

ANTI-FATNESS IN THE AGE OF OZEMPIC: SHAME AND RHETORICS OF
EMPOWERED NEOLIBERAL SUBJECTIVITY

by

MORGAN KAYANN THOEM

(Under the Direction of Kelly Happe)

ABSTRACT

In analyzing mediated discourses emergent from the “age of Ozempic,” modern rhetorical constructions of “obesity” and weight loss represent a recharacterization of body/weight shame towards empowered conduct. I argue this constitutes an affective shift which calls forth biomedicalization and capacitation of fat bodies towards the thin ideal, reframing “good” neoliberal citizenship through a lens of progress. Positioning this rhetoric in the context of neoliberal self-governance demonstrates state interest in maintaining thinness, particularly as it intersects with racial and gender identities. Writing across multiple different fields/sub-disciplines, this thesis presents an assemblage of theoretical perspectives including biopolitics and -medicine, constitutive rhetoric, invitational rhetoric, phenomenology, and feminist studies. Thus, the interdisciplinary nature of this work advances the ability to consider affective and capitalist entanglements of the health and wellness industry, while also furthering rhetorical critique on the primacy of disciplining and maintaining fat embodiment in Western culture.

INDEX WORDS: Fat studies, Embodiment, Corporeality, Neoliberalism, Biomedicine,

Biopolitics

ANTI-FATNESS IN THE AGE OF OZEMPIC: SHAME AND RHETORICS OF
EMPOWERED NEOLIBERAL SUBJECTIVITY

by

MORGAN KAYANN THOEM

B.A., Berry College, 2023

A Thesis Submitted to the Graduate Faculty of The University of Georgia in Partial Fulfillment
of the Requirements for the Degree

MASTER OF ARTS

ATHENS, GEORGIA

2025

© 2025

Morgan KayAnn Thoem

All Rights Reserved

ANTI-FATNESS IN THE AGE OF OZEMPIC: SHAME AND RHETORICS OF
EMPOWERED NEOLIBERAL SUBJECTIVITY

by

MORGAN KAYANN THOEM

Major Professor: Kelly Happe

Committee: Analisa Arroyo
Roger Stahl

Electronic Version Approved:

Ron Walcott
Vice Provost for Graduate Education and Dean of the Graduate School
The University of Georgia
May 2025

DEDICATION

For my Gamma, Kay Ann Lowe. My soul is singing. Thank you.

ACKNOWLEDGEMENTS

In offering my acknowledgments, please humor me as I take the obnoxiously “rhetorician” route and (mis)quote Aristotle: “the whole is greater than the sum of its parts.” While my being “greater” is something I am continually striving towards, I most certainly owe my deepest gratitude to all of the very many “parts” that have molded me into the scholar, advocate, and individual I am today.

First, I would like to extend my most sincere appreciation to my committee, who from day one has affirmed intrinsic value in the perspective that I bring to the study of rhetoric. To my major professor Dr. Kelly Happe, please know that this project is indebted to your expertise and insight, which has given me the tools to cultivate my scholarly identity. You lead with dedication and a willingness to learn in all that you do, and I cannot emphasize enough how deeply your approach to mentorship has shaped me. I would also like to thank my committee members, Dr. Analisa Arroyo and Dr. Roger Stahl. You have both played such an integral role in making me feel at home in this department and this discipline, and your encouragement and guidance continues to prove invaluable. A resounding thanks for allowing me the time, space, and page count to craft this thesis in the name of my own edification—not just as a scholar, but also as a person.

This work would not have been possible without a legion of friends and family who have absolutely embraced me throughout the best and worst of times. To my current graduate pals, I owe you endless thanks for being my sounding board daily, for all thoughts both relevant to this thesis and not. You have kept me sane, and made this process not just bearable, but beyond

enjoyable. Thank you also to Matt Delzer and Hope Willoughby, both of whom I am beyond proud to call a mentor and a friend. You have immensely shaped my voice, not only in writing and speaking, but above all my confidence in sharing it. Without you, I would not know what it means to surrender the perfect in pursuit of the good. I have also been uplifted by the unconditional support of many loved ones, not least of which include my dad, sister Maggie, brother Ethan, and my two incredibly clingy cats, Marsha and Tofu. However, I owe special recognition to my mom, who has been by my side watching this work come to fruition as I have chipped away, sentence by sentence. And for boundless encouragement and my argumentative nature, I must thank my Gamma, from whom I have inherited my “negative debater brain,” and my Pompa, whose “you can do iiiit” echoes in my mind constantly. I am so incredibly lucky to have you all.

These pages represent the culmination of and path forward into my own becoming, and I would be remiss not to acknowledge those who came before me—whose mental, emotional, and physical labor allow this work to exist. To the other fat scholars, advocates, and activists both within this discipline and beyond, thank you endlessly for the perspective you provide. This work requires you to lay yourself bare. Without your vulnerability, your intellect, your varied and diverse voices, I would not have the understanding or courage necessary to (pro)claim my own fat identity. This is for us; may we continue to relish in the way that our fat embodiment, passion, and joy take up space.

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS	v
CHAPTER	
1 INTRODUCTION.....	1
Review of Literature.....	7
Outline of Chapters	21
2 POSITIONING THE RHETORIC/IAN.....	39
The Medicalization of Fatness as “Obesity”	41
Social Construction of Fatness.....	44
Morality and the Schema of Personal Responsibility	47
“Health” Promotion and the Fat Patient.....	50
Towards Fat Liberation and Acceptance.....	52
Intersectional Feminism and the Challenges of “Progress” and “Positivity”	54
Conclusion.....	57
3 INVITING EMPOWERED DIALOGUE.....	68
<i>It’s Bigger Than Me</i> as Direct-to-Consumer Advertising.....	70
Speculation, Spectacle, and the Intersubjective Fat Body	75
Offering Perspectives	86
Creating External Conditions	96

Manufacturing the Black Female Consumer.....	105
Conclusion.....	113
4 CONSTITUTING EMPOWERED CONSUMERS.....	126
Oprah Winfrey in the Public Imagination.....	128
“Disease” as the Site of Empowerment.....	133
Confessional Narratives of Abjection	141
Transformation Through Biomedical Conduct	148
Disciplining the Black Female Consumer.....	158
Conclusion.....	165
5 CONCLUSION	175
BIBLIOGRAPHY	184

CHAPTER 1

INTRODUCTION

As of March 26, 2023, infamous weight management program WeightWatchers (WW) solidified their “biggest brand shift in the company’s 60 year history”¹ by acquiring telehealth company Sequence.² Along with the merger came the ability to prescribe highly sought-after injectable weight loss medications such as Wegovy and Mounjaro, a new function of WW that was promoted as a gateway into providing more “impactful, holistic solutions for people living with overweight or obesity.”³ In order to mark the rollout of the new “WW Clinic,” the brand sponsored a PR trip to Los Angeles in January of 2024, with many notable plus-size influencers present including *RuPaul’s Drag Race* finalist Kim Chi.⁴ WW deemed this event its “GLP-1 Hype House;”⁵ this is a reference to both the drug class for medications like Ozempic (Glucagon-like peptide-1 agonists, or GLP-1s), as well as TikTok’s popularization of all-inclusive sponsored brand trips, where influencers both stay and attend events in one collective vacation property. Throughout this trip, influencers were engaged in a paid partnership⁶ to generate content reinforcing WW as a progressive diet program, committed to “help[ing] bust the misconceptions and stigma around GLP-1 medications.”⁷

When asked about promoting GLP-1 medications as a fat influencer during WW’s brand trip, Jake Beaven-Parshall responded that “there’s a lot of stigma around these drugs: [one being that] it’s the easy way out... so I think it’s important to humanize it.”⁸ WeightWatchers is only one of many former diet and nutrition programs rolling out emergent telehealth services geared towards prescription of GLP-1 medications; several others include *Noom*, *Ro*, *Eden*, and *Hers*.

However, these companies are not simply proliferating access to and use of these drugs, they are contributing to a broader discursive reanimation and reconfiguration of diet culture. According to Google Trends, which shows the popularity of given search terms based on the number of entries across time, the topic “weight loss”⁹ reached peak popularity in May of 2024. Likewise, “GLP-1” is continually setting new records with its peak popularity, most recently in March of 2025.¹⁰ Evidently, interest in these new ‘wonder drugs’ is having a significant impact on discourse surrounding fatness— and even bodies in general— throughout the United States.

While the cultural salience of the weight loss industry is not new, much of the conversation surrounding health and body size has shifted with the advent and approval of the next era of novel “weight management” medications. Public opinion appears to affirm this, with news coverage deeming that “obesity” is now perceived within the context of the “age of Ozempic.”¹¹ Much of this discourse began in relation to growing popularity and social prevalence of using Ozempic—an injectable medication developed by Novo Nordisk—off-label for weight loss, primarily by celebrities and other public figures.¹² Ozempic itself belongs to a class of medications called Glucagon-like Peptide-1 (GLP-1) agonists,¹³ comprised of compounds semaglutide, liraglutide, and/or tirzepatide, which are sold under a variety of brand names such as Wegovy, Saxenda, Mounjaro, and Rybelsus. GLP-1 agonists work by synthesizing a human hormone that regulates hunger and fullness cues in the brain, as well as alters the way that food is processed throughout digestion.¹⁴ While other medications of the same class are FDA approved to treat chronic weight gain and/or “obesity,” the “age of Ozempic” is itself a misnomer, since GLP-1s were originally developed primarily as a solution for type-2 diabetes. Regardless, entrance into this “age of Ozempic” truly began in 2021, when the Food &

Drug Administration approved a GLP-1 medication, Wegovy, for the management of “chronic weight gain;” this was the first of its kind approved since Saxenda in 2014.¹⁵

Yet alongside the rise in popularity of these new weight-loss drugs, rather than weight or body shaming, public conversation has largely centered around “Ozempic shaming,” or the backlash, stigma, and negative responses individuals may face both online and in person when disclosing their use of such drugs.¹⁶ Echoing Beaven-Parshall’s comment, this is often predicated on the notion that users are taking “an easy way out”¹⁷ rather than relying on “traditional” health-promoting behaviors such as dieting in a caloric deficit and engaging in routine exercise. This general ascription of shame is displaced even *further* onto specific parts of the body with concerns like “Ozempic face,” a term popularized in referring to the appearance of facial aging experienced after rapid weight loss from GLP-1 medications.¹⁸ And in many cases, the prescription process and decision to obtain these medications is not entirely self-determined; a Vox article gives the example of Aditi Juneja, one woman who self-described as having finally reached a point of “embrac[ing] her larger body size”¹⁹ when her medical team suggested she go on Mounjaro. Even after Juneja refused, her doctor kept pushing until she eventually obliged. This reflects the rampant diet culture that has long infiltrated medical spaces, manifesting as healthist presumptions about the fat body— such as, in Juneja’s case, the assumption that fat patients are always-already seeking weight loss. This superimposes a “weight loss journey” onto all fat bodies. At the end of the day, healthism embodies the belief that wellness is entirely a matter of personal and individual responsibility. In this way, *health* becomes the quest to “[reinforce] the privatization of the struggle for generalized well-being” that is both ill-defined and anti-fat.²⁰

In response, discourse surrounding these drugs has shifted from a rhetoric of shame to one of empowerment— seemingly in order to remediate and repair public perceptions of these medications, rebuke criticism surrounding the body, and act as a driving force behind widespread social uptake of medicated weight-loss interventions. Informed by the context of the American Medical Association’s 2013 decision to officially recognize “obesity” as a disease,²¹ public opinion does appear to be experiencing a shift regarding the alleged relationship between weight loss and willpower; a February 2024 Pew Research Institute survey found that a two-thirds majority of Americans hold the belief that “willpower alone is usually *not* enough for people who are trying to lose weight and keep it off.”²² However, I question how this coincides with a growing emphasis on GLP-1 drugs as an advancement in biomedical technology integral to modern medical understanding of proper weight loss methods. According to WeightWatchers’ chief marketing officer Amanda Tolleson, the company’s recent changes are intended to “[bring] healthcare into the living room and [provide] a safe space free of bias, stigma, and shame,” with the ultimate goal of encouraging users to “reclaim their health.”²³ As such, this thesis serves as an exploration of “age of Ozempic” rhetoric as always-already aimed at normalizing conduct— taking GLP-1 medications— that ultimately disciplines bodies into thinness as the end result.

Previously, rhetorical scholarship on body and/or weight shaming has explored how the physical form is ascribed with socio-cultural capital according to its perceived ability to successfully perform neoliberal citizenship. Thus, in the context of health, shame acts as a mechanism of social control over “abnormal” bodies due to their “presumed lack of self-control and self-discipline”²⁴ – qualities that are discouraged as antithetical to advancing state goals and interests. Though, as sociologist Tanisha Spratt points out, shame is not only socially constructed, but ideas about neoliberal citizenship are also subject to change across differing

cultural milieu or “moments in time.”²⁵ With widespread promotion of and access to such medications metastasizing through popularization of compounding pharmacies, the “age of Ozempic” presents renewed potential for disciplining fat bodies according to proper neoliberal citizenship.²⁶ Bringing all of this together, I discuss public discourse surrounding the use of GLP-1 weight loss drugs, specifically in the realm of empowerment as an affective rhetorical response to shame; in ascribing personal responsibility towards good citizenship, such emergent biomedical technologies act as a mechanism for reinforcing neoliberal governmentality.

While scholarly attention towards shame adds to disciplinary consideration of larger bodies and weight stigma, there is still the question of how the thin ideal is specifically adapted to emergent technologies of health that enact anti-fatness. Therefore, I assert the need for expanded understanding of biomedicalization and neoliberal self-governance that attends to shifting public discourses of health-minding and weight shame related to GLP-1 medications. In doing so, I turn to Foucauldian feminist critiques of empowerment to demonstrate how current conversation surrounding medicated weight loss instead presents a more seductive— and inductive— approach to achieving the idealized, self-governing neoliberal citizen. As Alan Petersen argues, “the notion of empowerment and the techniques of risk have come to play a crucial role as techniques and technologies of governance, in shaping the conduct of individuals in ways which make them more self-governing.”²⁷ Following this vein, identifying rhetoric of empowerment offers valuable insight into developing critiques of biomedicalization and neoliberal individualism into the current era of weight-loss medications. However, this project also identifies rhetoric of empowerment as misinterpreting and misplacing perceived backlash as stigma towards *weight loss*, rather than recognizing a base societal condition of anti-fatness. I argue that the notion of the empowered GLP-1 user serves to coerce consumption and enforce

thinness as health. Therefore, rhetoric of empowerment draws from the same affective mode as shame, such that shaming is implicit (and/or explicit) in narrative and discursive construction of empowered weight loss through GLP-1 medications.

Scholarship regarding shame has largely centered on the body as the site of such negative affective experience of degraded self-perception, teasing out related concepts such as blame, guilt, and stigma in the process. Drawing from a Foucauldian perspective on biopower, the *act* of shaming is viewed as a tool towards advancing neoliberal governance through the gaze of a hegemonic “ideal other.”²⁸ Within the context of weight stigma and anti-fatness, this project sets its sights on the “peculiar ‘contagious’ character” of body shaming, answering Luna Dolezal’s assertion that study of shame and its affective consequences should not be limited to one “individual subject,” but instead must consider its broader “social dimension[s].”²⁹ In doing so, there is a prescient need to further develop scholarly conversation surrounding the ways in which shame is evolved and articulated through rhetoric of empowerment. As Tasha Dubriwny’s work has been integral to the formation of this project, my intervention aims to address one of her central calls in *The Vulnerable Empowered Woman*: the imperative for scholarship to advance critical perspectives on biomedicalization and promote deeper inquiry into post-feminist construction of vulnerability and empowerment.³⁰ I use this perspective to demonstrate how mediated environments in discussing the “age of Ozempic” are, as Nancy Fraser asserts, “glossed by a veneer of emancipatory charisma,”³¹ such that empowerment serves as a conduit to shame in a neoliberal post-feminist rhetorical landscape.

Review of Literature

Shame & Neoliberal Governmentality

David Seitz and Amanda Tennant offer a concise overview of neoliberal thought, which may be “broadly understood as economic philosophy that advocates globalization, deregulation, privatization, Social Darwinism, and the commodification of nearly every aspect of life.”³² Among these principles is the collapse of boundaries between the state and the market economy;³³ as Michel Foucault explains, under neoliberalism, the notion of the “free market” fades, and instead it “indicates, it constitutes the general index in which one must place the rule for defining all governmental action.”³⁴ Thus, “biopolitics” becomes the central expression of—or at the very least, concomitant with—the turn towards neoliberalism,³⁵ such that the institutions and bureaucratic machinations of governance exact political power over and against “populations.” From this, Foucault articulates *biopower* as concerned with, exercised through, and derived from “living beings.”³⁶ Essentially, life and bodily existence is able to be known, and thus appraised, capacitated, moralized, controlled, and disciplined. Biopower is a turn away from juridical methods of control, and towards disciplining not only life, but also *how* life is lived.³⁷ In other words, viewing power as exercised through bodies effectively creates the notion of self-governance; delineating an autonomous and agential physical *self* is a prerequisite for subject-led uptake of state interests.

Beyond just working to proliferate a capitalist system, techniques of biopolitical control—such as empowerment—represent an alternative dimension of disciplinary power that extends the state’s reach beyond the realm of formal governmental and legislative activities.³⁸ Paraphrasing Nikolas Rose, Katherine Sender explains that neoliberalism sublates “external forms of government” through a turn towards “internal forms,” which are “increasingly

dependent on the ability to self-govern.”³⁹ This is in line with Foucault’s notion of *docile bodies* as those whose corporeal existence is pliable and manipulable to fit the whims and aims of neoliberal governmentality.⁴⁰ Bodies give fleshly form to the state, substantiating its totalizing power and extending its reach of socio-economic control. In this sense, “docility” is a reflection of the ideal other, an assumed “gaze that keeps deviance under surveillance.”⁴¹ As such, neoliberalism sets up self-proliferating systems of coercive control that support capitalist production and uphold state power as a *result*, but are *primarily* concerned with getting citizens themselves to do the work of governing and disciplining. Biopolitics’ turn to the body itself helps explain both where power is concentrated, and how such power is exercised. In general, neoliberal thought reflects a profound cultural anxiety towards lack— of production, of value, and of consumption— that has the potential to spell capitalism’s downfall. Drawing from De Tocquevillian line of thought, Charlene Elliott explains that only “active, working, non-slothful bodies” are cast as contributors to democracy, particularly in their capacity to actively participate in and advance capitalist production.⁴² Thus, a particular *condition* is explicitly mapped onto neoliberal subjects according to their perceived productive capacity, or their ability to “[extend] the reach of the state and [share] the burden of governance.”⁴³

Ideal neoliberal citizenship is then translated into “moralising tool[s],”⁴⁴ which guide citizens’ internalizing and normalizing of idealized, disciplined conduct by grounding it in bodily action. Writing in *The Cultural Politics of Emotion*, Sara Ahmed explains that sensory-social experience is not invariably ascribed to a particular sign, but instead that affective character and/or meaning is produced “as an effect of [the sign’s] circulation.”⁴⁵ Through this understanding, *affect* may be encompassed within a neoliberal capitalist mode of production towards biopower. In turn, the circulation of affect creates, responds to, and continually reifies

“structures of moral responsibility” implicit in the relationship between citizen and state.⁴⁶

Emotions such as shame are ultimately central to the construction of unified national identity because of their ability to constrain individual conduct. As an act of comparison against an ideal other, shame is inherently a valuation of moral character— good and bad, right and wrong, or in the context of a capitalist social structure, productive and unproductive. By coalescing self-conscious self-perception as a distinct affect, shame presents hegemonic imperatives towards identity formation and nation-building.⁴⁷ Through shame, bodies are ascribed with socio-cultural capital according to the degree to which they possess (or lack) the ability to perform ideal neoliberal citizenship.

However, affective theoretical understanding of shame necessarily turns outward in locating the ideal other, where formalized state power drives interpellation of neoliberal subjectivities and ultimately mechanizes shame as a means of bodily control. In outlining his broader theory of affect, foundational work by Silvan S. Tomkins explains shame as an emotion of “indignity, of defeat, of transgression, and of alienation” which drives self-contempt and humiliation.⁴⁸ Helen Merrell Lynd emphasizes both the interiority of shame as a “wound to one’s self-esteem, a painful feeling or *sense* of degradation,” as well as its relationality, since shame is evoked during situations that “[incur] the scorn of others.”⁴⁹ Generally, critical and rhetorical scholarship understands shame as an affect that is intimately tied to the human experience. Ahmed defines shame as an “intense and painful sensation that is bound up in how the self feels about itself.”⁵⁰ Essentially, shame is the sensory experience of realizing one’s own inherent subject position. This draws from Sartre’s explanation of shame as an enactment of self-consciousness that is doubled; shame represents both a turn *inward*— “I am ashamed of what I am”— and the potential for *outward* recognition of deficiencies that lie within—“I am ashamed of

myself as I appear to the Other.”⁵¹ However, Ahmed builds on this by suggesting that the affective force behind shame stems from self-recognition *of* and *as* failure under the gaze of a particularized “ideal other.”⁵² Thus shame is based on the assumption of perpetual comparison and prediction of perpetual failings towards the ideal. Erik Erikson explains this as a paradox of visibility, such that one is both “visible and not ready to be visible.”⁵³ Essentially, shame recognizes one’s own inherent ability to be perceived and, to parrot Ahmed’s phraseology, impels the subject to “turn away” from the humiliation of always-already being interpellated through the gaze of the ideal other.

Drawing from Foucault, Megan Warin points out that neoliberal governmentality is not simply concerned with disciplining a “single body or state,” but instead traffics in the “broader *art of governing* populations.”⁵⁴ However, this also suggests that shame is localized according to particular demographics whose embodiment is further from the ideal— framing them as populations who are less capable of self-governing and thus require more disciplining to effectively reproduce proper neoliberal citizenship. In other words, the body is integral to locating specific enactments of neoliberal governmentality as it is weaponized *through* shame. Writing from a distinctly phenomenological perspective, Luna Dolezal explains shame as an “embodied response”⁵⁵ that intensifies focus on specific *physical* markers as determinants of social acceptance.⁵⁶ This notion echoes within broader scholarly interest surrounding weight and/or body shaming, which have been explored as practices that discipline behavior according to a deterministic set of social and cultural norms of bodily comportment.⁵⁷ Often, this vein of scholarship seeks to expose how shame acts as a mechanism of social control over “abnormal” or “unhealthy” bodies due to their “presumed lack of self-control and self-discipline.”⁵⁸ Body shame provides a specific focus or aim of the affect, in order to most accurately locate the ways

in which expressions of power are exercised through the body. The neoliberal valuation of individualism and personal responsibility is then mapped on to specific, highly individualized lifestyle and behavioral markers as action steps towards good *bodily* citizenship.⁵⁹ However this allows a false sense of choice to take hold where, in deciding whether one would rather be healthy and productive, the affirmative answer is determined before the question is ever asked.

It is important to understand body shame as a techne of risk analysis and surveillance predicated on homogenizing anything that threatens the power and/or economic advancement of the state. From this, work on *fat* shaming centers on rhetoric that explicitly mobilizes stigma and negative attitudes towards larger-bodied individuals.⁶⁰ As Kathleen LeBesco asserts, under neoliberalism the “healthy body has come to signify the morally worthy citizen,”⁶¹ whose assumed behavioral practices reflect the aspects of self-governance that are viewed as advancing production. Thus, shame is seen as a tool for deliberately disciplining bodies into a standardized definition of wellbeing-as-good-citizenship, that often equates to a highly specific picture of what bodies successfully achieve health. In building on her discussion of affect and Marxist new materialism, Catherine Chaput explains that the capacity for bodies to engage materiality derives “from how biologically ingrained those affective dispositions have become.”⁶² In turn, this reinforces stereotypes of specific behaviors and bodily comportment as characteristic of fatness as an identity, such as compulsive binge eating, laziness, and uncontrollable cravings for “junk food.” Proponents of fat shaming view it not only as a method of communicating risk, but also explicitly endorse it as a “*productive* way of motivating people with overweight and obesity to lose weight.”⁶³ However, just as affective theorists cast shame as self-perception tethered to the ideal other, Tanisha J. R. Spratt explains fat shaming is similarly reciprocal and relational.⁶⁴

Yet this is ultimately futile, as the neoliberal *ideal other* is inherently contradictory; the state weaponizes affect to obfuscate the citizenry's role as "out-of-control consumer[s]" who lack agency in their capitalist consumption, and instead redirects them to assume the role of "self-controlled subject[s]." ⁶⁵ Therefore, by seeking to avoid shame, the neoliberal subject must opt-in to self-governance that reflects state interest. In articulating what it means for the state to have interest in maintaining and governing embodiment, I turn to Stuart Hall's explication of Foucault's critique of the state as a "single object," ⁶⁶ positioning it instead as a "contradictory formation" that is "active in many different sites." ⁶⁷ As Hall furthers, the state serves to:

... bring together or articulate into a complexly structured instance, a range of political discourses and social practices which are concerned at different sites with the transmission and transformation of power— some of those practices have little to do with the political domain as such, being concerned with other domains which are nevertheless articulated to the State, for example, familial life, civil society, gender and economic relations. ⁶⁸

This necessitates recognition that anti-fatness and/or weight loss is fundamentally based on a relation with power in the form of the thin ideal—wherein proper "social practices" and accompanying discourses stem from risk-assessment as a fundamental aspect of capitalist logic. However, neoliberal thought also individualizes shame across a paradigm of personal responsibility and good citizenship. If subjects are unable to effortlessly balance these two contradictory roles, it is simply because they are not truly acting as a fully-realized "rational, self-determined agent[s]." ⁶⁹ Thus as Hall continues, the state enacts a "performance of a condensation which allows that site of intersection to be transformed into a systematic practice of regulation, of rule and norm, of normalization, within society." ⁷⁰ The state directs what it means

to be a good consumer-citizen, such that independently-contrived personal responsibility informs the portrait of the *ideal other* from which shame is created.

Feminist Critiques of Empowerment

In an industry dominated by narratives of reclamation, discourse surrounding contemporary weight loss medications complicates the neoliberalized depiction of shame, through a dialectical shift towards rhetoric of empowerment. Generally, the term “empowerment” is imprecise, both in its definition and application. Janice L. Ristock and Joan Pennell consider empowerment a tool for feminist pedagogy and praxis, providing an enhanced capacity for female agency both within the individual and as a collective.⁷¹ Emerging within third-wave feminist rhetoric as an offshoot of post-feminism, discourses of empowerment must be located within a growing neoliberal impulse throughout the policy of the 1990s, where empowered action became a tactic to enforce disciplined conduct as both “individual responsibility and self-help.”⁷² In this way, empowerment presents an alternative method of understanding feminist consciousness that turns a less critical eye towards state interests and ultimately seeks to rectify the non-ideal subject in conjunction with legitimizing neoliberal policy. The rise of neoliberal feminist rhetoric of empowerment represents movement away from second-wave consciousness-raising and “equal rights, liberation, and social justice,” instead emphasizing the achievement of *post-feminist* goals that value “happiness, balance, responsibility, and lean-in.”⁷³ Departing from prior juridical modes of punishing amoral or unproductive comportment, empowerment positively urges neoliberal citizens to opt-into morally superior behaviors and modes of self-governance.

One key characteristic of empowerment rhetoric identified by critics of post-feminism is the tendency towards advancing a notion of feminist participation and activism that ultimately

supports capitalist interests. Tasha Dubriwny echoes this in *The Vulnerable Empowered Woman*, asserting rhetoric of empowerment is not simply “postfeminist” or a departure from feminist thought, but a direct “use or co-optation of feminism in a depoliticized manner.”⁷⁴ As such, empowerment becomes a tool for social control informed by commodification and reframing of a feminist ethos. Andi Zeisler explains that empowerment acts as a purposefully vague “catchall phrase” that is at once both “gender-essentialist and commercially motivated.”⁷⁵ Being that its cultural definition is so imprecise, empowerment is able to masquerade as activism by co-opting the language of social justice and feminist thought. However, this is ultimately done in support of neoliberal values towards productivity and individualism. Often referred to as “commodity feminism” or “commodity activism,” Lisa Daily asserts ethical consumption is simply a fantasy under capitalism, which draws on left-leaning virtues to “enact a marketized version of the empowered and possessive individual.”⁷⁶ Empowerment becomes central to the construction of the informed activist-consumer that attempts self-awareness, but who ultimately remains ignorant of their own hegemonic condition, since doing so would require disavowing “natural” neoliberal impulses.

The commodification of activist rhetoric guides subjects towards capitalist consumption and reproduction of heteropatriarchy as the operative mode of being, such that empowerment need not be beholden to “substantially disrupting power relations.”⁷⁷ Because neoliberal post-feminism prioritizes the fantasy of agential choice within a system of value— rather than seeking liberation from the system as a whole— empowerment reflects both privilege and state interest. As Jo Rowlands echoes in *Questioning Empowerment*, critics argue that this discourse leaves little room to interrogate how empowerment is achieved, and by whom.⁷⁸ Others point out that empowerment presupposes not *only* agent and agency, but also implies a centralized “vision or

desirable end state.”⁷⁹ However, I amend this statement as such: empowerment not only presents a desirable end state for bodily conduct, but also indicates the desirable end State. In this way, bodies’ empowerment into a certain physical condition helps continually (re)create what aspects of the body are available for self- and state governance. Pairing scholarship on shame-as-affect with feminist critiques of empowerment helps enrich understanding of what Deborah Lupton deems the “neoliberal paradox,”⁸⁰ or the incessant push towards generating value through “good consumer-citizenship” despite pressures to self-police certain types of consumption—mobilized through structural means, such as the cost of medical care and health insurance.

Though neoliberalism promotes limited government interference, matters of public health are one arena in which formalized state powers (such as legislative processes) and free-market principles (such as individualism and competitive choice) become linked.⁸¹ As such, empowerment emerges as a method of directing self-conscious citizenship aligned with specific implicit behaviors. Through her work at the intersection of feminist and fat studies, Zoe Meleo-Erwin explains this best:

Rather than through techniques of overt coercion, in contemporary Western societies people are primarily disciplined and regulated through their active engagement and recommended practices and techniques designed to normalize their behavior, selves and bodies.⁸²

Essentially, empowerment is positively framed; individuals are encouraged to engage in highly favored behaviors autonomously and electively, rather than authoritatively being forced to undertake action. This allows neoliberal post-feminist discourses of health to contradict their stated activist, liberatory efforts, and instead compel adherence to hegemonic positions—such as traditional gender roles—as personal responsibility.⁸³ I assert the state’s ultimate interest is in

self-perpetuation through capitalist means, hailing consumer-citizens that are easily regulated and governed, who are both productive and consumptive. Micki McGee similarly views such a neoliberal capitalist context as allowing the “self-help industry” to exist as a technology of governmental control in which “constant self-improvement is suggested as the only reliable insurance against economic insecurity.”⁸⁴ It is reasonable to assume that discourses of weight loss make up one head of the multifaceted hydra that is “self-help” or wellness culture broadly; thus, self-improvement is now also the “only reliable insurance” against unstable or insecure *embodiment* that is seen as exemplifying risk and threat, which may at once both implicate biomedicalization and capitalist interest. This aligns with Fraser’s explanation of empowerment as “identifying ‘progress’ with meritocracy instead of equality,”⁸⁵ effectively creating a model of shame that is more insidious in its ability to evoke a false sense of agency and autonomy in pursuing proper neoliberal self-governance. Therefore, in exploring rhetoric of empowerment, it is imperative to question how the state adapts the double bind of neoliberal consumer-subjects to discipline bodies through simultaneous expansion of free choice and reduced ability to opt-out of self-governance.

Biomedicalized Empowerment as Capacitation

Contemporary modes of surveilling and compelling conduct “function as ruses” that allow neoliberal methods of governance to assume the facade of a less overtly forceful approach.⁸⁶ I argue that empowerment is one of these “ruses” that conceals the state’s aims towards enforcing biomedicalization as reflective of appropriate neoliberal self-governance. Rose explains that the state does not need to explicitly motivate or enforce health, even though it often does so.⁸⁷ Instead, health is both universalized and culturally internalized as personal *desire*— as LeBesco paraphrases Rose, “citizens of course *want* to be healthy.”⁸⁸ Through the

context of biomedicalization specifically, perception of the physical body is seen as reflective of responsible citizenry. In *The Right to Maim*, Jasbir Puar views biopolitics as a “theory of debility and capacity,” being that Foucault’s explanation of this concept hinges on population markers that enforce dichotomies of vitality and mortality.⁸⁹ In such a reading, Foucault’s theorizing on biopolitics reflects the tendency for Western thought to take scientific knowledge as gospel, ignoring the fact that biomedicine is itself an epistemological process.⁹⁰ Thus, one major way the body is capacitated is through technologies that allow for the “permeability of body boundaries,” particularly in health and medicine, which Kelly Happe describes as “reveal[ing] unforeseen connections or revelations with other bodies in local, national, and even global contexts.”⁹¹ In other words, biomedicine generates opportunities for alternative understandings of and interactions with embodiment, both by *self* and *others*. Puar explains this through a schema of capacity and debility, such that biomedicalization acts as a “neoliberal guise” that is deployed by biopolitics as a “capacitation machine.”⁹² As such, consumer-citizens are instead encouraged to conceive of their bodies as extended and ameliorated through frontiers in biomedicine, representing a shift towards questioning “How does this make me *better*?” rather than calling attention to “What am I *not*... and may never be?”

Empowerment—like shame—furthers state interest by disciplining neoliberal citizens according to an ideal other which, in necessitating *health*, is unequivocally understood to be thin. This aligns with Jennifer Lee and Cat Pausé’s interpretation of stigma in biomedical practice, where anti-fatness materializes as “neoliberal cultures” work to “promote individual responsibility for maintaining individual health; individuals have a moral obligation to one another to be healthy.”⁹³ Techniques of risk ascription and assessment are then used to construct bodily vulnerability, calling forth the need for an empowered, elective response that keeps

patients from critically interrogating the reach of this biomedicalization. Dubriwny points out that the moralizing character of this discourse obfuscates the potential for assuming a “critical stance toward biomedical knowledge.”⁹⁴ Therefore, the notion of empowered (biomedical) subjectivity allows health to be universalized as a desire for all citizens, who ultimately assume the gaze of an ideal other.⁹⁵ In this case, *ideality* is defined in relation to fatness as both the particularized embodiment calling forth the need for biomedical self-governance, but also the site of capital production.⁹⁶ By affirming the need for self-improvement, empowered self-governance frames itself as additive rather than reductive – “look how much better you could be” instead of “look how bad you are.” As Puar elucidates, even (or *especially*) in “seek[ing] capacitation for some as a liberal rationale,” such an expression of biopolitics serves as an “ableist mechanism that debilitates.”⁹⁷ Thus, the notion of empowerment does not reshape roles and norms as it claims to, but rather aims to ensure individuals remain able-bodied long enough to reproduce proper neoliberal citizenship.

