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To cite this article: Ashlea Gillon & Cat Pausé (2021): Kōrero Mōmona, Kōrero ā-Hauora: a Kaupapa Māori and fat studies discussion of fatness, health and healthism, *Fat Studies*, DOI: [10.1080/21604851.2021.1906525](https://doi.org/10.1080/21604851.2021.1906525)

To link to this article: <https://doi.org/10.1080/21604851.2021.1906525>



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Published online: 26 Mar 2021.



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Kōrero Mōmona, Kōrero ā-Hauora: a Kaupapa Māori and fat studies discussion of fatness, health and healthism

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ABSTRACT



This paper explores dual understandings of fatness and health from Kaupapa Māori and Fat Studies perspectives. Fatness for Indigenous peoples can be complex and an entanglement of multiple oppressions. Often Māori understandings of bodies and fatness that reflect whakapapa (genealogy, ancestry, layering of those we come from) and culture are excluded from health contexts and discourses. Understanding fatness and health from a Kaupapa Māori perspective creates space to include these aspects of who we are as Māori and what fatness and body size and shape means for us without being limited or restricted by sizeism, healthism or deficit discourses. Fat studies acknowledges the cultural constraints against fat people and fat bodies and the structural oppression that prevents fat people from accessing public services, including evidence-based healthcare. Fat studies approaches present alternative discourses to fatness and body size that seek to re-center fat people and critique oppression. Utilizing writing as inquiry, we suggest a shift away from public health approaches to fatness that can often be oppressive and perpetuate healthism, in favor of Kaupapa Māori and fat studies pathways that promote self-determination and agency, supporting the community and collective, and body sovereignty.

KEYWORDS

Fat studies; Kaupapa Māori; healthism; fat health justice

Introduction

This is a theoretical paper intended to challenge the philosophical approach to fatness and health in New Zealand by engaging two critical fields of inquiry: Kaupapa Māori and fat studies. Kaupapa Māori centers the lived experiences of Māori, acknowledging the validity and authenticity of Māori knowledge, while also critiquing the violence done to Māori through colonization and rejecting deficit positioning of Māori (Smith 1999). Fat studies centers the lived experiences of fat people and the fat body, acknowledging the validity and authenticity of fat knowledge, while critiquing the violence done to the fat community through science and rejecting deficit positioning of fatness and the designation of fatness as a disease (Pausé 2020a). We believe these fields offer

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pathways to understanding and promoting health for fat people, especially fat Indigenous people; even more so when taken together. We are two fat scholars living in Aotearoa New Zealand: one Indigenous, one tauwiwi.¹ We are interested in the health and well-being of the fat community, and keen to see structural oppression and barriers to fat health dismantled. Utilizing collaborative writing as inquiry, this article discusses the nuances and value in Kaupapa Māori and fat studies perspectives in dismantling healthist attitudes to fatness and presents pathways to do this.

The social construction of health

Health is a social construction (Lee and Pausé 2016; Metzl and Kirkland 2010). Conrad and Barker (2010) note that “social constructivism is a conceptual framework that emphasizes the cultural and historical aspects of phenomena widely thought to be exclusively natural” (S67). Olafsdottir (2013) makes a distinction between the biological state (the disease) and the social understanding/meaning of the state (the illness); “every issue related to health and illness [is] shaped by biological as well as social factors” (41). The way health is defined and understood is shaped by sociohistorical context and location. Also, who has the power to define what health is and who has health has largely been determined by white supremacy, colonization, patriarchy, and capitalism. In any definition of health, there is a risk that individuals, or a community, will be left out (Metzl and Kirkland 2010). Metzl argues, “health’ is a term replete with value judgements, hierarchies and blind assumptions that speak as much about power and privilege as they do about well-being. Health is a desired state, but it is also a prescribed state and an ideological position” (1–2). Lee and Pausé (2016) note that in using the definition of health from the World Health Organization,² many people are left without health: those who use wheelchairs, those with anxiety, those who are poor. This limited framing of health positions unhealthy/undesirable bodies as vulnerable to efforts of eradication, be they fat or Māori.

