td>Singling Out</td>
<td>On Display</td>
<td></td>
<td>“I remember at one studio, being told, ‘I need you to come up front, so that people can see what you’re doing!’ I was terrified! Like, you don’t want them looking at this! The front view is ok, but the back view- No, no, no! You don’t want them looking at that.” - Shaely</td>
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<tr>
<td>Assumptions (Ability)</td>
<td></td>
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<td>“It’s kind of, ‘we’re going to treat you differently and assume that you can’t do anything because of your size. Assume that your knees are bad or your ankles are bad, or whatever, you can’t run.” - Amber</td>
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<tr>
<td>Why?</td>
<td></td>
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<td>“If you’re already a larger bodied yogi, who’s self-conscious and trying to fit in and don’t want to be stared at- why would you get up and go grab a block? Why would you subject yourself to that? You add more shame. It becomes shame.” - Elen</td>
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<tr>
<td>Differential Treatment</td>
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<td>“I think a lot of [larger-bodied] students are invisible in classes. So, hopefully, they can just figure it out. Or they’re told, ‘Oh, you can’t do this. Just hang out here in child’s pose […] sort of a ‘you do this, while the rest of us do the real stuff.’” - Anna</td>
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<tr>
<td>Felt</td>
<td>Lack of Belonging</td>
<td>No Diversity</td>
<td>“I wondered, ‘Where are the people of color? Where are the older people? Where are the larger-bodied people?’ and that really started to bother me.” - Anna</td>
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<tr>
<td>Not Fitting In</td>
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<td>“I felt like people had a certain mindset of what the teacher was going to look like. I felt like I didn’t fit any of those forms.” - Shaely</td>
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<tr>
<td>Expectations</td>
<td></td>
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<td>“I came to yoga thinking you’ve gotta be a gymnast! That you have to be strong or flexible or whatever” - Gwen</td>
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<tr>
<td>Isolation</td>
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<td>“I was the only woman of color and I was a little bigger than everyone else. So, of course, I steered towards the back of the class, hoping to basically dissolve into the floor.” - Shaely</td>
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<tr>
<td>Internalized</td>
<td>Conflict with Body</td>
<td>Not Good Enough</td>
<td>“Feeling that your body isn’t good enough is a common experience. People are intimidated by the very hard-body approach to yoga, for lack of a better term.” - Anna</td>
</tr>
<tr>
<td>Disordered Eating</td>
<td></td>
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<td>“I struggled with disordered eating- even though I didn’t really know that was a thing.” - Amber</td>
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class?" and making judgements about what my body could do before I even stepped into the studio. I found that people don’t know how to teach a body different from their own. So, she discouraged me from even going into the space because I didn’t think I could handle it.

Shaely similarly recalled that being isolated based on physical appearance, being a larger woman of color, had often left her wishing that she could “dissolve into the floor,” and go entirely unnoticed. She said the stigma of being different led her to feel apprehension and wonder whether she was welcome. According to participants, explicit negative experiences represent the worst fear of larger individuals in PA - that they will be judged, shunned, and left out. These types of incidents had the strongest negative effects on individuals’ choices to participate.

Well-Meaning Cheerleading. The most common stigmatizing experience participants discussed came in the form of well-meaning, but demeaning, cheerleading. Kimberly, for example, said, “In new fitness settings, people will tell me ‘Oh! Keep coming back, the weight will come right off.’” Embedded in these phrases are three common assumptions made about the fat body in PA: that larger individuals (a) are new to fitness activities, (b) need special accommodations and encouragement, and (c) engage in PA solely to lose weight. For Kimberly, these assumptions, made on her appearance alone, were wrong, as she had been engaged in a regular activity for years and was “relatively strong and fit.”

Amber also experienced well-meaning, but misguided, comments about her weight. In several different PA pursuits, she noted the most common manifestation of weight stigma was the patronizing cheerleading of others. She said, “I’d hear things like: ‘Go you! You’re doing the right thing! You know? Or ‘Bless your heart! You’re gonna lose that weight!’” She continued, noting that her favorite spaces were, in fact, the opposite, saying “I liked [places] that didn’t have a lot of cheerleading.” Well-meaning comments were common for participants, who felt this type of encouragement was more embarrassing than constructive. By calling attention to the stigmatized body and making assumptions about why a fat individual would engage in PA, commenters did more harm than good.

Singling Out. The final external form of stigmatization was being “singled out,” or receiving more attention from an instructor than others. Link and Phelan (2001) noted this individual level discrimination as common, but poorly documented. In such cases, a privileged individual uses her or his social power in a manner that negatively affects the marginalized individual. In PA, participants noted that too much attention could be just as problematic as no attention at all. Amber argued that well-intentioned teachers can drive individuals away from PA by singling them out. She said:

I had a teacher that insisted that I use a modification I didn’t need, and now, just because I wanted to do what the rest of the class was doing, everyone [was] coming out of poses and staring at me. That singling out, especially if you’re already in a non-conforming body, can be the make or break thing about whether you’ll come back.