Yet because empowerment frames self-governance positively— as what one can and *should* be doing to fulfill proper citizenship— it obfuscates recognition of any option beyond surrendering to systems of biopower. Therefore, I assert that in order for consumers to “go willingly,” empowerment must function as a mode of displacement. Empowerment marks a departure from enforcing personal responsibility alone, such that disciplining of bodies into thinness-as-health is couched as rational free choice. Recalling Foucault’s “docile bodies,” Sastre demonstrates that a rhetoric of positivity and/or progress is always-already “deeply embedded in a matrix of power that situates even seemingly individual choices inextricably within a larger web” of proper neoliberal self-governance.⁹⁸ In magnifying the role of the body, neoliberal citizenry and governmentality further concentrates the affect of shame and need to self-discipline

on specific behavioral markers. Within health, this is often reflected by a shaming paradigm of thin-versus-fat, where the “figurative concept of citizen ‘fitness’ is often mistakenly conflated with the visible look of leanness.”⁹⁹ Fat subjects are assumed to be personally responsible for their own adiposity, based on an alleged lack of self-regulation and failure to fulfill ideal neoliberal citizenship. Essentially, fat bodies are seen as less productive, while requiring *more* support from the state in terms of resources such as healthcare.¹⁰⁰ This is then particularized to specific behaviors— such as food consumption and exercise regimens— despite the fact that, as Michael Marmot explains, the ability to engage in health-promotion is limited by privilege and social inequality.¹⁰¹ As a result, fat bodies’ “bad” neoliberal citizenship is determined specifically in relation to their “excess weight” or adiposity being read as an “external marker and/or signifier of their presumed lack of self-control and self-discipline.”¹⁰²

By positively framing self-governance through health, empowerment is predicated on ascription of risk and personal responsibility. Contemporary discourses of health exist in a pervasive culture of biomedicalization, which inherently demands constrained action that reinforces both heteropatriarchy and reflects a dichotomy of risk and morality.¹⁰³ In this way, one’s willingness and ability to properly perform traditional femininity is constructed as a matter of life and death. Dubriwny explains how bodies are read as such, in being confined to a singular, restrictive paradigm of vulnerable empowered womanhood.¹⁰⁴ Modern neoliberal feminist discourse draws a one-to-one relationship between bodily vulnerability and a limited number of highly biomedicalized “solutions” that risky bodies are empowered into choosing between. Empowerment rhetoric involves coercion into adopting specific behaviors— one must be empowered *to do* something or *to feel* a certain way. Yet when consumer-citizens are blamed for “both their acts and their omissions – what they do wrong and what they fail to do right,”¹⁰⁵

vulnerable bodily comportment always-already presents shame as the potential negative affective cost of failing to electively discipline one's health according to this limited choice. In turn, empowerment arises as the compulsory response to inevitable failure to achieve the ideal; empowered subjects must properly remediate this blame in order to counteract their own vulnerability. Speaking to discourse surrounding those with the BRCA gene mutation, Dubriwny argues that breast cancer is framed as "absolute destiny" that inherently "necessitate[s] empowerment"¹⁰⁶ through the "dramatic," "brave," "radical," and supposedly autonomous decision to opt-into a prophylactic double mastectomy¹⁰⁷. Thus, empowerment rhetoric serves a mandating function, assuring that concerns of potentiality are in fact inevitable, and that the way to counteract predestined effects is to undergo biomedicalized treatment and surveillance to more aptly embody a normative existence.

Despite its positive framing, the act of exercising empowerment into "personal choice" isn't truly free or agential. Ahmed casts shame as an emotion inherently centering around a state of Edenic exposure that prompts the need to conceal one's own "failure of love," as it reflexively "shows our love."¹⁰⁸ Within discourse surrounding weight loss, the supposed failure to love oneself enough to achieve thinness exposes both a shameful individual "love" of (or tendency towards) consumption, as well as collective societal "love" (or valuation) of health. I argue that in empowerment, the base emotion of shame and the failure to achieve the thin ideal persists; one would not *need* to be empowered without the preexistence of some deficiency or lack, which comes with a negative affective cost. As health is always-already equated to increased productivity and individualized personal development, the neoliberal consumer-subject experiences disciplining through a decline in the freedom to negate, to express what bodily condition is or is not desired.¹⁰⁹ In a modern rhetorical landscape, there is no longer the ability to

“opt-out” but only empowered versus unempowered— or, deficiency that coerces bodies towards the supposed path to achieving sufficiency. Yet at the same time, empowerment appears to be so ubiquitous because it is affectively seductive; believing oneself to be an empowered consumer just ‘feels better’ than experiencing the full psychic and social burden of existing as a shameful/shamed subject. Again returning to Ahmed, I assert empowerment arises as one way to avoid shame’s negative “affective cost,”¹¹⁰ by disciplining bodies into normative existence. Empowered self-governance allows a false sense of agency and autonomy, manufactured by the illusion of choice in a neoliberal landscape; in turn, the empowered subject feels as if they are resisting shame and emerges armed with a false sense of individualism. As such, empowerment rhetoric sets itself apart aesthetically and sensorially to appear ignorant of its own ties to shame. This provides consumer-citizens with the notion that they have the ability to avoid shame altogether, despite the fact that their course of action is located within the same affective mode.

Outline of Chapters

While Carole Blair is explicitly writing on previous readings of rhetorical historiography, the “problems of conceiving the history of rhetoric as essentially preservative or progressive”¹¹¹ she identifies may be extended to the study of rhetoric as a whole; as such, invocations of progress must necessarily be considered both rhetorical as well as distinctly political and ideological. Drawing from Foucault, Blair points out that “change is an ‘empty, abstract notion’ in itself; it allows for multiple elaborations.”¹¹² Expanding on this theoretical positionality, I view the “age of Ozempic” shift towards empowerment not as a social and discursive movement, as supporters purport it is, but as an affective turn. In this way, disciplining may still occur, even when a rhetoric of progress is involved. Carol Stabile makes a similar point in discussing the

impact of fetal photography on the subjectivity of woman/motherhood, suggesting that “if the docile female body can no longer be sufficiently disciplined through ideology, it must nonetheless be disciplined.”¹¹³ Thus, the notion of progress may ultimately be reduced to re-articulations in *how* one performs and rhetorically invokes this particular “form” of power. Advancements in biomedical technology command further disciplining of “obesity,” simply because fat embodiment is read as proof that such consumer-citizens are failing to be “sufficiently disciplined.”

Thus, the question at hand is not of shame simply being repackaged, but moving from one model of affective shame to another, which coincides with societal pressure for “progressive neoliberalism.”¹¹⁴ Dolezal asserts shame is both repressed and hard to detect, which “commonly leads to avoidance and to silence.”¹¹⁵ However, this project departs from such a view of shame; instead, I assert conversation surrounding contemporary weight loss medications is positioned as pushing *against* the gut reactions of avoidance and/or silence, to instead call forth empowerment as the rhetorical and discursive response. As such, affect may be more aptly described as interpellating a particular subject, rather than circulating without reason or purpose. This goes along with the primary “bind of shame” distinguished by Ahmed, in that the affect itself is “intensified by being seen by others as shame.”¹¹⁶ In order to shield themselves from having their comportment read as shameful, I argue consumer-citizens seek adaptations of shame that simply “feel better” than staying silent. Public discourse surrounding GLP-1 medications alleviates this “bind,” by instead displacing shame through a neoliberal rhetoric of empowerment. In other words, modern “weight management” drugs represent a turn towards empowerment as a discursive tactic, constructing a rhetorical landscape where shame does not have to be recognized as such.

To that end, I divide my exploration of empowered, biomedicalized weight loss across two critical chapters. Each focuses in on one distinct case study that is representative of empowerment rhetoric across a different level of public discourse surrounding GLP-1 medications. Throughout both sections, my analysis centers on mediated discussions involving disclosure of personal narrative experience relating to weight loss using one of these drugs. Being that I read rhetoric of the “age of Ozempic” as inherently imbricated within the context of weight loss as a speculative project towards ideal embodiment, this selection of artifacts reflects Ulrich Beck’s assertion that the “mass media and the scientific and legal professions in charge of defining risks become key social and political positions.”¹¹⁷ I center this discussion on (seemingly) extra-political entities, particularly those of cultural and industrial interest, to demonstrate how the creep of neoliberal attitudes extends far beyond the realm of traditional “political positions,” to infiltrate, capacitate, and ultimately reinforce “patterns of inequality” as it relates to embodiment. The first chapter concerns discourse purveyed by Novo Nordisk, who is a leading manufacturer of GLP-1 medications including Ozempic, Saxenda, and Wegovy.¹¹⁸ The second pivots towards rhetoric circulating within popular culture, to examine a one-off ABC television program titled “An Oprah Special: Shame, Blame and the Weight Loss Revolution.”¹¹⁹ Along with the visual and mediated content for these two “movements” overall, I also find it necessary to include relevant public statements and interviews as supporting texts. Within both case studies, rhetorical form is important in materializing this proposed affective shift away from shame and towards empowerment; however, the following instances were chosen because of their ability to represent *different* facets of biomedicalization and fat embodiment. Situating these case studies within the realm of both invitational and constitutive rhetorical theory respectively, this conversation is arranged chronologically to demonstrate the progression of empowered

(medicated) weight loss in the public sphere, which I argue is only growing stronger over time. As such, I find that empowerment must first be invited¹²⁰ in order to be constituted as resistance.¹²¹

Being that both artifacts feature celebrities as central figureheads of the “age of Ozempic,” this project seeks to unpack media as both reflective of popular discourse on this subject, as well as having the capacity to reflexively shape and guide public opinion. Yet even further, both the *It’s Bigger Than Me* campaign and Oprah’s ABC special prompt broader conversation on how the empowered neoliberal subject reflects marginalization concomitant with and beyond the thin ideal other; essentially, fat bodies’ perceived morbidity or excess weight is stigmatized along racialized and gendered lines. Discussion of these issues must be situated in the context of good womanhood, specifically Black womanhood, as both texts feature central spokespeople that are Black female-identifying media personalities. Therefore, I seek to synthesize critiques of empowerment rhetoric with critical interrogation of race and gender roles in disciplining weight loss. Returning to Lisa Daily’s scholarly work on “empowered” commodity feminism, she asserts that the trope of the “individual idealized feminine savior subject” speaks to the “totality of empowerment and is perhaps best exemplified through the celebrity.”¹²² I aim to unpack how this special does not meaningfully depart from previous discourse surrounding weight loss, and instead leads to further biomedicalization as an expression of neoliberal governmentality, such that drugs like Ozempic seemingly expand the reach and ease of weight loss. Essentially, with GLP-1 medications cast as “miracle cures,”¹²³ consumer-subjects are seen as having no excuse for failure to properly self-discipline.

Before entering my analysis, I find it necessary to first incorporate discussion of the context and positionality informing the scholarly approach to the two artifacts at the center of

this thesis. Moving from the introduction into the second chapter, I frame this section as “Positioning the Rhetoric/ian,” as a nod to criticism as a rhetorical endeavor itself; just as these artifacts reflect, construct, and reify rhetoric, so too does the positionality from which I identify and respond to a given exigence. While it is not possible to entirely debunk anti-fatness in the span of a few hundred pages, there is pertinent historical context that serves as necessary background for approaching fat issues. Thus, in “positioning the *rhetoric*,” I spend the bulk of this chapter surveying the emergence, medicalization, and institutionalization of anti-fatness across political and socio-cultural milieux. Being that this project is necessarily interdisciplinary and intersectional, I also infuse discussion of Fat Studies and feminist praxis in historicizing the fat liberation/acceptance movement as a response to anti-fatness. In “positioning the *rhetorician*,” I contextualize this project as the culmination of many years of lived experience and personal insight. That is to say that I recognize my frame of reference is not universal—nor even necessarily common—and so this chapter exists at the very least to complicate and offer nuance to dominant perspectives on fat people and their embodiment. As such, this chapter is integral in establishing why and how issues of anti-fatness must be considered as rhetorical objects of study, despite the fact that no critical perspective or sub-discipline currently garners widespread recognition within Communication Studies.

Throughout my third chapter, the artifact I undertake as my object of critique is Novo Nordisk’s media campaign *It’s Bigger Than Me*. Originally announced on October 27, 2021 and introduced via the company’s social media, this campaign centered around the “ItsBiggerThan.com” website and a series of four videos starring media personality Queen Latifah.¹²⁴ In their statement for the 14th annual Shorty Awards, wherein one of Latifah’s videos was a finalist, Novo Nordisk explained that the creative intent behind this series was to “entertain

[first], then educate” through easily recognizable TV genres and their archetypal tropes, such as sitcoms and procedurals.¹²⁵ Though its messaging addresses a desire to “understand the mindsets of the people [they] were trying to reach” and combat the simplification of the ““eat less, move more””¹²⁶ approach to weight loss, this campaign operates on the assumption that “obese” audiences are categorically unwilling to pursue paths towards decreasing their weight.

Being that the *It’s Bigger Than Me* campaign spans multiple years and distinct media moves, I narrow my focus to the original four videos featuring Queen Latifah as the spokesperson: three taking the form of popular television programs, which I refer to as the “genre” videos—“Body Talk,”¹²⁷ “SIU: Shame Investigation Unit,”¹²⁸ and “Diagnosis Stigma”¹²⁹—along with the fourth and final video, which positions this campaign as a broader conversation—“Let’s Talk.”¹³⁰ Novo Nordisk expressly stated their desire for *It’s Bigger Than Me* to convey a tone that is “empathetic, *empowering*, respectful, confident, strong, and educated.”¹³¹ Thus, my aim in selecting this particular artifact is to demonstrate how Novo Nordisk’s campaign represents a careful rhetorical (re)framing of weight loss and “obesity.” Therefore, I use this chapter to examine how the drug companies themselves are reframing discourse surrounding larger bodies, to push empowerment into pursuing weight loss as a reclamation of biomedical agency and rejection of social stigma. Specifically, I am interested in how this is reflected through the Latifah as an empowered spokesperson, implicitly pushing consumers towards Novo Nordisk’s suite of GLP-1 drugs as the appropriate form of biomedical self-governance.

Turning to chapter four, I aim to showcase how the conversation started in campaigns mediated by drug companies is echoed within popular culture. Specifically, I analyze Oprah Winfrey’s most recent television program titled *An Oprah Special: Shame, Blame and the*

Weight Loss Revolution. This aired primetime on ABC to an audience of 4.045 million viewers on March 18, 2024,¹³² and was uploaded to the streaming platform Hulu for viewing in perpetuity. While Novo Nordisk does employ Queen Latifah as a spokesperson, few stand a chance at rivaling Winfrey in terms of widespread cultural salience, recognizability, and impact, thus representing a different facet of celebrity-endorsed weight loss medication discourse. Winfrey's weight has been a subject of broad scholarly and pop cultural discussion repetitively throughout her years of fame. While this type of public speculation is reductive and highly invasive, Winfrey's decision to address rumors through the special is not framed as a surrender; it is cast as an empowered, agential choice to finally speak up about her weight loss and actively resist the "national sport"¹³³ that had been made out of speculation surrounding her body.

Presently, Winfrey's tone in addressing her weight appears to have shifted from defensive to reclaiming, again urging consumer-subjects towards empowerment as providing a sense of agential control. This rhetorically reframes both weight loss and obesity, such that the object of shame isn't "excess weight," it's the weight loss *method* itself. While some users may indeed experience shame in this manner, Winfrey's rhetoric ultimately serves as a discursive "straw man" to redirect attention away from fat shaming implicated by public discourse on weight. In this way, the notion of "resisting shame" reveals a dialectic of empowerment that seeks to enforce hegemonic imperatives towards (thin) bodily comportment. Through this chapter, I argue that Winfrey's rhetorical turn to empowerment as *reclamation* supports a reading of medicated weight loss as personal responsibility. With Winfrey's preexisting celebrity in the realm of daytime television— as well as within the context of broader public discourse surrounding weight loss— I question how this special further develops an alternate view of both empowerment and subjectivity. In doing so, I apply Maurice Charland's (1987) theorizing on

constitutive rhetoric to interrogate how the special calls forth a fat spectatorship to be interpellated as an empowered “people.” As such, *Shame, Blame, and the Weight Loss Revolution* is not prompting broader conversation about fatphobia or bias, but rather reifies and redirects personal responsibility towards biomedical conduct through a logic of *resistance*.

The fifth and final chapter of this thesis is devoted to discussing contributions to the fields of fat studies, critical public health communication, and communication studies as a whole. Taken together, these case studies rest on the assumption of weight loss as the ultimate indicator of proper neoliberal self-governance, which I argue simply reanimates the healthist impulses of body shaming. Ultimately, weight loss is the universally assumed end goal, reinforcing a paradigmatic view of fat-unhealthy-bad and thin-healthy-good. In capping off her argument, Dubriwny explains that “narratives about women’s health in public discourse have material consequences”¹³⁴ because of the ways in which they construct identity and inform action in relation to such identities. I assert discourses of empowerment into pursuing medicated weight loss must be considered through an intersectional feminist and racial critical lens, in order to expose how this rhetoric reflects highly gendered and racialized modes of self-conduct. Thus, I assert that the issues surrounding rhetoric of empowered medicated weight loss is not just an issue within the individual rhetorical exigences discussed here, but also calls forth a need for broader consideration within rhetorical studies as a whole. To conclude, I aim to broaden the discussion put forth by my analysis, such that this thesis culminates in providing a platform to affirm the importance of scholarship-activism and critical inquiry into matters of anti-fatness within this discipline.

-
- ¹ Madison Muller, “Ozempic TikTok Hype House by WeightWatchers (WW) Is Spectacular Brand Failure - Bloomberg,” Bloomberg, February 20, 2024, <https://www.bloomberg.com/news/articles/2024-02-20/ozempic-tiktok-hype-house-by-weightwatchers-ww-is-spectacular-brand-failure?embedded-checkout=true>.
- ² Moira Forbes, “Inside WeightWatchers’ Bold Pivot To Dominate The Ozempic Era,” Forbes, August 19, 2024, <https://www.forbes.com/sites/moiraforbes/2024/08/19/inside-weightwatchers-bold-pivot-to-dominate-the-ozempic-era/>.
- ³ “WeightWatchers to Acquire Sequence, a Digital Health Platform for Clinical Weight Management,” WeightWatchers, March 6, 2023, <https://corporate.ww.com/news/news-details/2023/WeightWatchers-to-Acquire-Sequence-a-Digital-Health-Platform-for-Clinical-Weight-Management/default.aspx>.
- ⁴ Shane O’Neill, “New Marketing Push by Ozempic and Others Sparks Body-Positive Backlash,” *Washington Post*, February 14, 2024, <https://www.washingtonpost.com/style/of-interest/2024/02/14/ozempic-body-positivity-influencers-weight-loss-drugs/>.
- ⁵ O’Neill, “New Marketing Push by Ozempic.”
- ⁶ O’Neill, “New Marketing Push by Ozempic.”
- ⁷ Muller, “Ozempic TikTok Hype House.”
- ⁸ O’Neill, “New Marketing Push by Ozempic.”
- ⁹ “Weight Loss,” Google Trends, accessed March 19, 2025, <https://trends.google.com/trends/explore?q=%2Fm%2F023s6n&date=all&geo=US>.
- ¹⁰ “GLP-1,” Google Trends, accessed March 8, 2025, <https://trends.google.com/trends/explore?date=today%205-y&geo=US&q=glp-1&hl=en>
- ¹¹ Julia Belluz, “Obesity in the Age of Ozempic,” Vox. (2023, February 7). <https://www.vox.com/science-and-health/23584679/ozempic-wegovy-semaglutide-weight-loss-obesity>
- ¹² Rachel Hosie and Amber Middleton, “Stars Who Have Used Buzzy Drugs Like Ozempic for Weight Loss– and Who’s Denied It,” Business Insider. (2023, June 20). <https://www.businessinsider.com/ozempic-celebrities-denied-semaglutide-wegovy-weight-loss-drugs-khloe-kardashian-2023-3>
- ¹³ U.S. Food & Drug Administration, “FDA Approves New Drug Treatment.”

¹⁴ U.S. Food & Drug Administration “Medications Containing Semaglutide Marketed for Type 2 Diabetes or Weight Loss.” (2024, January 10). <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/medications-containing-semaglutide-marketed-type-2-diabetes-or-weight-loss>

¹⁵ U.S. Food & Drug Administration, “FDA Approves New Drug Treatment for Chronic Weight Management, First Since 2014.” (2021, June 4). <https://www.fda.gov/news-events/press-announcements/fda-approves-new-drug-treatment-chronic-weight-management-first-2014>

¹⁶ Christina Pazzanese, “How ‘Ozempic Shaming’ Illuminates Complexities of Treating Weight Problems,” *Harvard Gazette*, February 5, 2024, <https://news.harvard.edu/gazette/story/2024/02/how-ozempic-shaming-illuminates-complexities-of-treating-weight-problems/>.

¹⁷ Elizabeth Bernstein, “On Ozempic, and Feeling Judged for Taking the ‘Easy Way Out,’” *Wall Street Journal*, July 7, 2023, sec. Life, <https://www.wsj.com/articles/ozempic-weight-loss-drugs-strains-relationships-327ab217>.

¹⁸ Amy Synnott, “Those Weight Loss Drugs May Do a Number on Your Face,” *The New York Times*, January 24, 2023, sec. Style, <https://www.nytimes.com/2023/01/24/style/ozempic-weight-loss-drugs-aging.html>.

¹⁹ “Weight Loss Drugs Ozempic and Wegovy Are Changing How Patients View Their Obesity,” Vox, accessed May 8, 2024, <https://www.vox.com/science-and-health/23584679/ozempic-wegovy-semaglutide-weight-loss-obesity>.

²⁰ Robert Crawford, “Healthism and the Medicalization of Everyday Life,” *International Journal of Health Services: Planning, Administration, Evaluation* 10, no. 3 (1980): 365–88, <https://doi.org/10.2190/3H2H-3XJN-3KAY-G9NY>.

²¹ Andrew Pollack, “A.M.A. Recognizes Obesity as a Disease,” *The New York Times*, June 18, 2013, sec. Business, <https://www.nytimes.com/2013/06/19/business/ama-recognizes-obesity-as-a-disease.html>.

²² Alec Tyson and Emma Kikuchi, “How Americans View Weight-Loss Drugs and Their Potential Impact on Obesity in the U.S.,” Pew Research Center, February 26, 2024, <https://www.pewresearch.org/science/2024/02/26/how-americans-view-weight-loss-drugs-and-their-potential-impact-on-obesity-in-the-u-s/>.

²³ O’Neill, “New Marketing Push by Ozempic.”

²⁴ Breanne Fahs, “Mapping ‘Gross’ Bodies: The Regulatory Politics of Disgust,” 2017, 83–99, https://doi.org/10.1057/978-1-137-47765-1_4.

And Imogen Tyler, *Stigma: The Machinery of Inequality*, 2020, <https://doi.org/10.5040/9781350222809>.

Quoted in Tanisha Jemma Rose Spratt, “Understanding ‘Fat Shaming’ in a Neoliberal Era: Performativity, Healthism and the UK’s ‘Obesity Epidemic,’” *Feminist Theory* 24, no. 1 (January 1, 2023): 91, <https://doi.org/10.1177/14647001211048300>.

²⁵ Naomi Wolf, *The Beauty Myth: How Images of Beauty Are Used Against Women* (New York: HarperCollins, 2002), <https://www.harpercollins.com/products/the-beauty-myth-naomi-wolf>.

And Luna Dolezal, “The Phenomenology of Shame in the Clinical Encounter,” *Medicine, Health Care and Philosophy* 18, no. 4 (November 1, 2015): 567–76, <https://doi.org/10.1007/s11019-015-9654-5>. Quoted in Spratt, “Understanding ‘Fat Shaming’ in a Neoliberal Era,” 93.

²⁶ Kathleen LeBesco, *Revolting Bodies?: The Struggle to Redefine Fat Identity* (Amherst: University of Massachusetts Press, 2004), <https://books.google.com/books?id=W7Wz4EKksUcC>.

²⁷ Alan Petersen, “Governmentality, Critical Scholarship, and the Medical Humanities,” *Journal of Medical Humanities* 24, no. 3 (December 1, 2003): 193, <https://doi.org/10.1023/A:1026002202396>.

²⁸ Ahmed, *Cultural Politics of Emotion*, 105-6.

²⁹ Dolezal, “The Phenomenology of Shame,” 571.

³⁰ Dubriwny, *The Vulnerable Empowered Woman*.

³¹ Nancy Fraser, “The End of Progressive Neoliberalism,” *Dissent Magazine*, January 2, 2017, https://www.dissentmagazine.org/online_articles/progressive-neoliberalism-reactionary-populism-nancy-fraser/.

³² David Seitz and Amanda Tennant, “Constitutive Rhetoric in the Age of Neoliberalism,” in *Rhetoric in Neoliberalism*, ed. Kim Nguyen, 2017, 109–34, https://doi.org/10.1007/978-3-319-39850-1_6.

³³ As Foucault explains, “there will not be the market game, which must be left free, and then the domain in which the state begins to intervene, since the market, or rather pure competition, which is the essence of the market, can only appear if it is produced, and if it is produced by an active governmentality. There will thus be a sort of complete superimposition of market mechanisms, indexed to competition and governmental policy. Government must accompany the market economy from start to finish. The market economy does not take something away from government.” (Michel Foucault, *The Birth of Biopolitics : Lectures at the Collège de France, 1978-79*, ed. Michel Senellart, trans. Graham Burchell, Michel Foucault: Lectures at the Collège de France (Basingstoke [England] ; Palgrave Macmillan, 2008), 121

https://eclass.uoa.gr/modules/document/file.php/LAW353/%5BMichel_Foucault%2C_Michel_Senellart%2C_Arnold_I._Davi%28BookFi%29.pdf.)

³⁴ Foucault, *The Birth of Biopolitics*, 121.

³⁵ In setting up his argument throughout these lectures, Foucault explains *biopolitics* as follows: “Politics and the economy are not things that exist, or errors, or illusions, or ideologies. They are things that do not exist and yet which are inscribed in reality and fall under a regime of truth dividing the true and the false.” (Foucault, *The Birth of Biopolitics*, 20.)

³⁶ Michel Foucault, *The History of Sexuality / Vol. 1: An Introduction*, 1st American ed (New York: Pantheon Books, 1978), 143.

³⁷ Foucault, *The History of Sexuality*, 142-4.

³⁸ Foucault, *The Birth of Biopolitics*, 27.

³⁹ Nikolas Rose, “Chapter 2 Governing ‘Advanced’ Liberal Democracies,” in *Foucault And Political Reason* (Routledge, 1996).

⁴⁰ Michel Foucault, “Docile Bodies,” in *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan, 2nd ed. (New York: Vintage Books, Random House, 1995), 135,

<https://web.stanford.edu/class/sts175/NewFiles/Foucault.%20Docile%20Bodies.pdf>.

⁴¹ LeBesco, “Neoliberalism,” 155.

⁴² Charlene D. Elliott, “Big Persons, Small Voices: On Governance, Obesity, and the Narrative of the Failed Citizen,” *Journal of Canadian Studies* 41, no. 3 (August 2007): 136, <https://doi.org/10.3138/jcs.41.3.134>. Quoted in LeBesco, “Neoliberalism,” 155.

⁴³ Kathleen LeBesco, “Neoliberalism, Public Health, and the Moral Perils of Fatness,” *Critical Public Health* 21, no. 2 (June 1, 2011): 154 <https://doi.org/10.1080/09581596.2010.529422>.

⁴⁴ Spratt, “Understanding ‘Fat Shaming’ in a Neoliberal Era,” 88.

⁴⁵ Ahmed, *Cultural Politics of Emotion*, 51.

⁴⁶ Robert C. Solomon, *The Passions : Emotions and the Meaning of Life*, Hackett ed (Indianapolis: Hackett, 1993), 301.

⁴⁷ Ahmed, *Cultural Politics of Emotion*, 102.

-
- ⁴⁸ Irving E. Alexander, *Shame and Its Sisters: A Silvan Tomkins Reader*, ed. Eve Kosofsky Sedgwick and Adam Frank (Duke University Press, 1995), <https://books.google.com/books?id=RI2YSZRGuPYC>, 133.
- ⁴⁹ Helen Merrell Lynd, *On Shame and the Search for Identity*. (Oxford, England: Harcourt, Brace, 1958), 24.
- ⁵⁰ Sara Ahmed, *The Cultural Politics of Emotion* (Edinburgh: Edinburgh University Press, 2004), https://ortederglobalisierung.wordpress.com/wp-content/uploads/2017/05/ahmed2004_cultural-politics-of-emotion.pdf 103.
- ⁵¹ Jean-Paul Sartre, *Being and Nothingness: An Essay on Phenomenological Ontology*, trans. H. E. Barnes, (London: Routledge, 1996), 221-2.
- ⁵² Ahmed, *Cultural Politics of Emotion*, 105-6.
- ⁵³ Erik H. Erikson, *Childhood and Society*, rev. ed. (Harmondsworth: Penguin Books, 1965), 244.
- ⁵⁴ Megan Warin, "Foucault's Progeny: Jamie Oliver and the Art of Governing Obesity," *Social Theory & Health* 9, no. 1 (February 1, 2011): 31, <https://doi.org/10.1057/sth.2010.2>.
- ⁵⁵ Dolezal, "The Phenomenology of Shame," 570.
- ⁵⁶ Luna Dolezal, *The Body and Shame: Phenomenology, Feminism, and the Socially Shaped Body* (Lexington Books, 2015), 7.
- ⁵⁷ Dolezal, "The Phenomenology of Shame," 572.
- ⁵⁸ Spratt, "Understanding 'Fat Shaming' in a Neoliberal Era," 88. See also: C. S. Crandall and K. L. Schiffhauer, "Anti-Fat Prejudice: Beliefs, Values, and American Culture," *Obesity Research* 6, no. 6 (November 1998): 458–60, <https://doi.org/10.1002/j.1550-8528.1998.tb00378.x>.
- ⁵⁹ Hannele Harjunen, *Neoliberal Bodies and the Gendered Fat Body* (Routledge, 2016).
- ⁶⁰ Jen Rinaldi et al., "Mapping the Circulation of Fat Hatred," in *Fat Oppression Around the World* (Routledge, 2021), 110–23.
- ⁶¹ LeBesco, "Neoliberalism," 154.
- ⁶² Catherine Chaput, "The Body as a Site of Material-Symbolic Struggle: Toward a Marxist New Materialism." *Philosophy & Rhetoric* 53, no. 1 (2020): 97. muse.jhu.edu/article/748044.
- ⁶³ B. J. Brown and Sally Baker, *Responsible Citizens: Individuals, Health and Policy under Neoliberalism*, Key Issues in Modern Sociology (London: Anthem Press, 2012), 24. Quoted in Spratt, "Understanding 'Fat Shaming' in a Neoliberal Era," 88.

-
- ⁶⁴ Spratt, "Understanding 'Fat Shaming' in a Neoliberal Era," 88.
- ⁶⁵ Julie Guthman and Melanie DuPuis, "Embodying Neoliberalism: Economy, Culture, and the Politics of Fat," *Environment and Planning D: Society and Space* 24, no. 3 (June 2006): 444, <https://doi.org/10.1068/d3904>.
- ⁶⁶ Michel Foucault, *Power/Knowledge : Selected Interviews and Other Writings 1972-1977*, ed. Colin Gordon, 1st American ed. (New York: Pantheon Books, 1980). Paraphrased in Stuart Hall, "Signification, Representation, Ideology: Althusser and the Post-structuralist Debates," *Critical Studies in Mass Communication* 2, no. 2 (June 1, 1985): 93, <https://doi.org/10.1080/15295038509360070>.
- ⁶⁷ Hall, "Signification, Representation, Ideology," 93.
- ⁶⁸ Ibid.
- ⁶⁹ Helene A. Shugart, *Heavy : The Obesity Crisis in Cultural Context* (New York, NY: Oxford University Press, 2016), 11.
- ⁷⁰ Hall, "Signification, Representation, Ideology," 93.
- ⁷¹ Janice L. Ristock and Joan Pennell, *Community Research as Empowerment : Feminist Links, Postmodern Interruptions* (Toronto: Oxford University Press, 1996), 1-2.
- ⁷² Kalpana Wilson, "Towards a Radical Re-Appropriation: Gender, Development and Neoliberal Feminism," *Development and Change* 46, no. 4 (July 1, 2015): 808, <https://doi.org/10.1111/dech.12176>.
- ⁷³ Catherine Rottenberg, *The Rise of Neoliberal Feminism, Heretical Thought* (New York, NY: Oxford University Press, 2018), 5.
- ⁷⁴ Dubriwny, *The Vulnerable Empowered Woman*, 23.
- ⁷⁵ Andi Zeisler, *We Were Feminists Once : From Riot Grrrl to CoverGirl®, the Buying and Selling of a Political Movement*, First edition. (New York: BBS, PublicAffairs, 2016), 169-170.
- ⁷⁶ Lisa A. Daily, "'We Bleed for Female Empowerment': Mediated Ethics, Commodity Feminism, and the Contradictions of Feminist Politics," *Communication and Critical/Cultural Studies* 16, no. 2 (April 3, 2019): 144, <https://doi.org/10.1080/14791420.2019.1634276>.
- ⁷⁷ Ellen Riordan, "Commodified Agents and Empowered Girls: Consuming and Producing Feminism," *Journal of Communication Inquiry* 25, no. 3 (July 1, 2001): 282, <https://doi.org/10.1177/0196859901025003006>.
- ⁷⁸ Jo. Rowlands, *Questioning Empowerment : Working with Women in Honduras* (Oxford [England: Oxfam, 1997), 7.