Within the field of public health, there are as many definitions for health as there are practitioners (for example, see, Bircher and Kuruvilla 2014; Nordenfelt 2007; Sturmberg 2013). But regardless of which definition is subscribed to, three things remain constant. First, public health focuses on population health, and emphasizes the prevention of disease and the promotion of health (Childress et al. 2002). This is done largely through campaigns to change individual behavior (Chrisler and Barney 2017). Second, public health acknowledges the role of social determinants of health, such as class, racism, education, stigma, and oppression (Jecker 2008). And lastly, public health does not characterize being fat as fitting into any definition of health. From a public health perspective,

fatness is a threat to health and must be eradicated. To this end, public and private monies have been directed at finding a cure for fatness. Two kinds of research programs have resulted from this: those that aim to discover the cause for fatness (Allen and Safranek 2011) and those that aim to discover how to eliminate fatness (Teixeria et al. 2015). In addition, other larger environmental interventions have been pursued with the hope to reduce incidence of fatness as well, such as sugar taxes and programmes aimed to encourage movement in children. Public health has even weaponized fat stigma in their war against fatness (Ivancic 2017; Lyons 2009; Pausé 2017; Puhl and Heuer 2010), while acknowledging that stigma is a social determinant of health (Vartanian and Smyth 2013; Wimalawansa 2014).

In contrast, Kaupapa Māori and fat studies provide alternative ways to conceptualize health and wellfulness that reject deficit framing and oppressive narratives. They offer frameworks to understand the ways in which fatness and fat bodies can be understood and create and allow space for confronting and critiquing the pathologization of fat bodies, and Māori bodies, whilst re-centering fat, Māori voices. These two offer opportunity for unique discussions to examine the intersections of fatness, fat bodies, agency, and healthism.

Method

We used a collaborative writing of inquiry for this scholarship. Collaboration is understood as holistic, a culturally appropriate way of undertaking exploration and research within Indigenous contexts. Bishop (1996) emphasizes the importance of collaboration as a method of *whakawhanaungatanga*³ as a “metaphor for conducting Kaupapa Māori research” (215). As one of us is *tauwiwi*, our methodology is a Kaupapa Māori aligned approach, rather than Kaupapa Māori.⁴ However, as we are both fat, we have embraced a fat epistemology (Cooper 2016; Pausé 2020a). We have positioned ourselves as experts in the communities we belong to and have embraced our subjectivities as evidence of our expertise.

Writing as inquiry holds central that writing is a knowledge-making activity. “Writing is a way of ‘knowing,’ a method of discovery and analysis” (Richardson and St. Pierre 2005, 923 as cited by Marshall 2016). Writing as inquiry is a personal and political process, long used by scholars and activists seeking to re-imagine the world and the possibilities within it for marginalized groups (Marshall 2016). In that spirit, we have used writing as inquiry to re-imagine a world where fat people and Māori have health seeking opportunities available, accessible evidenced-based healthcare accessible to them, and structural support and commitment to their health and well-being.

Collaborative writing as inquiry is especially useful for scholars who are separated by distance; writing to prompts across e-mails and using Dropbox

allows each writer to work during their optimal time of day and engage during their working hours, regardless of where they are in the world (Manokaran et al. 2020). We would each write to prompts, and then discuss our writing over Zoom and e-mail. We found that we would have new insights to share and new words to put down on paper during these conversations. As Goodall (2008) writes, “Writing alters the way we think about what we know and how we know it” (14).

In undertaking our work, we aimed to avoid further oppression of Māori and fat communities (Bishop 2003; Pausé 2020a; L. Smith 1999). Most research about fatness and fat people has been conducted by those who pathologize the fat body and seek to eradicate it. And as noted by Bishop (1999), “traditional research has misrepresented Māori understandings and ways of knowing by simplifying, conglomerating, and commodifying Māori knowledge for ‘consumption’ by the colonisers” (1).

Health: Kaupapa Māori

White western ideologies of health and wellness do not acknowledge Indigenous people or collectiveness, and tend to presume universality (Cram 2014; Durie 1999). Mason Durie (1985) poses questions around who defines health and who are experts on this? Māori health consists of thinking about human and non-human capacity and relationality; within a Te Ao Māori worldview, connectedness is central to hauora (Cram 2014). Evident in te reo Māori, the Māori language, is the complexity of health. “Hauora” is a Māori word often used for health and wellness. Hauora also means to be fit, well, healthy, vigorous, in good spirits. The word “hau” is understood as vitality, vital essence, and “ora” is understood as well, safe, cured, to be alive, to recover, to be healthy; ora is vitality and ora is life. The Māori greeting “kia ora” literally means be well, wishing vitality and health to people. Māori conceptualizations of health, as seen here in the meanings of our word for health, are complex and extend beyond westernized and public health definitions.

