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Physical Activity for Every Body: A Model for Managing Weight Stigma and Creating Body-Inclusive Spaces

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ABSTRACT
Modern cultural idealizations of thin bodies have created a climate in which fat individuals are stigmatized in physical activity spaces. Given the unwelcoming climate of these spaces, many individuals are unlikely to engage in and benefit from regular physical activity. As such, a new model for physical activity spaces is needed to engage and retain a largely marginalized population. In the current article, the authors give a brief review of the complex relationships among body weight, stigma, health, and physical activity, arguing that the current model underserves larger individuals. Using a Health at Every Size paradigm, the authors then argue for the creation of body-inclusive spaces as a means of encouraging greater participation and outline a model that encourages greater access to the benefits of physical activity to all bodies. Implications for research and practice are discussed.

KEYWORDS
Body weight; health; health behavior; motivation; physical activity; sport management; sport sociology; stigma

Introduction
Modern Western culture is obsessed with body weight; more specifically, obsessed with weight loss. From an early age, individuals are bombarded with messages equating thinness with health and body fat, with any number of negative traits (Gard & Wright, 2005). As such, the weight loss industry remains a multibillion dollar enterprise (Bacon & Aphramor, 2011) that endorses a thinness at all costs model that often sacrifices an individual’s general health and well-being in pursuit of the perfect body. Those in larger bodies continue to report bias in the workplace (Roehling, 1999; Rudolph, Wells, Weller, & Baltes, 2009), stigmatization while in public (Puhl & Latner, 2007), and unfair (and dangerous) judgments surrounding their weight from their healthcare providers (Foster et al., 2003). Individuals with higher levels of body fat are also more likely to experience a number of social psychological troubles, including increased risk of depression and anxiety (Friedman et al., 2005; Myers & Rosen, 1999).

Perhaps the most disturbing element of the cultural obsession with body weight is the fallacious nature of assumptions that thinness is an appropriate proxy for health and that fat is necessarily unhealthy (Gard & Wright, 2005; Gibbs, 2005). There is a growing body of epidemiological research suggesting that body weight is not an accurate or adequate measure of overall health or mortality risk (Arndt, Rothenbacher, Zschenderlein, ...
Schuberth, & Brenner, 2007; Gu et al., 2006; Waaler, 1984). While each of these studies indicates increased mortality associated with extreme levels of adiposity, many found that those that fall in general overweight and lower level obese categories often outlive their underweight or normal weight counterparts. In fact, a meta-analysis of 26 body fat studies found that there is a small protective effect in being overweight; that is, overweight individuals (across all studies) lived slightly longer than normal weight individuals (McGee & Diverse Populations Collaboration, 2005). This research suggests that body weight is far more complex than the oversimplified model of “calories in versus calories out” implies, and that using body fat as a primary health diagnostic mechanism only obscures other larger health concerns.

This obsession with weight, per se, has developed societal norms and values that continue to prize thinness and allow (and even encourage) fat shaming, where fat\(^1\) individuals are scrutinized constantly and judged for their health-related choices, face discrimination from both strangers and loved ones, and are made to feel guilty for their bodies (Puhl & Brownell, 2006). Understandably, fat individuals therefore report high levels of self-regulatory behaviors, engage in various coping mechanisms, and experience a number of negative psychological effects of this stigma (Puhl & Brownell, 2003).

Perhaps unsurprisingly, weight stigma leads many individuals to avoid physical activity (PA) altogether (Ball, Crawford, & Owen, 2000; Storch et al., 2007; Vartanian & Shaprow, 2008). PA spaces are often seen as places designed for, and accepting of, only thin or muscular bodies, which serves as a psychological barrier to participation for those with (or perceiving themselves to have) larger bodies (Schmalz, 2010). Those who do not fit these cultural body idealizations often face even greater stigma in PA spaces than elsewhere, which largely stems from assumptions that fat individuals are not physically capable in activity settings. When these assumptions are adopted both internally and externally, individuals may subsequently avoid PA and exercise spaces (Schmalz, 2010). This disengagement of fat individuals, coupled with the increased incidence of overweight and obesity, it is argued, necessitates a new paradigm in PA that seeks to include and extend the benefits of movement to all.