-
- ⁷⁹ Jennifer Gore, “What We Can Do for You! What Can ‘We’ Do For ‘You’?: Struggling Over Empowerment in Critical and Feminist Pedagogy,” in *Feminisms and Critical Pedagogy*, ed. Carmen Luke (New York: Routledge, 1992), 56.
- ⁸⁰ Deborah. Lupton, *Fat, Short Cuts* (Milton Park, Abingdon, Oxon ; Routledge, 2013).
- ⁸¹ Tim Lang, “Food, the Law and Public Health: Three Models of the Relationship,” *Public Health* 120 Suppl (October 2006): 30–40; discussion 40–41, <https://doi.org/10.1016/j.puhe.2006.07.013>. This phenomenon can be seen through measures such as the “Personal Responsibility in Food Consumption Act” and “Commonsense Consumption Act” – or “Cheeseburger Bills” – which in seeking liability protections for fast-food corporations effectively codify anti-fatness. (Jennifer L. Pomeranz, “A Historical Analysis of Public Health, the Law, and Stigmatized Social Groups: The Need for Both Obesity and Weight Bias Legislation,” *Obesity (Silver Spring, Md.)* 16 Suppl 2 (November 2008): S97, <https://doi.org/10.1038/oby.2008.452>.)
- ⁸² Zoë Meleo-Erwin, “Disrupting Normal: Toward the ‘Ordinary and Familiar’ in Fat Politics,” *Feminism & Psychology* 22, no. 3 (August 1, 2012): 391, <https://doi.org/10.1177/0959353512445358>.
- ⁸³ Dubriwny, *The Vulnerable Empowered Woman*, 33–68.
- ⁸⁴ Micki McGee, *Self-Help, Inc.: Makeover Culture in American Life* (Oxford University Press, 2005), 13 <https://books.google.com/books?id=OWfqhcPKbhoC>.
- ⁸⁵ Fraser, “The End of Progressive Neoliberalism.”
- ⁸⁶ Monique Deveaux, “Feminism and Empowerment: A Critical Reading of Foucault,” *Feminist Studies* 20, no. 2 (1994): 224, <https://doi.org/10.2307/3178151>.
- ⁸⁷ Nikolas Rose, *Powers of Freedom: Reframing Political Thought* (Cambridge: Cambridge University Press, 1999), <https://doi.org/10.1017/CBO9780511488856>.
- ⁸⁸ LeBesco, “Neoliberalism,” 160.
- ⁸⁹ Jasbir Puar, *The Right to Maim: Debility, Capacity, Disability* (Duke University Press, 2017), xviii, <https://books.google.com/books?id=c-k5DwAAQBAJ>.
- ⁹⁰ Dubriwny, *The Vulnerable Empowered Woman*, 4.
- ⁹¹ Kelly E. Happe, *The Material Gene : Gender, Race, and Heredity after the Human Genome Project*, Biopolitics, Medicine, Technoscience, and Health in the 21st Century (New York: New York University Press, 2013), 167.
- ⁹² Puar, *The Right to Maim*, xviii.

-
- ⁹³ Jennifer A. Lee and Cat J. Pausé, “Stigma in Practice: Barriers to Health for Fat Women.,” *Frontiers in Psychology* 7 (2016), 5 <https://doi.org/10.3389/fpsyg.2016.02063>.
- ⁹⁴ Dubriwny, *The Vulnerable Empowered Woman*, 157.
- ⁹⁵ Ahmed, *Cultural Politics of Emotion*, 105-6.
- ⁹⁶ This reflects Foucault’s assertion that, under neoliberalism, the “general form of the market becomes an instrument, a tool of discrimination.” (Foucault, *The Birth of Biopolitics*, 247.)
- ⁹⁷ Puar, *The Right to Maim*, xviii.
- ⁹⁸ Alexandra Sastre, “Towards a Radical Body Positive,” *Feminist Media Studies* 14, no. 6 (November 2, 2014): 932, <https://doi.org/10.1080/14680777.2014.883420>.
- ⁹⁹ Elliott, “Big Persons, Small Voices,” 134. Quoted in LeBesco, “Neoliberalism,” 155.
- ¹⁰⁰ Petersen, “Governmentality,” 194.
- ¹⁰¹ Michael Marmot, *The Health Gap : The Challenge of an Unequal World*, First U.S. edition. (New York, New York ; Bloomsbury Press, an imprint of Bloomsbury Publishing Plc., 2015).
- ¹⁰² Fahs, “Mapping ‘Gross’ Bodies” and Tyler, “Stigma,” Quoted in Spratt, “Understanding ‘Fat Shaming’ in a Neoliberal Era,” 91.
- ¹⁰³ Dubriwny, *The Vulnerable Empowered Woman*, 13-32.
- ¹⁰⁴ Dubriwny, *The Vulnerable Empowered Woman*.
- ¹⁰⁵ Julianne Cheek, “Healthism: A New Conservatism?,” *Qualitative Health Research* 18, no. 7 (July 2008): 981, <https://doi.org/10.1177/1049732308320444>.
- ¹⁰⁶ Dubriwny, *The Vulnerable Empowered Woman*, 52.
- ¹⁰⁷ Dubriwny, *The Vulnerable Empowered Woman*, 32.
- ¹⁰⁸ Ahmed, *Cultural Politics of Emotion*, 112.
- ¹⁰⁹ Petersen, “Governmentality,” 195.
- ¹¹⁰ Ahmed, *Cultural Politics of Emotion*, 113.
- ¹¹¹ Carole Blair, “Contested Histories of Rhetoric: The Politics of Preservation, Progress, and Change,” *Quarterly Journal of Speech* 78, no. 4 (November 1, 1992): 419, <https://doi.org/10.1080/00335639209384008>.
- ¹¹² Michel Foucault, *The Archaeology of Knowledge: And the Discourse on Language* (New York, NY: Vintage Books, Random House, 2012), <https://books.google.com/books?id=jSa7QzfcCK0C>.

In: Blair, “Contested Histories of Rhetoric,” 420.

¹¹³ Carol A. Stabile, “Shooting the Mother: Fetal Photography and the Politics of Disappearance,” *Camera Obscura: Feminism, Culture, and Media Studies* 10, no. 1 (28) (January 1, 1992): 181, https://doi.org/10.1215/02705346-10-1_28-178.

¹¹⁴ Fraser, “The End of Progressive Neoliberalism.”

¹¹⁵ Dolezal, “The Phenomenology of Shame,” 571.

¹¹⁶ Ahmed, *Cultural Politics of Emotion*, 103.

¹¹⁷ Ulrich Beck and Mark Ritter, *Risk Society : Towards a New Modernity*, Theory, Culture & Society (London: Sage Publications, 1992), 22-3.

¹¹⁸ “Our Medicines,” Novo Nordisk, accessed October 1, 2024, <https://www.novonordisk.com/content/nncorp/global/en/our-products/our-medicines.html>.

¹¹⁹ *An Oprah Special: Shame, Blame and the Weight Loss Revolution*, TV Special, Talk-Show (ABC, 2024), <https://abc.com/news/13e11c19-1f4d-4bea-8765-52d0fdb8160/category/1138628>.

¹²⁰ Exemplified by Novo Nordisk’s *It’s Bigger Than Me*.

¹²¹ Exemplified by Oprah Winfrey’s *Shame, Blame, and the Weight Loss Revolution*.

¹²² Daily, ““We Bleed for Female Empowerment,”” 147.

¹²³ *An Oprah Special*, 1:36.

¹²⁴ Novo Nordisk, “Join It’s Bigger Than Me,” Social Media Post, (Facebook, October 7, 2021), <https://www.facebook.com/NovoNordiskUS/videos/2768125503486119/>.

¹²⁵ “It’s Bigger Than Me Entry | Finalist Social Good Campaign 14th Annual Shorty Awards,” Shorty Awards, 2022, <http://shortyawards.com/14th/its-bigger-than-me>.

¹²⁶ “It’s Bigger Than Me Entry.”

¹²⁷ “Body Talk,” Novo Nordisk, *It’s Bigger Than Me*, October 7, 2021, advertisement, <https://www.facebook.com/QueenLatifah/videos/688901155468048>

¹²⁸ “SIU: Shame Investigation Unit,” Novo Nordisk, *It’s Bigger Than Me*, n.d., advertisement, (page no longer available; copy of original in author’s possession).

¹²⁹ “Diagnosis Stigma,” Novo Nordisk, *It’s Bigger Than Me*, n.d., advertisement, (page no longer available; copy of original in author’s possession).

¹³⁰ “Let’s Talk,” Novo Nordisk, *It’s Bigger Than Me*, May 13, 2022, advertisement, <https://www.ispot.tv/ad/bl70/novo-nordisk-living-with-obesity-featuring-queen-latifah>

¹³¹ “It’s Bigger Than Me Entry.” Italics added.

¹³² Douglas Pucci, “Monday Ratings: Oprah Winfrey Weight Loss Special Draws Decently for ABC,” *Programming Insider*, March 19, 2024, <https://programminginsider.com/monday-ratings-oprah-winfrey-weight-loss-special-draws-decently-for-abc/>.

¹³³ *An Oprah Special*, 2:54.

¹³⁴ Dubriwny, *The Vulnerable Empowered Woman*, 6.

CHAPTER 2

POSITIONING THE RHETORIC/IAN

Discourses of anti-fatness are severely under-studied in our discipline and across academia as a whole, which leads me to approach this project with the goal of education first. Part of the reason for this lack of scholarly attention is that it is reflective of societal attitudes; the National Association to Advance Fat Acceptance (NAAFA) calls anti-fatness the “last acceptable prejudice,”¹ such that a collective *othering* of fat people is often what unites even the most “progressive” or liberal-identified communities. Particularly, a lack of acknowledgement of the fat body often stems from weight is seen as an individual responsibility, resulting in the belief that anti-fat bias does not carry the need for consideration in social justice issues. As Basinger et. al. explore in their recent “Dialogue on Difference” in *Communication Monographs*, there are distinct challenges presented by being “both professionally and personally invested in the work of challenging anti-fatness because aligning oneself with weight-inclusivity requires letting go of beliefs that thinness is superior to fatness and that all people should pursue thinness intentionally and at all costs.”² In turn, this healthist presumption materializes in who and how fatness is addressed throughout academic, social, and even activist spaces. Paraphrasing Hailey Otis, Basinger points out that the current state of Communication Studies research is continually “inundated with repeated messages stating that fatness is causally related to medical conditions and early mortality,”³ despite the fact that no substantial evidence supports such a *direct* causal link between “obesity” and negative health outcomes.⁴ In fact, research often supports the reverse: that experiencing bias and stigma levied against one’s weight is itself a significant

predictor of mortality, correlated with stress responses.⁵ Being that conversation regarding medicated weight loss is centered around a supposedly-novel shift in perspective affirming fatness as a “disease,” the “age of Ozempic” implicates the need for further inclusion– and even elevation– of fat bodies and voices in guiding differing approaches not just to rhetorical critical efforts, but also within academia and social justice more broadly.

In response to this, the following chapter surveys the historical and social contexts of (anti)fatness that provide necessary context in approaching this particular rhetorical scholarly juncture. I begin by offering a “debunking” of the Body Mass Index (BMI) by situating it within a broader historical narrative of the search for and capitalist exploitation of ideal comportment. Then, I pivot to the social construction of fatness, primarily addressing the ways in which the fat body are stigmatized through diet and wellness culture. This leads into my discussion of the fat body as being moralized through a schema or narrative of personal responsibility. From this, I examine how that moralized societal view of fat bodies is reinforced through the anti-fat bias that pervades the medical system, and how that translates into efforts towards “health promotion.” I then pivot to surveying efforts from the fat liberation/acceptance movement to counter this stigma and bias, which helps identify the central stance from which I take up broader critique of institutionalized anti-fatness. Within the subsequent section, I identify how these fat activist efforts have been both imbricated within and in contention with feminist perspectives, particularly as a struggle against exclusionary conceptions of “progress” and “positivity.” Finally, I conclude by offering my own positionality such that readers can better understand my critical lens, since there is not yet a widely recognized rhetorical critical perspective articulating issues related to anti-fatness.

The Medicalization of Fatness as “Obesity”

In her article on fatness and stigma, Chrisler argues that over “the past 50 years, body fat has been positioned as a threat to people’s health and mortality.”⁶ Yet a more accurate statement would be that this history of problematizing and pathologizing the fat body dates back much further, into the mid-1800s. This is when social scientist Adolphe Quetelet created what is now known as the Body Mass Index (BMI), originally called *Quetelet’s Index*, which aimed at plotting the “average man.”⁷ This index was developed with the intention of both legitimizing the discipline of “social physics” and establishing Belgium’s scholarly prowess.⁸ As such, the original inception of this measure was strictly as an observational tool, and was constructed using a limited set of state data from male populations in France and Scotland.⁹

The calculation underlying Quetelet’s index (weight divided by height squared) did not become used in the mainstream until the early 1940’s, when widespread adoption of height and weight charts within the insurance realm caused a rhetorical shift from BMI as a measure of the *average body* to the *ideal weight*.¹⁰ Eventually Quetelet’s Index was adopted by insurance companies into the 20th century, in order to create height and weight tables as an actuarial scientific measure.¹¹ Changes to the original scale for these purposes were once again based on data from male policyholders in the United States and Canada;¹² female data was not factored into tables until 1908.¹³ These were intended to quantify the risk of a given policyholder’s health correlated with their weight, but also eventually led to the widespread medicalization of the BMI as these tables were frequently reprinted in medical textbooks.¹⁴

In his 1972 article, physiologist Ancel Keys proposed an adapted version of Quetelet's index, which he called the Body Mass Index (BMI).¹⁵ Through developing this measure, Keys reportedly sought to "[warn] early of the impending obesity epidemic."¹⁶ "Obesity" was first notably and publicly declared a serious health threat in 1986 at a National Institute of Health (NIH) consensus panel, who deemed "obesity" to be a "killer disease."¹⁷ Yet up until the early 1990's, even with the adoption of height/weight charts like those of MetLife, there were no official standards dictating cut-off points for "obese," "overweight," or "healthy" BMI categories.¹⁸ This led to the development of the International Obesity Task Force (IOTF), with the specific goal of convincing the World Health Organization (WHO) to hold a special consultation on "obesity" outside of their pre-set schedule.¹⁹ The IOTF secured their partnership with the WHO by funding this special consultation,²⁰ which in return generated the 1997 report *Obesity: Preventing and Managing the Global Epidemic*. In this report, the WHO referred to "obesity" as a "global epidemic" for the first time, outlining how fatness poses a threat as a major public health issue.²¹ This document also clarified the definition of "obesity" as a "condition of abnormal or excessive fat accumulation in adipose tissue, to the extent that health may be impaired;"²² it also classified "obese" individuals as determined primarily by the Body Mass Index, with a BMI over 30.0.²³

Widespread public adoption of epidemic rhetoric coincided with efforts by the WHO to drive health and medicine towards "obesity" prevention as a primary goal. Often, the epidemic framing itself serves as a mandate and warrant for investing in and shifting public policy that centers an inherently pathologized understanding of fatness.²⁴ In this way, understanding "obesity" as a "chronic disease"²⁵ provides the ability to diagnose vulnerability and prescribe action that instead supposedly ensures vitality. It is important to note that, in prompting this

consultation and report, the IOTF essentially solidified the BMI as a measure of health in American society. This was a deliberate political move; the IOTF was funded almost in its entirety by pharmaceutical companies Abbott and Roche,²⁶ who had vested interest in “obesity” becoming a widely recognized and medicalized issue. At the time of the consultation, these pharmaceutical companies were primary manufacturers of weight loss drugs sibutramine (Meridia, produced by Abbott) and orlistat (Xenical, produced by Roche).²⁷ In using their funds to virtually guarantee the adoption of the BMI through the IOTF, Abbott and Roche ensured smooth approval of their drugs by the FDA in 1997 and 1999, respectively.²⁸

Because of the history of the BMI being developed and used within actuarial science, judgements of fatness are intertwined with assessments of value— the value of human life broadly speaking, as well as “calculations” of bodily value lost due to an individual’s fatness. This leads to the notion of risk, such that fatness is viewed as resulting from engagement in “risky behavior.”²⁹ Essentially, naming other bodies as risky allows for a sense of security in pathology—that fatness can be “cured,” its threat negated, and its vulnerability neutralized. As a discipline, health then becomes a practice that necessarily ascribes risk in addressing the alleged epidemic of “obesity,” which is implied as being able to be counteracted through the proper knowledge.³⁰ Epidemic rhetoric stems from the desire to quantify, categorize, and quash all risk, because it provides the illusion of control in seeking to avoid bodily vulnerability. Viewing fat people as either inherently diseased and/or at critical risk for serious comorbid illnesses provides a “rationale for discrimination” under the guise of a more socially acceptable quest to quash vulnerability.³¹ In this way, not only are thin bodies inherently seen as less of a risk or threat, but there is also the “illusion of safety” that is maintained by condemning others’ risky embodiment, regardless of weight or size.³²

Epidemic rhetoric has acted as the catalyst for medical and social scientific research aimed at solidifying “obesity” as a “‘preventable’ cause of illness, much like smoking.”³³ However this “preventability” is ascribed based on the perceived vulnerability of fat bodies. Rhetoric of the *risky fat body* is inherently constructed in the milieu of health and wellness, which intrinsically views “obesity” as a “medical burden” that “threatens to overwhelm health services.”³⁴ In reality, the true vulnerability lies within the anti-fat bias and weight stigma levied against bodies in the medical system,³⁵ which itself has been identified as leading to increased rates of mortality and chronic disease.³⁶ Cultural insistence on rhetoric of risk, particularly in healthcare spaces, scapegoats “obesity” and operates “as if all our bodies were not vulnerable and in constant change.”³⁷ On the whole, epidemic rhetoric links fat bodies to morbidity, as a “key risk factor in the natural history of other chronic and noncommunicable disease.”³⁸ However, this is ignorant of the fact that Quetelet’s Index—serving as the foundation for the BMI—was itself structurally inadequate as a measure of health, and was not intended for purposes other than predicting the average build of a given population.³⁹ In this sense, the proliferation of the BMI as a measure of health must not be taken as ahistorical.

Social Construction of Fatness

As body size becomes medicalized through the BMI, anti-fatness arises as a pressing and socially-acceptable attitude that must necessarily be espoused in the treatment of “obesity.” In general, anti-fat bias is effectively codified through the reluctance to address the marginalization and discrimination that occurs towards those living in fat bodies. Currently, the *Americans with Disabilities Act* (ADA) does not have a clause addressing discrimination against body size,⁴⁰ while in 2009 the American Medical Association actively opposed a resolution that would have

allowed “obesity” to be covered by the ADA.⁴¹ However, moralized conceptions of health and wellness are hardly new, nor are they isolated to the fat experience. In 1980, Robert Crawford articulated the existence of a “new popular health consciousness,” whose pervasiveness within Western culture he attributes to a sense of morality; Crawford explains this relies on a broader culture of *healthism*, or the notion that both problems and solutions for “disease” are necessarily individualized, and in turn health becomes elevated to a “super value, a metaphor for all that is good in life.”⁴² Specifically, “obesity” becomes constructed as a byproduct of agential “unhealthy choices,”⁴³ leading fat people to be perceived as “morally deviant”⁴⁴ or even “villains.”⁴⁵ Yet for the fat body, morality is wrapped up not just in broader “health-promoting” behaviors, but instead predominantly those relating to consumption and physical exertion.

Diet culture then arises from a very narrow set of “crucial binaries” between good vs. bad or healthy vs. unhealthy, which are not simply retroactive justifications; they inherently structure the “*way* food is consumed”⁴⁶ by moderating how consumption itself is moralized. This encourages a schema that equivocates body size to behaviors, simultaneously contradicting fatphobic disgust with expressed statements of false concern— such as claims that the United States “eating itself to death.”⁴⁷ As a result, the circulation of healthist rhetoric communicates that proper embodied existence across social and medical spaces can only be achieved through behaviors that promote thinness. This is part of a broader project of problematizing an alleged causal relationship between food and “obesity,” through “civilizing the appetite.”⁴⁸ Here, diet and exercise are socially codified as “good” behaviors to contrast the immorality assumedly leading to fatness— thus “obesity” is construed as implicitly uncivilized, connoting barbarism. As Chrisler explains, the notion that fat is bad is thus extended to the notion that fat is bad for you –

and then, by further extension, that fat people themselves are bad.”⁴⁹ Essentially, moralization rhetorically positions fat bodies in opposition to western medicine, society, and ethics.

Dieting is then simultaneously framed as a form of mortification that fat bodies can undertake in remedying their inherent immorality both socially and medically. Self-surveillance through dieting is the only thing that can help remediate one’s character, particularly because of the expertise tied to these behaviors as inherent health recommendations. As an expert, one is “entitled to public authority” – thus by extension, specifically public *moral* authority.⁵⁰ Doctors themselves are then viewed as mystic purveyors of health, holding the secret to eradicating fatness. This is because moral and ethical weight is given to expert medical opinion based on its Scientific perceived “stance of objectivity and rationality.”⁵¹ Conversely, fat people are seen as inherently unreliable narrators; not only does fatness lead individuals to be perceived as lacking credibility, but also subscription to “obesity” myths is a significant indicator of blaming attitudes. Doctors’ prescriptions of eating behaviors are often accusatory and reflect this hyper-vigilance, adopting a “moralizing tone” to “[criticize] patients’ judgment and [represent] them as incompetent or irresponsible.”⁵² So even when or if fat people were to implement these behaviors, their fatness is negated as reflecting ignorance, deficiency, and overall resulting from performing health-promotion incorrectly. Physicians have demonstrably less respect for– and are less motivated to care for– patients that are fat, because they are seen as the manifestation of moral failing. This healthist morality makes it harder to receive adequate care, as medical professionals inextricably link “obesity” to “poor hygiene, nonadherence, hostility, and dishonesty.”⁵³ Ultimately, in medical spaces the physical “proof” of patients’ fat bodies outweighs any claims that they are engaging in health-promoting behaviors; in this way, fat

patients are not seen as the experts in their own physiological condition and embodied experience.

However, this construction of fatness has more bearing on social condition and attitudes towards “othered” embodiment, rather than presenting an accurate depiction of the human bodily condition. Through rhetoric of the “obesity epidemic,” fatness is confounded with illness, and is thus inextricably linked to perception of “behavioral, genetic, and socioeconomic issues.”⁵⁴ This reflects Michel Foucault’s notion of *biopower*, or technologies enacting and exacting bodily control.⁵⁵ This is reflected across social conceptions of and interactions with fatness, which—whether intentionally or not—seek to dominate fat bodies and assert the alleged primacy and superiority of thinness. While this at times manifests through rhetoric of healthism, anti-fatness ultimately finds its way to seep into the broader socio-cultural milieu, regardless of whether discourses on health are directly invoked. Fatness is generally regarded in a negative light, often even being ascribed certain characteristics based on cultural assumptions and stereotypes. Particularly in the United States, fat people are perceived as “lazy, undisciplined, unmotivated, weak-willed, incompetent, emotional, unattractive, and unlikable.”⁵⁶ These stigmas lead to a picture of the fat body that is inherently moralized and thus understood as lacking both the conscience to grasp thinness as an ethical imperative, as well as the willpower to take up “consciousness-raising” of one’s own inherent immorality— and *mortality*— in existing as fat.

Morality and the Schema of Personal Responsibility

Yet as fat people, not only do we lack the ability to direct which aspect of our embodiment are viewed as requiring care, there is also little agency in challenging what form this care takes. As Steven Shapin explains, lack of effective outcomes in seeking medical treatment

are rooted in “academic dietetic expertise” that, in mandating diet as a one-size-fits-all prescription, gestures towards embodied health “in [the] general [sense] and as populations.”⁵⁷ Yet healthcare often loses sight of the fact that these are generalizations, and instead takes them as “statements of particulars” mapped onto individual patients’ bodies.⁵⁸ Because self-surveillance through dieting and other health-promoting behaviors are part of everyday life, even with “permission not to do them” there is perceived difficulty in subverting the “normal and ordinary,” because it is taken to signal objective moral truth.

With moralized healthist behaviors being framed as caretaking, it is also important to acknowledge how this converges both socially and medically through the personal responsibility narrative. Especially in America, people tend to feel as if they possess a higher degree of control over their lives and bodies, rather than what is actually possible.⁵⁹ This then leads to a picture of morality that “ascribe[s] rights and responsibilities to those subjected to [it].”⁶⁰ Thus leads to the rhetoric of personal responsibility, where the individual must shoulder the burden of health-promotion and -risk management for the sake of their “own health as well as the greater good of society.”⁶¹ While the belief that fat bodies are the result of extremely personalized actions, this goes beyond simply lack of self-regulation—beyond the chiding “Why can’t you control yourself?”⁶² Instead, “obese” patients are inherently seen as *refusing* to accept this sense of individual imperative, thus validating the discrimination they face as justified through physical form. And this is echoed in medical professionals: many doctors report fatter patients were a “waste of their time,” and made them feel more exasperated or annoyed.⁶³ This is likely because the medical professionals went into the encounters feeling as if they were already inherently being disrespected by the imagined apathy projected onto fat bodies. Yet as Chrisler points out, tension between the simultaneous ‘illusion of’ versus ‘impossibility of’ complete control leads

people to look unfavorably upon those they perceive as not responding correctly to the ability to control— and blame them for their bodily condition.⁶⁴ In this way, rhetorical construction of personal responsibility attributes stereotypes based on lack of individual self-control and the gluttonous, solitary decision to “let themselves go.”⁶⁵

Rhetorical construction of “obesity” as personal responsibility is, at its core, intrinsically self-serving; it aims to enforce subjects’ ability to ‘serve’ unto oneself thinness and health, in line with social and biomedical pressures. However, personal responsibility also speaks to the ways in which rhetorical construction of individual personhood impacts self-perception as a “reflexive, ethical subject.”⁶⁶ Essentially, social and cultural enforcement of responsibility fundamentally aims to reprogram the future self. However, this also bears considering the complete spectrum of *selves* being served, particularly in health and medicine. Personal responsibility equips the individual with a deficient sense of agency, so that laypeople have no choice but to “rely upon intermediaries” such as medical professionals to mandate and affirm their health-promotion.⁶⁷ Yet these “intermediaries” have their *own* unique agenda.⁶⁸ In this way, personal responsibility is not only being ascribed based on patients’ individualistic duty to themselves, but also the ethical and moral interests of the caretakers as well. Essentially, personal responsibility is not considered equally, allowing the burden of consideration and true care to be shrugged from providers— who often do not even have a deep knowledge of the bodies they are distorting. In a 2022 Scientific American Documentary, Dr. Fatima Cody Stanford explains that medical anti-fat bias can be clearly traced back to physician’s general lack of understanding about fatness itself.⁶⁹ This apparent absence of motivation to “come to know” their own patients appears to rhetorically reflect a centralized Western culture of individualism,⁷⁰ which makes it easier to offload responsibility for treating health onto those outside oneself— despite the fact that healthcare is an

intentionally selected subject position, and fatness is not.⁷¹ As such, individualism leads to the belief that patients are inherently “responsible for their life situation,” and that both embodied health and adequate care are necessarily dictated by a solitary sense of deservingness.⁷²

“Health” Promotion and the Fat Patient

Biomedicalization foregrounds this, not only in how measures like the BMI and the notion of fatness as a “vital sign” are technologies of power over the body,⁷³ but also in structural elements like the diagnostic process and traditional conceptions of patient-provider care dynamics. This anti-fatness is co-constitutive of and reflected by the way that fat bodies receive—or in many cases, do *not* receive—medical care. A collection of studies done by Joanne Rathbone, Tegan Cruwys, Jolanda Jetten, and Fiona Barlow address how these anti-fat attitudes are mobilized by healthcare professionals in their treatment of fat patients, specifically the bias they demonstrate in prescribing treatment. One study found that doctors were inclined to treat fat patients not only for their “presenting condition,” but also for their weight, regardless of whether that was a given patient’s intended goal in seeking care.⁷⁴ This project also demonstrated that professionals’ perceived *normativity* of weight stigma led them to “[display] a hyper-vigilance toward weight, treating weight significantly more among both higher-weight and average-weight patients.”⁷⁵ Essentially, being surrounded by those who hold stigma legitimizes those same feelings within oneself. Rathbone et al. conclude by asserting their overall research program “found clear evidence of bias in health professionals’ treatment decision making—particularly for patients with larger bodies.”⁷⁶ Eventually, this manifests through other treatment issues like lack of access to healthcare spaces and physical isolation because of body size.

Within the lived experience of fat patients seeking medical care, there is an extreme lack of attention to prescribing adequate health measures. One study done in 2018 found that 96% of U.S. adults classified as obese did not receive adequate care.⁷⁷ In part, this is because much of the medical equipment required to perform procedures and even routine checkups— such as blood pressure cuffs and M.R.I machines— is not designed with fat patients in mind.⁷⁸ This proves to be physically restrictive at best and outright exclusive at worst. Yet these inadequacies are deeply embroiled in not only the physical built environment, but also the interpersonal interactions that bring medical spaces to life. This is exemplified by the demonstrable evidence that healthcare professionals devote less time to fat patients (appointments with obese patients have been found to be significantly shorter), which often leads to medical oversight (failure to refer fat patients for diagnostic testing).⁷⁹ Fat patients simply do not receive the care they need, and this pervasive “lack” within (fat) patient-provider relationships is distinctly rhetorical; as Judy Segal explains in her seminal work *Health and the Rhetoric of Medicine*, “persuasion is a central element in many medical situations.”⁸⁰ Essentially, healthcare providers must be considered as ‘speaking’ beyond just the verbal, by occupying a position of power that comes with the intrinsic ability to make prescriptive judgments and determine eligibility and deservingness of care.

In this way, the construction of healthcare space is also *imagined*, through patient-provider interactions that communicate inaccessibility and lack of attention to the fat body. One study found that primary care physicians routinely recommended weight loss-promoting ‘lifestyle changes’ to a higher proportion of patients classified as overweight and obese.⁸¹ Essentially, healthcare professionals were more likely to comment on a patient’s diet and exercise habits if they were fat. This reflects a centralized approach to medical care, which always-already assumes that diet advice is the proper course of care for fat patients. Providers are

pushed throughout their training to not only “provide unsolicited weight loss counsel,” but also “assess patients' willingness to alter behaviours that are associated with obesity.”⁸² Because medical professionals are encouraged to center their practice around these snap judgments, paths to care are not consistent across patient demographics. Instead, doctors construct treatment plans based on ‘readings’ of the physical body in the moment, which coalesce around perceptions of fat people as lacking credibility. Healthcare professionals routinely demonstrate the belief that fat patients lie about their engagement in health-promoting behaviors, and consequently are “less likely to follow medical advice, benefit from counseling, or adhere to medications.”⁸³ Given the time constraints of the current capitalist healthcare system, this creates a feedback loop that distances providers from the intricacies of the patient when recommending and prescribing care. As Martha Solomon explains, elements of the scientific approach itself “de-personalize” healthcare activities to “structure, constrain, and focus our perceptions” into distortions of reality.⁸⁴ Essentially, the one-size-fits-all approach of current healthcare for fat people is an expression of power that manifests through prejudiced perceptions of and “caring” actions towards fat bodies.

Towards Fat Liberation and Acceptance

Activist and radical movements have historically addressed biomedicalization as only one facet of anti-fat bias, taken up as part of their broader approach to address ubiquitous social penalties ascribed to those living in fat bodies. Emergence of fat activism can be traced to a 1967 sit-in— or “fat-in”⁸⁵— where over 500 people gathered at Central Park in New York City to protest against the “dominant medical and social models of fat.”⁸⁶ This is most commonly cited as the “beginning” of the movement. Yet from there, formal organizing efforts began with the inception of the National Association to Aid Fat Americans in 1969, which is now known as the National

Association to Advance Fat Acceptance (NAAFA).⁸⁷ Motivated by the extreme anti-fatness their wives routinely experienced, founders Bill Fabrey and Lew Louderbach grew NAAFA from a small group of supporters through grassroots activist efforts.⁸⁸ With the advent of NAAFA came the emergence of the Fat Pride Movement,⁸⁹ which acted as a precursor to even more radical organizations and efforts towards fat liberation.

One such group was the Fat Underground, established in the early 1970s by Sara Fishman (also known as Aldebaran and Vivian F. Mayer) and Judy Freespirit, among others.⁹⁰ While founding members were originally part of NAAFA, they eventually split due to desires for a “more confrontational mode of activism” that explicitly addressed queer and women’s issues—thus was predominantly “[located] within lesbian feminism.”⁹¹ The Fat Underground differentiated itself through association with this radical feminism, shifting from NAAFA’s “Fat Acceptance” to what they deemed an even *more* progressive schema of “Fat Liberation.”⁹² This culminated in 1973 when Fishman and Freespirit wrote the “Fat Manifesto,” which was circulated throughout various feminist publications and acted as the first official declaration of the Fat Underground’s existence.⁹³ Presented as a more “cogent and radical analysis of fat oppression,”⁹⁴ the Fat Underground and its fat liberation sought to highlight alongside anti-fatness the “struggles of other oppressed groups against classism, racism, sexism, ageism, capitalism, imperialism and the like.”⁹⁵

From its inception, the Fat Underground and its broader fat liberation movement centered around contesting medicalization, pathologizing, and moralization of the fat body. They sought to convey how healthist, anti-fat attitudes are representative of a “system of mystified oppression.”⁹⁶ Here, “mystified” recalls the group’s desire to bring clarity to medical (mis)information regarding fatness, wherein they accused “doctors, psychologists, and public

health officials of concealing and distorting the facts about fat that were contained in their own professional research journals.”⁹⁷ In doing so, the Fat Underground put their radical spin on NAAFA founder Lew Louderback’s claims regarding nutrition and medicine in his book *Fat Power*,⁹⁸ through the help of another central founder, Lynn Mabel-Lois. Having worked in a medical library, Mabel-Lois supplied critical knowledge on how to access and research within scholarly journals, allowing the Fat Underground to formulate more accurate and persuasive arguments on the basis of primary scientific sources.⁹⁹ Ultimately, this enabled the group’s uniquely “slashing rhetoric,” which they used to assert that “American culture fears fat because it fears powerful women”;¹⁰⁰ this sentiment is best captured by statements from Mabel-Lois herself, who claimed the medical establishment was “committing genocide against women”¹⁰¹ by enforcing a pattern of violent health-promoting behaviors that are “based on sexism.”¹⁰²

Intersectional Feminism and the Challenges of “Progress” and “Positivity”

Much of NAAFA’s and the Fat Underground’s efforts have lived on to be incorporated within *Fat Studies* as an emergent discipline, which “offers a crucial corollary to fat pride community and fat civil rights activism.”¹⁰³ Yet even as fat activist efforts were slowly adapted to the academic sphere, many fat studies scholars have still found themselves without a widely recognized discipline to call their own. As Marilyn Wann explains in her introduction to the *Fat Studies Reader*, fat studies was for so long “not a field but an individual endeavor taken up by isolated scholars.”¹⁰⁴ Because of this, fat studies is often seen as a “sister subject... to women’s studies, queer studies, disability studies and ethnic studies.”¹⁰⁵ Academic endeavors surrounding fatness are then demoted to the status of sub-discipline and subsumed within women and gender studies, regardless of the “departures and divisions in pedagogical and scholarly approaches

between feminist and fat politics.”¹⁰⁶ The ability to fully address and explore fat studies in academic contexts is confined by the lack of discipline— relegating much of this work to a position of secondary concern, where it “lags behind other sites of critical body interrogation.”¹⁰⁷ Thus as Patti Lou Watkins et. al. put, fat concerns are “still far too often invisible and sidelined in feminist pedagogies of the body.”¹⁰⁸

Yet this both echoes and adds to tension between feminists and fat activists, who have historically had a tenuous relationship despite fat activist efforts— like the Fat Underground— beginning as distinctly radical feminist movements. In the past, this tension has manifested in lesbian feminist circles, such as those described by Laurie Ann LePoff in her essay “Fat Politics.” Here, Lepoff asserts she felt “more solidarity with a fat suburban housewife than I do with my slender lesbian sisters,”¹⁰⁹ whose fatphobia “helped sort out issues of fat politics versus generalized sexism.”¹¹⁰ Likewise, in her essay “Travelling Fat,” Elana Dykewomon writes that the daily experience of “fat womyn trying to be part of [feminist] community” almost always includes “struggling with the old myths about fat womyn, especially that fat womyn aren’t healthy, and couldn’t expect to have enjoyable sexual experiences.”¹¹¹ Yet at certain times, fat liberation principles have instead been co-opted as part of neo-liberal feminist efforts that are ultimately reductive and exclusionary to fat bodies, such as the body positivity movement. In “Fat as a Feminist Issue: A History,” Zora Simic explains that accounts of feminist history tend to “overlook or marginalise fat activism and its contribution to feminist body politics.”¹¹² The example Simic gives is from Estelle B. Freedman’s *No Turning Back*, which covers the 1968 protest against the Miss America Pageant. While Freedman acknowledges the misogynistic attitudes embroiled in this pageant’s depiction of beauty, she fails to mention the protest’s relation to fat liberation and Fat Underground.¹¹³

Chrisler identifies several possible explanations for feminists' reluctance to engage in scholarship and/or activism surrounding fat folks: the "objectification of women, gender-related aspects of health behavior and knowledge about health and illness, and the importance of self-control to the performance of femininity."¹¹⁴ In a separate piece, Chrisler exemplifies this by touching on the similarities between social construction of menstruating, fat, and old women as both "threatening and stigmatized."¹¹⁵ Ultimately, this avoidance or tension stems from imbricating stereotypes levied against both fat women and feminists, leading to the "desire to distance oneself from both."¹¹⁶ And with the increase of public discourse and popularity surrounding Ozempic and other weight loss medications, this resistance to fat liberation has likely only gotten more salient. After reviewing national news coverage between 2021 and 2022, the National Association to Advance Fat Acceptance (NAAFA) found traditional news sources had only published a meager 48 articles about anti-fatness across the entire year, with only 24 overtly mentioning any connection to fat liberation or justice.¹¹⁷ In response, this then leads to the glaring lack of consideration for fatness in discussions of intersectionality— and the necessity of addressing this blind spot that becomes so pronounced in disciplines that otherwise enact "radical and critical pedagogies."¹¹⁸ This necessity of acknowledging intersectionality of fat oppression is echoed by other scholars in the field of fat studies. Most notably, Janna Fikkan and Esther Rothblum argue that feminist scholarship must make a deliberate course-correction to highlight the fat female experience as much as they have centered the "'fear of fat' experienced by thin women."¹¹⁹ The goal is then to "put actual fat women at the heart of [this] analysis" like Fikkan and Rothblum suggest; as Abigail Saguy explains, true feminist analysis of the body necessarily includes "individual and collective efforts to combat fat oppression."¹²⁰ Thus, there is

a dire need for feminist theory and praxis that recognizes how activism *can* reproduce the hegemonic status quo, and uses this self awareness to challenge it.