Māori health and understandings of Māori health are intricately affected by colonization, the imposition of new systems and the re-presenting of Indigenous knowledges as myth (Reid and Robson 2007). Colonization continues to perpetuate inequities and shape Māori experiences of health, health-care and hauora (Reid 2011). Kaupapa Māori definitions of health, therefore, acknowledge both cultural and structural influences that shape our wellness. This highlights the ways in which health for Māori centers not only around cultural and holistic interpretations, but also, anti-oppressive notions of wellness, for example, ensuring Maori live sovereign lives, exercising agency and self-determination. Health from a Kaupapa Māori perspective acknowledges the ways in which colonization shapes access to health and wellness, and to culture (Reid and Robson 2007).

Kaupapa Māori conceptualizations of health include a balance between the individual aspects of health, including bodily, mind, soul and relations, as well as meaningful connection in ways that honor Māori culture and simultaneously identify and critique systemic oppression and its influence on health. Māori health can be understood and shaped by access and connection to culture and environment, access to equitable power and resource distribution, access to equitable socioeconomic determinants of health, access to ancestral links, such as land and culture.

Health: fat studies

The field of fat studies has not attempted to define what health is,⁵ but it has rejected conceptualizations of health that reinforce fat stigma and oppression (Burgard 2009). Many fat studies scholars have worked to disrupt the connection between fatness and health by demonstrating that fatness does not equate with being in ill health. Others have argued that whether fatness is healthy or not is irrelevant; that an individual's health status should not have a bearing on whether that individual is worthy of humanity (Pausé 2019). Within a fat studies framework, questions of health as related to fatness might include, "How can we promote health for fat people?", "What role do fat stigma and fat oppression play as a social determinant of health?"

Fat studies scholars have long understood that how health is defined matters a great deal to the lives of fat people (Lee and Pausé 2016). The perception that fat people are unhealthy, ascribed simply to their fatness, has been used to deny them the same rights and dignity as nonfat people (Burgard 2009; Ioannoni 2020). "The use of health concerns to convey disapproval and censure is a fascinating and disturbing phenomenon in the stigmatization of fat people," writes Burgard (42). Lee and Pausé (2016) investigated whether fat people could have health; exploring whether the very state of being fat precludes a fat individual from ever being healthy. They highlight that most definitions of health exclude fat people entirely, even those who engage in health seeking behaviors. Chrisler and Barney (2017) suggest that healthism (the framing of health as a moral obligation) promotes antifat attitudes. And Lee and Pausé (2016) posit that healthism positions fat people (and others believed to be unhealthy) as less valuable people and a burden on the morally superior healthy people in a society; reinforcing the prejudice and oppression that fat people face.

Fat studies and fatness

In juxtaposition to its position from a Public Health perspective, fatness is a naturally occurring body size within the field of fat studies (Wann 2009). Fat studies rejects the framings of fatness as unnatural, deviant, and unhealthy. Fat

studies scholars reject the use of “overweight” and “obesity,” noting that the former word is a normative word that implies there is a specific weight each individual is supposed to be, and the latter is a medical term that has been used to pathologize fat bodies based strictly on their size (Wann 2009). Wann (2009) suggested, “in a fat-hating society everyone is fat” (xv), highlighting that fat is a signifier that is connected less to an actual size or measurement, and more to power, relationships, and oppression. And because fatness occurs across all social groups and locations, Dodson (2021) argues that “fatness is a great equaliser.”

Kaupapa Māori and fatness

The ways in which fatness is considered by Māori reflect public health perspectives on ‘obesity’ and ‘fixing fatness.’ Yet, while there is much scholarly literature on fatness as a problem, there are growing alternative Māori discourses of fatness (Gillon 2020; Warbrick, Came, and Dickson 2019; Warbrick et al. 2016). Brendan Hokowhitu (2014) argues that healthism impacts Indigenous peoples differently due to colonization and the pathologization of Indigenous peoples and bodies. He notes that “. . . the relentless language of madness, has become ensconced and taken up by Māori themselves. The devotion to be healthy, to live a long and privileged life, has meant forgoing the pleasures and hierarchy of fatness” (39).