In response to this cultural obsession with weight loss, a movement called Health at Every Size (HAES) has developed, encouraging healthy behaviors while remaining explicitly neutral with regards to body fat. That is, the HAES model acknowledges the multifaceted nature of body weight, with its many cultural and physiological intersections, and therefore encourages practitioners to focus on different measures of life quality and maintain a healthful lifestyle, letting body weight fall where it may (Bacon, 2010). Parts of this plan include acceptance and appreciation for one’s body, however it looks, and engaging in healthy practices to maintain that relationship (Burgard, 2009; Robison, 2005). HAES practitioners are encouraged to engage in PA that is enjoyable, healthy, and, most importantly, sustainable. Often referred to as active embodiment (e.g., Bacon &

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1Use of the term “fat” in this manuscript is designed to emphasize its inherent descriptive neutrality. This term is not meant to be (nor is it) offensive. Earlier literature suggests a return to the neutral use of the term, similar to dichotomous descriptors such as “tall” and “short” used to describe relative height. Positive euphemisms (“hefty,” “plump,” etc.) imply a forced positivity on an individual’s body type and are, therefore, not suggested. For a more complete explanation of fat terminology, see Wann (2009, p. xii).
Aphramor, 2011), this type of activity is central to the holistic and healthful set of practices encouraged by the HAES paradigm and explicitly does not focus on achieving a particular body type of reducing body fat for its own sake.

Thus, this article serves to first explain the problematic and complex relationships between fat and PA. We argue that explicitly body-inclusive environments reduce feelings of stigma and shame that often pervade PA outlets. Further, the inclusive and non-weight-loss/pro-health focus of these spaces can be instrumental in developing a sense of community and attachment to the activity for participants. Together, the absence of many of the traditional barriers to activity combined with a positive social and physical experience, are likely to encourage new membership, continued PA adherence, and better overall physical and psychological health for participants. Therefore, a model is presented, outlining several key components of body-inclusive spaces, designed to connect those currently marginalized in the PA context with the long-term, health-related outcomes of participation. Finally, the managerial and research implications of the model is discussed.

**The problem: Weight stigma and PA**

Stigma, which is generally defined by the negative affective associations felt and acted upon an individual based on one or more of their personal characteristic(s), is prevalent against fat individuals (Brewis, Wutich, Falletta-Cowden, & Rodriguez-Soto, 2011). This is problematic, as stigma separates individuals into distinct categories, each receiving differing levels of socio-political and cultural power based on group affiliation (Link & Phelan, 2001). Thus, fat individuals are relegated to a lower social status by virtue of their body size alone. Further, body weight stigma is enacted at both societal and individual levels. That is, prejudice and discrimination against fat people remains socially acceptable, largely due to perceptions that body weight is entirely controllable and that fatness is self-inflicted and inherently negative (Friedman et al., 2005). At the societal level, fat persons face a constant barrage of messages telling them that their bodies are unacceptable, unattractive, and unhealthy (Boero, 2007). Those in larger bodies often report having experienced staring, negative comments from both adults and children, being excluded or avoided, and physical barriers to their participation in common activities (Puhl & Brownell, 2006). At an individual level, Puhl and Brownell (2006) found that weight stigma often begins with trusted individuals or close relations, such as doctors, family, and friends. In many ways, the perception that fatness is optional often allows prejudicial ideas and discriminatory actions to be couched as helping, encouraging, or tough love.

Body weight stigma is particularly prevalent in the PA context, given the current body idealization climate. Unfortunately, gyms, PA classes, and fitness centers are spaces where fat people can experience the highest levels of judgment, shaming, and avoidance (Cardinal, Whitney, Narimatsu, Hubert, & Souza, 2014; Curtis, 2008). As examples, personal trainers exhibit an unconscious preference for working with thin clients rather than overweight clients (Dimmock, Hallett, & Grove, 2009) and physical education teachers often exhibit anti-fat attitudes (Greenleaf & Weiller, 2005). Real or perceived, such judgments can lead to negative self-evaluation for fatter people in a fitness context, which have a number of negative behavioral and affective outcomes.

This tenuous relationship between fat and PA has led many individuals to avoid PA altogether. Vartanian and Shaprow (2008) found that participants in their study that had
experienced weight stigma were more likely to avoid exercise, regardless of actual Body Mass Index (BMI). This suggests that the stigma of fatness actually has a stronger effect on activity participation than weight itself. Further, Vartanian and Novak (2011) argued that internalization of societal messages about weight was strongly related to exercise avoidance. That is, individuals who personally endorsed anti-fat sentiments reflected in society were more likely to avoid exercise. Similarly, Crawford and Eklund (1994) found those with concerns related to physical presentation of body weight, are less likely to exercise in public spaces, which was not surprising, given the levels of stigma often found in public exercise facilities.