She also recalled an even more traumatizing event, in which a teacher had gathered several others around to “spot” her for an acrobatic yoga pose, despite her protests and ability to do the movement unassisted. As other students were removed from their own practice, Amber was made to feel she was a burden and unwelcome.

Anna, too, provided an example of this type of singling-out. She discussed a friend who had been practicing yoga for years, and had learned to adapt certain movements to her own body. How-
ever, Anna said:
[My friend] was going through class, making it work. The teacher, who I think had a good heart with this, but, really put the student on the spot and was like, “Everyone! Look at how this student is doing this! Isn’t this great?! And so it was, nice, I guess, in the sense that she was praising her, but definitely calling her out at the same time, as kind of an oddball in the class. Like, “Let’s all look at this fat girl who’s making it work! Yay!”

Such instances were never malicious, but were common nonetheless. These behaviors relate to prejudice expressed in other domains, such as benevolent sexism (Glick & Fiske, 1996). That is, anti-fat attitudes might be subjectively seen as positive and include pro-social behaviors, such as encouragement. However, to the stigmatized person, these attitudes can still be hurtful. This is, similarly, consistent with other work others who have theorized that stigmatization, even when well intentioned, leads to relegated status and negative outcomes (Ferdman, 2014; Goffman, 1963; Link & Phelan, 2001).

**Felt Body Stigma**

While participants noted several external experiences of stigma, many also noted internal manifestations of body stigma and shame. Therefore, these experiences are important in describing the experience of stigmatization in PA.

Lack of Belonging. The most common form of felt stigma for participants in PA was a feeling of role incongruence- that as fat persons they did not belong in an exercise space. For example, Gwen noted her trepidations before starting her first fitness class, saying that, despite the fact that she moved confidently in her physically challenging job, she felt there were expectations of what a “gym person” should look like. She said, “I came to yoga thinking you’ve gotta be a gymnast! That you have to be strong or flexible or whatever.”

As she continued, she noted that her own feelings about her body served as a barrier to participating. Elen similarly said:

I came to yoga looking for fitness- I’ve always been a larger bodied person- but a friend of mine took me to my first class at the Y. I was scared to death thinking that I was not thin enough, that I was not athletic enough. I was scared to death that I would be shunned.

Both expressed fears about their bodies not being acceptable- that their size precluded them from participating. Further, both articulated a fear of negative evaluation (i.e., enacted stigma) in the PA space.

Michael expanded on the idea of acceptable bodies in PA spaces, saying, “I have to say, it seems like some classes are almost becoming anorexic looking- that’s the look of them. There’s a competition. A silent, unconscious competition.”

This cultural idea of acceptable bodies, he argued, created a dissonance in his students as they attempted to move from specifically fat-inclusive to mainstream PA spaces. He described how his students with larger bodies often felt out of place in other classes. In fact, he noted that several of his students would join, and even pay, to practice at a larger studio, only to never show up at all out of fear that they would not belong.

Strachan and Brawley (2008) found that role congruence was important in healthy behavior adaptation and maintenance. Drawing on Social Cognitive Theory, they found that individuals who saw themselves as healthy were more likely to engage in healthier diet and exercise behaviors as a mechanism of aligning identity and action. It is not surprising, then, that pervasive stereotypes that those in larger bodies are lazy and incapable create a barrier for these individuals to engage in PA. That is, the athlete is positioned as antithetical to the fat person in modern culture. This incongruence between body expectations and nonconforming bodies created a tension for participants, which in many cases precluded their participation in PA for extended periods of time.

**Internalized Body Stigma**

The final manifestation of body stigma came in the form of internalization (Herek, 2009). Internalized acceptance of societal body norms has previously been linked to avoidance of PA among those in larger bodies (Vartanian & Novak, 2011). For participants, there was a common theme of internalizing cultural beliefs about bodies and their worth, which we explore below.

**Permanence and Non-Mutability.** An important feature of participants’ role incongruence was acceptance of the idea of non-mutability of the body and, thus, a permanent inability to conform to cultural body standards. Many participants noted that they had been larger for their entire lives, despite being physically active. The notion that individuals can be both fit and fat is well-documented (see Bacon & Aphramor, 2011). Further, weight concerns in adolescence are associated with overweight incidence in adulthood (Quick, Wall, Larson, Haines, & Neumark-Sztainer, 2013), suggesting lifelong permanence. Thus, it seemed participants’ bodies would never be accepted. Anna, for example, noted that by eight years old, she was on her first diet. She said, “My mom, in collaboration with my pediatrician, felt like I should be losing weight. In retrospect, I wasn’t a big kid. I was growing and apparently had more body weight than my family wanted.”

Despite numerous attempts at weight loss, she always remained bigger than the standards her family (and society) had for her body.

