

# Experiences of Living with Fat Bodies with Stigma in Poland. An Intersectional Analysis Based on Biographical Interviews

**Beata Bielska** 

Nicolaus Copernicus University in Toruń, Poland

**Anna Wójtewicz** 

Nicolaus Copernicus University in Toruń, Poland

**Katarzyna Mańkowska** 

Nicolaus Copernicus University in Toruń, Poland

DOI: <https://doi.org/10.18778/1733-8077.19.1.02>

## Keywords:

Fatness; Body Experience; Transgender; Biographical Interview; Stigma; Erving Goffman; Poland, Intersectionality; Disability

**Abstract:** The article offers an analysis of living with a fat body and ways of experiencing it in everyday life in the context of stigmatization of this type of corporality. Biographical interviews with fat people of varying socio-demographic profiles were conducted. The analyses show that having a fat body/being fat is generally a stigma that discredits the individual in the eyes of the so-called *normals* based on both physical characteristics and character traits allegedly associated with fatness. The participants mainly medicalize and internalize the stigma of fatness and manage it specifically by passing, covering, and coming out. In transgender people, fatness may never take on the characteristics of a stigma, but instead allows the individual to obscure another stigma or conform to social expectations of appearance in line with the gender identity.

**Beata Bielska** is a sociologist and an assistant professor at the Institute of Sociology of the Nicolaus Copernicus University, Poland. Her main research interests lie in the sociology of sexuality (queer communities and activism) and the sociology of higher education and science (plagiarism and cheating, methodological and ethical problems

in conducting social research studies). She published the book *Potencjał zmiany. Rezultaty działania ruchu społecznego na przykładzie aktywizmu LGBT\* w Polsce* [Potential for Change. Social Movement Outcomes on the Example of LGBT\* Activism in Poland].

**email address:** [bielska.beata@umk.pl](mailto:bielska.beata@umk.pl)

**Anna Wójtewicz** is a sociologist and an assistant professor at the Institute of Sociology of the Nicolaus Copernicus University, Poland. Her main research interests lie in the sociology of the body, the sociology of consumption and consumer culture, and gender studies. She also deals with the methodology of qualitative research, with particular emphasis on in-depth interviews and biographical interviews. Currently, she is conducting research financed by the National Center of Science on men's everyday practices connected with the body.

**email address:** wojtewicz@umk.pl

**Katarzyna Mańkowska** is a cognitive scientist and a Ph.D. candidate at the Interdisciplinary Doctoral School of

Social Sciences (Academia Rerum Socialium), Nicolaus Copernicus University in Toruń. Her research interests extend to two disciplines. After graduating, she became interested in the sociology of gender and sexuality. During research for her doctoral thesis, she deals with developing a psycho-sexual identity considering the gender identity of non-binary people and their cisgender partners. At the same time, for many years, she has been and still is, involved in research on the neural basis of dyscalculia. As part of the current project, she deals with the importance of mathematical game training in shaping mental representations of numbers and the number line.

**email address:** km@doktorant.umk.pl

**The** main objective of the study described in this text is to discuss in a sociological manner the body experience of fat people throughout their lives through the prism of Goffman's stigma theory (1963) and Kimberle Crenshaw's intersectionality theory (1989).

It is a new field of study in Poland, where the medicalizing discourse dominates. The issue of interest to us has only been addressed concerning children by Zofia Boni (2014; 2017). She conducted in-depth ethnographic research. There are no other studies conducted in our interest stream. The project complements this gap in research. In contrast, the experience of the body among fat people has already been partly studied outside Poland (cf., e.g., Joannisse and Synnott 1999; Ogden and Clementi 2010). The project presented here contributes to this knowledge and the knowledge about how transgender people experience fatness—a topic rarely addressed in world literature.

The social science literature, to the extent that it deals with body weight, most frequently describes issues of eating disorders such as anorexia and/or bulimia, as in the case of sociology of the body, or of food in general, as in the case of food studies (Brytek-Matera 2008; Ogden 2011; Józefik 2014; Lavis 2016). The topic of fat people appears mainly in medical publications, where "obesity" is classified as a disease and a problem (Himpens et al. 2018; World Health Organization 2018:20; 2019). The association of "overweight"/"obesity" with disease risks, explicitly expressed in medical publications, is, however, sometimes problematized in the literature (Campos et al. 2006; Bacon and Aphramor 2011; Brewis 2011:22,125). The struggle against "overweight"/"obesity" can, in turn, be analyzed as simply moral panic (understood as social anxiety, a sense of threat to the general public) (Campos et al. 2006; Wann 2009; Ramos Salas 2015; Warin 2015:18-19).

The fact that the slim ideal of beauty is a Western phenomenon has also been discussed (Walden 1985:334; Bell and McNaughton 2007:113-115; Del-

peuch et al. 2009:45; Brewis 2011:96; Brewis et al. 2011:269, 274). It is known that judging fatness is strongly conditioned culturally. Globally, increasing numbers of people are classified as “overweight” and “obese,” the majority in the wealthiest countries. The phenomenon of the spread of “obesity” around the world, called “globesity,” is strongly linked to industrialization and urbanization (Delpeuch et al. 2009:46-50; World Health Organization 2018). The number of people categorized as “obese” is highest—in descending order—in the Pacific Islands, the Middle East, the USA, Canada, Mexico, the Caribbean, and parts of South and Central America. Only Sub-Saharan Africa does not see a surge in obesity statistics, probably due to the hunger problem still present in the region. European countries rank in the middle of the scale (Brewis 2011:274). In Poland—where we conducted the study—more than 20% of people are classified by the World Health Organization (WHO) as “obese” for men and women (Himpens et al. 2018:13).

The situation in Poland after the Second World War (official socialist ideology and the economy of scarcity) was not conducive to the interest in the body. At the end of the 1980s and the beginning of the 1990s, the country underwent a political transformation from a socialist to a capitalist system and from an authoritarian to a democratic one. Many aspects of social life underwent increased (though also previously present) westernization, including the spread of the influence of slimness as the beauty ideal. During and after the transformation period, the mass media played a massive role in the growth of interest in the body and appearance. A Western-style magazine market began to function. Fashion and image magazines appeared in the publishing market. Similarly, TV programs and TV series (Polish and foreign) in which carnality was

exposed and discussed came up. According to Beata Łaciak, who researched media messages in popular magazines and TV series in the post-transformative period, the topic of a slim figure dominated. The articles covered women and men. Focusing on a perfect figure was presented as a duty. An analysis of the series showed a pattern that a fat body is more of a problem for a woman than for a man. For example, female characters from TV series do not eat sweets or are constantly on a diet. The pursuit of the media ideal of beauty has become one of the reasons for the increase in the number of various types of eating disorders. At the same time, paradoxically, anorexia and bulimia have become media topics. The subject of obesity has also started to gain popularity. In the 1990s, the media began calling “overweight” people “fluffy.” People who “accepted their weight” were the heroes of articles in the tabloid press. In recent years, body trends have been moving towards physical activity and fitness. The body-positivity movement is gaining popularity. There are plus-size models and fat people in various roles in the media. However, the discourse still oscillates between accepting and medicalizing the fat body (Łaciak 2006; Wójtewicz 2014). Social and technological changes have also meant that bariatric surgery is performed with increasing frequency in Poland (Wałędziak et al. 2019). This is, in fact, an international trend (Welbourn et al. 2019).

## Theoretical Framework

The theoretical part includes explaining our paradigmatic approach, conceptualizing crucial terms, and describing theoretical frameworks. The project was conducted from the philosophical perspective of feminist objectivity (Haraway 1988), the tradition of qualitative research in sociology (Denzin and Lincoln, 2017), and fat studies. The terms used

reflect these choices. We analyzed the data using Goffman's stigma theory and Kimberle Crenshaw's intersectionality theory.

Our paradigmatic approach—understanding, oriented to the individual's way of experiencing the world and giving voice to the participants—is reflected in the language. The term “fat person” is used as non-medicalizing and most in line with the contemporary directions of international fat studies research (Puhl, Andreyeva, and Brownell 2008; Cooper 2009; Rothblum and Solovay 2009; Wann 2009:xii; Bacon and Aphramor 2011; Cawley 2011; Hardy 2013:7-8; Saguy 2013:19). We employ it for three reasons. First, it is descriptive rather than normative. Secondly, it is how people partaking in the fat/size-acceptance movements seek to reclaim a stigmatizing term and talk about themselves. Thirdly, the non-pathologizing approach allows for richer data to be collected and retrieval of what is systematically overlooked in other streams of literature, such as the positive aspects of fatness (cf. Monaghan 2005).

It could be questioned whether the voice should be given to people living with fat bodies in an academic article and by academics. We present two arguments supporting our choice. First, one of us is a fat person herself, and she initiated this research project. She intended to present another perspective in the strongly medicalized scientific discourse about fat people in Poland. Second, one of our participants, an activist fighting against discrimination against “obese” people, supported our project. She specifically stated that social research about this kind of discrimination is needed and was interested in presenting our results in her organization and the media. She believed it could support her work as an argument in the social debate about “obese” people. Therefore, we believe the voice of our partic-

ipants would be heard not only by other academics but also activists, journalists, and politicians. To our best intention, it would help tackle the discrimination against fat people.

In contrast to the scientific and political context presented above, “obesity” is not treated as a disease in our article. For us, it is a bodily feature around which meanings are constructed. Fatness is, thus, one of the manifestations of bodily diversity among people (Wann 2009:ix-x). The people we study are embodied social actors, not passive recipients of medical classifications (Monaghan 2005:83). A “fat person” is understood here as a person who feels fat (individual, psychological aspect) and is perceived by others as fat (social aspect) (see the sampling criteria in the methodological section). Apart from the term “fat person,” “fatness” and “fat body” are used interchangeably.

As “transgender,” we understand people who do not identify with the sex assigned to them at birth. In this text, we use terms such as “transgenderness,” “transgender experience,” and “being a transgender person” interchangeably. Gender identity, gender expression, and gender social roles are for us different aspects of gender.

The theoretical analysis is based on two interpretative frameworks—the intersectionality theory by Kimberle Crenshaw (1989) and the stigma theory by Erving Goffman (1963). These two perspectives allow us to analyze fatness as a potential stigma and the process of living with a stigma. They also enable an intersectional view of other features related to the stigma experience and their relation to fatness.

We understand the use of the intersectional perspective primarily to think about data and the re-

relationships between them. Although there are various personal features among our participants, it is the way of perceiving the interactions between these features and analyzing relationships with fatness that allow us to name it the intersectional perspective (Crenshaw 2010; Cho, Crenshaw, and McCall 2013). In this study, other than fatness, there are features such as gender identity, transgender experience, and disability. The group differentiation regarding gender identity and the transgender experience was intentional and consistent with the purposive sampling. The topic of disability was not the result of purposive sampling, but it was included in the analyses as an essential perspective of the relationship between fatness and disability.

Crenshaw (1991) distinguishes three types of intersectionality: structural, political, and representative. Structural is characterized by relationships between differentiated features regarding social subordination and dependence (e.g., social class, gender). Political is about the relationship between features, at least one of which plays a politically significant role. Representative is related to the representation (both in quantity and image) of a given group in the media space and how this representation affects the group's interests. In the case of our analysis, we are dealing primarily with structural intersectionality.