Conclusion

Though the role of the critic in studying rhetoric has been hotly debated, I am not interested in arguing the value and validity of phenomenological perspectives on rhetorical scholarship. As a rhetorician, I believe that I am intrinsically intertwined in the work I produce; in endeavoring to study rhetoric, I am engaging in rhetorical practice myself, simply in the selection of artifacts, discussion, and theoretical junctures I engage. And as a woman currently existing in a fat body, and who has been fat for the majority of my life, my embodied experience undeniably drives the primary object of critique and trajectory of this particular scholarly work. Thus, in the name of both providing insight into my critical positionality, as well as allowing my own work to itself be read critically, I find it necessary to outline my foundational approach in situating this conversation. Knowing that not everyone starts with the same understanding of what it means to be fat—much less what “doing fat rhetorical criticism” entails—the overarching principles guiding my line of scholarly inquiry are as follows:

- i. The BMI is a deeply flawed measure of assessing health that is treated as a *carte blanche* for anti-fatness. To call attention to this, “obesity” is placed in scare quotes throughout.
- ii. Western culture is dominated by healthist attitudes aimed at enforcing thinness as standard, normal, and ideal.
- iii. People living in fat bodies face pervasive stigma, degradation, and implicit *and* explicit bias because of how our weight is perceived.

- iv. I deliberately employ the word “fat” to identify my body and others like it, both as an act of reclamation and a neutral body descriptor.

While this is my attempt at condensing years’ worth of lived experience, personal and academic research into several strong assertions, there is so much more to be said about the state of fatphobia that circulates throughout our socio-cultural milieu. Painting with the broadest of brush strokes, this project sits at the intersection of critical rhetoric and fat studies. However, it is important to approach this scholarship with recognition that it necessarily traverses disciplinary boundaries, particularly in addressing a topic like fatness, where the burden of proof is higher and inherently requires thorough, constant, and consistent debunking. Reflecting on the state of the field, Godfried Agyeman Asante asserts that the movement #RhetoricSoWhite demands efforts to challenge Whiteness and Eurocentrism in academia, which is “embedded in the field’s disciplinary norms and forms of knowledge production.”¹²¹ As a White scholar, I recognize not only that I represent the status quo, but also that it is incumbent on me to decide whether to subvert it—which itself bears acknowledging my uniquely privileged agency in doing so.

As such, I aim to write across sub-disciplines such as queer, feminist, and racial rhetorical criticism, as the work of dismantling anti-fatness necessarily traverses the boundaries between intersectional aspects of marginalization, identity, and power. Joining conversations framed by scholar-activists in and out of our field— such as Hailey Otis, Sabrina Strings, Kathleen LeBesco, Deborah Lupton, Natalie Boero, and the late Cat Pausé— I take up this work with the goal of turning scholarly attention towards the rhetorical, embodied, and discursive dimensions of intersectional fat identity. My primary drive is to understand not only how bodies like mine are mobilized conceptually, materially, and visually in service of some hegemonic end, but also critically interrogate the systems of biomedicine and -politics that have led to this point.

In every social movement and academic community, there will be fat people. Yet an access and acceptability problem for certain members of the overarching group signals that hegemony is at work, even in those corners of the institution where we feel the safest from it. It is easy to be complacent; I have been for much of my life, even as a fat person whose embodied reality is inextricably linked to and shaped by the stigma and bias I have unpacked in this chapter. Thus, in approaching the following analysis, my hope is that it presents an opportunity to have perspectives challenged, and to take note of the discomfort of being called to view the world through arguably one of the most universalized modern undercurrents of prejudice and social stigma.

¹ NAAFA, “The Importance of Intersectionality.”

² Erin D. Basinger et al., “Dialogue on Difference: Fat Liberation in Communication,” *Communication Monographs* 92, no. 1 (January 2, 2025): 5, <https://doi.org/10.1080/03637751.2024.2444318>.

³ Otis, Hailey Nicole. “Covid and Fatphobia: How Rhetorics of Disposability Render Fat Bodies Unworthy of Care and Life.” In *COVID and...: How to Do Rhetoric in a Pandemic*, edited by Emily Winderman, Allison L. Rowland, and Jennifer Malkowski, 123–46. Michigan State University Press, 2023. <https://doi.org/10.14321/jj.7794620.11>.
Cited in Basinger et al., “Dialogue on Difference.”

⁴ See: Linda Bacon and Lucy Aphramor, “Weight Science: Evaluating the Evidence for a Paradigm Shift,” *Nutrition Journal* 10, no. 1 (January 24, 2011): 9, <https://doi.org/10.1186/1475-2891-10-9>; Katherine M. Flegal et al., “Association of All-Cause Mortality With Overweight and Obesity Using Standard Body Mass Index Categories: A Systematic Review and Meta-Analysis,” *JAMA* 309, no. 1 (January 2, 2013): 71–82, <https://doi.org/10.1001/jama.2012.113905>; Glenn A. Gaesser and Siddhartha S. Angadi, “Obesity Treatment: Weight Loss versus Increasing Fitness and Physical Activity for Reducing Health Risks,” *iScience* 24, no. 10 (October 22, 2021), <https://doi.org/10.1016/j.isci.2021.102995>; Lam O. Huang et al., “Genome-Wide Discovery of Genetic Loci That Uncouple Excess Adiposity from Its Comorbidities,” *Nature Metabolism* 3, no. 2 (February 1, 2021): 228–43, <https://doi.org/10.1038/s42255-021-00346-2>; Christine Logel, Danu Anthony Stinson, and Paula M.

Brochu, “Weight Loss Is Not the Answer: A Well-Being Solution to the ‘Obesity Problem,’” *Social and Personality Psychology Compass* 9, no. 12 (December 1, 2015): 678–95, <https://doi.org/10.1111/spc3.12223>; Kasuen Mauldin, Michelle May, and Dawn Clifford, “The Consequences of a Weight-Centric Approach to Healthcare: A Case for a Paradigm Shift in How Clinicians Address Body Weight,” *Nutrition in Clinical Practice* 37, no. 6 (December 1, 2022): 1291–1306, <https://doi.org/10.1002/ncp.10885>; Jeffrey M. Hunger, Joslyn P. Smith, and A. Janet Tomiyama, “An Evidence-Based Rationale for Adopting Weight-Inclusive Health Policy,” *Social Issues and Policy Review* 14, no. 1 (January 1, 2020): 73–107, <https://doi.org/10.1111/sipr.12062>.

⁵ Angelina R. Sutin, Yannick Stephan, and Antonio Terracciano, “Weight Discrimination and Risk of Mortality,” *Psychological Science* 26, no. 11 (November 2015): 1803–11, <https://doi.org/10.1177/0956797615601103>; Janet Tomiyama et al., “How and Why Weight Stigma Drives the Obesity ‘Epidemic’ and Harms Health,” *BMC Medicine* 16, no. 1 (August 15, 2018): 123, <https://doi.org/10.1186/s12916-018-1116-5>.

⁶ Joan C. Chrisler, “Leaks, Lumps, and Lines: Stigma and Women’s Bodies,” *Psychology of Women Quarterly* 35, no. 2 (June 1, 2011): 202–14, <https://doi.org/10.1177/0361684310397698>.

⁷ Kevin Donnelly, *Adolphe Quetelet, Social Physics and the Average Men of Science, 1796-1874* (University of Pittsburgh Press, 2016), 1-2, <https://www.jstor.org/stable/j.ctt1dfnht2>.

⁸ Ibid.

⁹ Aubrey Gordon and Michael Hobbes, “The Body Mass Index,” *Maintenance Phase*, podcast audio, August 3, 2023, <https://maintenancephase.buzzsprout.com/1411126/8963468-the-body-mass-index>.

¹⁰ Czerniawski, “From Average to Ideal,” 274-5.

¹¹ Aubrey Gordon and Michael Hobbes, “The Body Mass Index,” *Maintenance Phase*, podcast audio, August 3, 2023, <https://maintenancephase.buzzsprout.com/1411126/8963468-the-body-mass-index>.

¹² Amanda M. Czerniawski, “From Average to Ideal: The Evolution of the Height and Weight Table in the United States, 1836-1943,” *Social Science History* 31, no. 2 (2007): 279.

¹³ Czerniawski, “From Average to Ideal,” 280.

¹⁴ Amanda M. Czerniawski, “From Average to Ideal: The Evolution of the Height and Weight Table in the United States, 1836-1943,” *Social Science History* 31, no. 2 (2007): 274-5.

¹⁵ Ancel Keys et al., “Indices of Relative Weight and Obesity,” *Journal of Chronic Diseases* 25, no. 6 (July 1, 1972): 329–43, [https://doi.org/10.1016/0021-9681\(72\)90027-6](https://doi.org/10.1016/0021-9681(72)90027-6).

-
- ¹⁶ Ancel Keys, “The management of obesity.” *Minnesota Medical Journal*, 48 (1965) In Henry Blackburn and David Jacobs Jr, “Commentary: Origins and Evolution of Body Mass Index (BMI): Continuing Saga,” *International Journal of Epidemiology* 43, no. 3 (June 1, 2014): 665–69, <https://doi.org/10.1093/ije/dyu061>.
- ¹⁷ Paul F. Campos, *The Obesity Myth: Why America’s Obsession with Weight Is Hazardous to Your Health* (Penguin, 2004), ix.
- ¹⁸ “Physical Status: The Use and Interpretation of Anthropometry. Report of a WHO Expert Committee,” *World Health Organization Technical Report Series* 854 (1995): 4.
- ¹⁹ Katherine M. Flegal, “Use and Misuse of BMI Categories,” *AMA Journal of Ethics* 25, no. 7 (July 1, 2023): <https://doi.org/10.1001/amajethics.2023.550>.
- ²⁰ Flegal, “Use and Misuse of BMI Categories.”
- ²¹ *Obesity: Preventing and Managing the Global Epidemic : Report of a WHO Consultation on Obesity Geneva, 3-5 June 1997*, Repr. 2004, WHO Technical Report Series (Geneva: WHO, 2004), 3.
- ²² *Obesity*, 6.
- ²³ *Obesity*, 8.
- ²⁴ Saguy, “Why Fat Is a Feminist Issue.”
- ²⁵ World Health Organization, *Obesity*, 1.
- ²⁶ Ray Moynihan, “Obesity Task Force Linked to WHO Takes ‘Millions’ from Drug Firms,” *BMJ* 332, no. 7555 (June 15, 2006): 1412, <https://doi.org/10.1136/bmj.332.7555.1412-a>.
- ²⁷ Gordon and Hobbes, “The Body Mass Index.”
- ²⁸ Eric Colman, “Food and Drug Administration’s Obesity Drug Guidance Document,” *Circulation* 125, no. 17 (May 2012): <https://doi.org/10.1161/CIRCULATIONAHA.111.028381>.
- ²⁹ Abigail C. Saguy and Rene Almeling, “Fat in the Fire? Science, the News Media, and the ‘Obesity Epidemic’2,” *Sociological Forum* 23, no. 1 (March 1, 2008): 53–83, <https://doi.org/10.1111/j.1600-0838.2004.00399.x-i1>.
- ³⁰ Solomon, “The Rhetoric of Dehumanization,” 5.
- ³¹ Chrisler, “‘Why Can’t You Control Yourself?’”
- ³² Katariina Kyrölä, “Being Fat in a Thin World: The Politics of Fashion,” In eds. Cat Pausé and Sonya Renee Taylor, *The Routledge International Handbook of Fat Studies*, (2021: Routledge & CRC Press)

<https://www.routledge.com/The-Routledge-International-Handbook-of-Fat-Studies/Pause-ReneeTaylor/p/book/9780367502942>.

³³ Saguy, “Why Fat Is a Feminist Issue.”

³⁴ World Health Organization, *Obesity*, xvi.

³⁵ Rebecca M. Puhl and Chelsea A. Heuer, “Obesity Stigma: Important Considerations for Public Health,” *American Journal of Public Health* 100, no. 6 (June 2010): 1019–28, <https://doi.org/10.2105/AJPH.2009.159491>.

³⁶ A. Janet Tomiyama et al., “How and Why Weight Stigma Drives the Obesity ‘Epidemic’ and Harms Health,” *BMC Medicine* 16, no. 1 (August 15, 2018): 123, <https://doi.org/10.1186/s12916-018-1116-5>.

³⁷ Kyrölä, “Being Fat in a Thin World.”

³⁸ World Health Organization, *Obesity*, 1.

³⁹ Gordon and Hobbes, “The Body Mass Index.”

⁴⁰ “EEOC Sues Resources for Human Development, Inc. for Disability Discrimination,” US Equal Employment Opportunity Commission, September 30, 2010, <https://www.eeoc.gov/newsroom/eeoc-sues-resources-human-development-inc-disability-discrimination>.

⁴¹ ABC News, “Doctors Fight Labeling Obesity a Disability,” June 17, 2009, <https://abcnews.go.com/Health/WellnessNews/story?id=7865711&page=1>.

⁴² Robert Crawford, “Healthism and the Medicalization of Everyday Life,” *International Journal of Health Services* 10, no. 3 (July 1, 1980): 365–88, <https://doi.org/10.2190/3H2H-3XJN-3KAY-G9NY>.

⁴³ Saguy, “Why Fat Is a Feminist Issue.”

⁴⁴ Ibid.

⁴⁵ Joseph R. Gusfield, “Constructing the Ownership of Social Problems: Fun and Profit in the Welfare State.” *Social Problems* 36, no. 5 (1989): 431–41. <https://doi.org/10.2307/3096810>.

⁴⁶ Roberta Sassatelli, “The Political Morality of Food: Discourses, Contestation and Alternative Consumption,” In eds. Mark Harvey, Andrew McMeekin, and Alan Warde, *Qualities of Food*, (Manchester: Manchester University Press, 2004) 176.

⁴⁷ Saguy, “Why Fat Is a Feminist Issue.”

⁴⁸ Mabel Gracia-Arnaiz, “Fat Bodies and Thin Bodies. Cultural, Biomedical and Market Discourses on Obesity,” *Appetite* 55, no. 2 (October 1, 2010): 219–25, <https://doi.org/10.1016/j.appet.2010.06.002>.

-
- ⁴⁹ Chrisler, ““Why Can’t You Control Yourself?””
- ⁵⁰ Steven Shapin, “Expertise, Common Sense, and the Atkins Diet.” In *Public Science in Liberal Democracy*, ed. J. Porter and P. W. B. Phillips, (Toronto: University of Toronto Press, 2007) 181.
- ⁵¹ Saguy, “Why Fat Is a Feminist Issue.”
- ⁵² Gracia-Arnaiz, “Fat Bodies and Thin Bodies.”
- ⁵³ Durkin, “Doctor, Your Weight Bias Is Showing.”
- ⁵⁴ Esther D. Rothblum, “Women and Weight: Fad and Fiction.,” *The Journal of Psychology: Interdisciplinary and Applied* 124, no. 1 (1990): 5–24, <https://doi.org/10.1080/00223980.1990.10543202>.
- ⁵⁵ Michel Foucault 1926-1984. and Robert Hurley, *The History of Sexuality. Volume 1, The Will to Knowledge*, Popular Penguins (Camberwell, Vic.: Penguin, 2008), 140.
- ⁵⁶ Joan C. Chrisler, ““Why Can’t You Control Yourself?’ Fat Should Be a Feminist Issue,” *Sex Roles* 66, no. 9 (May 1, 2012): 608–16, <https://doi.org/10.1007/s11199-011-0095-1>; Apryl A. Williams, "Fat People of Color: Emergent Intersectional Discourse Online" *Social Sciences* 6, no. 1 (2017): 3. <https://doi.org/10.3390/socsci6010015>.
- ⁵⁷ Shapin, “Expertise,” 184-5.
- ⁵⁸ Ibid.
- ⁵⁹ Kelly D. Brownell, “Dieting and the Search for the Perfect Body: Where Physiology and Culture Collide,” *Behavior Therapy* 22, no. 1 (December 1, 1991): 1–12, [https://doi.org/10.1016/S0005-7894\(05\)80239-4](https://doi.org/10.1016/S0005-7894(05)80239-4).
- ⁶⁰ Deborah Lupton, ed., *Risk and Sociocultural Theory: New Directions and Perspectives* (Cambridge: Cambridge University Press, 1999), <https://doi.org/10.1017/CBO9780511520778>.
- ⁶¹ Deborah Lupton, “Risk as Moral Danger: The Social and Political Functions of Risk Discourse in Public Health.” *International Journal of Health Services* 23, no. 3 (1993): 22. <http://www.jstor.org/stable/45120104>.
- ⁶² Chrisler, ““Why Can’t You Control Yourself?””
- ⁶³ M. R. Hebl and J. Xu, “Weighing the Care: Physicians’ Reactions to the Size of a Patient,” *International Journal of Obesity and Related Metabolic Disorders: Journal of the International Association for the Study of Obesity* 25, no. 8 (August 2001): 1246–52, <https://doi.org/10.1038/sj.ijo.0801681>.
- ⁶⁴ Chrisler, ““Why Can’t You Control Yourself?””
- ⁶⁵ Ibid.
- ⁶⁶ Lupton, *Risk and Sociocultural Theory*, 30.

⁶⁷ R.M. Sapolsky, *Determined: A Science of Life without Free Will* (Penguin Publishing Group, 2023), 90

<https://books.google.com/books?id=Sv2nEAAAQBAJ>.

⁶⁸ Ibid.

⁶⁹ Kelso Harper, “The Weight of Stigma: Heavier Patients Confront the Burden of Bias,” *Scientific American*, accessed May 8, 2024, <https://www.scientificamerican.com/video/the-weight-of-stigma-heavier-patients-confront-the-burden-of-bias/>.

⁷⁰ C. S. Crandall and K. L. Schiffhauer, “Anti-Fat Prejudice: Beliefs, Values, and American Culture,” *Obesity Research* 6, no. 6 (November 1998): 458–60, <https://doi.org/10.1002/j.1550-8528.1998.tb00378.x>.

⁷¹ Brownell, “Dieting and the Search for the Perfect Body.”

⁷² Crandall and Schiffhauer, “Anti-Fat Prejudice,” 458-60.

⁷³ Joanne L. Finkelstein, “Biomedicine and Technocratic Power,” *The Hastings Center Report* 20, no. 4 (1990): 13–16. <https://doi.org/10.2307/3562760>.

⁷⁴ Joanne A. Rathbone et al., “When Stigma Is the Norm: How Weight and Social Norms Influence the Healthcare We Receive,” *Journal of Applied Social Psychology* 53, no. 3 (March 1, 2023): 185–201, <https://doi.org/10.1111/jasp.12689>.

⁷⁵ Ibid.

⁷⁶ Ibid.

⁷⁷ Andrew Stokes et al., “Prevalence and Determinants of Engagement with Obesity Care in the United States,” *Obesity (Silver Spring, Md.)* 26, no. 5 (May 2018): 814–18, <https://doi.org/10.1002/oby.22173>.

⁷⁸ Gina Kolata, “Why Do Obese Patients Get Worse Care? Many Doctors Don’t See Past the Fat,” *New York Times*, September 25, 2016, <https://www.nytimes.com/2016/09/26/health/obese-patients-health-care.html>.

⁷⁹ Sean M. Phelan et al., “Impact of Weight Bias and Stigma on Quality of Care and Outcomes for Patients with Obesity,” *Obesity Reviews* 16, no. 4 (April 1, 2015): 319–26, <https://doi.org/10.1111/obr.12266>.

⁸⁰ J.Z. Segal, *Health and the Rhetoric of Medicine*, *Medicina y Ciencias de La Salud* (Southern Illinois University Press, 2008), 1 <https://books.google.com/books?id=27dpWcdUCL8C>

⁸¹ Małgorzata Znyk et. al., “Consulting Obese and Overweight Patients for Nutrition and Physical Activity in Primary Healthcare in Poland,” *International Journal of Environmental Research and Public Health* 19, no. 13 (June 23, 2022) doi:10.3390/ijerph19137694

⁸² Phelan et al., “Impact of Weight Bias and Stigma.”

⁸³ Mollie Durkin, “Doctor, Your Weight Bias Is Showing,” I.M. Matters from ACP, (February 2017)

<https://immattersacp.org/archives/2017/02/weight.htm>.

⁸⁴ Martha Solomon, “The Rhetoric of Dehumanization: An Analysis of Medical Reports of the Tuskegee Syphilis Project” In Ed. Reverby, S. (2000) *Tuskegee’s truths: Rethinking the Tuskegee syphilis study*, (Chapel Hill: University of North Carolina Press, 2000) 255.

⁸⁵ Center for Discovery, “The Rebellious History of the Fat Acceptance Movement,” accessed May 8, 2024,

<https://centerfordiscovery.com/blog/fat-acceptance-movement/>.

⁸⁶ Zora Simic, “Fat as a Feminist Issue: A History,” in *Fat Sex: New Directions in Theory and Activism* (Routledge, 2015).

⁸⁷ Sara Fishman, “Life In The Fat Underground,” *Radiance*, (Winter 1998), 1.

⁸⁸ NAAFA, “NAAFA’s Origin Story & Fat Activism History,” accessed May 8, 2024, <https://naafa.org/history>.

⁸⁹ Fishman, “Life In The Fat Underground,” 1.

⁹⁰ Ibid.

⁹¹ Simic, “Fat as a Feminist Issue.”

⁹² NAAFA, “NAAFA’s Origin Story.”

⁹³ Simic, “Fat as a Feminist Issue.”

⁹⁴ Vivian F. Mayer, “Foreword,” in *Shadows on a Tightrope: Writings by Women on Fat Oppression*, ed. Lisa Schoenfielder and Barb Wieser, (San Francisco: Aunt Lute Books, 1983), x.

⁹⁵ Judy Freespirit and Aldebaran. *Writings From the Fat Underground: Fat Liberation Manifesto*. In L. Schoenfielder & B. Wieser (Eds.), *Shadow on a tightrope: Writings by women on fat oppression* (pp. 52 - 53). (San Francisco: Aunt Lute Book Company, 1983), 53.

⁹⁶ Fishman, “Life In The Fat Underground,” 2.

⁹⁷ Ibid.

⁹⁸ Llewellyn Louderback, *Fat Power: Whatever You Weigh Is Right* (Hawthorn Books, 1970).

⁹⁹ Fishman, “Life In The Fat Underground,” 2.

¹⁰⁰ Fishman, “Life In The Fat Underground,” 1.

¹⁰¹ Ibid.

¹⁰² Mayer, “Foreword,” xv.

¹⁰³ Marilyn Wann, “Fat Studies: An Invitation to Revolution,” in *The Fat Studies Reader*, Esther D. Rothblum and Sondra Solovay, eds., (New York: New York University Press, 2009), x.

¹⁰⁴ Ibid.

¹⁰⁵ Abby Ellin, “Big People on Campus,” *The New York Times*, November 26, 2006, sec. Fashion, <https://www.nytimes.com/2006/11/26/fashion/26fat.html>.

¹⁰⁶ Kristin Rodier, “[Rethinking Fat Studies and Activism through Women’s and Gender Studies Textbooks: ‘Fatspiration,’ ‘Thin Saviours,’ and Sexist Beauty Culture](#),” *Canadian Woman Studies Journal*, vol. 35, no. 1, pp. 7-15, 2023.

¹⁰⁷ Breanne Fahs, “A Tale of Three Classrooms: Fat Studies and Its Intellectual Allies,” *Counterpoints* 467 (2016): 221.

¹⁰⁸ Patti Lou Watkins, Amy E. Farrell, and Andrea Doyle Hugmeyer, “Teaching Fat Studies: From Conception to Reception,” *Fat Studies* 1, no. 2 (January 1, 2012): 180–94, <https://doi.org/10.1080/21604851.2012.649232>.

¹⁰⁹ Laurie Ann Lepoff. “Coming Out: Notes on Fat Lesbian Pride,” In L. Schoenfielder & B. Wieser (Eds.), *Shadow on a Tightrope: Writings by Women on Fat Oppression* (San Francisco: Aunt Lute Book Company, 1983), 205.

¹¹⁰ Mayer, “Foreword,” xiv.

¹¹¹ Elana Dykewomon. Untitled. In L. Schoenfielder & B. Wieser (Eds.), *Shadow on a Tightrope: Writings by Women on Fat Oppression* (San Francisco: Aunt Lute Book Company, 1983), 146.

¹¹² Simic, “Fat as a Feminist Issue” 16.

¹¹³ Ibid.

¹¹⁴ Chrisler, ““Why Can’t You Control Yourself?””

¹¹⁵ Chrisler, “Leaks, Lumps, and Lines.”

¹¹⁶ ¹¹⁶ Chrisler, ““Why Can’t You Control Yourself?””

¹¹⁷ National Association to Advance Fat Acceptance (NAAFA), “The Importance of Intersectionality,” December 10, 2020, <https://naafa.org/community-voices/importance-of-intersectionality>.

¹¹⁸ Fahs, “A Tale of Three Classrooms,” 223.

¹¹⁹ Janna L. Fikkan and Esther D. Rothblum, “Is Fat a Feminist Issue? Exploring the Gendered Nature of Weight Bias,” *Sex Roles* 66, no. 9 (May 1, 2012): 575–92, <https://doi.org/10.1007/s11199-011-0022-5>.

¹²⁰ Abigail Saguy, “Why Fat Is a Feminist Issue,” *Sex Roles* 66, no. 9 (May 1, 2012): 600–607,

<https://doi.org/10.1007/s11199-011-0084-4>.

¹²¹ Godfried A. Asante, “#RhetoricSoWhite and US Centered: Reflections on Challenges and Opportunities,”

Quarterly Journal of Speech 105, no. 4 (October 2, 2019): 484–88, <https://doi.org/10.1080/00335630.2019.1669892>.

CHAPTER 3

INVITING EMPOWERED DIALOGUE: BIOMEDICALIZATION AND INTERSUBJECTIVITY IN NOVO NORDISK'S *IT'S BIGGER THAN ME*

Launched on October 7, 2021, Novo Nordisk announced the “It’s Bigger Than Me” campaign across their various social media accounts. Their rollout announcement on Facebook called the campaign “a movement encouraging, inspiring, and educating society that obesity is a manageable health condition, not a character flaw.”¹ The rollout of this campaign consisted of four short-form videos and an accompanying website, “itsbiggerthan.com,” all of which feature Queen Latifah as Novo Nordisk’s premier paid spokesperson. According to Novo Nordisk’s entry statement for the 14th Annual Shorty Awards in advertising, at launch on their social media and during Queen Latifah’s accompanying “media day,” the campaign garnered significant attention across broadcast and print news coverage, and a “complete organic takeover of the Google news section.”² As of the end of 2021, the videos reached 26 million users across social media platforms.³ As a broader project, *It’s Bigger Than Me* sought to prompt “honest conversation about shame, bias and stigma”⁴ to demonstrate that “obesity is a manageable health condition, not a character flaw.”⁵ Thus, the goal of pushing patients towards weight loss drugs is in fact stated; this campaign was devised to prime the corporation’s target audience for the introduction of direct-to-consumer advertising for Wegovy.⁶ Ultimately, Novo Nordisk claimed that “audiences were hooked” by the original campaign, which boasted 147 broadcast airings with a projected audience of 143 billion viewers, as well as reaching over 26 million users on social media.⁷ Novo Nordisk’s empowerment rhetoric also reflects methods of bodily discipline

and biomedical surveillance that are centered around self-governance as moralized personal responsibility and fully-realized independence. Shielding anti-fatness from criticism—especially in content like Novo Nordisk’s, that directly references both “stigma” and “weight,” but avoids “weight stigma”—is able to simply act as a progressively-framed aesthetic turn.

I open Chapter 2 with a brief history of direct-to-consumer (DTC) pharmaceutical advertising, which contextualizes both the legal and socio-cultural milieu that Novo Nordisk is entering through *It’s Bigger Than Me*. I then pivot to discussing how this campaign’s videos place fat bodies in perilous scenarios to model speculation and indicate riskiness in relation to “obesity,” calling forth an audience whose embodiment is intersubjective to the spectacle on-screen. Throughout the second half of this chapter, I articulate Novo Nordisk’s affective turn towards empowerment as a simulation of invitational rhetoric, as outlined by Sonja Foss & Cindy Griffin (1995). In particular, I question how empowerment goes hand-in-hand with both “offering perspectives” and “creating external conditions” as two rhetorical forms present within an invitational stance. Throughout the third portion of this chapter, I dissect how tropes popularized by television procedurals and dramas are employed to project “successful” dialogue on-screen; this enables Latifah to act as a meta-diegetic figure with the ability to invite audiences to empowerment through the notion of opening conversation. From this, the next section employs Foss & Griffin’s outlining of “conditions of possibility” to read this campaign as a simulation of invitation, which ultimately functions as an intersubjective call to adhere to biomedical conduct. Though the campaign was produced by Novo Nordisk, I conclude this chapter by exploring how Latifah’s Black, female, celebrity embodiment frames her broader conversation. When the notion of “obesity-as-disease” is placed in contention with the distinctly

racialized and gendered history of anti-fatness, empowerment coalesces around the *ideal other* mobilized through Latifah's enactment of proper neoliberal citizenship.

It's Bigger Than Me as Direct-to-Consumer Advertising

Overall, this Novo Nordisk's efforts garnered significant media attention, in part due to bringing on Queen Latifah as the brand's prominent spokesperson, but also because of growing interest in the "age of Ozempic" broadly. Bearing in mind the entertainment-focused approach and consistent references to *It's Bigger Than Me* as a "movement," one must not lose sight of the fact that these videos comprise a strategic advertising campaign levied by one of only two GLP-1 industry giants. While the ad spend for this specific campaign is not publicly available, Novo Nordisk's 2021 end-of-year financial report suggests the company experienced a 19% increase in overall sales and distribution costs, of which includes advertising efforts "reflecting the launches of Rybelsus® , promotional activities related to Ozempic® as well as promotional and market development activities related to Obesity care."⁸ Fundamentally, advertising seeks change in perspectives and, in a neoliberal age, directs self-governance, which contextualizes this campaign as a simulation invitational rhetoric. Therefore, in order to grasp the mediated and rhetorical landscape that Novo Nordisk is entering, it is necessary to first delve deeper into the legislative contexts underlying the advent and popularization of direct-to-consumer (DTC) advertising.

While DTC ads reliably punctuate the late-night talk shows and mid-day sitcom reruns of today, prior to the mid-1990s, drugs were marketed by manufacturer representatives to medical professionals themselves, often in person.⁹ In other words, mass marketing to a general public audience was not a central aim of the pharmaceutical industry. DTC advertising is deeply

embroiled in the debates surrounding *who* and *how* the government should approach regulating patient's rights towards notification of risks as consumers of a particular drug.¹⁰ On the federal level, introduction of the Food, Drug, and Cosmetic Act (FD&C) in 1938 was one significant step in parsing through regulatory and social quandaries over drug labeling. However, it wasn't until amendments to the FD&C in 1962 that regulation of prescription drug *marketing* was placed in the purview of the Food and Drug Administration (FDA), despite the fact that the Federal Trade Commission (FTC) oversees and regulates/provides guidance on advertising.¹¹ These amendments added section 502(n), which mandated pharmaceuticals companies must include a "true statement" summarizing a given medication's risks— including side effects and contraindications— within its packaging and labeling.¹² This led to the FDA's first official regulatory effort towards pharmaceuticals advertising in 1969, which adapted the 1962 502(n) amendment into a "brief summary requirement" to codify marketing materials as an extension of product labeling. Essentially, this established the expectation that drug companies adhere to a similar standard of disclosing risk in *promoting* as was already required for packaging.¹³ However, these regulatory efforts effectively served as a "de facto barrier"¹⁴ confining drug marketing to print promotional materials, as it had been before, since it provided greater flexibility in including the "brief summary." Ultimately, the FDA's nascent efforts towards regulating pharmaceutical advertising stifled the emergence of DTC advertising by limiting broad industry appeal.