Given the stigma surrounding body weight in PA, many individuals seek to begin exercise regimens at home, in private, before engaging a more public exercise space (Lantz, Hardy, & Ainsworth, 1997; Spink, 1992). This is important for two reasons. First, it demonstrates that those in larger bodies, despite experiencing stigma and its resultant anxiety, still do desire to engage in PA at some level, whether for health, weight loss, or the simple joy of moving. Secondly, it illustrates that many of these individuals choose to undertake life changing fitness regimens alone, in the privacy of their own homes. Unfortunately, those who engage in fitness programs at home are more likely to quit and expend less energy per training session than those that participate at a fitness center (Cox, Burke, Gorely, Beilin, & Puddey, 2003; Cyarto, Brown, Marshall, & Trost 2008). Essentially, the notion that one should be thin before going to the gym sets fat individuals up for failure. Therefore, it is argued that a new model of inclusive spaces is needed that celebrates body diversity and welcomes those in larger bodies openly, thus helping to (re)engage these individuals into PA.

The need for inclusive spaces and activity for all

PA, regardless of body size, has a number of important health benefits, such as reduced risk of certain diseases and conditions and improvements in mood and psychological state (see, for example, Blair, Shaten, Brownell, Collins, & Lissner, 1993). These benefits occur for everyone and, therefore, medical and public health officials recommend that everyone engage in as much PA as is safely and logistically possible. It follows, then, that within the HAES paradigm, PA outlets should be welcoming and inclusive of everyone, rather than a select set of thinner clientele. Mansfield and Rich (2013) argued for what they term physical activity at every size (PAES), calling for: “an alternative to weight loss and anti-fat models that create inclusive movement environments, defined and enjoyed by participants and based on intuitive engagement with bodily activity irrespective of body size and shape” (p. 366). Unfortunately, many fat individuals remain hesitant to engage in traditional PA settings perhaps due to the experiences of stigma and discrimination they face.

Kasser and Lytle (2013) noted that creating inclusive spaces in PA is not simply about access; rather, it is about developing a philosophy and culture of inclusion and respect. Ostensibly, the current PA landscape is already accessible to those in larger bodies. To simply place fat individuals in a gym or enroll them in an exercise program, however, would not guarantee their acceptance, adherence, performance, or enjoyment. This is consistent with Ferdman’s (2014) notion of inclusive organizations, as he argues that inclusive practices must be studied in terms of their felt value, rather than an objective
measure of accessibility. That is, individuals must feel included for a program to be truly inclusive, not to simply have access to it.

It is also worth noting that body inclusivity also offers a unique organizational opportunity in the current fitness landscape. That is, organizations most willing to adopt more body diverse policies and messages are more likely to access a largely untapped market segment (Cunningham & Woods, 2011). This is an important consideration, given that organizations are unlikely to change based solely on pro-social values, especially those that oppose a pervasive cultural ideal, such as thinness. Fink and Pastore (1999) noted:

While it would be wonderful for all those in positions of power to recognize the moral and social advantages of diversity, it may not be a realistic goal. Thus, for diversity initiatives to be truly embedded within the organization, those in power must be convinced of diversity’s relationship to organizational effectiveness. (p. 315)

Thus, it is important to highlight more positive traditional management outcomes to the creation of fat inclusive fitness spaces.

Fat individuals are not uncommon or even a numerical minority in many Western cultures. However, the miserably low adherence rates of PA interventions and diet programs indicate that the current fitness landscape is ineffective at reaching and maintaining service relationships with these individuals. Organizations that actively pursue and encourage the participation of the majority of the population stand to gain a considerable advantage in the PA marketplace. Simply put, fitness facilities, as businesses, rely on continued membership of clients as their primary revenue stream. Thus, organizations that are able to engage this untapped market will benefit from the long-term competitive advantage associated with being first-movers (Kerin, Varadarajan, & Peterson, 1992). These organizations should also be interested in maintaining longer relationships with their clients than the traditional failure rates of less than 2 years. Facilities that are able to develop long-term adherence relationships (and resulting membership payments) from this large number of currently underserved individuals are also likely to benefit financially from body-inclusive policies (Shani & Chalasani, 1992).