Māori conceptualizations of the body and of fatness are complex. While pathologization and fat stigmatization have racialized origins (Warbrick, Came and Dickson, 2019), te reo Māori, again, provides insight into how Māori can understand fatness. The word “mōmona” is often used for the word fat, however it also means in good condition, rich, fertile, nourished. To “whakamōmona” is to make something fat, to enrich it, to nourish it. Other words in Māori that describe fatness include “tuawhiti,” which means thick, fleshy, succulent, of good quality, of substance; and “matū” which means richness, quintessence, and substance. Gillon (2020) goes on to explore the Māori word “nui” and how this can be understood in relation to fatness and body size as it conveys notions of being big, large, plentiful, great, abundant, important, and superior. These connotations of fatness explored with te reo Māori illustrate the non-medicalized and non-pathologized ways that Māori understand fatness and the complexities of it.

Warbrick, Came, and Dickson (2019) suggest a focus on moving away from pathologized, fat stigmatizing approaches to health and wellness for Māori, and support decolonial praxis in health. They propose we can challenge racist, sizeist, systems that assign health and worth based on race/ethnicity and body size by engaging in culturally safe⁶ and decolonizing thinking around health and fatness. Utilizing the Disney movie *Moana*⁷ and the commentary around the stereotypical and racist depiction of the demi-god Maui, they highlight critiques others have

made of Maui being fat; critiques full of fat shaming and fat stigma. In contrast, they suggest that the depiction of a fat demi-god who traversed Te Moana-Nui-a-Kiwa (The Great Ocean of Kiwa, the Pacific Ocean), slowed the sun so we would have longer days, gathered knowledge from the heavens, brought fire to his peoples, and who helped Moana restore the heart of Te Fiti; is a depiction of a 'brown' hero that "is exactly what is needed for public health messages, a celebration of an active, resilient, powerful figure whose body does not align with a Euro-Western ideal body shape" (131).

Bringing them together

Kaupapa Māori and fat studies recognize the role that power plays in the defining of health and allocation of health resources within a community. Lee and Pausé (2016) argue that how health is defined and prioritized is one of the barriers to health for fat people. The people in power are the ones that define what health is and what resources will be made available (and to which groups) to help promote and protect health. Those in power are rarely Māori and rarely active in the fat community, and so the definitions, policies, practices, and attitudes that are created and implemented without the needs or rights of Māori or fat people in mind. This contributes to the health inequities experienced by both groups (Lee and Pausé 2016; Warbrick, Came, and Dickson 2019).

These health inequities are further reinforced through social determinants of health, including stigma, oppression, poverty, and more. Both Kaupapa Māori and fat studies recognize the role of social determinants of health play in the health and well-being of fat people, of Māori. While Public Health may pay lip service to the social determinants, but then focus on individual actions and behaviors, approaches to health within Kaupapa Māori and fat studies maintain a focus on the structural oppressions impacting the health and well-being of fat people and Māori.

Both fat studies and Kaupapa Māori reject neoliberal westernized frameworks of health. Kaupapa Māori and fat studies reject deficit framing, the pathologization of Māori and fat people, and pose critical questions around who is defining health from what position and for who and what purpose. Both these perspectives offer insight into how we can create more inclusive understandings of health and provide pathways to health for fat people.

Lastly, Kaupapa Māori and fat studies both appreciate that health is multi-dimensional. Both fields also acknowledge that health is not a zero-sum game. An individual does not lose their health if they have a mental illness, or physical disability, or diagnosis of cancer. A fat person can have health. A poor person can have health. An Indigenous person living in a colonized country can have health.

Pathways forward

Pathways forward to health for fat individuals must center the importance of self-determination and agency. Self-determination, agency, and authority are guaranteed to Māori in Aotearoa New Zealand under Te Tiriti o Waitangi 1840, however, as evident in Māori health status, this is not the case (Awatere-Huata 1993; Jackson 1993; Reid 2011). And fat people require self-determination and agency in healthcare settings to ensure that they receive more than just a diagnosis of being fat (Pausé 2014).