Yet entering an era of heightened neoliberal policy in the latter half of the 1990s, the healthcare and pharmaceutical industry too experienced a "significant cultural change" in attitudes and promotional tactics that sought to emphasize the "consumer's role in medical decision making."¹⁵ There are two oft-cited ads that marked a shift in the marketing strategy for

drugs: Boots Pharmaceuticals' promotion of their pain reliever *Rufen* in 1981, and Merck & Dohme's advertisements for the vaccine *Pneumovax* in 1982.¹⁶ Shortly after in 1983, the FDA called for a voluntary moratorium on public-facing prescription drug advertisements, due to cultural and legislative anxieties regarding the lack of regulation for DTC as a particularly bold marketing tactic. However, this moratorium was rescinded in 1985, when the agency reached their decision that DTC ads are covered under the FD&C Act, and should be held to the same standards as promotional materials directed towards medical professionals.¹⁷ Throughout the 1990s and into the new millennium, the FDA published several "draft guidance" documents regarding broadcast advertisements for drugs.

However, as DTC became a more popular tactic in the pharmaceutical industry, different sub-genres of ads emerged as a way to evade the requisite "brief summary" and other stringent regulatory standards. One such sub-genre materialized as a turn towards "help-seeking," which by definition are consumer-focused ads that omit mention of any specific drug by name and categorically avoids making product claims;¹⁸ instead, they describe and problematize a particular condition or symptoms, and urge consumers to seek more information from either a medical professional or a phone number accompanied by the corporate name of the pharmaceutical *manufacturer*.¹⁹ The 2004 draft "Disease Awareness Ad Guidance" was among the FDA's first efforts to address help-seeking ads specifically, stressing that they must be "perceptually distinct" from those overtly marketing and mentioning particular drug products.²⁰ This functionally established the ideal of a neutral ethos within help-seeking advertisements, being that they are not subject to the "brief summary" requirement. Finally, 502(n) was amended again in 2007 to address pharmaceutical advertising specifically, saying that this statement of

side effects and contraindications must be “presented in a clear, conspicuous, and neutral manner.”²¹

Despite being funded by Novo Nordisk, *It's Bigger Than Me* does not necessarily feature the company's drug products themselves, even in light of growing public attention directed towards Ozempic and Wegovy. Instead the campaign is written off on the corporation's annual report as inclusive of “market development activities related to obesity care,”²² echoing the help-seeking ethos emerging throughout the history of DTC advertising. In fact, the direction towards the manufacturer is obfuscated as well; the only acknowledgement of Novo Nordisk's sponsorship comes at the very end of each advertisement, with their logo and brand name in impossibly small print. Yet as one of only two major manufacturers of GLP-1 medications, I argue this campaign must be approached through the absolutely *essential* recognition that Novo Nordisk has vested, demonstrable interest in initiating and maintaining broader conversation regarding “obesity.”

After all, that is precisely how help-seeking advertisements function; in problematizing a particular condition, consumers' embodied condition is simultaneously awoken and capacitated, as they are compelled to discover the solution to their speculated ailment. Yet Novo Nordisk's intervention materializes in reconfiguring the unremarkable rhetoric of “obesity-as-disease,” to instead cast *their* campaign as a reimagination of previous discourse. Biomedicalizing the fat embodied condition acts as a central basis for *It's Bigger Than Me*, which Latifah directly references during one of four videos associated with the campaign, stating that “obesity is a health condition”²³ that is experienced “because of your biology.”²⁴ Centering specifically on “obesity” as a medical condition functionally fulfills the central tenet of help-seeking DTC advertisements. Even further, rhetorically positioning fatness as a disease strategically implicates

symptoms of “obesity” that, through treatment via GLP-1 drugs, can be managed and even remitted. One such symptom is “insatiety,”²⁵ a medical term used in diagnosing conditions— such as Polycystic Ovary Syndrome or Type 2 Diabetes— that are supposedly correlated with “obese” BMI. Latifah echoes in claiming that “our DNA is a part of [obesity],”²⁶ leading one’s own hormones to impact “when and how much we want to eat.”²⁷ This frames eating not as a matter of hunger, but of a decisive drive towards gluttony that is characteristic of fatness; a symptom for viewers to connect with, to embolden them to pursue further information and treatment. In this way, *It’s Bigger Than Me* unfolds in a manner faithful to the help-seeking DTC format, not only in the functional absence of GLP-1 drugs, but also because it references— and biomedicalizes— fatness as a sensate condition.

However, given the ubiquity of DTC advertisements positively inundating broadcast media within the last decade, Novo Nordisk’s campaign responds to an essential pressure to differentiate itself amid a wealth of nearly-identical commercial pharmaceutical content. Throughout *It’s Bigger Than Me*, this manifests as an apparent turn towards prioritizing entertainment, evidenced by the use of imagery and generic tropes associated with television programming. Being that these videos draw from several procedurals and/or TV dramas as form, I offer a reading of this campaign as couching directives towards self-governance within the seductive and familiar spectacle of broadcast entertainment. Thus, to distinguish the content that *does* draw on popular culture and entertainment, I refer to them as the “genre” videos, of which there are three: one video entitled “Body Talk”²⁸ features Latifah sitting down with another woman in a cafe chatting, similar to sitcoms such as *Seinfeld*, *Friends*, or in the latter half of the 2000s, *Two Broke Girls*. Another, “Diagnosis Stigma,” draws on medical dramas such as *ER*, *Grey’s Anatomy*, and *House, M.D.* to cast Latifah as a doctor “saving” a patient by diagnosing

him with stigma, indirectly educating the audience along the way. The third of the “genre” videos is shot as a spoof of a crime procedural, entitled “SIU: Shame Investigation Unit” as a direct play on *Law and Order SVU: Special Victims Unit*. However, because these first three videos “move from one vignette to the other without addressing the switch in genre,” Novo Nordisk VP of Consumer Marketing Mark Materacky explains that “viewers don’t get the full story until our reveal at the end of the video series.” The fourth and final video in the series is simply titled “Let’s Talk,” and features Latifah in a nondescript green room, speaking candidly and directly to the camera. Being that this is the only ad that does not directly mirror a television genre, “Let’s Talk” places the three previous videos in conversation with one another to affirm this campaign is *doubly* help-seeking; the condition it seeks to target is just as much *stigma* as it is “obesity.” Thus the ending “reveal” Materacky references is that Novo Nordisk’s aim through *It’s Bigger Than Me* is to “creatively educate viewers about the myths which exist around obesity, affecting our minds, bodies and our society.”²⁹ Essentially, this campaign must be taken in the context of stated efforts towards starting a pseudo-social justice movement, which is ultimately aimed at fostering conversation on shame and stigma regarding fat people as unwilling or unable to achieve weight loss.

Speculation, Spectacle, and the Intersubjective Fat Body

Being that *It’s Bigger Than Me* rests within direct-to-consumer advertising as a distinctly capitalist project, it is necessary to question at what point the human condition and embodied experience “become an indication for drug treatment—and a market opportunity?”³⁰ Given the ever-expanding reach of capital and state power levied against the body, this question demands more an exploration than an answer; in doing so, I turn to Ulrich Beck’s theorizing on *risk* as

being routinely exploited for purposes of “revealing and concealing” different subjects and thus the potential for market expansion.³¹ Rather than recognize the potentiality for fat acceptance— or even absence of compulsory biomedical conduct— this campaign enforces a healthist imaginary that serves idealized *thin* futurity. As *It’s Bigger Than Me* unfolds, fat bodies are placed in the context of risky and/or perilous situations that demonstrate the inherently unstable and undesirable condition of fat embodiment. Each ad is structured as a mini procedural or serial “episode,” complete with its own plot closely tailored to its respective genre; thus, in this entertainment-focused context, Novo Nordisk imbricates spectatorship and speculation to shift audience’s understanding of self towards a biomedical perspective. In the aforementioned interview, VP Materacky openly expresses the company’s goal to “change the way the world discusses, sees, treats and understands obesity,” particularly in turning towards the “science” indicating that “obesity is a manageable health condition.”³² Engendering the neoliberal shift towards coercive methods of control, the structure of *It’s Bigger Than Me* encourages a supposedly-agential awakening to the risky “obese” condition on-screen, as an effigy of “real world” fat experience. Rather than explicitly outlining specific modes of biomedical self-governance—such as the direct references to particular medications that is disallowed by “help-seeking” DTC ads—this campaign hails an audience of potential consumers that is intersubjective to the speculation and assignment of risk happening on-screen. By examining how fatness is overrepresented through a schema of risk, it becomes clear that this campaign rests on speculation about the current and future condition of fat bodies as always-already in contention with the thin ideal.

In the realm of neoliberalism, the *self* is constructed as a speculative condition; it is grounded in the indeterminacy of the biopolitical subject, while obscuring state and market

interest in disciplining bodies and dictating available potential modes of self-governance as mitigating risk. Throughout his lecture “Beyond the Critique of Speculation,” Martijn Konings draws on Foucault’s discussion of biopolitics and the difference between neo- versus classical liberalism, to cast neoliberal rationality as having a “constructivist element.” Konings asserts neoliberalism ultimately is “concerned with the malleability of the future,” thus it espouses speculation as the “distinctive orientation of the modern subject.”³³ This is foregrounded by foundational work from Ulrich Beck who affirms the existence of such a “dawning of a speculative age in everyday perception and thought”³⁴ as representative of the neoliberal turn towards a “risk society,” where social, political, and economic construction of risk relies on “causal interpretations” that “invoke systematic and often irreversible harm.”³⁵ As such, speculation embodies a distinctly capitalist schema of risk, through which it becomes possible to imagine and amend future potentiality towards managing said risk and mitigating harm.

Bolstered by Foucault’s assertion that neoliberalism is characterized in part by the “analysis of non-economic behavior through a grid of economic intelligibility,”³⁶ Beck similarly views risk as imminently and inherently producing “threats” that ultimately serve to reinforce the ubiquity of riskiness as a condition.³⁷ Following from this, as Thomas Lemke asserts, the economy itself “has been a political economy of life from its very beginnings.”³⁸ From these two threads of logic emerges a conception of body and life that is intrinsically constituted *by* and constitutive *of* the notion of value. In response, neoliberal subjects are called to speculate about their relative potential for threat or harm by channeling a schema of risk into *assessing* all aspects of their social, political and economic being. Thus risk assessment and speculation are co-constitutive in a way: risk assessment is the central project of speculation, yet there can be no conception of the likelihood of risk without the ability to imagine and weigh alternatives.

Often this risk assessment is predicated on the basis of risky embodiment, that both retroactively affirms the need for speculation, but also implies an imminent futurity that must be avoided through proper self-governance. Neoliberal subjects are called to reassess their understanding of their own bodies attuned to threat and risk, which Happe outlines in *The Material Gene* as being legitimized through the “emergence of coextensive specialized discourses of risk expertise.”³⁹ Within biomedicine, this notion of expertise legitimizes the body as an inherently speculative project, always-already imminently posed on the precipice of potential transformation, yet never reaching it. This is reflected in the way that fatness is stigmatized throughout the socio-cultural milieu of the “obesity epidemic,” where speculation is intimately tied to actuarial science in the context of the development and implementation of the Body Mass Index (BMI). During its nascent stages of social and institutional uptake, the BMI was envisioned as a tool for determining risk— and thus, cost— for life insurance policies, rendering it an inherently capital-driven endeavor.⁴⁰ Based on Adolphe Quetelet’s calculation from nearly a century prior, the Metropolitan Life Insurance Company (MetLife) created the “original” height and weight table, which Ancel Keys officially labeled the “Body Mass Index” in the 1950s.⁴¹ Iterations of the MetLife table were eventually published in medical references, and eventually textbooks, marking the beginning of the BMI’s ubiquity in determining “health” in medical fields.⁴² Thus, speculation is mobilized through assignment of relative risk to a particular degree of fat embodiment (i.e. “normal” BMI, versus “overweight” or “obese” BMI).⁴³ Risk is then correlated to specific forms of health-minding, specifically weight loss and dieting behaviors, as an attempt at staving off a fat speculative futurity. In this way, biomedicine urges consumers towards action through a syllogistic schema of risk and speculation:

Major premise: Health is predicated on eliminating risk. (a.k.a. risk is bad)

Minor Premise: Fatness is an inherently risky embodied condition. (a.k.a. “obesity” presents veritable risk)

Conclusion: Therefore, bodies necessarily demand biomedical intervention in the name of managing and mitigating risk.⁴⁴

Often this argument in favor of biomedical intervention is directly connected to how “obesity” is debilitated as a “disease.” As early as 2004, the medical field has sought to establish the validity of researching and treating fatness through designating “obesity” to be a “chronic, relapsing” condition.⁴⁵ However, it is important to note that weight loss is itself temporally-bound concept; studies have demonstrated significant prevalence of weight regain, especially after ceasing weight loss behaviors, whether they be changes in diet, exercise, pharmaceutical or surgical intervention.⁴⁶ It must also be noted that the efficacy of GLP-1 medications for weight loss is itself contested.⁴⁷ Additionally, weight loss is temporally-bound in the sense that it rests on social construction of the body as ephemeral and endlessly speculative—as a “self-improvement” project that is inherently predicated on nonexistence, wherein ideal embodiment is not guaranteed, and may never be fully realized. The role of biomedical technology materializes in engineering ways to expedite this timeline and continually advance the reach of speculation by constructing new and different elements of embodied *being* upon which to superimpose risk. Thus, the notion of risk articulates an imminent threat of fatness, based on forecasting potential future consequences of improperly self-governing.

Being that consumers are called to see their current “self” in a perpetual state of forecasting future embodiment, the context of this campaign as a broadcast mediated endeavor necessitates a turn towards phenomenological film theory. Maurice Merleau-Ponty was of the

first to assert cinema as a phenomenological art, wherein the spectator's sensate experience and "fleshly" corporeal form becomes intersubjective— or merges with and is mediated by— with what is represented on screen.⁴⁸ Spectators resonate with what they view on screen, and in doing so they "loan" a "temporary 'surrogate body' for the screen," which becomes a central feature of what Christiane Voss calls the "filmic architecture."⁴⁹ Essentially, the embodied experiential character of film shapes both the audiences viewing it, but also shapes the structure of film itself as the medium shifts to attend to this. As Vivian Sobchack so aptly puts it, the "meaning" created through the experience of engaging with film "does not have a discrete origin in the spectators' bodies or the cinematic representation, but emerges in their conjunction."⁵⁰ This line of thought articulates how film⁵¹ calls forth an embodied spectatorship to effect and affect. Marking a departure from Mulvey's and Metz's psychoanalytical tradition—i.e. through concepts such as *gaze* or *identification*— Carmen Pérez Ríu argues that a phenomenological perspective on film theory "describes forms of embodied subjectivity that speak of the engagement of a corporeal and sensorial totality" that helps "explain the triangulation of the projected subjectivities between characters within the diegetic world and onto the spectator outside of it."⁵² In this way, viewership must be understood as embodied subjects whose self-conception is (re)formed proximate to subject's bodies playing out in front of them; even if this work of watching is mediated by a screen, film must be understood as having some bearing on both addressivity and construction of embodied "reality."

Yet because film calls viewers to understand their own subjectivity through the depiction of embodied subjects on screen, bodies (both on- and off-screen) don't just reinforce fetishism, they become a physical manifestation of the fetish itself. Being that spectacle both *frames* and *is framed by* hegemonic standards of the "desired body,"⁵³ a phenomenological theory of film rests

on viewing the body as a signifier of desire.⁵⁴ In *Alice Doesn't: Feminism, Semiotics, Cinema*, Teresa de Lauretis similarly views cinema as a semiotic practice where “narrative and visual pleasure constitute the frame of reference of cinema.”⁵⁵ Specifically, de Lauretis views heteropatriarchy as determinant of the “object and the modalities of vision” and what is desired to be seen,⁵⁶ or what Christian Metz refers to as fetishism of the “good object.”⁵⁷ While *Alice Doesn't* focuses on womanhood as the site of spectacle in particular, de Lauretis’ argument speaks broadly to performance of embodied identity as intimately tied to the voyeuristic pleasure of “watching” others’ forms. Sobchack similarly describes this pleasure of film viewing as derived from the “carnal subversion of fixed subject positions, from the body as a “third” term that both exceeds and yet is within discrete representation.”⁵⁸ Laura Marks relates this back to the form and machinations of film itself, by asserting that embodied viewership is distinctly “tactile” in nature due to *haptic visuality*, or the ways in which film permits “experience[ing] touch both on the surface and inside our bodies,” such that the “eyes themselves function as organs of touch.”⁵⁹ Even in surrendering to diegesis as the “world of the film,” the act of watching is ideological, such that the *self* is inherently impermanent and defined in relation to “touching and being touched”⁶⁰ by various subject positions—thus, intersubjective.

While this is reflected to some degree throughout all four videos, I focus in on “SIU” and “Diagnosis Stigma” as reflecting procedural genres that inherently dramatize peril in service of spectacle; in other words, television tropes routinely place both doctors and investigators in high-stakes scenarios that reliably carry an intrinsic element of risk. From the very beginning, “SIU” revolves around personifying risk through the lens of victimhood. Immediately making use of generic tropes, this video opens onto a dimly lit police station, set against the aural backdrop of suspenseful theme music.⁶¹ The station is completely empty, save one unnamed detective, later

revealed to be Latifah's beat partner, who stands looking at an evidence board. Latifah rushes in wearing street clothes, insinuating that she has been called in after-hours specifically to deal with what her partner describes as "the biggest hostage situation in the history of the department."⁶² Here, "hostage" immediately calls to mind the existence of a "captor" or "criminal" who not only poses an imminent risk in the form of criminality, but also in victimization as a negative affective condition. Latifah's investigator partner gestures towards a fat "victim" sitting in an interrogation room, explaining that "the woman in that room? She barely got away. She's terrified."⁶³ Even having narrowly avoided a more severe outcome of her "hostage situation," the "victim" is reluctant to dismantle her shame because of the pervasive threat posed by her fat embodiment. The detective furthers, "She'll never give him up. She can't."⁶⁴ This actively projects a speculative conclusion regarding the impossibility of releasing one's own victimization; broadly construed, the fat "victim" is not just unwilling to voice their shame, but fundamentally inept. This allows Latifah to present an alternative future, based on the speculation of *why* the "victim" is unable or unwilling to talk. Even though her investigative partner says that he has "tried everything,"⁶⁵ Latifah rebuffs him, stating assertively that "you haven't tried me."⁶⁶ Having already established that this is a high-stakes situation indicative of the "victim's" risk, "SIU" employs this sense of peril as grounds to articulate the potential for future change. Essentially, representing fatness through an implicit schema of peril and risk is what allows the speculative future to occur, and in turn, what creates the ability to implicate empowerment as a transition.

Within "Diagnosis Stigma," the notion of peril emerges across both the supposedly-material risk presented by the physical condition of fatness, but also the metaphysical risk of perpetual stigmatization by nature of failing to achieve thinness. Throwing viewers into the fray

of an emergency room triage, this video begins with nurses rushing a patient in on a gurney, with one urging that “the bias rate is climbing.”⁶⁷ As such, the severity of this situation is established through calling to mind the potential for mortality, insinuating that the patient’s embodied condition is itself a marker of precarity. Shortly after, Latifah enters to offer her diagnosis and, with pursed lips and folded arms, states disdainfully that “it’s stigma.”⁶⁸ Threatened with imminent risk of fatality as a result of this “condition,” the patient’s next-of-kin is called to imagine the potential outcomes in this scenario. A nurse interjects that, without relieving the conditions of risk implicit in stigma, “you could also potentially be looking at 236 additional conditions that’ll impact your health.”⁶⁹ By assessing the severity of the patient’s “health” and attempting to warn of the far-reaching effects of his condition, this forecasts fatness to be indicative of *compounding* risk. Shortly after, the sound of a heart monitor fades in for the first time and begins beeping rapidly,⁷⁰ as if the patient were experiencing a cardiac event. Looking around the room, Latifah proclaims that “we’ve got to get this *clear* people...The only way we’re gonna beat this thing is if we talk about it– together.”⁷¹ Increasing the stakes in this manner demands viewers imagine a world without stigma, and in doing so, reaffirms fatness as a precarious form of embodiment whose risks are a matter of life and death. This allows Latifah to intimate that “obesity” can be overcome through proper conduct– in this case, by dismantling the stigma and bias preventing the pursuit of medical intervention. Yet this still reinforces the fact that fatness is something that must be carefully examined, pathologized, and ultimately, something to be “beat.” Overall, framing shame as something that can be *investigated* and *diagnosed* then provides an entry point into speculative conversations about “obesity,” on the basis of management through biomedical treatment.

In showing these moments of peril on-screen, the campaign compels viewers to momentarily imagine themselves not just *alongside* the patient or the victim in their risky fat embodiment, but understand the imminent potentiality of *becoming* them. One particularly salient example of this comes in “Diagnosis Stigma” when, despite the fact that nearly the entire ad is shot from a third-person point of view, the very first frame takes on the perspective of the patient on Latifah’s gurney, looking up at the hospital ceiling as they are wheeled into triage.⁷² This angle alone is integral in establishing that the risk of “obesity” is centralized within the materiality and consciousness of the fat body. As such, viewers are called to imagine themselves not just as witnesses to this spectacle, but even further, as the implied *subject* of this perilous encounter. Likewise, “SIU” turns to address an intersubjective fat embodiment as the camera cuts to close-up shots of different elements pinned to the evidence board one by one: a measuring tape in an evidence bag, a size extra-large garment tag,⁷³ a post-it with “How many people?” written on it.⁷⁴ Threat is then particularized to fatness through this act of presenting “evidence” that a crime has been committed, by virtue of the fact that these objects’ materiality enacts the body as a form of referent. For one, the measuring tape is itself a tool for assessing body size, which is then scaled into broader categories connoting differing degrees of relative risk. Likewise, the post-it’s question of “how many people” mirrors risk-assessment as a process of determining prevalence and harm. The garment tag evokes a similar schematization of body size, wherein the size extra-large is significant in that it represents the standard cutoff for “straight sizes.” All of these work together to form a vignette that suggests that victimization can be predicted— and thus, risk can be assessed— based on embodied markers. This campaign reflects a visual and affective foil of fat bodies such that, in simply bearing witness, spectators may come to an intersubjective conclusion about their own risky embodiment. In this way, even

if these videos are aiming for parody, they still function by reifying stigmatizing assumptions regarding fat embodiment and emphasizing the role of outwardly “reading” fatness attuned to risk and spectacle.

Echoing discussion of speculation and risk in looking at influencers’ mediated attempts to promote body positivity, Alexandra Sastre views this movement as capacitating and empowering individuals whose modes of embodied existence were previously “stranded in the realm of not-quite.”⁷⁵ Being that the rhetoric of body positivity foregrounds the discursive turn to the “age of Ozempic,” this campaign serves to target bodies occupying a similar “not-quite-ness.”

Materacky explicitly expresses this aim on behalf of Novo Nordisk, during his interview with *Pharmaceutical Executive*:

Interviewer: Is there a particular section of the obese population that this campaign is aimed at?

Materacky: Our target is anyone who has ever felt bad about their weight or ever wondered why they struggle to lose weight. It’s also their family, friends, co-workers and loved ones who just want to help and support their individual weight journey.⁷⁶

Thus in considering one’s own comparative risk proximate to the fat bodies on screen, speculation tacitly evokes certain external behaviors as more or less risky, according to their potential to aid or detract from weight loss. *It’s Bigger Than Me* extends this speculative ethos to the broader notion of fat futurity, calling forth an intersubjective spectatorship responsive to neoliberal capitalist aims to (re)produce thin futurity within fat consumers. Even the title of the campaign presents the notion of addressivity, particularly in calling forth recognition of “obesity” beyond the spectacle on screen. *It’s Bigger Than Me* is a double entendre that mandates fatness as the implied subject of speculative conversation; “obesity” is problematized

as being bigger than the material space occupied by the fat body, simply because it represents a categorical victimhood symptomatic of risky embodiment. This campaign lends spectators the license to acknowledge that speculation as all-consuming, all the while framing it as a supposedly-agential desire to think, feel, and act beyond the screen. Despite the fact that depersonalization is framed as the novelty of this particular discourse—undoing fault through recognition that risk is “bigger than me”—these videos cannot be removed from the context of their intersubjectivity with an embodied fat reality. Putting it plainly, this intersubjectivity capacitates the body reflexively, as both *call* and *response*; *It’s Bigger Than Me* prompts viewers to understand their embodiment not only as a material manifestation of risk that proves the necessity of empowerment, but also as the very tool that enables empowered conduct as potentiality.

Offering Perspectives: Dialogue as Empowerment

Being that the spectacle of risky bodies reaches beyond the screen, *It’s Bigger Than Me* responds to this intersubjectivity through a structural turn towards the appearance of open conversation. In other words, the process of initiating dialogue is projected as the device through which Latifah achieves her central purpose: fostering recognition of supposedly self-imposed shame and blame, that redefines the self in relation to a more “properly” empowered sense of personal conduct. As such, all three “genre” videos feature a climax wherein an unnamed supporting character recognizes the vital need for dismantling internalized bias towards “obesity.” In the first “genre” video, “Body Talk,” the central premise is Latifah sitting down to have a conversation with another woman, who has a striking realization of her own self-hatred. During “Diagnosis Stigma,” Latifah is cast as a doctor working to convince her fat patient’s

next-of-kin to understand the gravity of his “condition.” Latifah assumes the role of detective for the video “SIU,” wherein she enters an interrogation room to convince a fat “victim” to talk about her “hostage experience” with shame and self-blame. However, it is not until the fourth video, “Let’s Talk,” that the tropes fall away and Latifah directly acknowledges the goal of the campaign through her *own* voice, saying “what I hope to do is start a conversation.”⁷⁷ In light of this plainly-stated aim for this campaign, I aim to read the “starting of conversation” playing out on screen not only through a dialogic lens, but even further, as a simulation of *invitational rhetoric*. In drawing connections between the filmic form of the “genre” videos and Foss & Griffin’s triptych of feminist principles,⁷⁸ I argue *It’s Bigger Than Me* assumes an invitational rhetorical stance as the site of a positive affective shift in discourse surrounding weight loss and “obesity.” In other words, the campaign presents a stage upon which Novo Nordisk may play out scenes of dialogic *becoming*, at once constructing and reaffirming a theater of properly empowered consumer-citizenship.

Critical focus on dialogue first emerged outside of Rhetorical Studies, with Martin Buber’s philosophy of dialogue⁷⁹ laying the groundwork to describe a dyadic communicative relationship. While dialogue appeared to make the jump into organizational and interpersonal communication more quickly initially, dialogic theories of rhetoric began to emerge in the 1970s, particularly in the context of speech and argumentation. Publishing in the *Quarterly Journal of Speech* in 1971, Richard Johannesen was among the first to articulate how and why communication scholars may find a theory of dialogue useful. His intervention was primarily an attempt to review and outline dialogic theorizing outside of the discipline, while also outlining key principles for ease of future study. As such, Johannesen understands dialogue as representing “more of a communication attitude, principle, or orientation than a specific method, technique, or

format,” arguing that a “spirit of dialogue” pervades and/or informs communicative processes.⁸⁰ Following closely after, John Poulakos amends Johannesen’s original “components of the concept of dialogue” to instead be “dialogical *characteristics*,” on the basis that dialogue is not substantially or essentially altered as a result of his proposed components’ addition or omission. From this departure, Poulakos argues that a phenomenological perspective reveals the *self*, the *other*, and the *between* as more properly co-constitutive *components* of dialogue.⁸¹ Thus it is through the shared sense of separation and positioning across from *another*– the *between*– that allows for dialogue to occur.⁸²

Indirectly referencing Poulakos’ distinction of the dialogic *self* and *other*, Tulio Maranhão argues that the context of an emerging postmodernist critique of consciousness marks a shift in the interpretation and conception of dialogue towards the notion of *ethics*, what they describe as replacing “the inquiry about what dialogue is with the inquiry about whether dialogue promotes truth and justice.”⁸³ In this instance, Maranhão’s argument appears to suggest that dialogue lends itself to being cast as a liberatory– or at least progressive– project. This is affirmed by Czubaroff’s conception of dialogue as it pertains to rhetoric, which she describes as a communicative and relational process “characterized by ‘mutuality’ (or ‘reciprocity’) and difference (or ‘strangeness’).”⁸⁴ In other words, the construction of an agential self is bound to the construction of an equally agential and responsive other. Likewise, Maurice Friedman describes dialogue as relational in so far as it creates a sense of “encompassing awareness” and “inclusion,” that maintains the “ground of one’s consciousness” as well as the ability to “see through one’s own eyes.”⁸⁵ This notion of interactivity and responsiveness evidently draws from Sonja Foss and Cindy Griffin’s theorizing on *invitational rhetoric* nearly a decade earlier, wherein they articulate an alternative dialectic to describe how rhetoric “constitutes an invitation

to the audience to enter the rhetor's world and to see it as the rhetor does.”⁸⁶ Building on feminist principles of equality, immanent value, and self-determination, Foss and Griffin view invitational rhetoric as resisting highly masculinized and adversarial depictions of rhetoric as persuasion,⁸⁷ to instead allow “offering perspectives” to exist as a “rhetorical form” integral to invitation itself.⁸⁸ As such, Latifah’s on-screen dialogue may be read as a performance of this rhetorical form, playing at invitation by “offering perspectives” on fatness.

Refashioning Johannesen’s description of a dialogue, I seek to articulate how Novo Nordisk’s campaign videos are characterized by a “spirit of invitation,” regardless of whether an invitational rhetoric is truly achieved. Situated within the context of an emergent “age of Ozempic,” the notion of value is central to this campaign; even the title “It’s Bigger Than Me” suggests resistance of judgements that devalue fat consumer-citizens’ efforts towards thinness, whose circulation is pervasive within discourses of weight loss and “obesity.” Foss & Griffin relate immanent value to how “invitational rhetors eschew a hierarchical ranking of individuals according to external criteria,” to instead view “every being as a unique and necessary part of the pattern of the universe and thus as valuable.”⁸⁹ Particularly, Latifah’s character is used as the source of projecting imminent value through the content and manner in which she fosters “open conversation” on screen. In “Diagnosis Stigma,” Latifah’s instantiation of dialogue revolves around “diagnosing” a fat patient with stigma, as the title aptly suggests. In response to this diagnosis, the patient’s next-of-kin challenges, “Is that really a health problem?”⁹⁰ In questioning whether stigma– and implicitly, “obesity”– is a matter of health, the next-of-kin character sets up the ability for Latifah to affirm a sense of immanent value by pointing out their problematic logic.

As a response, Latifah firmly states “see, that’s the problem,”⁹¹ after which a nurse hurriedly proclaims that “we’re gonna need some more info.”⁹² Just as this is said, the frame zooms in on an I.V. bag labeled “knowledge” being hung and administered to the patient.⁹³ As a moment that plainly models invitation towards understanding, this dialogic encounter projects Latifah acting in accordance with the immanent value of the next-of-kin’s perspective. If the next-of-kin’s positionality were not accepted by Latifah’s character to be inherently—imminently—valuable, there would be no need for response, nor for attempts at education. In this way, this interaction situates stigma as a “part of the pattern of the universe”⁹⁴ that is necessarily encountered alongside the pursuit of knowledge as an intrinsically reformative and empowered/ing process. By situating this video around an invitational interaction as the climax, this campaign highlights the immanent value of each member’s perspective in manufacturing the conditions for bringing about a *particular* invited outcome: empowerment.

Having established the immanent value of her adversary’s positionality through an invitation to greater understanding, Latifah begins to offer her “own” perspective— in this case, by expanding on her diagnosis of the “condition” experienced by this patient. As the lead doctor, Latifah admonishes the next-of-kin and her team that “when there’s stigma, we miss all the signs; we reinforce bias, we contribute to the shame and self-hate, and the condition just gets worse.”⁹⁵ By casting Latifah as a doctor explaining the conditions of her patient’s critical diagnosis, this interaction constitutes an act of “offering perspectives” that is legitimized through the lens of expertise. This statement contextualizes the next-of-kin’s initial response—questioning the validity of Latifah’s diagnosis, her act of “offering perspective”— as a rejection of immanent value with mortal consequences, leading to the patient’s worsening “condition.” Reflexively, “talking about it” acts as an invitation to enter into dialogue that, in being

empowered to dismantle the aforementioned shame and bias, is projected as opening the possibility for “cure.” The process of de-stigmatization is then played out in miniature on screen, as the next-of-kin looks frantically at the patient and acquiesces, “okay. I’m ready to listen. I’m ready to help.”⁹⁶ As she says this, the beeping begins slowing and returning to a normal rhythm.⁹⁷ This demonstrates the shared understanding created by an invitational rhetoric, as the next-of-kin accepts that Latifah’s expertise has immanent value and therefore bears consideration. Whereas just minutes before, the next-of-kin character was being grilled for “crack[ing] jokes” and “kick[ing] him when he’s down” because she said she “didn’t take [the patient] seriously,”⁹⁸ her concession represents the denouement to Latifah’s invitation into an alternative rhetorical worldview. Drawing from familiar plot devices that suggest an ideal outcome, the tropes set forth by this video establish the possibility for “success” in an invitational encounter. In this way, invitational rhetoric implies an agential desire for understanding, an empowered dialogue where one perspective is necessarily accepted on the basis of its positive effect— and *affect*.

Just as recognition of immanent value foregrounds an affective shift in rhetoric of shame towards empowered dialogue, “offering perspectives” acts as an invitational rhetorical form insofar as it is likewise grounded in a principle of *self-determination*. Foss & Griffin explains this as the ability to “make their own decisions about how they wish to live their lives and accords respect to others’ capacity and right to constitute their worlds as they choose.”⁹⁹ As such, invitational rhetors do not attempt— and in fact, actively reject efforts towards— changing others’ perspectives through their dialogic exchange. Within the Novo Nordisk’s campaign, this principle is deeply integrated within and intertwined with the form of the videos themselves, particularly through Latifah’s capacity to break the fourth wall as meta-diegetic worldbuilding.

Specifically, as Latifah is shown out to lunch with a friend in “Body Talk,” her initiation of dialogue about shame and stigma on-screen is accompanied by an abrupt shift in expected generic tropes. Upon ordering a salad and a water, the friend clocks Latifah’s skepticism and in acknowledgement, quips “new diet, same problems. I cut calories, I get hungry.”¹⁰⁰ After a beat, the friend continues, “actually– I’m always hungry.”¹⁰¹ Though this line is delivered in earnest, it is followed by a laugh track,¹⁰² which prompts Latifah to break the fourth wall by shifting to look around the sound stage for the source of the laughter.¹⁰³ Being that eye line is generally accepted as a necessary part of maintaining the integrity of a scene, this interaction serves as a calculated and self-referential break from the “world of the film.” On another occasion, an even *more* raucous laugh track plays after the friend jokes about calling an “impromptu cheat day” after starving herself with cabbage soup for five days.¹⁰⁴ Immediately after, Latifah again looks over her shoulder at the supposed source of the laugh tracks, which abruptly halts after she sternly commands “enough!”¹⁰⁵ In doubling back on the generic “laugh track” trope throughout the video, the capacity for constituting the “world of the film” is left up to Latifah in this moment. Being that she alone recognizes the absurdity of this interaction, Latifah’s agency to subvert the *form* of this mock-sitcom– through her outburst– casts her as an exemplar of self-determination.