Therefore, it is important to examine the hallmarks of truly body-inclusive spaces and encourage further testing and development of such outlets. While there are a number of calls for the creation of body weight and fat inclusive spaces in the PA literature, any articles that outline best practices specifically for creating these spaces are not known. Therefore, related literature will be drawn in various disciplines (e.g., sport management, disability studies, social psychology, and education) about the development of inclusive sport and PA organizations across other diversity dimensions in developing a model of body weight and fat inclusive spaces.

**A model for confronting weight stigma through body-inclusive communities**

The current article will outline a number of strategies to enhance inclusion for those in larger bodies in the PA context. It is instructive to present a unified model connecting constructive elements specifically for combatting body weight stigma in PA prior to the discussion of each element. Thus, a model is now presented (Figure 1) for creating inclusive spaces.
The model presented includes six elements that will be outlined later as important in creating truly inclusive spaces for those in larger bodies. Then, it shows that the extent to which a space is inclusive will affect participants’ level of engagement within the Psychological Continuum Model (PCM) (Funk & James, 2001), and therefore, the amount of physical and psychological benefit achieved through participation. While this model outlines a general relationship between each individual’s experiences with inclusive spaces (or lack thereof) and commitment to continued PA adherence, it is important to remember that fatness does not exist in isolation. That is, various other identities that one may hold (e.g., gender, race, socioeconomic status, sexual orientation, physical ability, etc.) may influence the ways that she or he experiences the relationship between inclusion and PA commitment. Therefore, a moderating variable, multiple marginalized identity to the relationship between inclusive spaces and commitment is included. The overarching argument of the current model is that body weight inclusive PA spaces, particularly those that engage in the six factors outlined below and with respect to one’s various other social identities, will lead to increased levels of engagement and, thus, increased overall health benefits for participants.

Creating body-inclusive spaces

Drawing on previous diversity literature in sport, several important factors for the creation of inclusive spaces, with specific consideration to body size is outlined below. While there are several existing frameworks related to the creation and management of diverse sporting spaces (e.g. Chelladurai, 2009; Cunningham, 2009; DeSensi, 1995; Doherty & Chelladurai, 1999; Fink & Pastore, 1999), these models do not specifically address the concerns related to fat stigma in PA. Therefore, the current model is designed to draw from the previous body of literature related to general diversity management in sport, while also integrating several additional factors important to creating specifically body-size inclusive spaces.
Cunningham (2015) outlined several factors that were important to creating change and building a diverse sport organization. In particular, he argued that organizations must value diversity, undergo an organizational analysis, educate employees and stakeholders, have support from top management and leaders, be proactive in hiring diverse individuals to key positions, and integrate a diversity management system throughout the organization. For the current model, several of these as key components of creating specifically body-size inclusive spaces is adopted; in particular, it is stressed that the importance of creating a cultural commitment to diversity and the role of leaders in implementing inclusive policies. Other scholarship in developing an additional four factors to the model of inclusive spaces is then drawn from.

Cultural commitment to inclusion
Kasser and Lytle (2013) noted the importance of moving beyond simple access for a diverse range of individuals and to creating a culture of inclusion, by which each individual is recognized as both unique and valuable. That is, in the PA context, it is important for organizations to ensure that participants are valued and provided for in the space, regardless of body size. Cunningham (2008) defined a cultural commitment to diversity as, “a force or mindset that binds an individual to support diversity” (p. 178). He later operationalized this notion, noting:

The mindset can be reflected in one of three ways: (1) affective commitment, a desire to support diversity because of the value of diversity; (2) continuance commitment, the support of diversity because of the costs of not doing so; or (3) normative commitment, the felt obligation to provide support for diversity. (Cunningham, 2015, p. 281)

Cunningham and Singer (2009) argued that an organizational culture that valued diversity was critical to creating sustainable inclusion. Conceptually related to diversity, inclusion “involves how well organizations and their members fully connect with, engage, and utilize people across all types of differences” (Ferdman, 2014, p.4). Thus, by creating an ethos of inclusion within the organization, individuals are more likely to engage in interpersonal interactions that increase feelings of belonging for participants, such as engaging them in meaningful conversation or providing special accommodations for an individual’s needs without request. Again, drawing from disability research, staff in recreation and activity spaces are crucial to creating a culture of inclusion. Staff members do so by ensuring that spaces are welcoming and step in to ensure that discrimination and prejudicial behaviors are not tolerated (Bedini, 2000).