The analysis is also based on the theoretical framework of the stigma. The theory of Erving Goffman (1963) is well rooted in fat studies (Monaghan 2017), and its interpretative potential for understanding the experiences of individuals, in our opinion, is not diminishing. According to the author of the theory, stigma is the type of attribute that is deeply discrediting. These are the visible features that emphasize negative differentiation (Goffman 1963:12). Goffman distinguishes three types of stigma: physical, char-

acter, and "tribal" (Goffman 1963:4). In our article, stigma is understood as the characteristic of an individual that is socially noticed/distinguished and about which the individual is treated differently (usually worse) than *normals*.

The terms *norms* and *normals* frequently appear in Goffman's text. He does not explicitly define the term *norm*. However, inferring from the context, it can be assumed that he considers the *norm* to be a set of behaviors that characterize *normals*. "We and those who do not depart negatively from the particular expectations at the issue I shall call the *normals*" (Goffman 1963:14). Therefore, the normals are a group that does not have any stigma-like features and does not experience negative consequences. Additionally, Goffman treats the category of *normals* in a binary way. One is or is not normal. Stigma experience may exclude from this category. At the same time, in the author's opinion, *normals* are the majority category, often writing "we" as the default group of people representing the *norm*. We decided to use this term only as understood by the author.

In addition to the stigma category itself, in the analysis, we also apply two strategies for dealing with the stigma described by Goffman and one added by Cat Pausé. In the course of a moral career, that is, the relatively common biographical experiences of individuals experiencing a given stigma (Goffman 1963:32), the individual, according to Goffman's typology, can manage information about stigma in two ways—through passing and through covering. Passing is understood as a process of "the management of undisclosed (and potentially) discrediting information" (Goffman 1963:42). Covering, in turn, is the process of not hiding but diminishing the role of the stigma and relieving tension in social inter-



actions (Goffman 1963:102). Pausé, following other authors' footsteps in analyzing the experience of fat people, proposes to add the third strategy to this enumeration—coming out (Pausé 2012; Sedgwick 1994). She points out that Goffman's analyses preceded the emergence of freedom movements, hence the lack of description of this type of reaction. In our view, coming out is analyzed (though unnamed) by Goffman as a final possibility of ending the process of passing (Goffman 1963:100). Coming out is, thus, the voluntary disclosure of stigma, that is, the transition from the position of a discreditable person to that of a discredited one (Goffman 1963:100), but on one's terms.

## Methodology

This article is based on data generated in the project "Experiencing Body by Fat People," which aimed to analyze how fat people experience their bodies (including the experience of possessing the stigma). Between October and November 2018, we conducted six biographical interviews with elements of an in-depth interview. It is accepted that in the exploratory stage of biographical research, the sample is small, but diverse. We focused on deepening case studies, not on completing a group that would allow us to generalize conclusions. We assumed that the fatness experiences are unique. Each person develops a different relationship with their body, has a different history of body size, and has different needs and expectations. Therefore, the diversity of participants and their life experiences was crucial in selecting the sample (Froggett and Chamberlayne 2004; Köttig 2008). We assumed that this would allow us to capture the limitability and multidimensionality of the thickness experience. The interviews were conducted in Polish, inside the territory of Poland.

Biographical interviews are an acknowledged way of exploring the experience of individuals (Strauss et al. 1997; Schütze 2012; Wengraf 2012; Fischer 2000), accompanied by the so-called cumulative mess (Riemann and Schütze 2013:408). Not all respondents can construct a comprehensive biographical story, so we used the individual in-depth interview (IDI) as a supporting technique. The flexible format and the long duration of the meetings allowed us to explore and subsequently analyze ways of experiencing the body and access to the participants' feelings and circumstances and significant moments in the life course related to being/becoming fat.

The research tool consisted of instructions for the biographical interview and IDI, a sheet for the projective technique—the Figural Rating Scale (FRS) (Brewis 2011:156)—and an observation note made after the interview. The FRS was used in an atypical way: as a supportive projection technique rather than a quantitative scale. We wanted to present images to our participants to focus their attention on the image of the body (in this section of the research tool) and help them formulate answers. The data from the FRS are not analyzed in this article. We used different techniques as elements of the methodological triangulation, which gives a "fuller picture" (Silverman and Marvasti 2008:86) of the phenomenon under study. The research tool was not pilot-tested. The informed consent was obtained verbally, then repeated and recorded before the interview.

The first part of the meeting with the participants took a typical form of a biographical interview (Chase 2009:17-18; Goodson and Sikes 2017; Golczyńska-Grondas 2019:186). They were asked to tell their life stories from the perspective of experiencing the body. In the second part of the interview (within

the IDI), we asked about issues that did not appear in the biographical story. The instructions for this part were based on Katarzyna Kowal's (2015; 2018) scheme of experiencing the body in three aspects: as a material entity, concerning the "I" (who am I?), and in relation to objects and people. This allowed us to capture the process of identity distancing from the body and the process of building unity with it.<sup>1</sup> Kowal's scheme is comprehensive and includes many aspects of experiencing the body. After the initial analysis, we discussed the results and concluded that the theoretical framework of stigma theory could be used to analyze further, interpret, and explain the phenomenon under study (experiencing the fat body). The stigma theory was not, however, used to design the study.

Researching fat people is associated with specific difficulties, including the researchers' positionality as thin/fat (Lloyd and Hopkins 2015; Ioannoni 2019). In an intersectional research project, other characteristics could also play a role. Therefore, we present here our gender identity, (dis)ability, and (according to the COREQ guidelines [Tong, Sainsbury, and Craig 2007:351]) credentials, occupation, experience, and training. The fieldwork was designed and conducted by two researchers holding a Ph.D. in sociology—one of them described herself as fat and one as thin. Both of these researchers had more than

10 years of experience conducting qualitative and quantitative social research and were employed at a public university. They specialize in the sociology of the body and the sociology of sexuality. The analysis was conducted, and the article was written by these two researchers and a Ph.D. candidate from the same university specializing in transgender studies. She held an MA in cognitive sciences, had experience in a scientific project in psychology, and described herself as thin. None of the authors described themselves as a person with a disability. All of them were ciswomen.

Conducting biographical interviews about body experiences was challenging for us. Our participants revealed very personal and intimate information about themselves. The stories were sometimes painful, and we struggled with adequate reactions to them. We tried to be very empathetic. To avoid secondary trauma (see, e.g., Močnik 2020), we discussed the interviews with each other after conducting them. We also wrote down our impressions and feelings in observation notes. One of the interviewees is a non-fat person, but she experiences weight changes due to chronic disease and has to take medications (e.g., steroids). For her, the situation of an interview had always been challenging. While trying to accompany our participants when sharing their experiences, she could not stop thinking about her condition. She thought about the possible consequences of long-term treatment and changing the status of a *normal* person into a stigmatized one. The third writer did not participate in the interviews, so she was not touched by the emotions of conducting them. When studying transcripts and analyzing them, the narratives of transgender people resonated most with her. They seemed more familiar and personal due to the writer's experiences with transgender life stories. During the interviews,

---

<sup>1</sup> Kowal's concept, which she uses to analyze the experience of the body after transplantation, can be used to analyze the experience of the body in other contexts. This concept is based on the dilemmas and questions—crucial for the sociology of the body—related to being a body and having a body, and constructing identity through the body (Jakubowska 2009; Shilling 2010; Cassam 2011; Tsakiris 2011; Wójtewicz 2014). The context of the hand transplant is secondary here. In our case, such a "foreign body" might be a fat tissue. Further analyses (not included in this article) have shown a more complex picture of the relationship with the body in the participants' biographies, including many threads related to its materiality (Hoffman-Riem 2012; Warin 2015), for example, after bariatric surgery, concerning disability, or gender transition.

we sought to spare the participants from secondary traumatization and used assurances of confidentiality, post-interview stabilization through conversation, and the opportunity to review and revise the transcripts (Riemann 2000; Merrill and West 2009).

The study included people describing themselves as “fat”/“overweight”/“obese”/“plump”/“plus-size” (but declaring themselves as not suffering from anorexia or bulimia). Self-description was the main sampling criterion. We decided to use BMI (above 30 at the time of the study or in the past) only as an additional criterion to have a sample of pretty homogeneous people in terms of (changes in) body size. Behind this was the ontological and epistemological assumption that their experience is embodied and cannot be wholly separated from the material body.

By using the BMI criterion, we excluded three groups of people. First, those who may feel fat due to buying large clothing sizes due to above-average height (cf. Lloyd and Hopkins 2015:306). Second, people who are classified as “overweight,” but not “obese.” Third, people who may feel fat, but are not classified as “overweight” or “obese.” Groups two and three require further explanations. Although groups two and three may feel fat, they are not in the same position as people medically classified as “obese.” The “overweight” people are not as strongly medicalized as “obese,” and those of standard shape and size are not medicalized in the way described in this article. Additionally, both of these groups do not meet the same physical obstacles in their experience as “obese” people. Especially people on higher scales of “obesity” will, for example, go to the shop and will not find any clothes to measure, they will not be able to fit into a chair in the cinema, or they will feel the edges of a chair. On the contrary, many women of standard shape and size who feel fat be-

cause of the Western beauty ideal (sizeism) can still find many clothes in a store to measure, and they will fit into almost all chairs. People classified as “overweight” are obviously in between. The body experiences of these groups of people would require a separate study.

We are aware that BMI is not an ideal criterion; the BMI=30 does not constitute a sharp distinction between different experiences, and that BMI does add a part of the medical perspective to our research. Considering all the arguments mentioned above, we decided to use BMI as an auxiliary criterion, but not the only one intentionally.

The sampling was purposive, with demographic variables taken into account (Goodson and Sikes 2017). It is justified by the tradition of research into gender and corporality, which indicate that these are important factors that differentiate body experience (Bell and McNaughton 2007; Kwan and Holtom 2019). We interviewed four cisgender people (two women and two men) and two transgender people in the process of transition (one male and one female);<sup>2</sup> two in rural areas, two in a medium-sized city (population of 200,000), and two in a huge city (population of over 500,000).<sup>3</sup> This allowed the experience of corporality to be framed by the category of increased visibility (being ‘in the public eye’ in the countryside) and invisibility (in the huge city). The differentiation in terms of gender identity was especially important to us because it is closely related to

<sup>2</sup> We are concerned with the broad spectrum of transgener-ness, the diversity of gender identities, and the needs associated with it. When we refer to transgender people, we mean only people with gender experiences similar to the biographies of our narrators.

<sup>3</sup> Size of the locality according to the criteria adopted by the Polish entity for official statistics—Central Statistical Office (GUS).



the experience of the body. Including transgender participants allowed us to broaden our perspective and show the gendered body experience from not only a cisgender point of view.

We contacted the participants through our extended social networks (we did not interview close friends, colleagues, or family of any of us) and the media (we found an article in a paper about one of our participants—Irena). The first author of the paper conducted three interviews (two people had known her

before the study commenced), and the second author also conducted three (none of them had known her before the study commencement). The participants were approached directly by e-mails and/or messages on social media. None of the people who were approached refused to participate. The experience of possessing the stigma was not a prerequisite to participating in the study. We asked about it in a more neutral way later, during the interviews (e.g., “how did you experience,” “what were your relations with,” “what did you feel”).