Latifah’s chastising marks a significant tonal shift, wherein the self-stigmatization mobilized by the “friend” character serves as an exigence for “offering perspectives” in this dialogic encounter. As if she cannot hear the laugh track, the friend questions Latifah: “Enough what?”¹⁰⁶ followed by “you think I control any of this? Now that’s hilarious.”¹⁰⁷ Despite this statement setting up the type of dry joke that is characteristic of sitcoms, the laugh track has now disappeared; before, audience laughter circulated after almost *every* line the friend said. This suggests that all characters other than Latifah are *strictly* diegetic and are not properly awoken to

provide for breaking the fourth wall. Just as Latifah acknowledges that “nobody’s laughing,”¹⁰⁸ the camera angle switches to a tight shot of the friend drinking out of a mug that reads “self-hate is real.”¹⁰⁹ In light of the unexpected subversion of generic norms, this prop serves as a cheeky nod towards Latifah’s meta-diegesis, while also legitimizing this conversation as an invitation into a perspective that resists “self-hate.” Being that this world is responsive to Latifah alone, her ability to “break the fourth wall” and initiate an awakening—what I have deemed her *meta-diegesis*—frames self-determination as a conduit towards empowerment. Having broken through the constraints of previous negative dialogue about “obesity” and personal responsibility, Latifah proclaims that “we can take back control. We can love ourselves. We’re allowed to say it as loud as we want: ‘I’m fabulous.’”¹¹⁰ Accompanied by the return of auditory audience reactions—clapping, and eventually cheering¹¹¹—Latifah successfully demonstrates the “right to constitute”¹¹² the world of the video as *she* chooses, simply by offering her empowered perspective. In this way, the trope that once mocked can instead be refashioned: moving away from the friend character’s seemingly-compulsory fat jokes, in favor of “love,” reclaiming “control,” and recognition of “fabulous[ness].”¹¹³ As such, *It’s Bigger Than Me* affirms that the capacity for self-determination lies within accepting Latifah’s invitation, and thus a positive affective shift towards empowerment.

However, on the surface these meta-diegetic abilities conflict with the notion that invitational rhetoric fundamentally rejects hierarchy—particularly when considering Latifah’s stance as Novo Nordisk’s premier spokesperson, the leading role in these videos, and even as a celebrity in general. Because of this, the campaign must work to depict Latifah not just as empowered, but humanized, in order to fulfill the invitational principle of *equality*. In maintaining equality while “offering perspectives,” Foss and Griffin explain that invitational

rhetors must demonstrate their commitment to subverting the “dominance and elitism that characterize most human relationships with intimacy, mutuality, and camaraderie.”¹¹⁴ Posing as an investigator in the clip “SIU,” Latifah’s primary aim is to elicit a victim impact statement, which she achieves by establishing a sense of common ground that encourages the “victim” to engage in this intimate, highly vulnerable form of dialogue. Upon entering an interrogation room, Latifah opens up a red case file folder and spreads out photographs of previous “victims,”¹¹⁵ all of whom were fat. Pointing to the pictures, Latifah addresses the “victim,” explaining that “they were just like [her]. Blaming themselves.”¹¹⁶ She continues, this time with a more encouraging tone: “Probably feeling some of that already, huh? It’s okay if you have! It’s all tied up to what’s *really* going on here: it’s shame.”¹¹⁷ Here, Latifah hints at an underlying camaraderie between her and the victim, not only by affirming that others had suffered a similar fate, but also in demonstrating that she herself recognizes the root cause of this “victimhood.” Despite this, the “victim” initially refuses to open up, responding with “I can’t help you.”¹¹⁸ Making a second attempt at starting their conversation, Latifah encourages the “victim” not to “let blame and shame hold you hostage. Don’t let it affect your mind. Open up,”¹¹⁹ and, implicating herself, “You’ll be amazed at who’ll listen.”¹²⁰ Once Latifah signals that she is not an adversarial presence, the “victim” finally agrees to provide a statement. As such, this clip poses as an equalizing force, wherein Latifah effectively deconstructs the hierarchy between the positionality of dialogic initiator and respondent, through recognition of their shared perspective on shame and blame. Together they cultivate a mutual sense of intimate understanding, that ultimately allows this invitational endeavor to succeed in empowering shared dialogue.

Having previously situated this campaign’s “movement” within the context of Latifah’s ability to break the fourth wall, this meta-diegesis is once again employed to invite a decidedly

empowered dialogue on screen. As “SIU” moves towards a resolution, Latifah hands the “victim” a pen to write out a statement and acknowledges that “that’s the first step.”¹²¹ While suspenseful music builds, Latifah begins to reveal that this matter is personal: “And I would know, because me and the perp...”¹²² While beginning this sentence, the camera pans behind Latifah speaking to the victim, to then reveal her presence momentarily doubled on-screen¹²³ as both initiator of dialogue *and* victim of stigma. Now sitting in the same position as the original “victim,” wearing an identical outfit, Latifah finishes her sentence, saying “...we go way back.”¹²⁴ This moment of self-disclosure helps visually and spatially construct the equal footing between Latifah and her dialogic partner, regardless of their different roles in the overarching plot. From the sweeping reversal of the camera angle, this moment conjures Latifah as having reached a point of deep self-reflection. In revealing the mutuality on the basis of victimhood, this shared perspective dissolves the hierarchy between Latifah’s *self* and her counterpart as *other*. Finally, having sensed that something was wrong, the clip ends with Latifah’s coworker bursting into the interrogation room to ask if she is alright.¹²⁵ While Latifah’s stance as the “reformed” investigator implies she has assumedly pulled herself out of her *own* victimization before, she is still rattled—yet another point of commonality between her and the “victim.” Thus in casting Latifah as both the interrogator and victim at once, *It’s Bigger Than Me* acknowledges that the perspectives offered on either side are fluid, such that there is always potential to be empowered to opt-into this dialogue. Ultimately, this insinuates that Latifah was able to get to her meta-diegetic and implicitly *reformed* position by accepting an empowered perspective when offered, much like the one she is extending to the “victim” on-screen.

In all, these “genre” videos are not just instantiations of dialogue playing out on-screen, but invitational encounters wherein Latifah’s acts of “offering perspective” open others’ eyes to

the need for empowerment into conversation. Based on the three principles of equality, self-determination, and equality, Foss & Griffin explain that an “understanding of the participants themselves occurs” throughout the invitational framework.¹²⁶ In this way, *It's Bigger Than Me* makes the argument for *empowerment* as a constant process of dialogic becoming, where understanding of the self is created through successfully-realized invitational encounters. Considering Latifah’s co-stars to be the type of “participant” Foss & Griffin write about, this campaign is centered around scenarios that frame Latifah as a profound oracle of empowerment. The climax of all three “genre” videos comes at the very moment where Latifah’s invitational perspective is accepted, materializing as the agential choice to talk about one’s own experience, listen to others, or discover self-love. As witnesses to this dialogue, we see the fat patient begin to do better, see the victim’s face soften from fear into hope, see the two friends resume their chatty banter, all of which serve as testament to the positive affective sway generated by a “spirit of invitation.” However, being that this campaign re-articulates the same perspective several times over, empowerment coalesces around one very specific dialogic interaction as indicative of successful invitation. In other words, this campaign is not just offering one perspective among many, it is building– and inviting others *into*– a properly empowered worldview.

Creating External Conditions: Invitation to Biomedicalized Participation

Beyond the conversations taking place on-screen, *It's Bigger Than Me* builds on a “spirit of invitation” through its intertextuality: the calls for dialogic empowerment within the *videos* are positioned in relation to directives towards the campaign *website*, which situates this as an intrinsically intersubjective endeavor. Thus it is necessary to consider how this turn towards fostering conversation about “obesity” constitutes an invitational rhetorical move that structures

this campaign *beyond* the form the videos take, moving towards eliciting a specific affective experience and sense of self. In proposing such a shift in affect, Novo Nordisk expresses their desire to cast *It's Bigger Than Me* as a social movement, aimed at “replac[ing] the toxic narrative around weight with new conversations that inspire empathy, connection, and a fresh understanding.”¹²⁷ The fact that any sustained media and corporate attention is being devoted to articulating fat embodiment may itself appear to be one step towards progress. Yet the ability to foster open dialogue is nonetheless circumscribed by the constraints of DTC advertising. Echoing the “help-seeking” DTC ethos, *simulating* invitational dialogue on– and beyond– the screen allows this campaign to be rhetorically constructed as a progressive, empowered movement. In other words, *It's Bigger Than Me* does not stop at simply inviting empowerment on-screen; just as Latifah is shown “succeeding” in her bids for understanding through dialogue, this campaign’s invitational ethos transmutes the screen altogether, to rhetorically construct the “external conditions”¹²⁸ necessary for a “successful” dialogue with viewers themselves. In turn, the invitation to engage in this campaign beyond the screen thus represents a move towards capacitating spectator’s intersubjective bodies towards desirable conduct through the notion of empowered dialogue. By offering a reading of these dialogic encounters through the lens of deconstructing Novo Nordisk’s (failed) invitational stance, I aim to articulate how this campaign is uniquely positioned to possibilite and capacitate the body while obfuscating its disciplining.

Building from the function of the feminist principles mobilized through “offering perspectives,” Foss & Griffin also identify within invitation a second rhetorical form, that of “creating external conditions that allow and encourage others to present their perspectives.”¹²⁹ As such, invitational rhetors must not *only* offer their own perspective in a manner consistent with immanent value, equality, and self-determination, but must also actively seek the creation of

an “atmosphere in which audience members are willing to share their perspectives with the rhetor.”¹³⁰ To make this more specific, Foss & Griffin delineate three external conditions that are “states or prerequisites” for this second prong of invitational rhetoric, which are “safety, value, and freedom.”¹³¹ In short, these three act as the conditions of possibility for the “mutual understanding”¹³² between dialogic rhetors gestured at by invitational rhetoric. For Foss & Griffin, invitation occurs upon a dialogic backdrop of *safety*, which involves creating the “feeling of security and freedom from danger for the audience.”¹³³ While a bit redundant, the second condition of *value* reaffirms the importance of invitational rhetors acknowledging their audience’s “intrinsic or immanent worth” in the dialogue. This is described as being achieved by “approach[ing] audience members as unique individuals and avoid[ing] distancing, paternalistic, and depersonalizing attitudes.”¹³⁴ Arguably the most nebulous condition, Foss & Griffin explain *freedom* as “the power to choose or decide,” which they view as being mobilized by invitational rhetors who avoid “plac[ing] restrictions on an interaction— when participants can bring any and all matters to the interaction for consideration.”¹³⁵ While “safety,” “value,” and “freedom” may initially appear similar to the feminist principles Foss & Griffin employ in foregrounding their invitational turn, these “external conditions” interrogate what rhetors *do* to create invitation and understanding as a rhetorical state. In other words, the first prong (*equality, self-determination, immanent value*) comprises an ethical stance that informs perspective-sharing, whereas the second (*safety, value, freedom*) offers correlates to an active state of performing invitational rhetoric.

Ultimately, I seek to unpack how the “external conditions” created through this campaign do not promote invitation, but instead reinforce neoliberal thought. In doing so, I turn to Otis’ discussion of body positivity as a performance of social justice through the invitational rhetorical

mode of “conversation.” Let me begin by making it abundantly clear that I *absolutely* agree with the pursuit of rhetorical theory and criticism that articulates marginalized modes of world-building, and that invitational rhetoric does indeed have the capacity to serve a decolonial, feminist, praxis-driven purpose.¹³⁶ Yet being that this campaign is a distinctly capitalist endeavor, I view “It’s Bigger Than Me” as a *simulation* of invitation that is fundamentally concerned with generating a progressive ethos or positive affective stance, over truly building the external conditions for invitation. In other words, the capacity for invitational rhetoric to achieve the queer world-making that Otis is concerned with is necessarily foreclosed upon by capitalism as a corruptive and exploitative force. Breaking from the notion of rhetoric as persuasion and thus centered around forecasting resistance, Foss and Griffin explain that invitational rhetors instead “identify possible impediments to the creation of understanding and seek to minimize or neutralize them so they do not remain impediments.”¹³⁷ I view this statement as the site of tension within this theory, which allows a “spirit of invitation” to be co-opted, simulated, and mobilized to veil distinctly persuasive aims. In the context of this campaign, Novo Nordisk cannot overtly state their corporate interest in creating this “movement”—to encourage uptake of GLP-1 drugs—within the videos themselves. Yet in light of the history of DTC advertising, why would they want to? Therefore, invitation takes on a different meaning in the even *more* specific context of DTC advertising, where proper biomedical conduct becomes demonstrative of “understanding,” and the “impediments” are mandated by institutionalized state power. As such, I assert *It’s Bigger Than Me* fundamentally identifies impediments to invitation through the lens of participation, such that the rhetorical form of “creating external conditions” necessarily enforces a shared (biomedical) understanding of empowerment.

Through a critical reading of the invitational impulses present within *It's Bigger Than Me* Novo Nordisk appears to undertake a specific rhetorical positioning as a meta-invitational rhetor, shaping the “external conditions” of this campaign to reflect an empowered biomedical understanding of the body. The *safety* of entering into this particular instantiation of dialogue is deeply intertwined with personal responsibility, which Novo Nordisk directly acknowledges on multiple occasions as a manner of “convey[ing] to audience members that the ideas and feelings they share with the rhetor will be received with respect and care.”¹³⁸ The notion that Novo Nordisk aims to remove personal responsibility constitutes an act of performing safety as an “external condition” that possibilities this campaign’s overall dialogue. In this way, the campaign videos present scenarios whose central purpose is to cast Latifah as a necessarily “safe” messenger for this supposedly-dialogic “movement.” Once again reinforced by formal filmic elements of these videos, Latifah’s acknowledgement of personal responsibility in “Body Talk”—asserting that an individual’s hormones and/or labs being “out of whack, [is] not our fault”¹³⁹—is accompanied not by a laugh track, as before, but by another track of the audience oohing and clapping.¹⁴⁰ In performing a “debunking” of personal responsibility, Latifah signals to the audience that, as a rhetor, she is safe.

As this materializes even further throughout the other videos, Latifah outwardly rejects personal responsibility by parroting “body positive” talking points, twice-removed from their fat acceptance movement origins. In “Let’s Talk,” Latifah situates the conversation of this entire campaign by explaining that “living with obesity isn’t about a lack of willpower. It’s not a character flaw. It’s bigger than that.”¹⁴¹ Together, both of these notions—willpower and flawed character—form the basis of the personal responsibility narrative that enforces internalized stigma. Likewise, in “SIU” Latifah acknowledges that “victimhood” is characterized by self-

blame, which in fact is “tied up to what’s *really* going on here: it’s shame.”¹⁴² “Diagnosis Stigma” even shows the next-of-kin— who is thin— as the subject of this invitation to empowered understanding, suggesting a removal of personal responsibility from fat bodies *alone*. In reversing these talking points, Latifah sets this campaign apart as a “safe” entity, whose resistance of negativity and shame resides in the very fabric of *It’s Bigger Than Me* as a social justice “movement.” Outwardly proclaiming the need to dismantle personal responsibility must be understood as a gesture towards safety which, by extension, constitutes the ability to share in an invitation towards being properly empowered.

Alongside affirming *It’s Bigger Than Me* as a safe space for invitation, the campaign also plays at creating “external conditions” in the form of value, which Foss & Griffin explain is fostered when the rhetor “tries to think from those perspectives” that lie beyond one’s own.¹⁴³ Across all three “genre” videos, each scene finished with a voiceover from Latifah, delivering a final “clincher” line during the transition to the end card. In “Diagnosis Stigma,” Latifah’s line overtly mirrors the title of the video itself: “Discover the health condition and stop the stigma.”¹⁴⁴ This clincher is reworked for “Body Talk,” where Latifah compels the audience to “Discover what’s behind your weight and remove self-hate.”¹⁴⁵ Finally, “SIU” ends by extending an overt invitation towards viewers: “Don’t let shame hold you back from talking about this health condition.”¹⁴⁶ All of these function as a call-to-action directed at the audience, imploring them to reexamine some aspect of broader societal discourse, consider how this “movement” may shift their own understanding, and ultimately undertake some form of empowered, participatory engagement with this campaign’s dialogue. Latifah clearly identifies and promptly distances this campaign from shame, stigma, and self-hate as an act of signaling *value* by resisting “distancing, paternalistic, and depersonalizing attitudes.”¹⁴⁷ This is

empowerment in the negative; *refusing* shame, *removing* self-hate, and *stopping* stigma are all bids towards deconstructing impediments to dialogue and, reflexively, bolstering value as an “external conditions” for an invitation. Acknowledging this triptych of shame, stigma, and self-hate casts this campaign as an empowered awakening, centered around articulating and accepting the complexities of an “obese” perspective.

Foss and Griffin also describe invitational rhetors as purveyors of *freedom*, who prioritize “opportunities for others to develop and choose options from alternatives that they themselves have created.”¹⁴⁸ *It's Bigger Than Me* does this by reaching beyond the fourth wall, extending to viewers the *illusion* of a structured path towards developing, choosing, and sharing as participants in this “movement.” After the clincher line, each clip ends with a “call to action” to enter this dialogue, as Latifah directs the audience to “visit itsbiggerthan.com.”¹⁴⁹ By gaining clear instructions how and where to enter the conversation, audiences are reminded that they too can experience the benefits demonstrated by Latifah and the other characters on-screen; so long as viewers are empowered to align their perspective with the campaign, they too can be cured, be one step closer to catching the perp, or finally achieve self-confidence. Yet the mediated nature of this campaign is functionally at odds with freedom, since it excludes opportunities for interactivity or true dialogic response; when it was active, the “www.itsbiggerthan.com” site simply consolidated all four videos on one webpage, amid statements that echo the appeals to biomedicalization present in the videos themselves. As form, advertising is what exposes the “spirit of invitation” veiling Novo Nordisk’s persuasive efforts, rather than fully-realized invitational rhetoric. The mediated format of this campaign appears to be inherently monologic in nature, thus it is functionally impossible for Novo Nordisk to “[listen] carefully to the perspectives of others.”¹⁵⁰ Though the notion of dialogue may appear to present a progressive

argument towards dismantling self-hate, stigma, and shame, it is mobilized towards representing the fat body in affectively negative subject positions. Thus, *It's Bigger Than Me* is more in line with the way that Sastre describes the role of digitally-mediated spaces in promoting body positivity: they “foster structured paths to participation, encouraging and displaying particular kinds of photographic and textual contributions that ostensibly represent the performance of body positivity.”¹⁵¹ This campaign provides a path towards empowerment through dialogue and, in doing so, both anticipates and circumscribes *your* perspective as always-already aligned with *their* perspective. In short, under the “external conditions” Novo Nordisk creates, the only way to participate is to agree.

While Foss and Griffin admit that a perspective shift “may be an outcome of invitational rhetoric,” they firmly assert that change itself “is not its objective.”¹⁵² Yet within *It's Bigger Than Me*, change is the foundation upon which the “external conditions” of possibility are simulated; this campaign does not simply present dialogue on screen, but instead guides audiences towards self-discovery. Being that participation is framed as a compulsory response to the campaign’s invitation, endeavoring to “prompt empowered dialogue” does indeed change some aspect of conduct. Thus, in laying out a set of perspectives that *should* be accepted as valid and valuable, Novo Nordisk is indeed “privileg[ing] *their* ideas over those of the audience.”¹⁵³ The “external conditions” projected by this campaign are still bound to a particular view of “obesity” as deserving of safety and value. Just as personal responsibility capacitates the body through circulating a particular, identifiable rhetoric, Novo Nordisk’s emphasis on a *removal* of personal responsibility and stigma is itself a rhetorical choice. By pushing this dialogue as a symbolic rejection of fault, this campaign capacitates viewers’ minds and bodies to think, value, and act according to empowerment, while simultaneously foreclosing on the opportunity for

other perspectives; *It's Bigger Than Me* isn't a resistance against one corporation's definition of stigma, it is *the* resistance. Period. In turn, empowerment is wedded to the act of sharing perspectives specifically aligned with fatness as a "health condition." While Latifah performs the "external conditions" of *value* and *safety* on-screen, these videos address only the aspects of fat embodiment which align with Novo Nordisk's own biomedical interests. As a result, those who feel that their embodied experience might align with this particular notion of empowerment will feel safe; they will have the privilege of feeling that their perspective is "received with respect and care."¹⁵⁴ Yet in presenting empowerment to be the de facto opposite of shame, *It's Bigger Than Me* fails to address the potential for any other alternative discursive framings of this issue—namely, fat acceptance/liberation perspectives that challenge the healthist desire to comment on others' embodiment altogether.

Being that each of these videos finish with directives for outside engagement, *It's Bigger Than Me* is a simulation of invitational rhetoric that levies these progressive "external conditions" towards independent discovery of proper biomedical conduct. Novo Nordisk expressly reinforces this pressure towards *conduct*, rather than dialogue alone, explaining that their corporation undertook this campaign specifically "because by changing the conversation, we can, ultimately, change the trajectory of care."¹⁵⁵ Taken in the context of broader "obesity epidemic" and "age of Ozempic" discourse, this statement relies on the salience of the medical model (illness–treatment) to call to mind particular behaviors encompassed within "care." In this way, the supposedly autonomous decision to educate oneself—by accepting Latifah's invitation to participate in *Novo Nordisk's* dialogue—is simply a positively-framed path towards proper self-governance. Articulating the successful creation of *freedom* as an "external condition," Foss and Griffin explain that "the audience's lack of acceptance of or adherence to the perspective

articulated by the rhetor truly makes no difference to the rhetor.”¹⁵⁶ Yet I argue that this positionality simply is not possible for *It's Bigger Than Me* as a text; this is a DTC advertising campaign funded by one of the largest manufacturers of modern weight loss drugs, who has an *intrinsic* vested interest in audiences accepting their perspective. This campaign is inherently situated around advertising as a tool for producing capital and, specifically within the pharmaceuticals industry, around DTC as enforcing biomedical conduct aligned with pursuit of drugs as the commodity. Since help-seeking DTC ads legally may not mention the name of any specific medication, simulating invitational dialogue provides a rhetorical device that Novo Nordisk may employ to signal their desired conduct— their product— while avoiding the “brief summary” requirement. Bearing in mind the broad consumer-base and audience for this campaign, there is a high likelihood that Novo Nordisk’s “spirit of invitation” does elicit feelings of safety, value, and freedom for at least *one* individual. Yet in critically examining *It's Bigger Than Me* as an expression of neoliberalism, it becomes clear how a schema of shame and stigma constructs the external conditions for audiences to be empowered into a biomedical understanding of the body.

Manufacturing the Black Female Consumer

Considering the potential for an invitational rhetorical stance to serve as a facade, it is necessary to consider the role of race and gender in situating this conversation as a shift towards empowered biomedical conduct. Writing on invitational rhetoric for the 25th anniversary of Foss & Griffin’s original article, Bryant Alexander and Michele Hammers view this theory as providing opportunities for “invoking possibility and potentiality within, across, and beyond the categorical distinctions” of their respective embodied, intersectional identities that “have

historically both divided and conjoined them.”¹⁵⁷ To some degree, this vision for invitational rhetoric holds true for *It’s Bigger Than Me*. Within Novo Nordisk’s second-ever DEI report in 2023, the company uses language of transformation to similarly “invoke possibility and potentiality” for a positive affective shift, as an alternative to previous marketing tactics employed by the diet and wellness industries: *It’s Bigger Than Me* is a grassroots movement supported by NNI [Novo Nordisk Inc.] aimed at shifting conversations about weight and ending stigma and bias against people living with excess weight and obesity.”¹⁵⁸ The company described this campaign’s overall positionality as deliberately centering on the “intersectionality of identity and weight...to help unpack the reality of managing the disease [of obesity].”¹⁵⁹ Therefore, in claiming intersectionality, it is important to “unpack the reality” of existing as a *fat* Black woman in the medical sphere. Being that Novo Nordisk casts Latifah as the spokesperson for its empowered mission, this calls into question how the campaign benefits from the intersectionality of Black female identity to construct a particular view of what constitutes the “reality” of fatness.

In light of Latifah’s aforementioned claims that “obesity is a health condition” that is experienced “because of your biology,” this campaign has particular salience given the history of medicalizing anti-fatness in relation to race. On the surface, many negative health outcomes have been identified to be correlated with race, of which “obesity” is often included. At best, identifying these disparities can be levied to push for increased access and greater regard for intersectionality in expanding care. However, when placed in the context of risk and speculation outlined earlier, the *difference* implicit in disparity often becomes conflated with the notion that race plays a central factor in determining likelihood of embodying a “diseased condition.” This

reflects Happe's argument regarding rhetorical invocations of health disparities in *The Material Gene*:

...the major shortcoming in racial health disparities research is an absence of historical perspective that would enable exploration of historically rooted 'fundamental causes.' This analytical lacuna, in turn, may become a major pitfall, hampering fuller understanding of causal dynamics at exactly the moment when interest in racial health disparities has reached unprecedented levels.¹⁶⁰

Both health and race become atomized and placed in a causal relationship, rather than recognizing race as socially constructed to exclude certain bodies from access to care.¹⁶¹ This is then coupled with the fact that modern health campaigns have been found to assume a shaming approach that aims to use stigma to implicate fear and/or threat, which is seen as urging consumers to action.¹⁶² Though research has shown that shame has an impact on disparate health outcomes, as well as effectiveness of such campaigns,¹⁶³ these have yet to be contested on a broad scale. Yet *It's Bigger Than Me* seems to take up an agential progressive repositioning towards a racialized consumer base that has historically been marginalized in the clinical encounter—and as it stands, still is. Thus, the affective shift from shame to empowerment throughout this campaign represents a significant recharacterization, such that Latifah's embodiment calls a distinctly Black consumer base to take up biomedicalized conduct. Therefore, in gesturing at the intersectionality of identity and weight in discussing "obesity," this campaign must contend with the rise of anti-fatness as fundamentally rooted in anti-Blackness.

Rather than taking Novo Nordisk's bid for intersectionality and progress at face value, this "movement" must be placed in context with the racial origins of fatphobia. Anti-fatness itself emerges from a desire to avoid embodiment that is situated in proximity with Blackness,

particularly through cultural anxieties surrounding sexual deviance. This is demonstrated by Sabrina Strings in the book *Fearing the Black Body: The Racial Origins of Fat Phobia*, where she outlines how both contemporary and historical conceptions of the othered fat body is rooted in the oppression and enslavement of racialized bodies.¹⁶⁴ According to Strings, the socio-cultural notion of anti-fatness originated as a product of the commercial slave trade, where it was taken up as a signifier of and stigmatizing force enacted upon the Black body. This eventually grew into thinness being taken up broadly as an ideal within the American imagination, consequently enacted as representation of Western Exceptionalism.¹⁶⁵ The ability to manipulate and ascribe visual depiction of fatness hinges on a cultural understanding of racialized peoples as “foils for European aesthetic ideals, partly because they seemed to embody the physical extremes of fatness and thinness.”¹⁶⁶ This can be traced back to European colonizers’ drawings of the South African Khoikhoi¹⁶⁷ peoples (often referred to using the derogatory term *Hottentots*), wherein the Khoikhoi’s supposed “ugliness” was associated with—and turned into a spectacle based on—their fatness, particularly in the buttocks region.¹⁶⁸ In this way, fat Black embodiment was simultaneously abhorred and selectively sexualized. Strings gives the example of Sara Baartman,¹⁶⁹ a Khoikhoi woman who was enslaved and displayed throughout Europe as an “erotic and scientific curiosity.” It was in the context of this “freak show” attraction that Baartman was forced to assume the stage name “Hottentot Venus.”¹⁷⁰ In this way, fatphobia is not simply fearing the fat body, but the racialized body as well.

This is reflected in the ways that science has levied medicalization against fat Black women’s embodiment. Viewing fatness as a marker of cultural difference, physicians have historically claimed Black men to be afflicted with “valorizing voluptuousness” that only served to reinforce alleged negative health outcomes.¹⁷¹ In this sense, problematizing fatness was

validated through a “prevailing racial scientific logic,” serving as a conduit to overt racism.¹⁷²

The medical field itself has a long history of co-opting Black bodies in the name of science— of which the Tuskegee Syphilis Study is often a significant marker— as well as the Black female body specifically— calling to mind Henrietta Lacks, among many others. As with the construction of the Western *other* broadly speaking, the medicalization of fatness is intimately tied to the spectacle, co-optation, seizing, and objectification of Black *women*’s bodies.¹⁷³ State interest in producing thin bodies is essentially founded in prioritizing and maintaining whiteness; reflexively, proper neoliberal citizenship is necessarily white, and by nature of this, must be thin.

Race and anti-fatness are imbricated within social and medical spheres, particularly in reinforcing Blackness as a level of subhumanity that is available to be expropriated for the production of biocapital. Being that *It’s Bigger Than Me* constitutes an advertising endeavor, Latifah’s performance of Blackness is assumedly mediated by and disciplined according to the “market’s” interest in (re)producing thinness and whiteness. Current statistics and broader conversation regarding GLP-1 drugs suggests that this campaign may have been targeting Black women as a consumer demographic, especially when considering how deeply race is wedded to “obesity” as an alleged risk factor. Black women are not only touted as having the highest likelihood of being “obese,”¹⁷⁴ but are also repeatedly cast as having “greater risk of developing [comorbid] conditions” due to their inability to access “proper” treatment.¹⁷⁵ Recent studies have expressed similar concern over Black patients’ barriers to securing GLP-1 medications specifically.¹⁷⁶ In this context, the central message of *It’s Bigger Than Me* undeniably has salience in identifying Black women as a potential untapped market opportunity, which Dr. Loneke Carr and Dr. Jameta Barlow echo in claiming that “current weight loss interventions based on lifestyle changes largely fail to meet the needs of Black women.”¹⁷⁷ While I do not seek

to definitively assert with any degree of certainty that this campaign responds to growing pressure to target Black females as a marketing opportunity for GLP-1 drugs, I aim to demonstrate how such a notion troubles this campaign as “empowering.”

It's Bigger Than Me presents a calculated move towards casting Latifah as a model neoliberal subject which necessarily implicates race; neoliberal citizenship compels self-governance not only according to biomedicine, but also in service of biopolitical ethos broadly, which includes disciplining race. Speaking to distinctly racialized modes of manufacturing belonging within a White citizenry, Koritha Mitchell identifies the concept of “homemade citizenship,” which constitutes a form of “belonging that can never be defined by U.S. politics and mainstream standards.” This form of citizenship is accessible and emergent within Black culture because it “exceeds American citizenship; its value does not rely on civic inclusion.”¹⁷⁸ But in this instance, the creation of value (in the form of generating revenue and capital within the pharmaceuticals industry) *is* based on civic inclusion, even while demonstrating a similarly “homemade” citizenry through weight loss drugs. Thus, in questioning the benefit of projecting GLP-1 drugs as in line with “homemade citizenship,” I assert *It's Bigger Than Me* aims at speaking to and including a particular racialized audience. Positioning this campaign around acknowledging “obesity” as a health condition may benefit from Latifah’s stance as their Black female spokesperson, allowing a positively-framed consumer base to emerge as a “new” market demographic. Sastre similarly characterizes the “body positive” turn as a co-optation of rhetoric of progress which ultimately “re-inscribes, rather than liberates, the body into a rubric of appropriate, self-conscious citizenship.”¹⁷⁹ Thus even allegedly progressive, invitationally-framed movements such as body positivity may not meaningfully depart from the previous discourses they claim to resist. In fact, often these feature “messages of authenticity,

exposure, and transformation”¹⁸⁰ that hold seductive representative power in affirming the body as the site of neoliberal self-governance. Essentially, there is a distinct capitalist interest in defining a particular group as a consumer base, especially under the guise of being “advocacy” or a “grassroots movement.”

Recognizing the implications of casting a Black woman as the leading lady in genres dominated by white men once again presents the question of addressivity, and how the performance of race is bound to state interest. Drawing from Mitchell, Raquel Moreira’s analysis of rap artist Cardi B. articulates a particular “hoodmade citizenship,” wherein “to make oneself at home in a hostile political public sphere means to embody a sense of entitlement to citizenship and accompanying civic practices without playing into respectability politics.”¹⁸¹ Work on Latifah’s public persona similarly casts her as having “been associated with nontraditional representations of femininity, sexuality, and power” throughout her career.¹⁸² Within *It’s Bigger Than Me*, Latifah’s position as the spokeswoman does appear to project a degree of “entitlement to citizenship,” particularly in envisioning biomedicalization as a neoliberal reimagining and extension of more traditional “civic practices.” Novo Nordisk assigns a sense of agency and autonomy to Latifah as the initiator of this dialogue, asserting that she *herself* is the one “asking us to face the fears we all have around weight while conveying that she can relate to our collective feelings. We too can be that brave!”¹⁸³ As such, Latifah’s superimposition *into* this discourse foregrounds this campaign as an attempt to evoke a similar journey within empowered *others* off-screen. Yet in “be[ing] that brave,” the aforementioned elements of performing invitation— particularly the ability to “break the fourth wall”—serve as directives towards proper neoliberal self-governance. In this way, Latifah plays a sort of “hero” figure whose independence and drive towards self-determination allows her to awaken others to their own respective need

for change. Latifah's performance of a proper neoliberal citizenship makes it so that invitation to engage in dialogue necessarily produces a sense of empowerment. Thus, in aiming to reveal the role of race and gender in addressing neoliberal consumer-spectators, it is necessary to question what *kind* of audience Latifah may speak to, which another figurehead would not.

Just as Moreira asserts that Cardi B.'s "embodiment of working-class Black femininity is inextricably attached to her political contributions," also within the sphere of rap, Latifah's of Black female body is similarly inextricably linked to her performance as a neoliberal actor. Yet within *It's Bigger Than Me*, rather than overtly "political contributions," Latifah's contributions are more *biopolitical* in nature—though still related, as empowerment provides a conduit to ideal neoliberal citizenship. Moreira furthers that this embodiment is one which performs "working-class Black femininity loudly, excessively, and publicly while navigating a mainstream context that is both welcoming and hostile."¹⁸⁴ Yet this is turned into the central selling point of Latifah's stance as spokeswoman, demonstrating how capital interest perverts and exploits *all* facets of embodiment. Latifah is speaking to a distinct audience which, by nature of her emergence as a public figure first in rap and *then* television, is circumscribed by an inherent tension between Black expression and white respectability. Novo Nordisk overtly acknowledges that *It's Bigger Than Me* is indeed framed in light of Latifah's previous roles on screen,¹⁸⁵ drawing on a narrative of her success professionally— and now, biomedically— as empowered.¹⁸⁶ Emphasizing authenticity in proximity to discourses on weight loss and "obesity," Novo Nordisk justifies Queen Latifah as their spokesperson because they view her as "embod[ying] the spirit of this campaign — trusted, bold, confident and strong."¹⁸⁷ Implicating values like *strength* and *boldness* in this manner inherently rests within the context of deep cultural assumptions regarding Black femininity, such as the "superwoman schema"¹⁸⁸ or the "strong Black woman"

trope.¹⁸⁹ Such a degree of citizenship, even in appearing to be “homemade” and/or “hoodmade,” is still tied to capitalist interest, even if it does present a momentary reprieve or break from serving a white audience and respectability. Even in asserting the ability to control “weight” in the collective, this campaign uses Latifah to legitimize and localize the requirement for proper conduct onto the individual, situating the embodied self as the operative site of empowerment. Therefore, in manufacturing a spectacle of fat Black femininity that aligns with biomedicalization as an expression of neoliberal values, *It's Bigger Than Me* ultimately capacitates Latifah’s Black identity as a *tool* for modeling proper self-governance to consumers.