In her doctoral studies, Ash explores the importance of agency, autonomy, and sovereignty-based approaches to fatness, fat bodies, and highlights the ways in which healthcare and public health spaces can and should operate from size acceptance spaces. In centering the agency of fat Indigenous women, this research offers alternative ways of engaging with fat people in ways that are mana-enhancing⁸ and honor peoples self-determination to live full, accessible lives without attempting to ‘fix fatness.’ By re-prioritizing the voices and experiences of fat Indigenous research partners involved, this work re-centers fat Indigenous women as knowers, as partners in relation with the researcher and supports them having full control and sovereignty over their narratives and the images they supply the researcher as a re-visualization of their self-determination and what that means to them.

Pathways forward will be stronger if fat people acknowledge the importance of community and the collective. Māori values of manaakitanga, kaitiakitanga, oranga, manaaki ki te tangata, aroha ki te tangata, tino rangatiratanga, and mana motuhake, loosely understood as showing respect, support, generosity, to keep safe, to ensure guardianship, to live, to survive, and be well, to look after and love people, and support self-determination and agency, are all inherent within Kaupapa Māori (Bishop and Glynn 1999; G. Smith 1997; L., 1999). In some countries, fat people have collectively organized to achieve their civil rights goals, such as the Icelandic Association for Body Respect in Iceland and the Gesellschaft gegen Gewichtsdiskriminierung in Germany. Other fat people have utilized the Internet as a way of building communities (Harding and Kirby 2009).

Ash utilizes social media as a way to build relationships with fat Indigenous communities, as well as a means to share a Māori perspective on being a fat Māori woman in a world that is systemically racist, healthist, and fatphobic. She talks about her relationship with her fat body and the ways in which being someone with chronic illness requires constant negotiation of health spaces that do not center sovereignty, and often perpetuate harm. One example she utilizes is her experience of getting an IUD as the ‘gold standard’ of management for a particular illness. And when complications were being discussed with her specialist, her specialist said “well, we really should have given you

two iuds because of your weight, hah.” Cat (2020b) recently published a piece about her experience having a CT scan. She spoke to the reason for the scan, the procedure itself, and the realities of being a super fat person needing such a diagnostic examination. The piece seeks to educate other fat people about the experience, acknowledge fears they may have, and provide reassurance that if she can fit into the CT scanner, they probably can as well.

Sharing personal information to promote self-determination agency is key work for building the fat collective and promoting the well-being of the fat community. Camp Boom (2020) was a weekend organized for fat women and non-binary adults at Silverstream resort in the lower North Island of New Zealand. Organized by House of Boom, a plus size ethical fashion brand in New Zealand, the aim for Camp Boom was to provide a space for the fat community and promote self-determination and agency of the fat individuals in attendance. This was pursued through sessions on fat sexual health, fat yoga, fat bodies and healthcare, and more. The group in attendance were diverse, Māori, non-Māori, and tauiwi; they all recognized the value of building their fat community, making plans to stay connected online and agreeing that they wanted to develop a resource that would provide information about fat friendly healthcare providers across the country, especially providers that would also be mindful of the needs of queer fat women, trans fat women, Māori fat women, and fat women with disabilities.

Another key pathway forward is by adopting a body sovereignty approach. Body sovereignty seeks to address the inequitable systems of oppression that perpetuate healthism and inaccessibility to health. Body sovereignty incorporates an intersection of identities, power, and agency, Ivancic (2017) suggests that body sovereignty can be understood as the: General need to feel safe from physical harm and in control of and able to make decisions about the body . . . in terms of health, body sovereignty is located in particular discourses about women’s ability to have jurisdiction over their bodies (eg., sexual assault, sterilization, reproductive rights, childbirth) (4).

Gillon (2020) extends this, discussing the importance of having your body accurately re-presented, and explores this in relation to Māori sovereignty, rejecting notions of ownership stating the importance of agency and self-determination; “Māori have always had a level of kaitiakitanga, rangatiratanga and mana over our bodies, however, the issue lies in how our authority and sovereignty over ourselves, our bodies, and further, our lands, are continuously de-valued, disregarded and not acknowledged by those in power, through policy and the systems that structure and assign access” (12).