**Table 1. Demographic characteristics of participants**

Sampling Criteria					Additional Demographic Data				
	Pseudonym	Gender Identity	Transgender Experience	Place of Residence	Age	Education	Occupation	Current BMI	Relationship Status
1	Anna	F	Yes	village	30	vocational	unemployed	32	single
2	Grażyna	F	No	medium-sized city (population of 200,000)	38	higher	white-collar	48	married
3	Piotr	M	No	medium-sized city (population of 200,000)	37	secondary	pensioner	26	married
4	Irena	F	No	huge city (population of over 500,000)	47	higher	white-collar	29	single
5	Tymek	M	Yes	huge city (population of over 500,000)	30	secondary	white-collar	38	LAT* relationship with a woman
6	Robert	M	No	village	31	higher	white-collar	36	married

\* LAT—Living Apart Together.

Source: Self-elaboration.

Due to his need of caring for his wife, the interview with Robert was conducted via Skype; with others, it was conducted face-to-face. The children and wife were present during the interview with Piotr. The flat was too small to isolate the interview situation

completely, and Piotr is in a wheelchair and finds it difficult to leave the flat. Other interviews were conducted at the participants’ homes (Anna, Irena), at work (Grażyna), and in a restaurant (Tymek). These places were chosen by our participants.

The interviews lasted between 120 and 203 minutes. Their conduct did not require ethics committee approval (Surmiak 2018: paragraph 53).<sup>4</sup> They were audio-recorded. The transcription was outsourced to an external company and controlled. In compiling the data, we used Atlas.ti software. The analyses involved coding and categorization of meanings, condensation of meanings, and interpretation of meanings. We included elements of language analysis and theoretical analysis (Kvale 2007:104-119). The coding tree was based—as was the research tool—on Kowal's scheme of experiencing the body.

In addition, 2-3 page biographical notes/summaries (Merrill and West 2009:135) were prepared for each participant based on events of significance in the individuals' lives (e.g., the birth of children, receiving a diagnosis of illness, changing jobs) and on facts about the body (e.g., weight loss/gain, starting/ending a diet). These events were chosen by us. We chose events that are typically (for the major population) turning points in the life course and the facts that were crucial for our study. Therefore, these events were similar for our participants. We also distinguished turning points understood as meaningful, important, and personal experiences resulting in an identity change, a life's turning point, and a transition (Reimer 2014:4-7). The

<sup>4</sup> This project was not financed by an external grant institution. In such circumstances in Poland, the approval of the relevant research ethics committee is not required. Therefore, we did not seek it. There are still few research ethics committees that operate in Poland (Surmiak 2019) and they take the formal/controlling role (accepting/rejecting a proposal when someone applies for a grant) and not an advisory one. Non-funded research is not regulated by any national or local guidelines. There are, however, codes of ethics of specific disciplines, and this project was conducted following the Code of sociologists' ethics of the Polish Sociological Association (2012).

biographical notes, unlike the interviews, were merely factual and encyclopedic. It means that we did not cite our participants if it was not necessary to understand an event. The biographical notes were organized chronologically (in participants' life years). We minimized the usage of adjectives. If necessary, we marked if the participant viewed something positively, negatively, or with ambivalence. If we could not determine when an event had happened, we placed it at the end of the note. We used subtitles. The biographical notes helped us deepen our understanding of the individual stories and facilitated comparisons between them in a technical sense.

## Results

### Types of Stigma and the Participants' Experience of Its Visibility

Having a characteristic or being treated in a certain way can foster a particular position in society and be the basis for building a specific identity. This text looks at the stigma of having a fat body/being a fat body,<sup>5</sup> that is, the first type of stigma identified by Goffman (physical). We

<sup>5</sup> We use the term being a fat body/having a fat body to refer to the fundamental and ongoing discussion (especially among body sociologists) about the ontological status of the body. The relationship of the individual with the body is still being analyzed by researchers, and, at the same time, the body is the basis of our experience of the world (both for researchers and participants). Of course, we are not talking about dualism in the Cartesian sense with its outer object body and inner mind. Rather, we are closer to the approach initiated by phenomenologists who were interested in the issue of experiencing the body and rooting consciousness in the body (Grosz 1994; Merleau-Ponty 2001; Cassam 2011). We decided to use such a notation because of how the participants talked about their embodiment. They used both terms—"I have a fat body" and "I am fat / I am a fat body." This issue is principally concerned with the relationship between the body and the self and identity formation through the body and is discussed in this article primarily in the context of stigma.

also consider more contemporary findings on the perceived relation between character traits and being fat—the character stigma (Pausé 2012:44; cf. Brink 1994). When among *normals*, the bearer of fatness stigma can, at most, as Goffman (1963:41) puts it, behave as if the distinguishing feature were unnoticeable and unimportant. However, the stigma we are dealing with is indisputably visible. Concerning fat people, the doubt Goffman pointed out about the knowledge of stigma, the need to ascertain whether we are dealing with a stigma bearer is also absent. Fatness is a stigma that has a crucial impact on social interaction—becoming the basis for constructing the individual's identity by the environment (Goffman 1963:48-51; see also Scott 2015).

### *THEY Look at Us*

In the participants' narratives, the theme of the visibility or even hypervisibility of the fat body is clearly present. It resounds in the words of 37-year-old Piotr, who is a person with disabilities (as a result of cerebral palsy, he has problems with walking and uses a wheelchair):

Thanks to this [fat]<sup>6</sup> body on us... they watch us, they look at us. They see us as our body is, too, yes...It is something through which they judge us, whether good or bad... the body... it is something that defines us. [Piotr]

Piotr is a person doubly discredited by visible stigma due to co-occurring fatness and disability. However, an analysis of his experiences indicates that it

is the visible disability that is the primary stigma: "Because what else can be... what else can happen to me that will be more visible than this wheelchair... the wheelchair is already kind of a part of me, I've grown into it" (Piotr). An important memory of Piotr is the situation that happened to him and his mother while he was undergoing one of his therapies. Another woman criticized his mother for still carrying such a large boy in a stroller. This equipment seems to be more of a problem for him throughout his life than a fat body. Fatness is obscured by it and reveals itself in specific contexts such as, for example, a visit to the doctor. However, always in connection with a disability. Piotr himself, weighing about 100 kilograms as a teenager, simply masked his appearance with baggy clothes. Only the traumatic experience of his mum's death (when he was 16) made him think about the need to lose weight. Piotr began to care about both his health and the increase in physical attractiveness (he became interested in women). Not without significance was the need for greater independence, when Piotr's life lacked his mother, who cared for his well-being to the fullest extent. Nevertheless, comparing the experience of being fat with a disability is the basis of stigma in Piotr's life. Being fat makes it even more complicated (it increases the stigma). Nowadays, Piotr is aware of this, and he uses diets when he notices a danger, in his opinion, an increase in body weight. He and his wife ensure that their sons eat healthy food and are physically active.

Unlike Piotr, Anna is partly able to control information about one of the stigmatizing characteristics, transgeneriness. Here we have a unique interaction between two characteristics (transgeneriness and fatness) and the stereotypes accompanying them. Anna's environment does not perceive fatness itself as a particularly shameful trait. Still, the reality of

<sup>6</sup> Notes in brackets are additions made by the authors of the article to improve the clarity of the quoted statements.

transphobic Polish society (Winiewski et al. 2016:63-80)<sup>7</sup> makes the narrator's fatness something more visible when her transgenerness is revealed. She is no longer perceived as a fat woman (cf. Saguy and Ward 2011:13-14). Using Goffman's language, Anna's otherness, which is not immediately visible but can be revealed (transgenerness), combines with the different visibility of her other characteristic (fatness). Her transgenerness increases the stigma of fatness.

Most people say I shouldn't say I'm fat at all. Of course, as long as I don't say that I am transsexual, because then I am immediately fat for them...It is usually men...who are looking for a partner; for instance, they chat you up online...And when you speak frankly about yourself, the reactions are usually brutal in this way, "You fat tranny." [Anna]

In turn, Irena states: "the biggest curse of our illness is that you just see it, well, if it wasn't visible, nobody

<sup>7</sup> The situation of transgender people in Poland has its specific context. According to the International Lesbian, Gay, Bisexual, Trans, and Intersex Association (ILGA) Europe report (2021), which is an annual review of the status of legal protection provided to LGBTQ+ people in European countries, Poland received only 13% in 2021. It was the penultimate result of this year among all European Union countries. Percentage points are awarded for the existence in a given legal system of specific legal solutions securing LGBTQ+ persons against discrimination, violence, and enabling their equal rights to heterosexual cisgender people. Since 2018, we have been observing an annual decline in Poland's results, which means a reduction in the number of laws protecting LGBTQ+ persons. At the same time, social acceptance for non-heteronormative people in Poland is decreasing (from 2019 compared to 2017), although it had been gradually increasing (Bożewicz 2019). Transgender people are a group that is particularly vulnerable to violence and discrimination. Research conducted by the Campaign against Homophobia (Świder and Winiewski 2017) shows that 79% of transgender respondents experienced violence within two years from the date of the survey. Both the Ombudsman (Mazurczak, Mrowicki, and Adamczewska-Stachura 2019) and the European Committee for the Prevention of Torture and Inhumane or Degrading Treatment or Punishment (2020) indicate the deterioration of the legal situation and quality of life of LGBTQ+ people in Poland.

would pay attention to what we look like" (Irena).<sup>8</sup> An impossible to hide symbol of stigma, that is, a fat body, has a significant informational function for the social environment—it becomes a field for judging and valuing lifestyles of fat people.

According to Goffman (1963:5), *normals* do not believe that the stigmatized person is fully human. Meanwhile, the participants show concern for the *normals'* aesthetic impressions. They are convinced that their appearance may not appeal and that it is the *normals'* right to feel uncomfortable in their company. Some of the participants are considering or have considered interventions (including surgery) to their bodies at some stage of their lives. On the other hand, others try not to expose their bodies in public places for too long to improve the *normals'* impression of them. This is an effort to reduce the level of visibility of the stigma and to give the so-called impression of normality:

For me, [for] the reaction of a few other people, also to make this view pleasant for others, because hanging, flabby skin, with a relatively young face, is not a very pleasant view. [Irena]

<sup>8</sup> Although the interviews were conducted with the intention not to medicalize the fat body, the participants themselves enter a fairly common narrative that medicalizes fatness. All the people we interviewed had or still have health problems (from relatively harmless to chronic diseases). In contact with the health service (in various contexts), there was always the issue of being a fat person. Even if the disease was not directly related to obesity. It can be assumed that this influenced how the participants think about being fat. Additionally, their socialization took place partly in the pre-transformation society, that is, they learned to understand and accept their corporeality in adult life. Before the systemic changes in Poland, child obesity was perceived as an indicator of family prosperity and resourcefulness. The obese adult must either be sick or eat too much. This norm began to change under the influence of Western patterns propagated by the media in the early 2000s (Łaciak 2006).