Conclusion

From the “obesity epidemic” to the “age of Ozempic,” the consistent problematizing and pathologizing of fat bodies manifests most saliently throughout the medical field. This becomes exceedingly clear when considering the capitalist implications of healthcare, a system which socially and economically seeks to ascribe an inherent lack of value to fat bodies. Yet in the same breath, drug companies manufacturing the widely-celebrated GLP-1 drugs are scrambling to reduce consumer costs to try and eke out the threat of competition. In early May of 2024, Novo Nordisk announced it would be cutting prices of its weight loss drug *Wegovy*, in order to maintain its incredibly high sales volume of nearly 25,000 new patients per week.¹⁹⁰ This sends a blatant message that fat bodies are treated in medical spaces only according to their potential to generate revenue. Just as Foss & Griffin later acknowledge that not every rhetorical encounter may be read as invitational, I argue certain rhetorical forms unequivocally stand to benefit from appropriating invitation for its progressive ethos; or, for the ability to persuade without subjects being made aware of their persuasion. Advertising itself *works* because capitalism manufactures

desire, directing subjects towards consumption as “needs.” Despite portraying a surface-level activist ethos, the stigma targeted throughout these clips is not anti-fat bias, but more in line with so-called “Ozempic shaming.”¹⁹¹ My goal is not to deny that certain methods of weight loss are more deeply ingrained in culture as “standard,” while others are emergent. However, there is no widespread societal stigma *against* weight loss in general, as it is a behavior generally accepted as both desirable and “healthy.” In this way, Latifah herself serves a specific type of mandating force that places this campaign in a distinctly biomedical context as an expression of neoliberalism; as a spokesperson she is a synecdoche for Novo Nordisk as a whole, the active impulse of *being* empowered implicates one’s agency as a consumer-citizen. Thus emerges the significance in questioning who this campaign targets through the notion that fatness is “bigger than”—or warrants problematizing beyond—physical embodiment.

¹ Novo Nordisk, “Join It’s Bigger Than Me,” Social Media Post, (Facebook, October 7, 2021),

<https://www.facebook.com/NovoNordiskUS/videos/2768125503486119/>.

² “It’s Bigger Than Me Entry | Finalist Social Good Campaign 14th Annual Shorty Awards,” Shorty Awards, 2022,

<http://shortyawards.com/14th/its-bigger-than-me>.

³ Ibid.

⁴ “About Us | Driving Change in Obesity,” Novo Nordisk, accessed October 1, 2024, https://www.novonordisk-us.com/content/nncorp/us/en_us/about/driving-change-in-obesity.html.html.

⁵ Novo Nordisk, “Join It’s Bigger Than Me.”

⁶ “It’s Bigger Than Me Entry.”

⁷ Ibid.

⁸ Novo Nordisk, “Company announcement: Financial report for the period 1 January 2021 to 31 December 2021,” February 2, 2022, <https://www.novonordisk.com/content/dam/nncorp/global/en/investors/pdfs/financial-results/2021/Q4-2021-company-announcement.pdf>

⁹ Julie Donohue, “A History of Drug Advertising: The Evolving Roles of Consumers and Consumer Protection,” *The Milbank Quarterly* 84, no. 4 (December 2006): 659–99, <https://doi.org/10.1111/j.1468-0009.2006.00464.x>.

¹⁰ Ibid.

¹¹ Congress.gov. "Direct-to-Consumer Advertising of Prescription Drugs." March 11, 2025.

<https://www.congress.gov/crs-product/R40590>.

¹² U.S. Congress. *United States Code: Federal Food, Drug, and Cosmetic Act, 21 U.S.C. §§ 301-392 Suppl. 5*. 1934.

Periodical. <https://www.loc.gov/item/uscode1934-006021009/>; “Direct-to-Consumer Prescription Drug

Advertisements: Presentation of the Major Statement in a Clear, Conspicuous, and Neutral Manner in

Advertisements in Television and Radio Format,” Federal Register, November 21, 2023,

<https://www.federalregister.gov/documents/2023/11/21/2023-25428/direct-to-consumer-prescription-drug-advertisements-presentation-of-the-major-statement-in-a-clear>.

¹³ Congress.gov. "Direct-to-Consumer Advertising of Prescription Drugs,” 9.

¹⁴ Donohue, “A History of Drug Advertising.”

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Congress.gov. "Direct-to-Consumer Advertising of Prescription Drugs.”

¹⁹ FDA, “Background on Drug Advertising.”

²⁰ Ibid.

²¹ U.S. Congress. *United States Code: Federal Food, Drug, and Cosmetic Act, 21 U.S.C. §§ 301-392 Suppl. 5*. 1934.

Periodical. <https://www.loc.gov/item/uscode1934-006021009/>

²² Novo Nordisk, “Company announcement.”

²³ “Let’s Talk,” 0:07-0:09

²⁴ “Let’s Talk,” 0:14

²⁵ This is also occasionally referred to as polyphagia and/or hyperphagia.

²⁶ “Body Talk,” 1:12

²⁷ “Body Talk,” 1:15-1:18

²⁸ “Body Talk.”

-
- ²⁹ Julia Upton, “Obesity: Not Bigger Than All of US,” PharmExec, October 25, 2021, <https://www.pharmexec.com/view/obesity-not-bigger-than-all-of-us>.
- ³⁰ Barbara Mintzes, “Direct to Consumer Advertising Is Medicalising Normal Human Experience,” *BMJ* 324, no. 7342 (April 13, 2002): 908, <https://doi.org/10.1136/bmj.324.7342.908>.
- ³¹ Beck and Ritter, *Risk Society*, 46-7.
- ³² Upton, “Obesity.”
- ³³ Martijn Konings, “Beyond the Critique of Speculation,” *Progress in Political Economy (PPE)* (blog), March 14, 2018, <https://ppesydney.net/beyond-the-critique-of-speculation/>.
- ³⁴ Beck and Ritter, *Risk Society*, 73.
- ³⁵ Ibid.
- ³⁶ Michel Foucault, *The Birth of Biopolitics : Lectures at the Collège de France, 1978-79*, ed. Michel Senellart, trans. Graham Burchell, Michel Foucault: Lectures at the Collège de France (Basingstoke [England] ; Palgrave Macmillan, 2008), 248, https://eclass.uoa.gr/modules/document/file.php/LAW353/%5BMichel_Foucault%2C_Michel_Senellart%2C_Arnold_I._Davi%28BookFi%29.pdf.
- ³⁷ Beck and Ritter, *Risk Society*, 47.
- ³⁸ Thomas Lemke, “Rethinking Biopolitics,” 2016, 68.
- ³⁹ Happe, *The Material Gene*, 168.
- ⁴⁰ Amanda M. Czerniawski, “From Average to Ideal: The Evolution of the Height and Weight Table in the United States, 1836-1943,” *Social Science History* 31, no. 2 (2007): 274-5.
- ⁴¹ D.M.B. Hall and T.J. Cole, “What Use Is the BMI?,” *Archives of Disease in Childhood* 91, no. 4 (April 2006): <https://doi.org/10.1136/adc.2005.077339>.
- ⁴² Czerniawski, “From Average to Ideal,” 274-5.
- ⁴³ Drawing from Beck’s assertion that risk functions by “relativiz[ing] and undermin[ing]” certain behaviors as decidedly safe (“advantages”). (Beck and Ritter, *Risk Society*, 47.)
- ⁴⁴ This line of thought is heavily inspired by a lecture I attended in March 2024 by Dr. Kate Manne entitled “The Authority of Hunger,” wherein she talked about hunger through the lens of classical logic and philosophical argumentation. An abstract outlining her central argument is as follows: “In this talk, I canvass moral considerations

that suggest that hunger is morally authoritative. What's more, trying to circumvent our hunger via current surgical and pharmaceutical technologies is risky, unpleasant, and often ineffective. I conclude by considering the case for avoiding even "silver bullet" appetite suppressants, for the sake of avoiding bodily self-alienation, enjoying the pleasure and sense of community that comes from satisfying our hunger (often in the company of loved ones), and also for the sake of resisting the oppressive norms of fatphobia." (Kate Manne, "Kate Manne: 'The Authority of Hunger' | Department of Philosophy 'Piero Martinetti,'" DIPAFILO, accessed March 12, 2025, <https://dipafilo.unimi.it/en/kate-manne-authority-hunger>.)

⁴⁵ G. A. Bray, "Obesity Is a Chronic, Relapsing Neurochemical Disease," *International Journal of Obesity and Related Metabolic Disorders: Journal of the International Association for the Study of Obesity* 28, no. 1 (January 2004): 34–38, <https://doi.org/10.1038/sj.ijo.0802479>; G. A. Bray et al., "Obesity: A Chronic Relapsing Progressive Disease Process. A Position Statement of the World Obesity Federation," *Obesity Reviews: An Official Journal of the International Association for the Study of Obesity* 18, no. 7 (July 2017): 715–23, <https://doi.org/10.1111/obr.12551>.

⁴⁶ See: Melanie Lauti et al., "Weight Regain Following Sleeve Gastrectomy—a Systematic Review," *Obesity Surgery* 26, no. 6 (June 1, 2016): 1326–34, <https://doi.org/10.1007/s11695-016-2152-x>; Adriane Moreira Machado et al., "Understanding Weight Regain after a Nutritional Weight Loss Intervention: Systematic Review and Meta-Analysis," *Clinical Nutrition ESPEN* 49 (June 1, 2022): 138–53, <https://doi.org/10.1016/j.clnesp.2022.03.020>; Dimitrios I. Athanasiadis et al., "Factors Associated with Weight Regain Post-Bariatric Surgery: A Systematic Review," *Surgical Endoscopy* 35, no. 8 (August 1, 2021): 4069–84, <https://doi.org/10.1007/s00464-021-08329-w>; Amy L. Ahern et al., "Effectiveness and Cost-Effectiveness of Referral to a Commercial Open Group Behavioural Weight Management Programme in Adults with Overweight and Obesity: 5-Year Follow-up of the WRAP Randomised Controlled Trial," *The Lancet. Public Health* 7, no. 10 (October 2022): e866–75, [https://doi.org/10.1016/S2468-2667\(22\)00226-2](https://doi.org/10.1016/S2468-2667(22)00226-2); John P. H. Wilding et al., "Weight Regain and Cardiometabolic Effects after Withdrawal of Semaglutide: The STEP 1 Trial Extension," *Diabetes, Obesity & Metabolism* 24, no. 8 (August 2022): 1553–64, <https://doi.org/10.1111/dom.14725>.

⁴⁷ Junaid Iqbal et al., "Effect of Glucagon-like Peptide-1 Receptor Agonists on Body Weight in Adults with Obesity without Diabetes Mellitus—a Systematic Review and Meta-Analysis of Randomized Control Trials," *Obesity Reviews* 23, no. 6 (2022): e13435, <https://doi.org/10.1111/obr.13435>.

⁴⁸ Maurice Merleau-Ponty, *The Primacy of Perception and Other Essays on Phenomenological Psychology, the Philosophy of Art, History and Politics*, vol. 76 (Northwestern University Press, 1964).

⁴⁹ Christiane Voss, "Film Experience and the Formation of Illusion: The Spectator as 'Surrogate Body' for the Cinema," trans. Inga Pollmann, *Cinema Journal* 50, no. 4 (2011): 145.

⁵⁰ Vivian Carol Sobchack, *Carnal Thoughts : Embodiment and Moving Image Culture* (Berkeley: University of California Press, 2004), 67.

⁵¹ Broadly defined to include broadcast media, and video advertisements, in this case.

⁵² Carmen Pérez Ríu, "Constructing Filmic Intersubjectivity through Haptic Visuality and Poetic Language in Sally Potter's *Yes* (2004)," *European Journal of English Studies* 21, no. 3 (September 2, 2017): 306, <https://doi.org/10.1080/13825577.2017.1369265>.

⁵³ Metz, *The Imaginary Signifier*, 75.

⁵⁴ Metz, *The Imaginary Signifier*, 75.

⁵⁵ Teresa de Lauretis, *Alice Doesn't : Feminism, Semiotics, Cinema* (Bloomington: Indiana University Press, 1984), 37.

⁵⁶ de Lauretis, *Alice Doesn't*, 67.

⁵⁷ Christian Metz, *The Imaginary Signifier: Psychoanalysis and the Cinema*, (Bloomington: Indiana University Press, 1981), 75.

⁵⁸ Sobchack, *Carnal Thoughts*, 67.

⁵⁹ Laura Marks, *The Skin of the Film: Intercultural Cinema, Embodiment and the Senses*, (Durham: Duke UP, 2000), 162.

⁶⁰ Here, Ríu draws on Simone de Beauvoir's *The Second Sex*, in talking about the ideological implications and tactile insinuation of (inter)subjectivity. As she quotes de Beauvoir: "Where sight presents my body to the other as a discrete object available for domination, touch blurs the boundaries between self and other. In this blurring I discover that any exploitation of the other touches me. Touching and being touched, I experience the intersubjectivity of my subjectivity." (Debra Bergoffen, *The Philosophy of Simone de Beauvoir: Gendered Phenomenologies, Erotic Generosities*. (New York, NY: State University of New York Press, 1997) 34-35. *Quoted in* Ríu, "Constructing Filmic Intersubjectivity," 307.)

⁶¹ "SIU: Shame Investigation Unit," 0:00-0:05

⁶² “SIU: Shame Investigation Unit,” 0:05-0:08

⁶³ “SIU: Shame Investigation Unit,” 0:13-0:18

⁶⁴ “SIU: Shame Investigation Unit,” 0:19-0:22

⁶⁵ “SIU: Shame Investigation Unit,” 0:23

⁶⁶ “SIU: Shame Investigation Unit,” 0:25

⁶⁷ “Diagnosis Stigma,” 0:00-0:05

⁶⁸ “Diagnosis Stigma,” 0:35

⁶⁹ “Diagnosis Stigma,” 0:57

⁷⁰ “Diagnosis Stigma,” 1:05

⁷¹ “Diagnosis Stigma,” 1:07

⁷² “Diagnosis Stigma,” 0:00-0:05

⁷³ I find it necessary to point out that, while size charting is hardly standardized, “extra large” not considered to fall within the extended- or plus-sized range.

⁷⁴ “SIU: Shame Investigation Unit,” 0:04-0:12

⁷⁵ Sastre, “Towards a Radical Body Positive,” 930.

⁷⁶ Upton, “Obesity.”

⁷⁷ “Let’s Talk,” 0:14-0:16

⁷⁸ In their seminal article *Beyond persuasion: A proposal for invitational rhetoric*, Foss and Griffin identify these guiding feminist principles to be immanent value, equality, and self-determination.

⁷⁹ See: Martin Buber and Walter Kaufmann, *I and Thou*, The Scribner Library. Philosophy/Religion ; SL 243 (New York: Charles Scribner’s Sons, 1970).

⁸⁰ Richard L. Johannesen, “The Emerging Concept of Communication as Dialogue,” *Quarterly Journal of Speech* 57, no. 4 (December 1, 1971): 374, <https://doi.org/10.1080/00335637109383082>.

⁸¹ John Poulakos, “The Components of Dialogue,” *Western Speech* 38, no. 3 (December 1, 1974): 199–212, <https://doi.org/10.1080/10570317409373830>.

⁸² As Poulakos states: “In fact, it is the very distance between the Self and the Other which allows for their distinction. The same distance also possibilitates the coming together of the two, their mutual entering into relation.

It may be said, then, that the Other is a component of dialogue insofar as he is different and distant from the Self, yet always potentially in relation with the Self.” (Poulakos, “The Components of Dialogue,” 204.)

⁸³ Tullio Maranhão, *The Interpretation of Dialogue* (Chicago: University of Chicago Press, 1990), 18.

⁸⁴ Jeanine Czubaroff, “Dialogue and the Prospect of Rhetoric,” *Review of Communication* 12, no. 1 (January 1, 2012): 44–65, <https://doi.org/10.1080/15358593.2011.621090>; Drawing from Ronald Arnett, Celeste Grayson, and Christina McDowell, “Dialogue as an ‘Enlarged Communicative Mentality,’” *Communication Research Trends* 27, no. 3 (2008), <https://scholarcommons.scu.edu/crt/vol27/iss3/1>.

⁸⁵ Friedman, Maurice S. *The Life of Dialogue* (4th ed). New York: Routledge, 2002.

https://www.routledge.com/Martin-Buber-The-Life-of-Dialogue/Friedman/p/book/9780415284752?srltid=AfmBOoqia_-lQW2A9TGZ44A_HjEnxMipdmhBD68HyAjhNNBU3nV4IuVT

⁸⁶ Sonja K. Foss and Cindy L. Griffin, “Beyond Persuasion: A Proposal for an Invitational Rhetoric,” *Communication Monographs* 62, no. 1 (March 1, 1995): 5, <https://doi.org/10.1080/03637759509376345>.

⁸⁷ Foss and Griffin, “Beyond Persuasion,” 15.

⁸⁸ Foss and Griffin, “Beyond Persuasion,” 7.

⁸⁹ Stephen W. Littlejohn and Karen A. Foss, *Encyclopedia of Communication Theory* (Los Angeles, Calif: Sage, 2009), 570.

⁹⁰ “Diagnosis Stigma,” 0:38

⁹¹ “Diagnosis Stigma,” 0:40

⁹² “Diagnosis Stigma,” 0:42

⁹³ “Diagnosis Stigma,” 0:42-0:44

⁹⁴ Littlejohn and Foss, *Encyclopedia of Communication Theory*, 570.

⁹⁵ “Diagnosis Stigma,” 0:44-0:50

⁹⁶ “Diagnosis Stigma,” 1:20-1:26

⁹⁷ “Diagnosis Stigma,” 1:29

⁹⁸ “Diagnosis Stigma,” 0:24-0:32

⁹⁹ Littlejohn and Foss, *Encyclopedia of Communication Theory*, 570.

¹⁰⁰ “Body Talk,” 0:20-0:25

-
- ¹⁰¹ “Body Talk,” 0:25-0:27
- ¹⁰² “Body Talk,” 0:28
- ¹⁰³ “Body Talk,” 0:28-0:30
- ¹⁰⁴ “Body Talk,” 0:35-0:40
- ¹⁰⁵ “Body Talk,” 0:42
- ¹⁰⁶ “Body Talk,” 0:44
- ¹⁰⁷ “Body Talk,” 0:51-0:56
- ¹⁰⁸ “Body Talk,” 0:57
- ¹⁰⁹ “Body Talk,” 0:59
- ¹¹⁰ “Body Talk,” 1:22-1:30
- ¹¹¹ “Body Talk,” 1:30-1:36
- ¹¹² Littlejohn and Foss, *Encyclopedia of Communication Theory*, 570.
- ¹¹³ 1:22-1:30
- ¹¹⁴ Littlejohn and Foss, *Encyclopedia of Communication Theory*, 570.
- ¹¹⁵ “SIU: Shame Investigation Unit,” 0:39-0:43
- ¹¹⁶ “SIU: Shame Investigation Unit,” 0:41-0:45
- ¹¹⁷ “SIU: Shame Investigation Unit,” 0:52-1:02
- ¹¹⁸ “SIU: Shame Investigation Unit,” 1:04
- ¹¹⁹ “SIU: Shame Investigation Unit,” 1:06-1:12
- ¹²⁰ “SIU: Shame Investigation Unit,” 1:12-1:14
- ¹²¹ “SIU: Shame Investigation Unit,” 1:22
- ¹²² “SIU: Shame Investigation Unit,” 1:25-1:28
- ¹²³ “SIU: Shame Investigation Unit,” 1:28
- ¹²⁴ “SIU: Shame Investigation Unit,” 1:28-1:32
- ¹²⁵ “SIU: Shame Investigation Unit,” 1:34
- ¹²⁶ Foss and Griffin, “Beyond Persuasion,” 5.
- ¹²⁷ “It’s Bigger Than Me Entry.”
- ¹²⁸ Littlejohn and Foss, *Encyclopedia of Communication Theory*, 570.

¹²⁹ Ibid.

¹³⁰ Ibid.

¹³¹ Ibid.

¹³² Ibid.

¹³³ Ibid.

¹³⁴ Ibid.

¹³⁵ Ibid.

¹³⁶ Hailey Nicole Otis, "Fat-Positive Worldmaking in the Body Positive Movement: Queering, Decoloizing, Intersecting," *ProQuest Dissertations and Theses* (Ph.D., United States -- Colorado, Colorado State University, 2021), ProQuest Dissertations & Theses A&I; ProQuest Dissertations & Theses Global (2580922895), 112 <https://www.proquest.com/dissertations-theses/fat-positive-worldmaking-body-movement-queering/docview/2580922895/se-2?accountid=14537>.

¹³⁷ Foss and Griffin, "Beyond Persuasion," 6.

¹³⁸ Littlejohn and Foss, *Encyclopedia of Communication Theory*, 570.

¹³⁹ "Body Talk," 1:19-1:21

¹⁴⁰ "Body Talk," 1:22

¹⁴¹ "Let's Talk," 0:00-0:07

¹⁴² "SIU: Shame Investigation Unit," 0:57-1:01

¹⁴³ Littlejohn and Foss, *Encyclopedia of Communication Theory*, 570.

¹⁴⁴ "Diagnosis Stigma," 1:37-1:39

¹⁴⁵ "Body Talk," 1:38-1:40

¹⁴⁶ "SIU: Shame Investigation Unit," 1:40-1:43

¹⁴⁷ Littlejohn and Foss, *Encyclopedia of Communication Theory*, 570.

¹⁴⁸ Littlejohn and Foss, *Encyclopedia of Communication Theory*, 570.

¹⁴⁹ "Diagnosis Stigma," 1:40-1:42; "SIU: Shame Investigation Unit," 1:44-1:45; "Body Talk," 1:40-1:42; "Let's Talk," 0:25-0:30.

¹⁵⁰ Littlejohn and Foss, *Encyclopedia of Communication Theory*, 570.

¹⁵¹ Sastre, "Towards a Radical Body Positive," 930.

-
- ¹⁵² Littlejohn and Foss, *Encyclopedia of Communication Theory*, 570.
- ¹⁵³ Ibid. Emphasis my own.
- ¹⁵⁴ Ibid.
- ¹⁵⁵ “It’s Bigger Than Me Entry.”
- ¹⁵⁶ Littlejohn and Foss, *Encyclopedia of Communication Theory*, 570.
- ¹⁵⁷ Bryant Keith Alexander and Michele Hammers, “An Invitation to Rhetoric: A Generative Dialogue on Performance, Possibility, and Feminist Potentialities in Invitational Rhetoric,” *Cultural Studies ↔ Critical Methodologies* 19, no. 1 (February 1, 2019): 5, <https://doi.org/10.1177/1532708617734011>.
- ¹⁵⁸ Novo Nordisk, “Listen, learn, and act: A report from Novo Nordisk Inc. on our diversity, equity, inclusion, & belonging journey,” corporate DEI report, 2023, 26 https://www.novonordisk-us.com/content/dam/nncorp/us/en_us/images/NNI%202023%20DEIB%20Report%20FINAL_11.6.pdf
- ¹⁵⁹ Ibid.
- ¹⁶⁰ Happe, *The Material Gene*, 112.
- ¹⁶¹ Sabrina Strings and Lindo Bacon, “The Racist Roots of Fighting Obesity,” *Scientific American*, July 4, 2020, <https://www.scientificamerican.com/article/the-racist-roots-of-fighting-obesity2/>.
- ¹⁶² Alexandra Brewis and Amber Wutich, “Why We Should Never Do It: Stigma as a Behaviour Change Tool in Global Health,” *BMJ Global Health* 4, no. 5 (October 23, 2019): e001911, <https://doi.org/10.1136/bmjgh-2019-001911>.
- ¹⁶³ Luna Dolezal and Barry Lyons, “Health-Related Shame: An Affective Determinant of Health?,” *Medical Humanities* 43, no. 4 (December 1, 2017): 257–63, <https://doi.org/10.1136/medhum-2017-011186>.
- ¹⁶⁴ Sabrina Strings, *Fearing the Black Body: The Racial Origins of Fat Phobia*. NYU Press, <https://nyupress.org/9781479886753/fearing-the-black-body>.
- ¹⁶⁵ Sabrina Strings, “Fearing the Black Body,” 162.
- ¹⁶⁶ Christopher E. Forth, “Fat, Desire and Disgust in the Colonial Imagination,” *History Workshop Journal* 73, no. 1 (April 1, 2012): 219, <https://doi.org/10.1093/hwj/dbr016>.
- ¹⁶⁷ Also occasionally spelled *Khoekhoe*.
- ¹⁶⁸ Forth, “Fat, Desire and Disgust in the Colonial Imagination.”

¹⁶⁹ Both the spelling of Baartman’s name and the first name used to refer to her vary across historical accounts. The spelling I have used here is consistent with what Strings uses throughout *Fearing the Black Body*. However, alternative spellings include “Sarah,” “Saartje,” or “Saartjie,” and “Bartmann” or “Bartman.”

¹⁷⁰ Strings, *Fearing the Black Body*, 95.

¹⁷¹ Strings and Bacon, “The Racist Roots of Fighting Obesity.”

¹⁷² Strings and Bacon, “The Racist Roots of Fighting Obesity.”

¹⁷³ See: Patricia Hill Collins, *Black Feminist Thought : Knowledge, Consciousness, and the Politics of Empowerment*, [2nd edition], Routledge Classics (New York: Routledge, 2009).

¹⁷⁴ Nearly 60% of black American women are categorized as “obese, according to Bryan Stierman et al., “National Health and Nutrition Examination Survey 2017–March 2020 Prepandemic Data Files -- Development of Files and Prevalence Estimates for Selected Health Outcomes,” accessed March 12, 2025, <https://stacks.cdc.gov/view/cdc/106273>.

¹⁷⁵ Jameta Nicole Barlow and Loneke Blackman Carr, “Weight Loss Plans Are Less Effective for Many Black Women – Because Existing Ones Often Don’t Meet Their Unique Needs,” *The Conversation*, November 13, 2024, <http://theconversation.com/weight-loss-plans-are-less-effective-for-many-black-women-because-existing-ones-often-dont-meet-their-unique-needs-231979>.

¹⁷⁶ See: Julio A. Lamprea-Montealegre et al., “Association of Race and Ethnicity With Prescription of SGLT2 Inhibitors and GLP1 Receptor Agonists Among Patients With Type 2 Diabetes in the Veterans Health Administration System,” *JAMA* 328, no. 9 (September 6, 2022): 861–71, <https://doi.org/10.1001/jama.2022.13885>; Luis A. Rodriguez et al., “Race and Ethnicity and Pharmacy Dispensing of SGLT2 Inhibitors and GLP-1 Receptor Agonists in Type 2 Diabetes,” *The Lancet Regional Health - Americas* 34 (June 1, 2024): 100759, <https://doi.org/10.1016/j.lana.2024.100759>.

¹⁷⁷ Barlow and Carr, “Weight Loss Plans Are Less Effective for Many Black Women.”

¹⁷⁸ Koritha Mitchell, *From Slave Cabins to the White House: Homemade Citizenship in African American Culture*, New Black Studies Series (University of Illinois Press, 2020), <https://books.google.com/books?id=43L6DwAAQBAJ>.

¹⁷⁹ Sastre, “Towards a Radical Body Positive,” 930.

¹⁸⁰ Ibid.

¹⁸¹ Raquel Moreira, “‘Didn’t She Used to Sell That WAP?’: Cardi B, Clashing Femininities, and Citizenship,” *Women’s Studies in Communication* 46, no. 3 (July 3, 2023): 269–88, <https://doi.org/10.1080/07491409.2023.2214523>.

¹⁸² Kristal Brent Zook, *Color by Fox: The Fox Network and the Revolution in Black Television*, W.E.B. Du Bois Institute (Oxford University Press, 1999), 69 <https://books.google.com/books?id=DEgyFcWwtyMC>.

¹⁸³ Upton, “Obesity.”

¹⁸⁴ Moreira, “‘Didn’t She Used to Sell That WAP?’

¹⁸⁵ As Materacky states in his interview with *Pharmaceutical Executive*, “the [campaign’s] story was developed and closely inspired by the Queen Latifah we know and love on television and the big screen.” (Upton, “Obesity.”)

¹⁸⁶ Culturally, Latifah’s public image is one of having the audacity to proclaim self-love not in spite of her body, but because of it. In a memoir, she overtly says “I love this body of mine ... I also love my curves, my muscles, my hips.... I may be a big girl, but I am damn proud of my shape.” (Queen Latifah, *Put on Your Crown: Life Changing Moments on the Path to Queendom* (New York: Grand Central Publishing, 2010), 54–55.)

¹⁸⁷ Upton, “Obesity.”

¹⁸⁸ Cheryl L. Woods-Giscombé, “Superwoman Schema: African American Women’s Views on Stress, Strength, and Health,” *Qualitative Health Research* 20, no. 5 (May 1, 2010): 668–83, <https://doi.org/10.1177/1049732310361892>.

¹⁸⁹ Kelly Yu-Hsin Liao, Meifen Wei, and Mengxi Yin, “The Misunderstood Schema of the Strong Black Woman: Exploring Its Mental Health Consequences and Coping Responses Among African American Women,” *Psychology of Women Quarterly* 44, no. 1 (March 1, 2020): 84–104, <https://doi.org/10.1177/0361684319883198>.

¹⁹⁰ Shubhangi Goel, “Blockbuster Weight-Loss Drug Wegovy’s Sales Just Doubled — and Could Heat up Even More with a Price Cut,” *Business Insider*, accessed May 8, 2024, <https://www.businessinsider.com/novo-nordisk-cut-prices-usa-obesity-drug-wegovy-double-demand-2024-5>.

¹⁹¹ Pazzanese, “How ‘Ozempic Shaming’ Illuminates Complexities.”

CHAPTER 4

CONSTITUTING EMPOWERED CONSUMERS: NEOLIBERAL CITIZENSHIP AND
 SUBJECTIVITY IN OPRAH WINFREY’S *SHAME, BLAME, AND THE WEIGHT LOSS
 REVOLUTION*

Concomitant with the distinctive re-emergence of diet culture broadly,⁴⁴⁷ particularly through the “age of Ozempic” as a discursive turn supporting emergent biomedical technologies, it is important to note the progression of GLP-1 medications’ uptake in the public sphere as driven by popular culture and media. Building from the foundation set by Novo Nordisk—both as a major manufacturer of these medications, as well as one of the first campaigns foregrounding more overt promotion of these drugs as “weight management” tools⁴⁴⁸—Oprah Winfrey released *An Oprah Special: Shame, Blame, and the Weight Loss Revolution*⁴⁴⁹ on March 18, 2024, to an audience of over 4 million viewers.⁴⁵⁰ Given the explosion of public-facing support lauding the transformative power of GLP-1 drugs, this special frames empowerment into taking medications as a reclamation of personhood and health, and a re-centering of “authentic” discourses surrounding “obesity.” Building from Apryl Williams’ and Mel Monier’s discussion of *Shame, Blame, and the Weight Loss Revolution* as an enactment of symbolic annihilation,⁴⁵¹ I assert a shift from *shame* to *empowerment* is a central facet of Winfrey’s pursuit for profitable discourse through a rhetoric of progress. Thus, I question how *Shame, Blame, and the Weight Loss Revolution* mobilizes the foundation of fat intersubjective spectatorship laid by Novo Nordisk’s campaign, to constitute an empowered “people.” In characterizing the nuances between these two textual turns, I pivot from an invitational to constitutive dialectic of rhetoric,

drawing from the work of Maurice Charland. Working from Louis Althusser's theorizing on interpellation,⁴⁵² Charland reexamines claims for Quebec sovereignty as calling forth the *peuple Québécois* as "political subjects," who are attributed a particular "will [that is] intrinsic to their version of the people's very being."⁴⁵³ Rhetoric of empowerment is similarly grounded in the constitution of spectators as neoliberal subjects, whose biomedicalized embodiment acts as an intrinsic feature of their "very being" able to be called forth as empowered/empower-able.

As such, I aim to read *Shame, Blame, and the Weight Loss Revolution* as a constitutive rhetorical text containing vital pop cultural instruction on how the fat body is to be understood, and question how such a framing forms the basis for an affective rhetorical shift towards empowerment in weight loss discourse. Unfolding similar to the former case study, Chapter 3 begins by surveying the wealth of literature on Oprah Winfrey's public persona, which casts *An Oprah Special: Shame, Blame, and the Weight Loss Revolution* as a turn to reclaiming control over both her health and image as a pop cultural figure. The second section traces the rhetorical and affective significance of Winfrey's appeals to "obesity" through a biomedicalized schema of disease, which foregrounds consumer-citizens' ability to be "hailed" as empowered. Following this, I pivot to discussing the special's guest segments as confessional narratives, wherein moments of self-disclosure reinforce fatness as a necessarily abject and victimized form of embodiment. Tracing the denouement of these narratives from the previous section, I then explore how constitutive rhetoric operationalizes empowerment as a tool for interpellating a particular subjectivity from—or, *out of*—the throes of abjection. Finally, I elaborate on the function of constitutive rhetoric in the context of Winfrey's positionality; particularly, I seek to articulate the ways in which a white neoliberal citizenship is established through the optics of a Black gendered other. Ultimately, I assert Winfrey's special derives its progressive ethos from

going beyond simply affirming fat non-subjectivity through abjection, to instead constitute an empowered *subject* position that capacitates fat consumer-citizens' embodiment towards the pursuit of biomedical conduct.