Kimberly noted that she was, “like a lot of other fat kids who became fat adults.” She said, “I was traumatized by the gym class thing. When we had to get undressed. The extra-large gym uniforms were tight. They fit- but they were
tight and revealing and nothing I would choose to wear.” However, Kimberly was the rare exception, in that she didn’t let the stigmatization stop her from being active. However, she still received the same cheerleading and assumptions about her body. When faced with these comments, she now attempts to challenge logic, “I’ll say, ‘You know? That’s an interesting theory, but it hasn’t really been my experience in the last few decades of regular exercise,’ or something. Just really- I try to complicate their ideas that exercise equals thinness.”

Both Anna and Kimberly recounted a common experience- that body size was relatively constant, regardless of activity level. This is consistent with existing literature, which suggests that within two-years, more than 90% of dieters return to their initial weight (see, Bacon, 2010). Participants noted that with extreme diets or activity levels, temporary losses were possible, but that over time each returned to a larger size. Thus, to the extent that weight was permanent, the barrier to activity that their size represented was similarly permanent.

Conflict with the Body. Another dangerous, internal manifestation of body-weight stigma came in the form of a participant’s conflict with her or his body. Whereas many noted that they had always been bigger, most also noted that they had repeatedly tried to lose weight, often through extreme or dangerous ways. Common weight-loss strategies included risky diets, disordered eating, and increasingly dangerous levels of PA. Our participants’ experiences were not uncommon, as 40 to 50% of women in the US report being on a diet at any given time, leading Lutter and Jaffee (1996) to refer to dieting as the new national pastime. Anna began her first diet at the age of eight, but it was hardly her last. She said:

Over the years, I just kept failing on diet after diet. When I did activity, I was thinking ‘I wonder how many calories I’m burning?’ I felt like the problem was me. I thought, ‘I have two master’s degrees and a great relationship and all this other stuff, why can’t I get this part of my life together? So, I started to tally up all of the different diets I had been on- I came up with 65.

After recounting her various diets, she had a realization that she had spent years in a constant fight with her body and that another diet or new exercise regimen was unlikely to change that.

Dianne had similar struggles attempting to maintain a smaller size. She said that she had previously been able to attain a culturally idealized body, through more than four hours of exercise a day- a level that is considered dangerous by many physicians. She said:

I was a runner. I used to run marathons and do mini-triathlons. That used to be my life, right? I was focused on getting my five mile run in before work in the morning. My regular fitness routine was 50-miles per week running and to go to the gym on top of that for weight training. When I was doing all of that, I was physically fit and had about 10 percent body fat. But I was miserable. People at work didn’t like me, I remember my husband saying, ‘You’re really stressed all the time, I think maybe you should take up some other hobby or form of exercise.’ And he was right.

Both Dianne and Anna articulated this common theme- a struggle or conflict with their bodies to become thinner. Given the previously noted relative permanence of body fat, this struggle was particularly harmful, as it created a sense of failure. Further, as noted by Vartanian and Novak (2011), internalization of body stigma is related to activity avoidance over time. Thus, the strong relationship between body stigma and PA was responsible for many of participants feeling at odds with themselves and negatively affect their PA experiences.

CONCLUSION

In this study, we explored the stigmatization of those in larger bodies in PA. We found that participants, who all now teach yoga classes designed to be inclusive, had all experienced negative effects of fat-phobia and discrimination. Consistent with previous theorizing (Jacoby, 1994; Herek, 2009), we found support for three separate, but related, manifestations of weight stigma: enacted, felt, and internalized.

Study Limitations, Future Research, and Implications

We designed the current study to give voice to those who had experienced weight stigma, allowing participants to relay their experiences in their own words, which was encouraged by the free-flowing interview protocol. However, the current study is not without limitations. First, participants are all currently involved in running inclusive PA settings- meaning they may be particularly attuned to recognizing stigmatizing experiences. Further, the small sample size limits transferability of findings. That noted, the study design and small sample allowed for richer data and in-depth analysis may have been otherwise possible (Shaw & Hoeber, 2016). Finally, the current sample was predominately female, which may impact the findings of the study given the intersecting nature of societal body expectations and gender. However, in North American yoga, most participants are women and the sample gender representation may reflect the context (Saper, Eisenberg, Davis, Culpepper, & Phillips, 2003). Future work should address these gaps by examining stigma in other settings and with a larger sample.

Ostensibly, healthy PA is available to anyone wishing to participate. Unfortunately, stigmatization serves as a strong barrier to participation of those in larger bodies. Ferdman (2014) noted that
organizations should not be measured in terms of some objective measure of inclusivity, but rather on felt inclusion of participants (see also, Pickett & Cunningham, 2017a). That is, spaces are not inclusive by virtue of their practices and policies per se, but rather because individuals feel that they belong. Regrettably, participants often felt excluded in PA. Enactment of stigma was consistently traumatic pushed individuals further from regular engagement. These findings highlight the need for more inclusive PA spaces, where body diversity is celebrated and everyone is encouraged to engage in healthy movement.

References
Boero, N. (2007). All the news that’s fat to print: The American “obesity epidemic” and the media. Qualitative Sociology, 30, 41-60.