While the previous literature does not specifically reference body or fat inclusivity, it is argued that the logic of the argument extends to this dimension of diversity in PA as well. That is, just as other demographic dimensions of diversity, such as disability, race or gender, benefit from a cultural commitment to inclusion, so too do those in larger bodies.

Leadership commitment to inclusion
Managers and organizational leaders often set the tone within PA spaces and are crucial in developing an affective commitment to inclusion (Cunningham, 2008; Doherty & Chelladurai, 1999). Leaders transmit a number of messages about the importance of inclusion and serve as role models for others in an organization (Boekhorst, 2015). This is particularly important in the case of body diversity in the PA context, due to the strong cultural biases that disassociate those in larger bodies and exercise activities. That is, the
entrenched nature of documented anti-fat biases in the current PA and fitness landscape will likely make the creation and maintenance of truly inclusive spaces a difficult undertaking. However, leaders, by mandating and modeling inclusive behavior, serve as a highly visible cue to both staff and participants about the value of each individual in the organization. Leaders that champion diversity and inclusion are important in creating change in organizational culture and instilling these values at all levels (Herscovitch & Meyer, 2002).

Physical spaces
Disability researchers have noted the need for inclusive leisure and PA spaces that welcome and include all bodies (Devine, 2004; Jeanes & Magee, 2012). Creating inclusive PA for those with disabilities includes a component of physical space, in which a facility creates the opportunity for participation by removing many of the physical barriers that commonly preclude individuals from joining in (Dunn & Moore, 2005). It is noted, for example, that PA spaces that are inclusive to those with disabilities generally include adapted equipment and accessible restroom facilities (Shelley, 2002).

Similar logic applies to facilities seeking to create more body weight inclusivity, as well. Inclusive PA spaces may have additional or adapted equipment for those in larger bodies, such as support blocks in yoga classes or treadmills with higher weight capacities in fitness centers, which would reduce barriers to participating. Further, the presence of mirrors in a PA space has been demonstrated to increase body assessment and self-monitoring, as well decrease body image perceptions (Radell, Adame, & Cole, 2002) Therefore, inclusive PA spaces would reduce the number of mirrors, large windows, and explicit body weight/weight-loss materials visible in the exercise area. As previously noted, weight loss and appearance-related messages in advertising also increase anxiety related to the body and increase activity avoidance (Berry & Howe, 2004). Finally, hiring those in larger bodies to visible positions in a PA organization can also create a visible, physical representation of body acceptance and inclusion in a space. Sartore and Cunningham (2007) noted that, “by promoting realism rather than idealism in both their hiring practices and their message to customers, the fitness industry can benefit individuals of all shapes and sizes” (p. 189). While changes to the physical space are important to breaking down barriers to participation, especially in terms of signaling who is welcome (and, conversely, who is not) in PA, they are only a starting point in creating inclusivity.

Inclusive language
Language, particularly in terms of the words and phrases used in a given context, has been noted as an important component to diversity and inclusion (Arnesen, Mietola, & Lahelma, 2007). Whether conscious or not, many of the phrases and terms used in conversation create or highlight differences among individuals, thereby creating a linguistic category of “us” and “them” which marginalizes the other. Over time, words can gain cultural significance and connotations outside of a neutral understanding of their dictionary definition.

Across a number of diversity dimensions, language is an important component of creating a divisive or inclusive environment. There are, for example, a number of ways that language has been used to classify individuals that relegated them to inferior, differentiated status. As one example, those with intellectual disabilities have historically
been classified by a number of terms that have fallen out of favor based on changes to prevailing cultural norms and associations with older terms; these include “handicapped,” “retarded,” or “mental deficiency” (Foreman, 2005). Similarly, gendered terminology and sentence structure have changed over time, such that it is, for example, no longer appropriate to use generic masculine pronouns to describe mixed-gender groups as it necessarily relegates women from positions of power and reinforces male dominance (Parks & Roberton, 2002; Sniezek & Jazwinski, 1986). Language has also served to marginalize sexual and gender minority individuals (e.g. the phrase “That’s so gay,” as a pejorative implies inferiority of sexual minorities) and reinforce stereotypes (Weinberg, 2009).