Not that... I don't want people to be afraid of me or anything, I don't want to be that American fat guy. [Piotr]

I've never liked to expose myself somehow with my body. I am aware that it is not as if everyone will like it, that some people will look, for example, that my belly is hanging out or something...It is, indeed, a certain discomfort, something that is definitely not a great pleasure, but it is not a total blocker either, I mean, I would never give up going to a swimming pool just because I have to undress or change because it is rather not that. But, I rather don't like to display my body, so when I change there, I do it in such a way as to do it quickly, smoothly, and not to expose myself for too long, and that's it. [Robert]

Analyzing the statements of the participants, we can see that the providers of stigma can be found mostly in public places and institutions, to a lesser degree, in the private environment of the individual.

### **Managing the Stigma of Fatness**

In Goffman's typology, there are two ways through which an individual can manage information about stigma—passing and covering. Following Cat Pausé's work, we also analyze the third strategy—the coming out. All these three concepts (passing, covering, coming out) came from the literature. When our participants shared their stories, they described examples of these strategies, but they did not use the exact names of these concepts in the theoretical meaning we use here. Specifically, the coming out was used to describe the process of revealing information about participants' gender and/or sexual identity, but not weight. We should mention that the three strategies presented here

are a typology and not a classification (Nowak 2007:161). It means that all these strategies are interconnected in different situations. Their separation is analytical. One person could apply all or some of them.

### ***Participants' Perception of Fatness***

The chosen strategy could depend on an individual's perception of fatness. Therefore, here we present how our participants perceived their weight—what language and in which contexts of their stories they used.

For Anna, gaining weight was a new experience in her life, because previously she had always been very slim. When she started taking hormonal treatment, she began to gain weight and was very pleased with this fact. Then she tried one diet, but quickly gave up. After some time, she also decided to focus more on exercises to keep her weight and not gain it. She was influenced by transfemale friends who focused on diets and exercises, but then she decided to cut these ties. Her weight was, for her—at first—a sign of being a woman, a positive bodily characteristic (see subsection *The Positive Aspects of the Fatness*). It was partly a choice (she tried diets, and now she exercises) and also not a choice (a consequence of hormonal treatment). She says she has “problems with obesity” or “my adiposity” and, at the same time, it is okay for her to use the term “fat”: “fat people if you will.”

Grażyna also used to be thin (as a child and a teenager). She, by contrast to Anna, does not treat her weight as a choice at all. For her, it is a consequence of other illnesses. In the past, she tried to lose weight and was pushed to do



it by her mother. Now she accepts it. She speaks about “obesity” or “fatness” (she does not mention adiposity) as a phenomenon and not something personal. It is her body characteristic.

Irena was not a thin child. She remembers children in a kindergarten commenting, “she is so fat, she is so fat.” Irena was the only participant who clearly defined her weight as an illness. She talked about it during the whole interview. However, as we write in the *Covering* subchapter, it changed during her life. She took this identity before her second bariatric surgery. Now she defines herself as a person “ill with obesity”: “I did not think about myself, at all, that I was ill, first, that I was ill with obesity, but that I was just fat, that’s all, so I have to lose weight” (Irena).

None of the men were a thin child. Piotr, Tymek, and Robert have blamed themselves for their weight (see subchapter *Covering* on the internalization of the stigma). All of them felt guilty about it—Piotr (a cisman) the most, Tymek (a transman) the least. Piotr directly says (but not in a positive meaning) that he is “fat,” not “fluffy.” For him, being thinner or fatter is a choice he makes about his health. His guilt is strengthened by the fact that his first child is also fat, and he and his wife blame themselves for it. They speak about their “stupidity” in the past.

Tymek says he is “a person with obesity.” Although he separates himself this way from his weight, he still thinks about coming back to exercising and diets. He is persuaded to do it by his female partner. Robert also thinks about his future diet. For Tymek and Robert, their weight is also a choice. Piotr is afraid he “could die.” Tymek mentions that his weight could make his

new operation (mastectomy) harder. Robert is concerned about his hypertension.

All participants partly or wholly medicalized their weight. All of them partly internalized the fat stigma. Some resistance could be observed in Anna’s (using the term “fat” in a not openly pejorative way, being happy about becoming more female when gaining weight in the past) and Grażyna’s narratives (using the term “fat” in a not openly pejorative way, accepting her current weight).

### *Passing*

Passing (Goffman 1963:42) means that a fat person may, in specific social situations, appear not to be fat. Cat Pausé states that it is difficult to speak of passing in the case of fat people because the stigma of fatness is, as we write above, visible. At the same time, she suggests that this type of reaction may apply to people who are not fat but feel fat. They construct their fat identities and live as if they were fat, but do not suffer the social consequences of this stigma. The author also mentions the example of people who have lost weight (Pausé 2012:47) and may not disclose information about their previous weight. The biographical narratives of two of our participants help show how else the process of fat people’s passing could look.

Irena underwent two bariatric operations. After the first one, she lost a lot of weight and then slowly got fatter. She was supported in this decision by her family and friends.

I started losing weight and at full speed because from November... ‘96 to July ‘97, I lost 75 kilos and got less

than half of me...I began to gain weight again. And, at some point, in 2010, this weight increased to 135 kilos. [Irena]

Since the second surgery, she maintains the weight accepted by her doctor. The doctor changes her diet based on her well-being. Irena eagerly described her relationships with bariatric surgeons in Poland, including the ones who encouraged her to become an activist.

I remember that the surgery was in September 2010, and in April 2011, I came to my professor [of medicine] and stated he should stop it because I did not want to lose weight anymore as I had enough, period. And then I weighed 68 kilos already. I could eat very little because it ended up in regurgitation. My intestines did not get used to working under new circumstances, so there was a change of diet—to a high-calorie one to make me gain some weight. [Irena]

After each operation, she had to cope with the excess skin after the rapid weight loss. After the first operation, she was hiding it when she was away from home. She was keen to highlight her new slimmer figure, which did not live up to her expectations. Removing the excess skin would have required additional expensive and painful plastic surgery, so Irena opted not to have it, even after the second surgery. At the time of the interview, she wore loose clothing. So, initially, while very tight clothes helped in passing, now very loose clothes help.

Well, you know, the summer comes, it is not so bad in the winter, but in the summer, when it's hot, and I have to wear long-sleeved blouses because my skin hangs over my shoulders, or I have a sack of skin down to my knees...There was some chafing there, and I had to roll up the skin to fit it under a skirt,

or pressing tights, and pressing tights were generally a standard, thick tights, so if it was even thirty-six degrees of heat, I walked in thick tights because the skin was just hanging there; you had to hide it, so I was so disappointed with everything. [Irena]

While describing these experiences, she did not specifically mention her gender. We could assume that it was linked to being a woman. Women are usually (in Western culture) expected to look attractive, which often means wearing tight clothes to look slim. For a woman after bariatric surgery, it could result in an increased stigma and, consequently, physical discomfort.

Yet another way of passing can be one's activity on the Internet, for example, on dating sites. It is then possible to control the disclosure of bodily characteristics and so—control the visibility of stigma. One of our participants opted for such a solution. For most of his life, Piotr has been a fat child, teenager, and adult. The role of his mother was crucial in this experience.

And my problems with weight started, let's say, when I was seven or eight. My mum was taking more care of me. I have always liked eating. It was a result of me being a disabled person; that is, when I was a kid, my mum did more of everything for me. It was easier for me, somehow physicality... I had never had these physical activities as a kid and when I was, let's say, fourteen or fifteen, I weighed about 100 kilos. [Piotr]

When he was about 16-17 years old, he and his friend started playing sports and lost weight. A few years later, he also met his first sexual partners. When he stopped doing sports and, at the same time, problems arose in his family life (conflict with the sister who was his caregiver), he put on weight again. He

decided to look for a partner in Internet chat rooms. He then concealed information about his current weight. Piotr's wife, who was present in the house during the interview, mentioned that he had sent her a photo from when he used to be thinner.

**Piotr's wife:** I had been sending such photos of how I really looked, and he had sent me thirty kilos lighter.

**Piotr:** When I was trying to find a wife, it mattered to me what kind of photo I sent. It's natural. I sent a slimmer one.

At the same time, the same participant during the dating process had chosen to disclose from the beginning that he was a person with a disability. Body-weight was for him—during the dating process—of secondary importance to disability (cf. Goffman 1963:74), although for his wife, it was important. Piotr knows that the intersection of fatness and disability could overlap and exclude him even more. Therefore, he decided to focus on only one stigma (disability) and separate it from the second one (fatness) to decrease the stigma, at least temporarily.

So, subconsciously, this weight is inside me, not the wheel... the wheelchair is already kind of a part of me, I've grown into it, but I make it easier for me, as I say, I make it easier that I take this disability to myself, for people to notice this [disability] first, and obesity, we will talk about it later, won't we? [Piotr]

A particular example in this context would be the story of Tymek, a transgender man whose fat body facilitated passing related to his gender identity (see subsection *The Positive Aspects of the Fatness*) and is described by us as positive aspects of fatness.

The possibility to use the strategy of passing is different in different social networks. We explained

here examples of 'visual' passing—the situations in which a fat person could be seen as not fat. Our participants were able to apply this strategy outside their closest social networks (e.g., Piotr could have sent the photo with a slimmer version of himself, but eventually, he met his future wife in person). Irena wore tight clothes outside her home, but not inside. It shows us also that passing could be temporary and processual. It does not have to be narrowed down to visibility. It could go further than that—just as fatness is not only a visible bodily characteristic but is related to thoughts and other behaviors.

### *Covering*

In passing, a person can pass as thin (be considered thin), and in covering (Goffman 1963:102), this person cannot do it. The individual diminishes the role of the stigma and thereby relieves the tension in social interactions. In the case of fat people, the covering can take the form of constantly mentioning the diets one is or has been on or complaining about the size of the clothes one wears (Pausé 2012:47). It is also creating narratives about the causes of fatness unrelated to character traits, for example, illness (Grønning, Scambler, and Tjora 2013:279-280).

In the case of our participants, covering took very different forms. Firstly, they used the strategy of assuming the role of the ill person (Parsons 1970:258) with obesity. Irena had not taken this role until her second bariatric surgery.

And then I did not think in this context of ehm a treatment yet, I mean, I did not think about myself at all, that I was ill, first, that I was ill with obesity, but that I was just fat, that's all, so I have to lose weight... Anyway, they repaired inside what they were supposed to repair and, and did this gastric bypass, and I

was aware enough then, that ehm that, first, I am not fat, but I am ill ehm that no method ehm... that there is nothing like, that people say officially this is the method of obesity treatment, but... The idea of this treatment is that the body weight is reduced to a level that is safe for a patient. On the other hand, there is no method for ehm for curing obesity. After the body weight reduction, the patient must simply learn how to control one's illness. [Irena]

Secondly, they attempted to reduce their weight: with diets, sports, medication, and bariatric surgery. Our analyses showed that women in the family and friends' circles (mothers, female partners, wives, female friends) were crucial in these attempts. They encouraged changes and/or criticized the bodies of our participants. We would argue it is linked to the female gender role in which a woman is responsible for the family. She is expected to take care: of her food intake, health, and image. All participants used at least one of these solutions at different stages of their lives, although only Irena called herself a person suffering from obesity illness.