In this sense, body sovereignty challenges public health promotion that perpetuate deficit, healthism, and oppression that restrict fat Māori people from having access to their own definitions of health and subsequently health. Both fat studies and Kaupapa Māori understandings of health challenge anti-fat discourses that

healthism sustains. Incorporating fat studies and Kaupapa Māori perspectives into health promotion can ensure that fat Māori have access to culturally safe, and appropriate health promotion that is not grounded in colonization and anti-fat framing.

Concluding comments

From a public health perspective, fat, Māori people are continually marginalized and oppressed for their ethnicity and their body size. The maintenance of sizeist, racist, hegemonic definitions of health serve to ultimately restrict access to health for fat Indigenous peoples based on values of healthism (Warbrick, Came, and Dickson 2018). Kaupapa Māori and fat studies offer ways to challenge healthism and the perpetuation of public health definitions of health that are inherently discriminatory and exclusionary. These approaches highlight the importance of self-determination and agency, of the collectives and communities, and of having body sovereignty as pathways to health for fat, Māori peoples.

Notes

1. Tauwiwi represents an individual who lives in New Zealand but is from a foreign place.
2. The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (1948, 1).
3. Whakawhanaungatanga is the process through which relationships are built and maintained.
4. A Kaupapa Māori approach is research conducted by Māori, about Māori, for the benefit of Māori.
5. Defining health has been left to a sister discipline of Fat Studies, the Health at Every Size approach. From a HAES approach, health is defined as “attending to emotional, physical, and spiritual well-being, without focusing on weight loss or achieving a specific ideal weight” (Burgard 2009, 42). HAES suggests individuals can engage in health seeking behaviors, regardless of size, and to do so without the goal of weight loss or maintenance (Bacon 2010).
6. Cultural safety is a concept from the field of nursing, emphasizing the role that reflexivity has in ethical practice. It is manifested in two ways: the physical practice of cultural safety in healthcare settings, and the internal engagement of each individual provider necessary to be culturally safe. In regard to the latter, the emphasis is on reflexive practice that encourages the provider to reflect on and acknowledge the personal and cultural history, values, and identity, they bring into their interactions with individuals, and how this may shape those interactions (Anderson et al. 2003).
7. Moana is a 2016 animated film from Disney that tells the story of a young Polynesian girl, Moana, and her adventures with the demigod, Maui. Moana is chosen by the ocean to reunite a pounamu (greenstone) gem, the heart of Te Fiti with the goddess, Te Fiti, in order to save her people.

8. To enhance someone's mana is to demonstrate respect and value for who they are; to reinforce their agency and self-determination.

Notes on contributors

Ashlea Gillon Ko Pūtauaki te maunga, ko Rangitaiki te awa, ko Mataatua te waka, ko Tu Teao, Ko Ngā Maihi te hapū, ko Ngāti Awa me Ngāpuhi ngā iwi, Ko Ashlea Gillon tōku ingoa. Ashlea is a Kaupapa Māori critical transdisciplinary researcher and educator, and PhD candidate at the University of Auckland. Ashlea's PhD explores body sovereignty for fat Indigenous women. Ashlea's current work is based in Indigenous studies, Māori health, and Indigenous education, and she also teaches in Māori Studies, Māori health, and into the wider medical education programme.

Cat Pausé, PhD is a Fat Studies scholar at Massey University in New Zealand. She is the lead editor of *Queering Fat Embodiment* (Ashgate) and the *International Handbook of Fat Studies* (Routledge), and has coordinated three international conferences - *Fat Studies: Reflective Intersections* (2012), *Fat Studies: Identity, Agency, Embodiment* (2016), and *Fat Studies: Past, Present, Futures* (2020). Her research is focused on the effects of fat stigma on health and well-being on fat individuals and how fat activists resist the fatpocalypse. She has called for a new fat ethics, acknowledging the role science has played in the oppression of fat people and ensuring that research around fatness centers fat epistemology. Her work appears in scholarly journals including *Fat Studies*, *Journal of Law, Medicine, and Ethics*, *Feminist Review*, and *Narrative Inquiries in Bioethics*, as well as online in the *Huffington Post*, *NPR*, *The Conversation*, and her blog. Her fat positive radio show, *Friend of Marilyn*, has been showcasing fat studies scholarship and fat activism since 2011

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