The language of body size has been particularly problematic, as well, as commonly accepted terms reflect and reinforce cultural biases against fat (Wann, 2009). The terms overweight, which implies a proper weight to which all individuals must conform, and obese, which ignores the multifaceted nature of body weight, are both commonly used in the current culture. In the PA landscape, these can be code words for unfit or incapable. For example, absent other fitness information, a personal trainer that encourages a new, fat client to engage in “gentler,” activities or those “for beginners,” is making an implicit linguistic assumption that the individual is incapable of participating in more vigorous classes or does not already engage in fitness activity. Given the many factors that contribute to body fat levels, and the wide range of relative fitness levels across body types, this type of marginalizing language is problematic in creating an inclusive space. Therefore, inclusive language that avoids these pitfalls and power dichotomies is necessary to the creation of inclusive PA spaces.

**Sense of community**

In combatting stigma, Crocker and Major (1989) argued that marginalized individuals often find support, develop pride, and have improved self-concept when among similar others. McMillan and Chavis (1986) explained that, “sense of community is a feeling that members have belonging, a feeling that members matter to one another and to the group, and a shared faith that members’ needs will be met through their commitment to be together” (p. 9). This feeling of belonging has been linked to a number of positive outcomes, including improved overall psychological well-being and increased civic engagement (Davidson & Cotter, 1991; Francis, Giles-Corti, Wood, & Knuiman, 2012). Warner and Dixon (2011) argued that community building was a primary task of sport and PA, especially from an athlete or participant’s perspective. This work was further developed into a multidimensional scale measuring sense of community in sport and PA organizations, which included seven primary tenets: administrative consideration (extent to which leaders care about participants), common interest (shared values and trust among members), competition (between members and externally), equity in administrative decisions (fair and universally beneficial decision making), leadership opportunities (members can influence the community), social spaces (ability to meaningfully interact with others), and voluntary action (members are present due to a personal/intrinsic desire to be part of the community) (Warner, Kerwin, & Walker, 2013).

Unfortunately, Schmalz (2010) noted that cultural beliefs about the temporal and controllable nature of fatness largely preclude the organized formation of such support networks and communities for those in larger bodies. Therefore, it remains important for
organizations to intentionally foster greater ties to and between participants, developing a
more powerful sense of community that encourages long-term commitment and adher-
ence for those in larger bodies.

**Participant autonomy**

Each of the previous components of inclusive spaces followed a largely top-down
approach, in which organizational changes and policies attempt to foster inclusive spaces.
However, it is similarly important to consider the role of participants in creating such
outlets for PA, not only for themselves, but also for others experiencing marginalization as
well. Using the lens of Deci and Ryan’s (1985) Self-Determination Theory, it is argued that
motivation for an activity or learning outcome is maximized when individuals have an
active interest in participating, perceive value in the activity, and have confidence in their
ability to participate without problem.

In the field of education, students with these attributes show higher levels of motivation
and intentionality in learning (Deci, Vallerand, Pelletier, & Ryan, 1991). Further, within the
sport context, perceived autonomy of young athletes can increase intrinsic motivations to
train and improve (Almagro, Sáenz-López, & Moreno, 2010). It follows, then, that PA spaces
should look to empower all members and encourage their autonomy in participating. This is
particularly true for those whose voices are underrepresented in the current PA landscape.
That is, fat individuals should be encouraged to engage in conversations about the ways that
PA spaces are developed and run, allowing them to affect positive and inclusive change in the
organization. Previous research suggests that this level of commitment and buy-in would
result in increased motivation to participate and adherence over time.

**Outcomes of inclusive physical spaces**

To this point, components that make up inclusive PA spaces are outlined. We now turn to
discuss the practical purpose of the model: the outcomes of creating such inclusive spaces.
Using Funk and James’s (2001) Psychological Continuum Model (PCM), it is argued that
inclusive PA spaces will lead to greater physical and psychological well-being of partici-
pants, through increased levels of commitment and adherence.