My first attempts to be more regular were two years after I had started taking hormones, more or less, when I actually gained a lot of weight, and I decided, "Oh, it is time... it is time to shape up because other [(transwomen)] are sl... slim, pretty, and popular..." I went on a diet, eight days of a diet, a nice adventure, the diet was very good, I lost four kilos, then I got up to five, not too fast, a lot of exercises, but I did not feel physically well with all this. [Anna]

I went to the pool; actually, I started, just terribly hard, trying to go in the direction of the sports, maybe some murderous efforts would cause something to happen, a miracle. [Grażyna]

Some fruit diets, 1,000 calorie diets, of course, some herbs, there was a lot of it when I was a teenager, and my mum discovered acupuncture, acupressure, God, and massage. [Irena]

Others (cismen and transman) strongly internalized the stigma of "obesity" and blamed themselves for their body size. We could argue that the experience of living in the male social role could increase the stigma of fatness, and the experience of living in the female social role could—sometimes—decrease it. It is easier for women and more complicated for men to admit they are ill (which culturally means also "weak"). Accepting the role of a person "ill with obesity" (not necessarily undergoing bariatric surgery) could be easier for women and help them cope with the stigma of fatness. At the same time, men could more strongly internalize the stigma and blame themselves for the "problem."

**Piotr's wife:** When we eat, we say that we bitched ourselves out, "So be it," it is said.

**Piotr:** We do not like these embellishments...no, like in the army.

**Piotr's wife:** And then I just say: no giving up, we are starting again, when Christmas comes, we will stuff our faces again.

In the case of Robert, it resulted in avoiding contact with doctors and, in consequence, necessary treatment for hypertension.

Actually, some doctors make comments this way that it would be appropriate to lose some kilos. Ehm this woman I mentioned here, she is a very good doctor, she treated me very well. I have to confess, to be honest, that, ehm, I resigned from her a little bit because every time she, we saw each other every 3 months, I had a follow-up appointment every 3 months. Every

time she asked me about my weight. And if I had not lost weight, I even felt bad to say that I had not lost weight...And it was like that, "Mr. Robert, how many drugs should I prescribe you? You are still so young." And, at some point, she just blocked me, I mean, it is, it seems silly and juvenile for me, my way of thinking, but, darn it, I was too blocked to go to another visit because, well, because I had no effect and even, at some point, it came from the other side and, and, and, she would not be satisfied at all. [Robert]

This internalized stigma was especially tough and painful to listen to. We understood that we should not try to change our participants' perception of their fatness, even though we applied the fat studies approach to not "blame" anyone for their body size. However, it was a complicated issue when we used some terms describing the phenomenon under study. Therefore, we tried to use the language of our participants. We started by presenting the title of our project, which included the word "fat." Later, however, we followed our participants. If they spoke about "obesity," we talked about it too.

Thirdly, the participants also described different "non-characterological" reasons for their fatness: a hormonal balance-related illness (Grażyna) or a hormonal transition towards the female sex (Anna).

Then it turned out that, first, actually, [some problems with] my thyroid came out, [the thyroid] had spoken out for a longer time already, but had not given a clinical picture, ehm... second, some endocrinal abnormalities, very diverse, not diagnosed to this day. [Grażyna]

Yes, it [gaining weight] is a standard, it is a norm on hormones, and there are no chances to avoid it without torturing yourself with diets and exercises. [Anna]

Fourth, they try to be nice and not bother their friends and family. They look at items of clothing unrelated to weight when shopping with friends: "[When my friends and I go shopping,] nobody has a problem with me looking at shoes, for example, because it's like there are no clothes in the shops we enter, right?" [Grażyna]

They also nod when other people make comments or offer unsolicited advice. Piotr does not say a word when his father carries him up the stairs and comments on his weight, while Robert, on the other hand, listens to his friend's advice on losing weight.

I often have such a relationship with [one of my friends], and sometimes such situations occur that he tries to mentor me a little bit in the context of what I should do to lose weight, but it's not because he wants me to lose weight so much, he just knows that I would like to, and somehow I look for these ideas and so on and he tries to suggest it somehow. [Robert]

### *Coming Out*

Coming out is the voluntary disclosure of stigma (Goffman 1963:100). We wrote about a particular case of disclosing fatness and transgenerness at the same time—in the case of Anna—in the previous subsection (*Types of Stigma and the Participants' Experience of Its Visibility*). She also indicated that she was interested in the body-positivity movement, so she was closest to the coming-out strategy (compared to "activism" and "self-acceptance" resistance strategies in Joannis and Synnott [1999:64-65]):

However, I really enjoy reading and observing [the blogger], who is just... spreading the body-positive movement...And, in fact, the way she... her way of be-



ing, her joy with herself, it appeals to me, and, in fact, maybe I also draw a little from her. [Anna]

Although Grażyna's current narrative (using the term "fat," declaring acceptance of her current weight, being a feminist, but not fat/size-acceptance activist) seems to be also close to this strategy, we do not have enough information to make such a conclusion. On the contrary, Irena's activist experience is also an opportunity to disclose her fat experience, but she does strongly medicalize fatness.

### **The Positive Aspects of the Fatness**

According to Goffman (1963:3), some traits may be a stigma only for a certain group of people, while for others, they are neutral or can even become an advantage. Our study also showed that fatness, in specific circumstances, could have a positive dimension. This phenomenon particularly resonated in the biographies of transgender people. The narratives differ on a fundamental issue. Anna was a very thin person in her youth; other people perceived her as too thin, the process of getting fat was somehow anticipated, and fatness was a desired feature. Tymek, on the other hand, was a fat person from an early age, experiencing both the stigma of fatness and the positive aspects of a larger body size. In both narratives, however, common threads can be discovered.

#### *Anna's Case*

In Anna's case, fatness enabled her to overcome the negative perception and reactions to her thinness with which the narrator grew up: "that I stop being skinny, and that people like

it" (Anna). In women, thinness can give a sense of control over the body. In the case of the narrator, the opposite mechanism worked. Thinness was a feature pointed out by the milieu for years: "No matter if it was at work or school, ehm... there was always someone who had stupid snipes about my underweight" (Anna). It was the fatness that gave her a sense of agency in her adult life.

Fatness also made the narrator's body image correspond to her gender identity. It emphasized the features perceived as stereotypically feminine (body shape: fatty tissue around the hips, breasts, "hourglass figure") and concealed those perceived as stereotypically masculine (e.g., broader shoulders). The facial features had also changed as a result of weight gain. An increased sense of femininity was linked to an increased sense of attractiveness: "When I gained this body though, for one, I feel attractive, two, I like myself, and self-acceptance for transsexual people is really something amazing" (Anna). In conclusion, for Anna, fatness has become, first and foremost, a way of accomplishing femininity. In this case, the intersection between fatness, gender identity, and transgender experience had a positive dimension. Fatness increased the sense of femininity while reducing the stigma of transgeneriness.

An interesting observation also emerges from the juxtaposition of Anna's (a transwoman) and Irena's (a ciswoman) narratives. Irena states that, in her youth, she was a "safe friend." She was considered unattractive by her peers and, in contrast to her female friends, came off better image-wise. Anna notes that her transgender female friends, from whom she distanced herself,

advised her against getting fat and threatened her with the consequences. Fatness, in both cases, means a loss of *normal* female attractiveness. On the contrary, when Anna started to get fat, her lesbian friends became spiteful and openly jealous. In this situation, in contrast to Irena, Anna became a *dangerous friend*: “They feel less feminine around me...I quote: ‘Because you are more feminine than me’” (Anna). Her presence is perceived as undermining the femininity and attractiveness of others. In this case, fatness intersected with gender expression and increased *normal* female attractiveness.

It is noteworthy that the fatness affected significantly differently these two women, depending on the cis/transgender experience and whether the female peer group was heteronormative. We do not know the sexual identities of Irena’s friends. Still, the narrative shows that the supposed identity of all members of the group was heterosexuality (an alleged interest in men): “I’ve always looked uglier ehm less pretty, I, I wasn’t of interest to the boys, so they could show up somehow in my company because they always fared better against my background” (Irena). Anna, on the other hand, directly talks about a group of lesbian friends. Fatness combined with a heteronormative perception of *normal* femininity and attractiveness (attractiveness understood as thinness [Moreno-Domínguez et al. 2019]) negatively influenced Irena’s perception of these features. Getting fat, she felt that she had lost her attractiveness. She was treated like a mirror, a reflection of qualities that contradicted stereotypically perceived femininity: “They looked at me a bit like that; they probably thought that they didn’t look as bad as I did” (Irena). For Anna, fatness was associated with the realization of *normal* femininity and the desire to fit into the norms regarding appearance:

“I put on some flesh; I got female shapes” (Anna). At the same time, she perceives femininity not through the prism of thinness but precisely the shape of the body, the “figure.” This may be due to a different understanding of female attractiveness by lesbians, not focusing so much on the stereotypical perception of femininity through the prism of thinness (Legenbauer et al., 2009; Moreno-Domínguez et al. 2019): “Other girls show interest in me, much more than before or at the very beginning of the gender reassignment” (Anna). In both of the above cases, it is the environment that convinces women whether or not their body is feminine enough, depending on the standards of a given group. This translates into the way they understand femininity and how they perceive themselves:

I have started to accept myself because I see a woman in myself...I began to... to take on flesh and walking down the street, entering the subway, I was passed by a man who had almost killed himself on the stairs, looking back at me. So that was the first time I felt attractive. [Anna]

The sense of equating social identity with personal identity (Goffman 1963:41) and an increase in the sense of attractiveness contributed to an increase in self-acceptance and self-esteem: “But, when I acquired this body, one that I feel attractive, two, I like myself, and in the case of transsexual people, self-acceptance is really something amazing” (Anna). A significant change that helped in self-acceptance and achieving the appearance of the body consistent with the gender identity was the change in facial features: “Only when I gained this weight, twenty kilos over my no... norm that I had during... before treatment, that is, about seventy kilos, seventy-five kilos I had, I was just begin-

ning to accept myself from the look on my face.” In this fragment, the subject of acceptance is important. In the other narratives, fatness is described as a feature that must be accepted, that needs to be accepted. In the case of Anna, there is an opposite relation. The appearance of the face was accepted thanks to the fatness.

To sum up, for the narrator, fatness becomes a way of realizing femininity primarily. It is also the main point of changing one’s self-image and gaining subjectivity: “I started accepting myself as a human being, in fact” (Anna). Fatness decreased the stigma of transgenerness.

### *Tymek’s Case*

In Tymek’s case, the importance of fatness in the formation of gender identity is not a dominant theme. However, this may be because he has experienced the stigma of fatness and the inequality in attitudes towards female and male corporality for most of his life. Men are less expected to prove their sex and masculinity through body appearance and shape (Monaghan 2005:100; Rothblum and Solovay 2009:139).

Fatness was perceived positively by him mainly during childhood and adolescence. Tymek emphasizes that he was not perceived as a girl from an early age because he was “a fairly stocky and big child.” The size of the body made it possible to leave space for the interpretation of his gender to others and did not immediately impose associations with the female gender. At the adolescent stage, fatness allowed the association of early breast development with gynecomastia. While in the case of the transwoman’s experience, fatness makes it possible to gain *normal* fe-

male characteristics, in the case of the transman, it makes passing possible. Although transgender men tend to fear being accused of gynecomastia (Bell and McNaughton 2007:124) because it is a feature that takes away their masculinity, in Tymek’s case, being accused of gynecomastia allowed him to gain his masculinity:

My weight and ehm... my body build in general: broad shoulders, for example, helped me more with self-acceptance, more with covering up certain points that were female...for most of my life, childhood, and adolescence ehm... weight, overweight, and later obesity was a big advantage for me...for example, thanks ehm... to my obesity I was able to mask female maturation under the pretext of gynecomastia. [Tymek]

The intersection between fatness and gender expression contributed to the growth of the sense of masculinity and the achievement of male passing.

Fatness was also a hideout for Tymek, a safe form concealing female body features before starting hormone therapy: “I insisted on losing weight. However, in the pre-HRT [Hormone Replacement Therapy] stage, this was very disadvantageous ehm... Because come out all... ehm... very clearly come out all ehm... nuances that I wanted to hide by weight.” Starting HRT resulted in fat migration and allowed him to lose weight without worrying about misgendering.

In the case of transgender narrators, referring to Goffman’s (1963:44) terminology, fatness becomes a disidentifier, a feature that helps to hide the stigma (of transgenerness). Through fatness, transgenerness becomes discreditable as the level of passing regarding gender expres-

sion increases. For transgender people, body image and being recognized according to gender identity are crucial for identity formation and self-acceptance (McGuire et al. 2016:97). Therefore, the transgender stigma does not have to be a permanent trait. It can potentially be managed in one's everyday life through passing, covering, or coming out (just as fatness). Referring to Goffman's (1963:1) understanding of stigma as "bodily signs," passing can be understood as the social removal of this sign, the ceasing of "standing out." Fatness, thus, helps to remove the transgender stigma. It becomes a way to equate social identity with personal identity.

## Discussion

### About the Study

This project made it possible to partially fill the knowledge gap resulting from the domination of the medicalizing perspective in the scientific discourse on fatness and the lack of research in the field of fat studies in Poland. It also allowed us to report on the specific situation of transgender people in this context.

The diversity of our research team helped us analyze the collected material from an intersectional perspective. Different life experiences enabled the critical understanding of data. It was also a challenge, for example, when we discussed how very thin people experience their bodies and how they are perceived by others (in the context of Anna's weight changes).

The study has its limitations. The results cannot be generalized about the fat community in Poland as a whole. However, it does make it possi-

ble to show a spectrum of possible correlations between the variables, for example, between fatness and gender or between fatness and disability (cf. the discussion on the generalizability of qualitative research results in Patton 2015:1025-1039). The use of the qualitative method allowed us to explore the experience of the body in fat people through an in-depth approach. At the same time, the extensiveness of the form of the biographical interviews (very long transcriptions) resulted in a long time of working on it. Consequently, not all threads have been developed in this text. For example, the role of partners in the process of self-acceptance of one's fatness or the thread of parenthood (both the perspective of being a parent of a fat child and that of being a fat parent) and the issue of the stigma providers deserve further discussion.

This project also leaves the prospects open for further research. Women's caring role in the lives of fat people (e.g., partners and mothers) is a theme that needs to be explored further. The issue of intimate relationships is also worth exploring in future projects. Such an extension of our analyses could help answer the question of how fatness helps to redefine or, on the contrary, reinforce the social rules of entering into intimate relations.

### About Results

Due to the multitude of issues raised, resulting from the specificity of biographical interviews, we decided to discuss in this article only a part of the analysis results. We focused on the visibility of the stigma of fatness, the management of information about stigma, and the unexpected positive aspects of fatness.



A common experience of the narrators participating in the study was the inability to be considered *normals*. Fatness is a visible and intrusive stigma, contrasting with the image of *normals*, emphasizing a lack of affiliation. What is more, the body of fat people is somehow appropriated by the remaining participants of social life. By being put on public display, it becomes a topic of public discussion. The narrators' stories imply that they feel they should limit the visibility of their bodies or adjust them to the prevailing *norms* and that *normals* have the right to expect this. A second observation is the theme of the intersection of different types of stigma. Some stigmatized traits, depending on their characteristics, may reduce the visibility of others (as in the case of disability) or increase this visibility (as in the case of disclosure of transgender-ness).

All participants medicalized fatness, although men more strongly internalized the fatness stigma. The participants' narratives revealed new examples of managing the stigma of fatness absent from the literature. Concerning the general public, the participants used passing, covering, and coming out. Passing was accomplished through an appropriate choice of clothing (very tight or very loose clothes) and hiding one's weight on the Internet (photos from a period of weight loss). Covering took the form of assuming the role of an ill person, reducing weight (e.g., by dieting), presenting "non-characterological" reasons for fatness, and not bothering people around. Coming out was expressed by openly talking about being fat in a positive context (body positivity). Although all participants wholly or partly medicalized fatness and internalized the fat stigma, some aspects of re-

sistance could be observed in Anna's narrative, which corresponds with applying a coming out strategy.

The narratives also showed some unexpected positive aspects of fatness. It appeared that, in particular circumstances, fatness could become a feature that facilitates living with another stigma (transgender experience). Fatness, in other narratives, is considered a feature that deprives one of femininity. In the case of a transwoman, it made it possible to gain femininity and hide features recognized as feminine in a transman. This phenomenon increases the level of social recognition of gender identity for transgender people; the fatness "lends" gender rather than taking it away. It can also contribute to a permanent social transition and, as a result, remove the stigma of transgender-ness.

### **About Theoretical Perspective**

Goffman's theory, which was used in data analysis, has been developed, but also criticized a lot. One of the more frequent criticisms is the lack of a single clear definition of the concept of stigma (Link and Phelan 2001:364; Carnevale 2007:12). The definition we have adopted (the characteristic of an individual that is socially noticed/distinguished and about which the individual is treated differently [usually worse] than normals), although not explicitly given by Goffman, follows from his reflections. The theory is also subject to the criticism that Goffman (e.g., 1963:3) generally describes stigma as a characteristic that is socially regarded as inferior. In the article, we have also managed to show the positive aspects of fatness, thus developing Goffman's original considerations.



Other scholars, for example, Susanne Brandheim (2017:5), argue that one should not talk about stigma but about the process of stigmatization. Instead of focusing on the individual who possesses an undesirable trait, the focus should be on other participants in social life who stigmatize this individual in their everyday interactions (labeling theory). Also, Franco A. Carnevale (2007:12) notes that the concept of stigma in Goffman's theory is presented from a micro-sociological perspective as an individual phenomenon. The theoretician does not describe it as a wider social process. In our article, however, the individual perspective was crucial—the participants described their lives to us themselves. Therefore, in this article, we mainly presented the participants' (and not stigma providers') perspectives and experiences.

Another criticized aspect of the theory is its (only two) strategies for managing information about stigma. Researchers point out that the strategies described by Goffman fail to cover the entire spectrum of possible responses to (fat) stigma (Kwan 2009; Pausé 2012), and they reinterpret the typology in research studies about other aspects of human experience (see, e.g., Griffin 1991 on gay and lesbian educators; Toyoki and Brown 2014 on prisoners). We decided to broaden Goffman's typology by adding new examples of passing and covering, and by including the coming out strategy.

The language Goffman uses in his work is also subject to criticism. By using "I" and "we" in opposition to people with stigma, he puts himself and the reader in the position of *normals*. In his text, he merely presents himself as a "neutral" observer of reality (Tyler 2018:754-755). We

find it difficult to disagree with such criticism. In our article, however, we do not 'look' at the participants from Goffman's perspective in this way—we also adopt their perspective.

To conclude, Goffman's theory has been proven to work very well in the context of the fat body experience. Despite the passage of years and the changing socio-cultural context, it is still applicable. Most of the theory's assumptions have been confirmed in the described study, and some divergent observations are an extension rather than a contradiction of the theory.

Crenshaw's theory of intersectionality was used to show the intersections of different types of stigma. It showed not only when one stigma can decrease the other but also increase it. We presented the intersection between gender identity, transgender experience, disability, and fatness.

Living with a fat body could be easier for women and harder for men. It could decrease the stigma when women link their fatness to illnesses, while for men, the fatness stigma could be strongly internalized. Internalized stigma could result in avoiding medical personnel and necessary treatment. Then the negative psychological consequences of possessing the stigma could be higher for (some) men than for (some) women. On the contrary, a fat woman does not meet the societal norms concerning her image (more than a man). Therefore, dealing with excess skin after bariatric surgery could be more uncomfortable for women because they are expected to wear tighter clothes.

Fatness may decrease the stigma of transgenerness. In the case of a transwoman, it helped

emphasize female body features that caused an increasing sense of femininity and attractiveness. In the case of a transman, it allowed the hiding of female body features, which caused the increasing feeling of masculinity. In both cases, the fat body helped reduce the stigma of transgenerness and balance gender expression with gender identity, which increased self-acceptance and self-esteem. On the other hand, in the case of the transwoman, coming out as transgender increased the stigma of fatness. In some situations, she was seen as fat only when she informed others about her transgender experience.

## References

- Bacon, Linda and Lucy Aphramor. 2011. "Weight Science: Evaluating the Evidence for a Paradigm Shift." *Nutrition Journal* 10(9):1-13.
- Bell, Kirsten and Darlene McNaughton. 2007. "Feminism and the Invisible Fat Man." *Body and Society* 13:107-131. doi: <https://doi.org/10.1177/1357034X07074780>.
- Boni, Zofia. 2014. "Contested Interactions: School Shops, Children and Food in Warsaw." *International Journal of Sociology of Agriculture & Food* 21(3):309-325.
- Boni, Zofia. 2017. "It's Safe: Food as a Way of Expression for Children in Warsaw." *Children's Geographies* 16(4):393-404. doi: <https://doi.org/10.1080/14733285.2017.1319045>.
- Bożewicz, Marta. 2019. *Stosunek Polaków do związków homoseksualnych [Attitude of Poles to Homosexual Relationships]*. CBOS 90/2019. Retrieved December 09, 2022 (<https://docplayer.pl/162337833-Stosunek-polakow-do-zwiazkow-homoseksualnych.html>).
- Brandheim, Susanne. 2017. *A Systemic Stigmatization of Fat People*. Ph.D. dissertation. Karlstad University, Karlstad.
- Brewis, Alexandra A. 2011. *Obesity. Cultural and Biocultural Perspective*. New Brunswick, New Jersey, London: Rutgers University Press.
- Brewis, Alexandra A. et al. 2011. "Body Norms and Fat Stigma in Global Perspective." *Current Anthropology* 52(2):269-276. doi: <https://doi.org/10.1086/659309>.
- Brink, Pamela J. 1994. "Stigma and Obesity." *Clinical Nursing Research* 3(4):291-293.
- Brytek-Matera, Anna. 2008. *Obraz ciała – obraz siebie [Body Image—Self Image]*. Warsaw: Difin.
- Campos, Paul et al. 2006. "The Epidemiology of Overweight and Obesity: Public Health Crisis or Moral Panic?" *International Journal of Epidemiology* 35:55-60. doi: <https://doi.org/10.1093/ije/dyi254>.
- Carnevale, Franco A. 2007. "Revisiting Goffman's Stigma: The Social Experience of Families with Children Requiring Mechanical Ventilation at Home." *Journal of Child Health Care* (11):7-18.
- Cassam, Quassim. 2011. "The Embodied Self." Pp. 139-156 in *The Oxford Handbook of the Self*, edited by S. Gallagher. New York: Oxford University Press.