**PCM and commitment**

As originally proposed by Funk and James (2001), the PCM outlines four stages of
commitment by which sport spectatorship and consumption evolves: awareness, attraction,
attachment, and allegiance. The model was expanded to sport and PA participation
by Beaton, Funk, and Alexandris (2009), who found that participants in an Australian
rugby league and recreational skiing in Greece reached stages parallel to those outlined in
the context of sport spectatorship and fandom. That is, participants became aware of the
league or recreation opportunity and sought information about it, but were not yet
participating themselves. The second stage, attraction, occurred when an individual
began to occasionally participate in the activity, thus meeting needs and achieving limited
benefits of engagement. At this stage, however, barriers (e.g., time, monetary cost, feeling
unwelcome) to participation still affect an individual and her or his decision-making in
committing to regular participation. In the third stage, attachment, these barriers become
less important and participation becomes more regular and consistent. Finally, in the
fourth stage, allegiance, individuals begin to associate themselves with the activity and it becomes part of her or his daily life. At this stage, the individual discounts barriers and dismisses any negative information about the activity, as it is incongruent with the self-activity association.

In the context of PA, it is important to move individuals up the ladder of engagement, particularly for those who are not currently engaged at all. It is important to note that individuals can move in both directions from stage to stage, up and down the continuum, based on a number of factors (Beaton & Funk, 2008). Thus, it is important to not only develop, but also maintain, engagement relationships with individuals over time. Unfortunately, individuals in larger bodies may remain in the first two stages of awareness and attraction, due to the hostile nature of the current PA landscape; however, the documented health and organizational benefits of participation occur largely at the higher levels, where participation is more consistent over time.

Funk and James (2001) noted that the latter stages of the model, attachment and allegiance, are more predictive of actual behavior than the lower stages. Therefore, it is argued that inclusive environments that increase participants’ level of engagement will also increase their commitment and behavioral loyalty to PA. That is, those that are made to feel welcome in PA spaces are more likely to more regularly engage in those activities and, therefore, also more likely to experience the benefits thereof.

**Multiple marginalized identities**

To this point, the model suggests a simple relationship between body weight inclusion and adherence to PA. While this notion is appealing in its simplicity, there is reason to suggest that this relationship is more complex than has been described until now. Given that individuals, in addition to their body weight, also carry a number of other personal identities, it follows that individual and societal body expectations would also vary by individual. Intersectionality, a psychological concept developed out of the multicultural feminist movement, accounts for the ways that individuals’ multiple, overlapping identities, and the power relationships associated with those identities, interact with each other to create a unique social experience (hooks, 1981). At its most general, intersectionality can encompass a large number of identities, including, but not limited to, gender, race, socioeconomic status, sexual orientation, physical or mental ability, religion, age, and body size. Central to this argument is that no single identity is experienced alone. That is, a fat woman of color, for example, does not experience only being fat or a woman or a person of color; rather, she would simultaneously feel the effects of societal power relations related to her body type, gender, and race. Having more than one marginalized identity, often referred to as multiple jeopardy, has been noted as an impetus to inclusion in various sport and PA outlets (Bruening, 2005; Melton & Cunningham, 2012).

With regard to body image and PA participation, a number of these identities could be particularly salient. For example, women more often report extrinsic, body-related motivations to exercise than men do, indicating more salient societal body standards (Egli, Bland, Melton, & Czech, 2011). Women of color, particularly those with lower socioeconomic status, have lower participation rates in PA than White women or men of color, individually (Whitt-Glover, Goldmon, Karanja, Heil, & Gizlice, 2012). Gay men face competing body idealizations, in which both thin and larger bodies are alternatively prized based on the
context (Atkins, 2012). Thus, strategies for engaging and including individuals may be more, less, or differently effective for individuals with multiple marginalized identities.

The work on multiple marginalized identities is important to this conversation because one’s identity could moderate the relationship between inclusive PA spaces and commitment to PA. There is some evidence, for example, that PA interventions are most likely to improve the health of those whose health is poorest—that is, those who need it the most (Lox, Martin Ginis, & Petruzzello, 2014). This pattern has also been observed in organizational settings, where women and racial minorities are most receptive to diversity and inclusion efforts and are more attracted to inclusive organizations than are their majority member counterparts (Cunningham, 2008; Lee & Cunningham, 2015; Martins & Parsons, 2007). In drawing from this research, it is proposed that the relationship between inclusive PA spaces and commitment to PA is likely to be stronger for people with multiple marginalized identities.