Fatness could be masked by disability. Comparing fatness and disability, disability is (at least in the case of our participant) the basic stigma. Being fat "only" complicates the stigma of disability (increases the stigma), for example, when using public spaces unprepared for disability or fatness.

## Acknowledgments

We would like to thank all our participants for their contribution to our work. We thank Katarzyna Suwada for reading the first version of this text and for giving us valuable suggestions.

- Cawley, John, ed. 2011. *The Oxford Handbook of the Social Science of Obesity*. Oxford, New York: Oxford University Press.
- Chase, Susan E. 2009. "Wywiad narracyjny. Wielość perspektyw, podejść, głosów [Narrative Inquiry: Toward Theoretical and Methodological Maturity]." Pp. 15-56 in *Metody badań jakościowych [Handbook of Qualitative Research]*, edited by N. K. Denzin and Y. S. Lincoln. Warsaw: PWN.
- Cho, Sumi, Kimberle Crenshaw, and Leslie McCall. 2013. "Toward a Field of Intersectionality Studies: Theory, Applications, and Praxis." *Journal of Women in Culture and Society* 38(4):785-810.
- Cooper, Charlotte. 2009. "Maybe It Should Be Called Fat American Studies." Pp. 327-333 in *The Fat Studies Reader*, edited by E. D. Rothblum and S. Solovay. New York: New York University Press.
- Crenshaw, Kimberle. 1989. "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics." *The University of Chicago Legal Forum* 1:139-143.
- Crenshaw, Kimberle. 1991. "Intersectionality, Identity Politics, and Violence against Women of Color." *Kvinder, Køn & Forskning* 2-3:1241-1299.
- Crenshaw, Kimberle. 2010. "Close Encounters of Three Kinds: On Teaching Dominance Feminism and Intersectionality." *Tulsa L. Review* 46:151-189.
- Delpuech, Francis et al. 2009. *Globesity. A Planet Out of Control?* London, Sterling: Earthscan.
- Denzin, Norman K. and Yvonna S. Lincoln, eds. 2017. *The SAGE Handbook of Qualitative Research*. Los Angeles, London, New Delhi, Singapore, Washington, Melbourne: SAGE Publications.
- European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment. 2020. *Memorandum on the Stigmatisation of LGBTI People in Poland*. Retrieved December 10, 2022 (<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKewiMxvnc0YH2AhXrkYs-KHatEDaYQFnoECA0QAQ&url=https%3A%2F%2Frm.coe.int%2Fmemorandum-on-the-stigmatisation-of-lgbti-people-in-poland%2F1680a08b8e&usq=AOvVaw1PPAUNTd0jPZyLshlqTOUr>).
- Fischer, Wolfram. 2000. "Biographical Work and Biographical Structuring in Present-Day Societies." Pp. 109-125 in *The Turn to Biographical Methods in Social Science. Comparative Issues and Examples*, edited by P. Chamberlayne, J. Bornat, and T. Wengraf. London, New York: Routledge.
- Froggett, Lynn and Prue Chamberlayne. 2004. "Narratives of Social Enterprise. From Biography to Practice and Policy Critique." *Qualitative Social Work* 3(1). doi: <https://doi.org/10.1177/1473325004041132>.
- Goffman, Erving. 1963. *Stigma. Notes on the Management of Spoiled Identity*. Englewood Cliffs, New York: Prentice-Hall.
- Golczyńska-Grondas, Agnieszka. 2019. "Wywiady biograficzne z osobami ze środowisk wykluczenia społecznego – refleksja nad wybranymi problemami metodologicznymi i etycznymi [Biographical Interviews with Narrators Endangered by Social Exclusion—Some Thoughts on Ethical and Methodological Issues]." *Przegląd Socjologii Jakościowej* XV(2):178-201.
- Goodson, Ivor and Pat Sikes. 2017. "Techniques for Doing Life History." Pp. 72-88 in *The Routledge International Handbook on Narrative and Life History*, edited by I. Goodson. London, New York: Routledge.
- Griffin, Pat. 1991. "Identity Management Strategies among Lesbian and Gay Educators." *International Journal of Qualitative Studies in Education* 4(3):189-202.
- Grosz, Elizabeth. 1994. *Volatile Bodies: Toward a Corporeal Feminism*. Bloomington, IL: Indiana University Press.
- Grønning, Ingeborg, Graham Scambler, and Aksel Tjora. 2013. "From Fatness to Badness: The Modern Morality of Obesity." *Health* 17(3):266-283.
- Haraway, Donna. 1988. "Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective." *Feminist Studies* 14(3):575-599.
- Hardy, Kristen A. 2013. "The Education of Affect: Anatomical Replicas and 'Feeling Fat.'" *Body and Society* 19(1):3-26. doi: <https://doi.org/10.1177/1357034X12441629>.
- Himpens, Jacques et al. 2018. *Fourth IFSO Global Registry Report*. Oxfordshire: IFSO & Dendrite Clinical Systems. Retrieved February 15, 2022 (<https://www.e-dendrite.com/sites/default/files/4thIFSOSummary.pdf>).
- Hoffman-Riem, Christa. 2012. "Utrata znaczącej symbolicznej części ciała [Losing a Symbolically Significant Part of the Body]." Pp. 459-468 in *Metoda biograficzna w socjologii. Antologia tekstów [The Biographical Method in Sociology. An Anthology of Texts]*, edited by K. Kaźmierska. Cracow: Zakład Wydawniczy NOMOS.
- ILGA Europe. 2021. *Annual Review of the Human Rights Situation of Lesbian, Gay, Bisexual, Trans and Intersex People in Europe and*

- Central Asia. Retrieved December 10, 2022 (<https://www.ecoi.net/en/file/local/2045688/Annual-Review-Full-2021.pdf>).
- Ioannoni, Kelsey. 2019. "Where Do I Fit? A 'Check-Up' on the Role of the Fat Researcher in Health Care Spaces." *Fat Studies. An Interdisciplinary Journal of Body Weight and Society* 9(2):126-131. doi: <https://doi.org/10.1080/21604851.2019.1629759>.
- Jakubowska, Honorata. 2009. *Socjologia ciała [Sociology of the Body]*. Poznan: Wydawnictwo Naukowe UAM.
- Joanisse, Leanne and Anthony Synnott. 1999. "Fighting Back. Reactions and Resistance to the Stigma of Obesity." Pp. 49-72 in *Interpreting Weight: The Social Management of Fatness and Thinness*, edited by J. Sobal and D. Maurer. New Brunswick, London: Aldine Transaction.
- Józefik, Barbara. 2014. *Kultura, ciało, (nie)jedzenie, terapia. Perspektywa narracyjno-konstruktywistyczna w zaburzeniach odżywiania [Culture, Body, (Not)Eating, Therapy. A Narrative-Constructivist Perspective on Eating Disorders]*. Cracow: Wydawnictwo Uniwersytetu Jagiellońskiego.
- Kowal, Katarzyna. 2015. "Wizualne i sprawnościowe doświadczenie przez biorców przeszczepu kończyny górnej zrekonstruowanego ciała – studium socjomedyczne [Visual and Functional Experience by Upper Limb Transplant Recipients of a Reconstructed Body—A Sociomedical Study]." *Studia Socjologiczne* 3(218):193-220.
- Kowal, Katarzyna. 2018. "Osobowa i społeczna tożsamość biorcy kończyny górnej [Personal and Social Identity of the Recipient of the Upper Limb]." Pp. 67-80 in *Transplantacje kończyny górnej i twarzy [Upper Limb and Face Transplants]*, edited by J. Jabłocki, A. Chelmoński, and K. Kowal. Warsaw: PZWL Wydawnictwo Lekarskie.
- Köttig, Michaela. 2008. "Der biographische Ansatz in der Einzelfallhilfe mit rechtsextrem orientierten Mädchen und jungen Frauen [The Biographical Approach in Case Work with Right Wing Extremist Girls and Young Women]." *Forum: Qualitative Sozialforschung* 9(1): Art 2. Retrieved December 10, 2022 (<https://www.qualitative-research.net/index.php/fqs/article/view/319>).
- Kvale, Steinar. 2007. *Doing Interviews*. Los Angeles, London, New Delhi, Singapore: SAGE Publications.
- Kwan, Samantha. 2009. "Framing the Fat Body: Contested Meanings between Government, Activists, and Industry." *Sociological Inquiry* 79(1):25-50. doi: <https://doi.org/10.1111/j.1475-682X.2008.00271.x>.
- Kwan, Samantha and Trenton M. Haltom. 2019. "Mixed Methods in Body and Embodiment Research." Pp. 69-86 in *The Oxford Handbook of the Sociology of Body and Embodiment*, edited by N. Boero and K. Mason. New York: Oxford University Press.
- Lavis, Anna. 2016. "Food, Bodies, and the 'Stuff' of (Not) Eating in Anorexia." *Gastronomica: The Journal of Critical Food Studies* 16(3):56-65.
- Legenbauer, Tanja et al. 2009. "Preference for Attractiveness and Thinness in a Partner: Influence of Internalization of the Thin Ideal and Shape/Weight Dissatisfaction in Heterosexual Women, Heterosexual Men, Lesbians, and Gay Men." *Body Image* 6(3):228-234.
- Link, Bruce G. and Jo C. Phelan. 2001. "Conceptualizing Stigma." *Annual Review of Sociology* 27(1):363-385.
- Lloyd, Jenny and Peter Hopkins. 2015. "Using Interviews to Research Body Size: Methodological and Ethical Considerations." *Area* 47(3):305-310. doi: <https://doi.org/10.1111/area.12199>.
- Łaciak, Beata. 2006. "Obyczaje dotyczące ciała w Polsce okresu transformacji [Customs Concerning the Body in Poland during the Transformation Period]." Pp. 69-111 in *Praktyki cielesne [Bodily Practices]*, edited by J. M. Kurczewski. Warsaw: Trio.
- Mazurczak, Anna, Marcin Mrowicki, and Milena Adamczewska-Stachura. 2019. *Biuletyn Rzecznika Praw Obywatelskich, Zasada Równego Traktowania. Prawo i praktyka, Sytuacja prawna osób nieheteroseksualnych i transpłciowych w Polsce. Międzynarodowy standard ochrony praw człowieka osób LGBT i stan jego przestrzegania z perspektywy Rzecznika Praw Obywatelskich [Bulletin of the Ombudsman, Principle of Equal Treatment. Law and Practice, Legal Situation of Non-Heterosexual and Transgender People in Poland. The International Standard for the Protection of LGBT Human Rights and the State of Its Observance from the Perspective of the Ombudsman]*. Warsaw: Biuro Rzecznika Praw Obywatelskich.
- McGuire, Jenifer et al. 2016. "Body Image in Transgender Young People: Findings from a Qualitative, Community Based Study." *Body Image* 18:96-107.
- Merleau-Ponty, Maurice. 2001. *Fenomenologia percepcji [Phenomenology of Perception]*. Warsaw: Aletheia.
- Merrill, Barbara and West Linden. 2009. *Using Biographical Methods in Social Research*. Los Angeles, London, New Delhi, Singapore, Washington: Sage Publications.
- Močnik, Nena. 2020. "Re-Thinking Exposure to Trauma and Self-Care in Fieldwork-Based Social Research: Introduction to the Special Issue." *Social Epistemology. A Journal of Knowledge*,



- Culture and Policy* 34:1-11. doi: <https://doi.org/10.1080/02691728.2019.1681559>.
- Monaghan, Lee. 2005. "Big Handsome Men, Bears and Others: Virtual Constructions of 'Fat Male Embodiment.'" *Body & Society* 11(2):81-111.
- Monaghan, Lee F. 2017. "Re-Framing Weight-Related Stigma: From Spoiled Identity to Macro-Social Structures." *Social Theory and Health* 15(2):182-205.
- Moreno-Domínguez, Silvia et al. 2019. "Body Mass Index and Nationality (Argentine vs. Spanish) Moderate the Relationship between Internalization of the Thin Ideal and Body Dissatisfaction: A Conditional Mediation Model." *Frontiers in Psychology* 10:582. Retrieved December 09, 2022 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6437113/>).
- Nowak, Stefan. 2007. *Metodologia badań społecznych [Methodology of Social Sciences]*. Warsaw: PWN.
- Ogden, Jane. 2011. *Psychologia odżywiania się. Od zdrowych do zaburzonych zachowań żywieniowych [The Psychology of Eating: From Healthy to Disordered Behavior]*. Cracow: Wydawnictwo Uniwersytetu Jagiellońskiego.
- Ogden, Jane and Cecelia Clementi. 2010. "The Experience of Being Obese and the Many Consequence of Stigma." *Journal of Obesity*, Article 429098. doi: <https://doi.org/10.1155/2010/429098>.
- Parsons, Talcott. 1970. *Social Structure and Personality*. London: Free Press.
- Patton, Michael Q. 2015. *Qualitative Research and Evaluation Methods*. Los Angeles, London, New Delhi, Singapore, Washington: SAGE Publications.
- Pausé, Cat. 2012. "Live to Tell: Coming Out as Fat." *Somatechnics* 2(1):42-56. doi: <https://doi.org/10.3366/soma.2012.0038>.
- Polish Sociological Association. 2012. *Code of Sociologist's Ethics*. Retrieved June 06, 2022 (<http://pts.org.pl/wp-content/uploads/2016/04/kodeks.pdf>).
- Puhl, Rebecca M., Tatiana Andreyeva, and Kelly D. Brownell. 2008. "Perceptions of Weight Discrimination: Prevalence and Comparison to Race and Gender Discrimination in America." *International Journal of Obesity* 32:992-1000.
- Ramos Salas, Ximena. 2015. "The Ineffectiveness and Unintended Consequences of the Public Health War on Obesity." *Canadian Journal of Public Health* 106(2):e79-e81. doi: <https://doi.org/10.17269/CJPH.106.4757>.
- Reimer, Daniela. 2014. "Subjective and Objective Dimensions of Turning Points." *Social Work & Society* 12(1):1-19. Retrieved February 15, 2022 ([https://www.researchgate.net/publication/263272470\\_Subjective\\_and\\_Objective\\_Dimensions\\_of\\_Turning\\_Points](https://www.researchgate.net/publication/263272470_Subjective_and_Objective_Dimensions_of_Turning_Points)).
- Riemann, Gerhard. 2000. "The Significance of Procedures in Ethnography and Narrative Analysis for the (Self)Reflection of Professional Work." Pp. 75-95 in *Qualitative Analysis and Documentary Method in International Educational Research*, edited by R. Bohnsack, N. Pfaff, and W. Weller. Opladen, Farmington Hills: Barbara Budrich Publishers.
- Riemann, Gerhard and Fritz Schütze. 2013. "'Trajektorija' jako podstawowa koncepcja teoretyczna w analizach cierpienia i bezwładnych procesów społecznych ['Trajectory' as a Basic Theoretical Concept for Analyzing Suffering and Disorderly Social Processes]." Pp. 389-414 in *Metoda biograficzna w socjologii. Antologia tekstów [The Biographical Method in Sociology. An Anthology of Texts]*, edited by K. Kaźmierska. Cracow: Zakład Wydawniczy NOMOS.
- Rothblum, Esther D. and Sondra Solovay. 2009. *The Fat Studies Reader*. New York: New York University Press.
- Saguy, Abigail C. 2013. *What's Wrong with Fat?* New York: Oxford University Press.
- Saguy, Abigail and Anna Ward. 2011. "Coming Out as Fat. Re-thinking Stigma." *Social Psychology Quarterly* XX(X):1-23. doi: <https://doi.org/10.1177/0190272511398190>.
- Schütze, Fritz. 2012. "Analiza biograficzna ugruntowana empirycznie w autobiograficznym wywiadzie narracyjnym. Jak analizować wywiady narracyjne [Biography Analysis on the Empirical Base of Autobiographical Narratives: How to Analyze Autobiographical Narrative Interviews]." Pp. 141-278 in *Metoda biograficzna w socjologii. Antologia tekstów [The Biographical Method in Sociology. An Anthology of Texts]*, edited by K. Kaźmierska. Cracow: Zakład Wydawniczy NOMOS.
- Scott, Susie. 2015. *Negotiating Identity: Symbolic Interactionist Approaches to Social Identity*. Cambridge: Polity Press.
- Sedgwick, Eve Kosofsky. 1994. *Tendencies*. London: Routledge.
- Shilling, Chris. 2010. *Socjologia ciała [Sociology and the Body]*. Warsaw: Wydawnictwo Naukowe PWN.



- Silverman, David and Amir Marvasti. 2008. *Doing Qualitative Research. A Comprehensive Guide*. Los Angeles, London, New Delhi, Singapore: SAGE Publications.
- Strauss, Anselm L. et al. 1997. *Social Organization of Medical Work*. New Brunswick, NJ: Transaction Publishers.
- Surmiak, Adrianna. 2018. "Confidentiality in Qualitative Research Involving Vulnerable Participants: Researchers' Perspectives." *Forum Qualitative Sozialforschung* 19(3): Art. 12. Retrieved December 10, 2022 (<https://www.qualitative-research.net/index.php/fqs/article/view/3099>).
- Surmiak, Adrianna. 2019. "Komisje etyczne dla badań społecznych w Polsce. Perspektywa socjologów i antropologów społeczno-kulturowych [Envisaging Ethical Committees for Social Research in Poland. The Perspective of Sociologists and Socio-Cultural Anthropologists]." *Studia Socjologiczne* 4(235):157-182. doi: <https://doi.org/10.24425/sts.2019.126163>.
- Świder, Magdalena and Mikołaj Winiewski. 2017. *Sytuacja społeczna osób LGBTa w Polsce. Raport za lata 2015–2016 [The Social Situation of LGBTa People in Poland. Report for 2015–2016]*. Warsaw: Kampania Przeciw Homofobii.
- Tong, Allison, Peter Sainsbury, and Jonathan Craig. 2007. "Consolidated Criteria for Reporting Qualitative Research (COREQ): A 32-Item Checklist for Interviews and Focus Groups." *International Journal for Quality in Health Care* 19(6):349-357.
- Toyoki, Sammy and Andrew D. Brown. 2014. "Stigma, Identity and Power: Managing Stigmatized Identities through Discourse." *Human Relations* 67(6):715-737.
- Tsakiris, Manos. 2011. "The Sense of the Body Ownership." Pp. 180-203 in *The Oxford Handbook of the Self*, edited by S. Gallagher. New York: Oxford University Press.
- Tyler, Imogen. 2018. "Resituating Erving Goffman: From Stigma Power to Black Power." *The Sociological Review Monographs* 66:744-765.
- Walden, Keith. 1985. "The Road to Fat City: An Interpretation of the Development of Weight Consciousness in Western Society." *Historical Reflections / Réflexions Historiques* 12(3):331-373.
- Waledziak, Maciej et al. 2019. "Present Trends in Bariatric Surgery in Poland." *Videosurgery and other Miniinvasive Techniques* 14(1):86-89. doi: <https://doi.org/10.5114/wiitm.2018.77707>.
- Wann, Marilyn. 2009. "Foreword Fat Studies: An Invitation to Revolution." Pp. ix-xxv in *The Fat Studies Reader*, edited by E. D. Rothblum and S. Solovay. New York: New York University Press.
- Warin, Megan. 2015. "Material Feminism, Obesity Science and the Limits of Discursive Critique." *Body and Society* 21(4):48-76. doi: <https://doi.org/10.1177/1357034X14537320>.
- Welbourn, Richard et al. 2019. "Bariatric Surgery Worldwide: Baseline Demographic Description and One-Year Outcomes from the Fourth IFSO Global Registry Report 2018." *Obesity Surgery* 29:782-795. doi: <https://doi.org/10.1007/s11695-018-3593-1>.
- Wengraf, Tom. 2012. "Interpretacja historii życiowych, sytuacji życiowych i doświadczeń osobistych: biograficzno-narracyjna metoda interpretacyjna [Interpreting Life-Histories, Lived Situations, and Personal Experience: The Biographic-Narrative Interpretative Method]." Pp. 351-362 in *Metoda biograficzna w socjologii. Antologia tekstów [The Biographical Method in Sociology. An Anthology of Texts]*, edited by K. Kaźmierska. Cracow: Zakład Wydawniczy NOMOS.
- Winiewski, Mikołaj et al. 2016. *Mowa nienawiści, mowa pogardy. Raport z badania przemocy werbalnej wobec grup mniejszościowych [Hate Speech, Contempt Speech. Report on the Study of Verbal Violence against Minority Groups]*. Warsaw: Stefan Batory Foundation. Retrieved February 15, 2022 ([https://www.batory.org.pl/upload/files/pdf/MOWA\\_NIENAWISCI\\_MOWA\\_POGARDY\\_INTERNET.pdf](https://www.batory.org.pl/upload/files/pdf/MOWA_NIENAWISCI_MOWA_POGARDY_INTERNET.pdf)).
- World Health Organization. 2018. *World Health Statistics 2018. Monitoring Health for SDGs Sustainable Development Goals*. Retrieved February 15, 2022 ([https://www.who.int/gho/publications/world\\_health\\_statistics/2018/en/](https://www.who.int/gho/publications/world_health_statistics/2018/en/)).
- World Health Organization. 2019. *World Health Statistics 2019: Monitoring health for the SDGs*. Retrieved February 15, 2022 ([https://www.who.int/gho/publications/world\\_health\\_statistics/2019/en/](https://www.who.int/gho/publications/world_health_statistics/2019/en/)).
- Wójtewicz, Anna. 2014. *Ciało w kulturze konsumpcji. Efektywność edukacji zdrowotnej na przykładzie sieci szkół promujących zdrowie [The Body in the Culture of Consumption. The Effectiveness of Health Education on the Example of a Network of Schools Promoting Health]*. Torun: Wydawnictwo Naukowe Uniwersytetu Mikołaja Kopernika.

### Citation

Bielska, Beata, Anna Wójtewicz, and Katarzyna Mańkowska. 2023. "Experiences of Living with Fat Bodies with Stigma in Poland. An Intersectional Analysis Based on Biographical Interviews." *Qualitative Sociology Review* 19(1):22-51. Retrieved Month, Year ([http://www.qualitativesociologyreview.org/ENG/archive\\_eng.php](http://www.qualitativesociologyreview.org/ENG/archive_eng.php)). DOI: <https://doi.org/10.18778/1733-8077.19.1.02>