**Physical benefits of PA participation**

PA, regardless of body size, has a number of important health benefits, primarily in reducing an individual’s risk for certain diseases and conditions (Blair et al., 1993; Warburton, Nicol, & Bredin, 2006). Physical inactivity has been related, for example, to cardiovascular disease, certain cancers, diabetes, osteoporosis, and osteoarthritis (Warburton et al., 2006). Perhaps more troubling, inactivity is also strongly related to morbidity and mortality (Blair & Brodney, 1999). Conversely, increases in PA have a drug-like effect, reducing the incidence and severity of each of these conditions (Vina, Sanchis-Gomar, Martinez-Bello, & Gomez-Cabrera, 2012). These benefits occur for everyone and, therefore, it is recommended that everyone engage in as much PA as is safely and logistically possible. However, the largest reduction in incidence rates of activity-related conditions occurs for those who are sedentary that become moderately active (Fletcher et al., 1996).

We argue that a more explicitly inclusive environment is likely to improve the behavioral commitment of individuals in continuing to engage in PA. As individuals engage in more regular and vigorous activity, they are also likely to experience the well-documented benefits of doing so. It follows, then, that PA outlets should be welcoming and inclusive of all body types and activity levels, rather than a select set of thinner clientele.

**Psychological benefits of PA participation**

Aside from the physical benefits, PA participation also has a number of positive psychological outcomes as well (Buckworth, Dishman, O’Connor, & Tomporowski, 2013). In their systematic review of PA and mental health literature, Penedo and Dahn (2005) found that those who engage in regular exercise experience improved mental well-being across a number of studies. Similarly, high levels of PA reduce levels of anxiety and depression, while increasing overall mood, regardless of participant sex, socioeconomic status, or age (Stephens, 1988). Further, exercise participation has a positive effect on overall cognitive function (Tseng, Gau, & Lou, 2011).

Just as with the physical benefits of engagement, individuals who are increasingly engaged in PA are likely to receive the psychological benefits of doing so as well. The current article argues that more inclusive PA environments would be useful in increasing the behavioral commitment of larger individuals. PA is an important component for the overall psychological health of individuals, therefore demonstrating the need for more inclusive spaces that encourage regular participation for all.
Conclusions and directions for empirical research

The framework provided here seeks to create a model for new and inclusive spaces that encourage the participation of a group largely marginalized in the current PA climate. Unfortunately, fat individuals experience high levels of judgment for their weight, especially in the sport and exercise context. This is particularly troubling, given emerging evidence about the relative health risks of weight, *per se*, versus those of a sedentary and inactive lifestyle. Rather than focusing on weight loss as a primary goal, it is argued that PA outlets should begin to model themselves to focus instead on healthy activity for participants.

To this end, a HAES-based model to PA in which participants are able to exercise simply as a means to holistic health, rather than the achievement of a particular societally endorsed aesthetic, is encouraged. These spaces should be explicit in stating that weight loss is not their primary focus, but rather that regular active embodiment of individuals and overall health are, regardless to where weight may fall. We argued that leaders in these spaces will remain crucial in developing and modeling inclusive ideas and behaviors, serving as champions for those who are marginalized in the current PA landscape. Further, inclusive spaces spring from a culturally embedded commitment to inclusion for all individuals, including fat persons. PA spaces that are inclusive to all body sizes would remove many of the anxiety inducing and negative elements of physical space, instead replacing them with signals and messages of inclusion. This is particularly important in terms of the language used and accepted within a space, which often unconsciously creates division and exclusion. The development and maintenance of an active and inclusive sense of community is vital in ensuring the individuals feel as though they belong and are valued in the space. Finally, participants should be encouraged to make the space their own and enjoy autonomy in their PA experience. It is suggested that these strategies are likely to develop a more positive participant experience that encourages long-term health and adherence to the program.

As with all models, it is important to empirically test the ways that these ideas function outside of the theoretical realm of academia. Therefore, these dynamics should be examined in the few emerging body positive fitness contexts. Understanding participants’ feelings toward PA, prior history in the fitness and exercise contexts, and experiences in these more inclusive spaces are all important in understanding the relationships and appropriate strategies for engagement between fat and PA. Further, sport managers should be interested in the efficacy of these strategies as both improving health markers for participants (outside of their body weight) and improving their organizational buy-in and adherence, as these are crucial aspects of the sustainability of such programming over time.

Regular PA is an important component to individuals’ overall health that should be encouraged and available for all persons, regardless of their personal characteristics. It is hoped that the creation of more body-inclusive PA spaces and policies will encourage fat individuals who feel marginalized by the current model to engage in PA in a manner that encourages overall health, regardless of body type.

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