Oprah Winfrey in the Public Imagination

Even though this program isn't part of Winfrey's original talk show series, *Shame, Blame, and the Weight Loss Revolution* follows a similar tone and rhetorical ethos, where the interplay between Winfrey's narrative and those of "ordinary people" plays a significant role in the affective experience of "looking-on." In his seminal work on the *peuple Québécois*, Charland deduces that constitutive rhetoric "offers new subject positions that resolve, or at least contain, experienced contradictions" that "overcome or define away the recalcitrance the world presents by providing the subject with new perspectives and motives."⁴⁵⁴ This is reflected in broader literature regarding biomedicine, such as Dubriwny's assertion that empowerment necessarily coalesces into the distinct—yet inherently contradictory—subject position of the "vulnerable, empowered woman."⁴⁵⁵ From the beginning, Winfrey similarly situates her conversation on the "weight loss revolution"⁴⁵⁶ within the context of two impulses that are inherently at odds with one another: first, the implicitly negative resistance of shame, and second, a positively- and progressively-framed empowerment to pursue medicated weight loss. However, Winfrey's self-disclosure about navigating her own fat embodiment marks both a shift in "perspectives and motives" and signals the potential to "overcome... the recalcitrance"⁴⁵⁷ superimposed onto fatness, as fat embodiment is read as an inherent resistance to change. During her welcome and introduction to the special, Winfrey refers to the GLP-1 class of weight loss drugs being discussed as "medicines that are providing hope for people like me who have struggled for years

with being overweight or with obesity.”⁴⁵⁸ Not only does this begin to frame fatness within the context of relieving a struggle—echoing Winfrey’s public discourse on weight loss circulating throughout the socio-cultural milieu for decades— but it also sets up these drugs as a rhetorically reflexive response to shame. Throughout, Winfrey’s stated goal of “[starting to release] the stigma, and the shame, and the judgment”⁴⁵⁹ appears to levy social and internal change, which aligns seamlessly with discourse on “body positivity” in recent years. Yet as she continues her introductory call to action, in the same breath Winfrey begins to center weight as a necessarily active dimension of embodiment. The desire to “stop shaming other people for being overweight” is immediately followed by “or how they chose to lose or not lose weight”⁴⁶⁰ as a qualifier. Even “more importantly,” she finishes by proclaiming the need to “stop shaming ourselves.”⁴⁶¹ Essentially, Winfrey’s special assumes the primacy of weight loss as a central and deeply ingrained goal superimposed on the “overweight,” “obese,” or fat body. Thus I argue that in framing her message around negating a very specific *type* of shaming behaviors— those that are seen as preventing or impeding pursuit of thinness by any means necessary— Winfrey’s rhetoric centers medicated weight loss as the pinnacle of empowered self-governance.

This is of particular importance given the context of Winfrey’s celebrity, and the history of weight loss as a central focus of *The Oprah Winfrey Show*. Faced with shifting public attitudes surrounding “trash” television and talk shows, Winfrey’s media products underwent a shift to become more *positively* postured.⁴⁶² This manifested as a lean into spiritualism with *The Oprah Winfrey* show rebranded and marketed as “Change-Your-Life Television” (CYL T.V.)⁴⁶³ with the stated goal of “each individual having his or her own inner revolution.”⁴⁶⁴ Being that Winfrey’s weight has been a subject of broad scholarly and pop cultural discussion repeatedly from even her earliest years of fame, the show’s repositioning was inflected by a pervasive focus

on weight “management” and loss. In 2011, Helene Shugart explored the newfound turn to spiritualism projected by CYL T.V., finding that Winfrey herself has historically been “key in linking that discourse to weight and obesity.”⁴⁶⁵ However, this ethical shift in Winfrey’s persona is reflective of constitutive rhetors as “providing the subject with new perspectives and motives”⁴⁶⁶—in this case, calling forth subjectivity rooted in a sense of self-determination and transformation, and motivated by the echoes of prosperity gospel. As Winfrey herself stood to embody this “turn inwards,” *The Oprah Winfrey Show* frequently served as the platform for embracing spectacle as a method of directing audience members to “Change-Your-Life.” Most notably, this included several public stunts, such as the infamous “wagon of fat” demonstration, which Winfrey mentions by name during the special. Even though *Shame, Blame, and the Weight Loss Revolution* isn’t part of Winfrey’s original talk show series, this program follows a similar tone and rhetorical ethos, where the interplay between Winfrey’s narrative and those of “ordinary people” plays a significant role in the affective experience of “looking-on.”

While the degree of public attention Winfrey has received is indeed reductive and highly invasive, the decision to use this special as an opportunity to publicly address her most recent instance of weight loss is not framed as a surrender; it is cast as an empowered, agential choice to actively resist how speculation surrounding her body had been made a “national sport.”⁴⁶⁷ In *Shame, Blame, and the Weight Loss Revolution*, Winfrey begins with the acknowledgment that “feeling the shame of fighting a losing battle with weight is a story all too familiar.”⁴⁶⁸ *The Oprah Winfrey Show* historically engaged in and even promoted rhetoric of “warring with” or “fighting against” weight gain, and that is reflected throughout this special, as one guest emphasizes her alleged struggle with weight “was my body fighting against me.”⁴⁶⁹ However, broadly this special constitutes yet another reframing in Winfrey’s public persona and televised

presence, as a prerequisite for the “new [empowered] subject position” offered later.⁴⁷⁰ The shift in positionality implicit within such a statement is twofold: Winfrey both acknowledges shame as the source of harm that the special is countering, but also pointedly overlooks the source of such shame. This works to “tee up” Winfrey’s tone throughout the special, one of leaning into empowerment as affective resistance against shame, while still providing the freedom to uphold biomedicalized measures of self-governance. Writing on *The Oprah Winfrey Show* in the era of “Change-Your-Life Television,” Shugart identifies a shift from rhetoric of weight gain as a “war” or “battle” to a more spiritual undertaking.⁴⁷¹ Now looking to the post-talk show era of Winfrey’s career, I build on Shugart’s perspective to assert this rhetoric is once again shifting to favor a highly scientific “New Gilded Age” neoliberal rhetoric of empowerment. In this way, *Shame, Blame, and the Weight Loss Revolution* revolves around “normalizing” conversion surrounding weight loss drugs, reframing Winfrey’s previous discourse on weight loss to mandate self-governance through emergent biomedical technology.

As a “significant oracle of the discourse of authentic selfhood” embroiled in the portrayal of fatness,⁴⁷² it is important to examine how Winfrey’s persona legitimizes both her disclosure of intention and her gestures at the titular focus on shaming. The special begins with Winfrey referencing the alleged pervasive scope and harm of the fat bodily condition, saying “Hi everybody. I wanted to do this special for the more than 100 million people in the United States and the over 1 billion people around the world who are living with obesity. Maybe that is you, and maybe that is someone you love.”⁴⁷³ This informal greeting only adds to the parasocial nature of Winfrey’s public media presence, wherein she toys with the sense of speaking to a specific and highly personalized audience of one—*you*. While resisting shame is one overtly stated goal for this program, Winfrey’s nods towards empowerment are much more diffuse;

though she acknowledges that “there are strong emotions, opinions, and judgments on all sides,”⁴⁷⁴ the special itself does not truly represent “all sides” or perspectives on GLP-1 medications. Through the ensuing analysis, I write from a base-level understanding that the “sides” being represented are overwhelmingly positive on medicated weight loss. Yet *resistance of shame* enacts a double negative, lending a sense of difference or even progress to the resulting turn toward empowerment, despite their affective similarities. Thus, the widespread celebrity and cultural salience of *The Oprah Winfrey Show* provides the necessary contrast for Winfrey’s public portrayal of empowered, biomedicalized self-governance to be reframed through this special as an act of “taking a stand.”

Within *Shame, Blame, and the Weight Loss Revolution*, the central issue at stake is the implicit rhetorical framing of the fat body: how fatness can be disciplined to ensure proper thin comportment, how consumers should feel about *their* individual fat bodies, and the affective dimensions of fat embodiment as it is transformed through biomedicalized “weight management.” However, I argue the notion of body shaming and the implications of “transformative” weight loss are not inherently new to this conversation. Instead, the novelty of this particular discourse lies within the deceptive positive framing layered over top of “empowerment” as an instantiation of healthist, anti-fat rhetoric. Having continually been subjected to unsolicited and incredibly inappropriate public discussion surrounding her changing body, on the surface it may appear believable that Winfrey is joining a conversation about body positivity. Yet this pales when considering that the “stigma... shame and... judgment”⁴⁷⁵ Winfrey hopes to eradicate is not weight stigma, nor anti-fat discourse, but instead the public’s impulse to criticize use of weight-loss medications. Rather than unabashedly taking a stance *against* “obesity” as she has in the past, to motivate self-governance through negative affects of

shame and guilt, Winfrey rhetorically aligns herself against shame to propel her audience of consumer-subjects towards proper consumption. In this way, “releasing shame” simply acts as a lexical funhouse mirror; it is a trick of the tongue that allows Winfrey to create a veil of progressive positionality, while speaking to a view of fat embodiment that still ultimately validates and mandates the desire to lose weight.

“Disease” as the Site of Empowerment

While *It's Bigger Than Me* positions weight loss medications relative to an agential release of shame, *Shame, Blame, and the Weight Loss Revolution* constitutes an overt turn towards GLP-1s as a particular form of biomedical self-governance. In this way, the body is capacitated—and even rendered anew—through a kaleidoscope of medicalized perspectives that form the locus for an empowered biopolitical subject, specifically by pathologizing “obesity” as a disease. This reflects how Charland articulates the “ideological ‘trick’”⁴⁷⁶ of constitutive rhetoric:

... it presents that which is most rhetorical, the existence of a *peuple*, or of a subject, as extrarhetorical... Thus, this rhetoric paradoxically must constitute the identity "Québécois" as it simultaneously presumes it to be pre-given and natural, existing outside of rhetoric and forming the basis for a rhetorical address.⁴⁷⁷

As I read Charland, in seeking to address a particular subjectivity, a given rhetorical positionality also simultaneously calls forth said subject. To explicate this notion of ideology even further, Stuart Hall’s elaboration on Althusser helps enrich this approach to constitutive rhetoric. In “Signification, Representation, Ideology,” Hall contests the Althusserian notion of always-already as presuming an innate and ingrained structure of language and signification that is in-

born. But even in doing so, he concedes that a “larger truth about ideology is implied in what Althusser says,” which is that “we experience ideology as if it emanates freely and spontaneously from within us, as if we were its free subjects.” In actuality, Hall argues, “we are spoken by and spoken for, in the ideological discourses which await us even at our birth, into which we are born and find our place.”⁴⁷⁸ As such, I seek to analyze how fat bodies are “spoken for” based on appeals to healthism and biomedicine that “await us at birth,” which constitute an ideological positionality that one must come to learn by being be interpellated into. Binding an audience into a “people” both essentializes and displaces identity into the realm of tautology; if a given identity were not understood as “real,” connected to science, nature, and/or biology beyond the realm of rhetoric, a particular address would not be able to hail or call forth a group of individuals as a collective subject position. This exteriority to rhetoric has particular importance in the context of biopolitics and -medicine, which already rest on bodies as a means to an ideological end. In this way, Winfrey’s rhetoric in *Shame, Blame, and the Weight Loss Revolution* rests on obscuring the rhetorical quality of invoking and applying the medical model to fatness.

Much of the special is framed in the tone of Winfrey having the courage to publicly proclaim her “obesity” a disease, even though this pathologization has long been implicitly and explicitly linked to fatness in the socio-cultural milieu. “Obesity” is referred to as a disease almost constantly throughout the program, and even guides the central overtly stated ethos at the heart of this conversation: in a voiceover before the special’s segments even begin, Winfrey asks “is being overweight a lack of willpower? Or is obesity a medically treatable disease?”⁴⁷⁹ This is almost immediately followed by further questions of whether “these new drugs are a ‘miracle cure’? Are they safe?”⁴⁸⁰ Yet Winfrey’s welcome address to the audience serves to position this

conversation in a positive light, lauding the ability of GLP-1 drugs as “providing hope for people like me, who have struggled for years with being overweight or obesity.”⁴⁸¹ Using her experience as a sort of “framing narrative,” Winfrey upends the isolating and impersonal dynamics present within typical public consumption of celebrity as a way of legitimizing this special as an “authentic” and novel perspective. Yet within the context of discourse surrounding fatness, and weight loss, rhetorical appeals to fatness as evidence of diseased embodiment is not new. As mentioned earlier, the construction of “obesity” as a medical classification is rooted in the Body Mass Index as a diagnostic “tool” levied towards legitimizing a pathology of fatness.⁴⁸² Essentially, fat embodiment has historically been medicalized through the classification “obese,” especially as it is supposedly causative to “mortal” comorbidities such as cardiovascular disease.⁴⁸³ Invoking a rhetoric of disease then carries highly charged associations with a state of being unwell, as well as implications for proper bodily conduct to alleviate an alleged sick condition. In a statement published to *Oprah Daily*, Winfrey situates her current conversation as the next step in the lineage of previous “obesity epidemic” discourse because “somehow [she] missed the memo” when “obesity” was publicly declared to be a disease, and that “didn’t click until this special.”⁴⁸⁴ However, in the context of the special, Winfrey attempts to reclaim— and as I seek to argue, grounds empowerment in— recognition of “obesity” as a disease that is still intrinsically stigmatizing. In this way, Winfrey’s special does not meaningfully depart from previous discourse surrounding weight loss, and instead leads to intensified biomedicalization as an expression of neoliberal governmentality, such that drugs seemingly expand the reach and ease of weight loss.

Closely following the form of her famed talk show, Winfrey frequently employs outside organizations and medical providers throughout the special, as a way to mandate and bolster the

recognition of “obesity” as a diseased bodily condition. Not only does she highlight that the “American Medical Association designated obesity as a chronic disease over 10 years ago,”⁴⁸⁵ but Winfrey also brings on two healthcare professionals as guests, who she emphasizes have some connection to studying the “disease of obesity.”⁴⁸⁶ The first of these guests, Dr. W. Scott Butsch from the Cleveland Clinic, gives an in-depth scientific explanation of weight gain, wherein he focuses on the concept of weight reaching a “set point”⁴⁸⁷— a concept he uses to explain weight regain experienced during or after prolonged periods of altering diet and exercise habits. During this explanation, Dr. Butsch compares traditional dieting approaches to “trying to hold their breath underwater,”⁴⁸⁸ where the fat patient eventually must “come up for air”⁴⁸⁹ and will once again reach their higher “set point” weight. In the same segment, the Director of “Obesity” Medicine for Cedars-Sinai Medical Center, Dr. Amanda Velazquez, frames the way GLP-1 medications work as a “lock and key,”⁴⁹⁰ bypassing decades of medical professionals’ fervent efforts to push diet and exercise as the definitive cures for weight loss. This extended metaphor is used to illustrate the inevitability of weight regain with traditional recommendations of “lifestyle changes,” implicitly affirming the necessity of pursuing alternative and/or additional means of weight loss.

This not only legitimizes GLP-1 drugs as a natural extension and expansion of “weight management” behaviors, but also frames such medicalized conduct as a logical response to diseased biology. In a later segment, Dr. Jennifer Ashton, chief correspondent for ABC news and practicing OB-GYN, offers her own experience from her practice: “what I tell patients is if you had high blood pressure, if you had high cholesterol, if you had depression, you would treat it.”⁴⁹¹ By framing fatness in the context of other instances where medicalized conduct is widely socially accepted, disease is enacted as the site of empowerment propelling neoliberal subjects

towards self-governance as a “natural” response. Winfrey’s rhetorical turn towards disease throughout the special thus mobilizes a syllogistic understanding of illness that always-already mandates the pursuit of a different kind of “cure.” Dr. Ashton continues by explaining that “it is conclusively known that the conditions of overweight and obesity are complex, chronic disease states. Not character flaws, Oprah, so they should be managed accordingly.”⁴⁹² On the surface, this appears to be deconstructing the supposed ability to “figure out” fatness on the individual level. Yet reaffirming “obesity” not just as a disease, but as a *chronic* state, implies the absolute inability to improve without proper self-governance through biomedical conduct. Failing to critically interrogate one-size-fits-all prescriptive action as gross generalizations, this special obscures the fact that weight loss medication is enacted rhetorically as just another form of behavior change. By setting out to expand the acceptability of weight loss drugs as natural, the turn towards disease rhetoric is still aimed at normalizing individualized biomedical conduct that ultimately disciplines bodies into thinness as the end result.

Yet echoes of “obesity epidemic” discourse and the pressure to self-govern through traditional weight loss recommendations do not disappear completely. Unabashedly proclaiming fatness as a disease provides the space for GLP-1 medications to exist as only *one* facet of an ever-evolving picture of compulsory health-promoting behaviors. Thus, the need to *still* engage in diet and exercise, even in light of medicated weight loss methods, is repeated constantly throughout the special. Winfrey herself emphasizes that she uses her GLP-1 prescription “as a tool, also, combined with hiking 3 to 5 miles a day, or running... in order to balance everything,”⁴⁹³ affirming that this newer class of drugs functions as a natural amendment to weight management recommendations. Despite the special being largely devoted to lauding the transformative power of GLP-1 medications, Winfrey’s reference to these drugs as a “tool” is

strategic; recognizing on some level the elusiveness of a cure, she does not overtly preclude any future necessity of self-governance through traditional “health-promoting” behaviors. This makes it so that previous notions of personally-responsibilized action still stand, functionally adding onto perpetually increasing requirements for bodily conduct as part of one’s personal responsibility to health and wellness. During her joint segment with Dr. W. Scott Butsch, Dr. Amanda Velazquez emphasizes that GLP-1s must be undertaken alongside diet and exercise as part of a “multi-prong approach,”⁴⁹⁴ the “same way you would treat cancer. You wouldn’t just go in and grab some chemo.”⁴⁹⁵ Again, this mobilizes the combination of biomedical conduct and individualized “behavior change” as a natural response to a base level biological understanding of disease. However, invoking chemotherapy is a distinct rhetorical choice that draws on cancer as an affectively salient and culturally-prevalent health anxiety, where connotations of mortality and bleak treatment prognosis reinforce the pathologization of fatness.⁴⁹⁶

Though the special plays at de-stigmatization through a tone of “calling it what it is,” this is ignorant of the affective and rhetorical force of interpellating a given subject’s embodiment as “diseased.” The notions of pathology and/or biological inferiority have indeed acted as a significant tool in the rhetoric of “obesity” working to stigmatize fatness. One medical professional Winfrey brings on explains that “what we’ve learned through science is that the brain controls our body fat.”⁴⁹⁷ In playing at depersonalizing the conversation surrounding “obesity,” this special instead localizes it to the brain, which is used to recall references to food addiction. This is echoed by guests throughout each segment, one of whom claims that “my body and my brain felt different,”⁴⁹⁸ and another, who says she never knew what it was like to feel full “because my brain always told me, like, I’m hungry, and I just couldn’t stop eating.”⁴⁹⁹ There are major pathological implications when referencing the brain as the site of predisposition for

“obesity,” extending a stronger sense of diseased and defective *character* than broadly invoking biology alone. At another point, this conversation surrounding “obesity-as-disease” is compared by Winfrey to the manner in which she addressed alcoholism on *The Oprah Winfrey Show* in the 1980s and ‘90s.⁵⁰⁰ Locating pathology in the brain solidifies that fatness is a personal and internal issue, relying on association with addiction and mental illness to problematize “obesity” to a similar level of cultural salience. Being that “obesity” has historically been medicalized in relation to personal responsibility, in the context of weight loss medication, empowerment is employed to signal agential choice, a centering of the self, and reclamation of one’s own ability to opt-into health.

Yet Winfrey’s conversation also construes refusal to accept criticism and self-blame as an alternative dimension of empowerment, such that shame is necessarily released through allowing oneself to pursue an agential desire for weight loss through GLP-1 drugs. In moving on from the “many times [she] blamed [herself],”⁵⁰¹ Winfrey describes recognizing “obesity” as a disease as a pivotal shift “because you think ‘I’m smart enough to figure this out,’ and then to hear all along it’s you fighting your brain.”⁵⁰² Localizing the fat “diseased” condition to the brain is an indictment of both the state of mental preoccupation with food repeated consistently throughout the special, as well as internalized shame that arises from diet and exercise as ineffective. Invoking the “brain” as the site of deficiency scientizes and pathologizes personal responsibility—rather than overtly attributing fat bodies with an inept “will” or “personality.” Yet this still serves to personalize the “fight” to an individual’s biological makeup, while also inscribing a sense of futility that foregrounds the need for proper self-governance through biomedical conduct. Through this portion of the special, it is clear Winfrey has not abandoned rhetoric of the “obesity epidemic,” which is similarly rife with appeals to “warring against”

fatness and battling the spread of “obesity” as a disease. Regardless of how much Winfrey claims to center empowerment and body positivity on the surface, framing weight loss as a fight against one’s own brain rhetorically positions fatness as the implied enemy.

From the perspectives represented throughout, it becomes clear that neoliberal thought presents contradictory impulses when problematizing fatness: first, the desire to further the production of capital by disciplining subjects into hegemonic embodiment through biomedical consumption; in conflict with, second, the fervent need to maintain and reaffirm previous modes of proper self-governance, because to admit flaws would be to expose the ineptitude of a belief system which grounds itself in striving towards *effective* consumer-citizenship. Thus, in pushing for adoption of GLP-1s as a specific form of self-governance, Winfrey must contend with the necessity of answering “Why this?” and “Why now?” In the fourth segment, Winfrey brings on Weight Watchers CEO Sima Sistani to announce that the company has acquired a semaglutide compounding company to prescribe consumers GLP-1 medications.⁵⁰³ During this interview, Winfrey asks: “Why do we need Weight Watchers if we’ve got Zepbound and Wegovy?”⁵⁰⁴ Such a question— of what role these drugs play in more traditional weight loss programming— is one significant point of contention that the special must grapple with throughout. However, on Winfrey’s part this does not functionally represent an attempt to call into question the effectiveness or validity of self-governance through health-minding, nor challenge its compulsory nature. Instead, it presents an opportunity to reinforce the need for *all* modes of personal conduct that discipline bodies into the thin ideal. Sistani responds by emphasizing that the addition of medications is necessary to “help people release the shame”⁵⁰⁵ of “walk[ing] away without the success”⁵⁰⁶ of weight loss from previous attempts. The turn to disease serves as a recognition and “debunking” of personal failing because WW (and broadly, consumers) were

“missing the third prong, which was biology.”⁵⁰⁷ Drawing from Winfrey’s leading question, Sistani frames “obesity-as-disease” to be an essential recognition that allows consumers to release their own respective shame— which is in turn necessarily exemplified by the “empowered” decision to pursue weight loss using GLP-1 drugs. This ultimately depersonalizes the shame of not being able to lose weight in the “proper” way, not the shame of not losing weight *period*. This makes it clear that this special is not disavowing previous weight loss discourses altogether, but only adapting them to fit the biomedical technology available in the current era. Looking at weight loss discourses past, I argue this prompts an essential recognition that the “age of Ozempic” and Winfrey’s newfound embrace of disease rhetoric is simply a poor reframing of the “obesity epidemic.”

Confessional Narratives of Abjection

In contextualizing GLP-1 drugs as a matter of nature and biology, the medicalization of fatness as disease ultimately serves as evidence of an abject material condition. Drawing from Roland Barthes’ phraseology, Charland holds that “texts are but surfaces; characters are, in a sense, but ‘paper beings,’” who “seem real through textual operations” embroiled in constitutive rhetoric.⁵⁰⁸ Within *Shame, Blame, and the Weight Loss Revolution*, I argue that confessional narratives of abjection serve as part of the “textual operations” of constituting an empowered fat consumer base. Being “real” or “authentic” in this case requires the courage to admit to oneself the imminent risk, diseased future, and speculative mortality presented by fatness. In this way, fat individuals who have not undergone significant weight loss— or are not seeking to lose weight at all— are assumed to be living an inauthentic, unempowered reality. This is reflected within the format of the special itself, wherein Winfrey plays at the relationship between confession and

spectacle, structured not just in the form of a “talk show” more broadly, but also within the context of her uniquely successful television program. Having already appeared to reveal an authentic self, Winfrey reflexively mandates a similar form of self-disclosure of personal truth from guests, audience members, and by extension, viewers at home. Yet at the same time, *Oprah Winfrey* is more than a persona; she is a phenomenon. Winfrey’s success as a publicly consumable celebrity is derived from, and rhetorically constructed through, drawing out confessional narratives of victimhood and abjection for public spectacle. In turn, Winfrey provides deliverance from the abject position by responding with “sermon on the mount” –style nuggets of wisdom elevated to the level of almost-unquestionable essential truths. As such, I argue the pervasive presence of confessional narratives—describing an authentic *abject* selfhood—is the conduit through which rhetoric of “resisting shame” functionally endorses biomedicalized empowerment.

Referencing Foucault’s discussion of confessional practice—wherein he surmised the essential self is nonexistent or at best, problematic⁵⁰⁹—Sherryl Wilson asserts Winfrey’s show acts as a “technology for the production of subject positions.”⁵¹⁰ Understanding confession in this manner closely mirrors Charland’s description of the role of narratives within constitutive rhetoric, as “mak[ing] real’ coherent subjects... as they present a particular textual position,” which enacts a particular “locus for action and experience.”⁵¹¹ For Charland, narratives appear to centralize experience within an individual and begin the process of cohering said individuals into a “people.” However, I assert that the *confessional* narratives within this special present a calculated reveal of abjection, which is affectively negative, to allow for the *eventual* reveal of an affectively positive “textual position” of empowered consumer. In this way, fatness must be always-already interpellated as an abject “discursive position,”⁵¹² for viewers to be constituted

and called forth by a particular instantiation of empowerment. Being that culturally-salient and emotionally-charged tropes lie at the center of fat existences, both relationships with others and with fatness as an embodied categorization are created through the voyeuristic dual process of (1) looking and (2) comparing mediated bodies with the self. This necessarily requires representation of an *othered* body as spectacle, where abject embodiment lends the potential– or “basis”– for the audience's self-comparison.

Within the realms of Feminist and Media Studies, the notion of the *abject body* offers a critique of that which exists beyond the realm of the normative, and/or challenges hegemonic confines of existence and identity altogether. Through her seminal work *Powers of Horror: An Essay on Abjection*, Julia Kristeva theorizes abjection as that which “disturbs identity, system, order. What does not respect borders, positions, rules. The in-between, the ambiguous, the composite.”⁵¹³ Iris Marion Young’s work on *difference* in the realm of political theory implicates abjection as a relational, affective tension between interiority and exteriority, as it stirs feelings of disgust and fear in viewers by “expos[ing] the border between self and other as constituted and fragile, and threaten[ing] to dissolve the subject by dissolving the border.”⁵¹⁴ Reflexively, abjection demands conformity through the threat of *otherness*, which Georges Bataille explains as valuation that is “limited, defined, and... determined by the imperative act of exclusion.”⁵¹⁵ This “exclusion” materializes on the part of both ousting abject bodies, but also, as Judith Butler expands, the negation of subjectivity itself. In their introduction to *Bodies that Matter: On the Discursive limits of ‘Sex,’* Butler articulates abjection as a social construction of othered bodily condition, or *abject bodies* that engender the “unlivable and uninhabitable zones of social life” relegated to “those who do not enjoy the status of the subject.”⁵¹⁶ Essentially, abjection is

embodied non-subjectivity, or the state of accruing semiotic negativity beyond the point where one can be considered a proper subject. Thus, as Young explains:

The abject, as distinct from the object, does not stand opposed to the subject, at a distance, definable. The abject is other than the subject, but is only just the other side of the border. So the abject is not opposed to and facing the subject, but next to it, too close for comfort.”⁵¹⁷

This state of being “too close for comfort” reflects Charland’s observation that constitutive rhetoric emerges “usually in the face of a threat that is itself presented as alien or other.”⁵¹⁸ Such work articulates how audiences’ self-conception is inherently defined in relation to a particular normativity or ideal that *must* be attained, regardless of whether or not individuals recognize that it is unrealistic.

The Oprah Winfrey Show— and as I argue, this *Shame, Blame, and the Weight Loss Revolution*— benefits from the internal tension between perception of abjection and desire for relief. Thus, in aiming this platform at hailing an empowered “people,” Winfrey’s special must first reinforce the non-subjective *abject* positionality of fatness as the “discursive position” from which future interpellation and constitution may occur. This is reflected in the confessional narratives of personal experience with weight loss represented throughout the special. In talking about themselves prior to taking GLP-1 medications, Winfrey’s guests routinely paint a highly stigmatized picture of their own embodiment. During the first segment, Winfrey brings on Amy,⁵¹⁹ a former fat woman who is now a “diet and lifestyle” social media influencer on popular short-form video app TikTok. At one point, Amy says that “all [she] had was food, food was [her] best friend.”⁵²⁰ Not only does this statement reinforce consumption as the primary factor determining and contributing to one’s own fatness, but it also echoes the stigmatizing assumption

that fat people are not able to form or maintain close relationships. In a later segment, Winfrey brings on the mother-daughter duo of Erika and her teenager Maggie, who is one of the first and youngest adolescent users of GLP-1 medications. Echoing Amy's statements, Maggie confesses the feeling that she too "just couldn't stop eating."⁵²¹ This is immediately followed by narration from her mother Erika, who laments that Maggie had reached nearly 300 pounds by the time she was 11 years old.⁵²² Quantifying the alleged severity of fatness juxtaposed with Maggie's young age plays off the "gross-out" factor evoked by abject embodiment. Essentially, this rests on the assumption that Maggie's relative degree of adiposity necessarily evokes a sense of disgust, that can be extrapolated to the audience as way of rousing collective recognition of—and desire to escape from—non-subjectivity. Continuing in this confessional style, Amy similarly touches on multiple harrowing experiences occurring alongside her period of highest weight gain, such as a traumatic birth experience, marital problems, and the passing of her father⁵²³. Yet in sharing these anecdotes, Amy frames her fatness as the source of even *further* turmoil, that by being "in a very, very dark place"⁵²⁴ she "absolutely one-thousand percent turned to food to cope,"⁵²⁵ when "the inevitable happened: I was diagnosed with diabetes."⁵²⁶ Once again this presents a highly stigmatized picture of fatness, being that both Maggie and Amy draw one-to-one connections between consumption leading to fatness and diabetes as predetermined effects. In turn, this leaves room for both Amy and Maggie's eventual physical reveals on the soundstage, accompanied by their disclosures of "triumph" through being empowered to pursue weight loss medication.

Yet in detailing such negative experiences layered over top of broader narratives of "struggle" with weight, Winfrey's guests rhetorically align their confessions of unhappiness with the embodied condition of being a fat individual. As such, this special presents emotional,

confessional narratives of fatness as spectacles of suffering to reinforce social stigma. Specifically, guests frequently portray shame being placed on their fat bodies, where abjection acts as the source of their “non-subjectivity” or victimhood. Amy tells a story of a kid calling her “the fat one” in childhood, saying “I believed him, and I just felt extreme shame. I just felt alone, my whole childhood. My whole life, I felt alone.”⁵²⁷ Yet challenging the social stigma and bias at the root of this abjection is not their concern, but instead reinforcing the notion that disgust and the ensuing affect of shame is a standard or natural reaction to fat bodies’ abjection. Maggie tells a very similar story of being called fat in childhood,⁵²⁸ which sparked her realization that “maybe I am different. I mean, maybe I should start doing something different.”⁵²⁹ In these instances, the individuals verbalizing anti-fatness—frankly, childhood bullies—are framed as oracles of proper embodiment. Thus, the sharing of confessional narratives implicitly constructs the non-subjective position of the abject fat victim, pervaded by a sense of guilt and hopelessness in the potential permanence of one’s own abjection. As Amy explains later in her segment, “I remember thinking ‘this is it, this is the way I was born, and this is the way I am going to die. I truly did not feel that anything could change.’”⁵³⁰ In response to confessions such as these, the camera regularly pans past both guests and multiple audience members in tears.⁵³¹ Despite its “Change-Your-Life” ethos, the *Oprah Winfrey* brand and broader talk show form is unique in that the audience—and therefore the superimposing of abjection—is doubled. Adding to the spectacle put forth by this special, the “fourth wall” is broken through the interaction and reaction of a studio audience, most of whom are fat.⁵³² To then recognize one’s own fatness, held up to the mirror of the “ordinariness” of the bodies and narratives represented on screen, necessarily pushes the doubled at-home audience to have their own similar form of epiphany: a “reckoning” with the grotesque quality of their own weight.

However, bearing in mind the context of Winfrey's positionality as a public figure whose viewership is comprised predominantly of women, it is necessary to note the manner in which these confessional narratives are implicitly gendered. As such, the connection between "ordinariness" and abjection is even further developed through highly moralized portrayals of womanhood and motherhood. Mothering has broad implications for the body as a site for rhetorical negotiation of womanhood, as mothers are forced to police both others' bodies and their own as an extension of caretaking. The medicalization of "obesity" has been deeply embroiled in appeals to mothering since the inception of the Body Mass Index; in particular, this shift occurred beginning in the 18th century⁵³³ and was characterized by what Foucault refers to as a "privileging of the child and the medicalization of the family."⁵³⁴ Many aspects of self-governance and discipline evoked by the weight loss industry—controlling consumption through eating, cooking, and feeding behaviors—are indeed "understood as 'womanly' activities."⁵³⁵ In this way, the special gives directives towards not just good neoliberal citizenship, but also good womanhood and proper mothering. Compelled by her stance as woman, a mother's health behaviors are framed as a moral obligation beginning at conception⁵³⁶ and continuing throughout the child-rearing process.⁵³⁷

Echoing this sentiment almost exactly, Amy overtly ties her fatness to feeling "like [she] was not being a good mother,"⁵³⁸ saying: "I was so ashamed of my body that I didn't like taking my kids out in public"⁵³⁹ because of how others may have perceived her fitness for parenting. The sense of shame is openly tied to one's stance as a mother; it's not just *personal* responsibility, but *motherly* responsibility. This is reflected by the fact that, even throughout Maggie's segment, her mother Erika spoke for most of the time. During a moment of crosstalk, Winfrey begins to say that "that guilt that you feel, where you blame yourself..."⁵⁴⁰ which Erika

interjects to complete the statement with “it’s twofold when you’re the mom.”⁵⁴¹ Here Erika hints at the salience of gender in “doubling” neoliberal subjectivity, such that health-promoting behaviors become an extension of womanly caretaking capabilities. Compelling self-governance through proclaiming “obesity” a disease aligns with motherhood as the source of unpaid “lay care” in service of the needs of sick and/or well others.⁵⁴² At one point, Winfrey prods Erika for commentary on the shame and backlash stemming from individuals who are averse to putting a minor on weight loss medication.⁵⁴³ In turn, Erika responds “I would say walk a mile in our shoes...you have no idea what it’s like to raise a child who’s suffering from a disease that you don’t have access to the medicine for.”⁵⁴⁴ Being that disciplining embodiment is a central element in both proper self-governance and womanly responsibilities towards child-rearing, anything done criticizing or calling into question GLP-1s then becomes “shaming” that impedes the ability to adequately perform female gender roles. Gaining access through whatever means necessary then becomes a compulsory part of good motherhood, and thus proper womanhood. In all, this insinuates that while abjection is indeed localized to the fat body, it is responsabilized and victimized according to gender as well; in other words, *Shame, Blame, and the Weight Loss Revolution* is constituting not just fat individuals as non-subjects in need of empowerment, but fat *women* specifically.

Transformation Through Biomedical Conduct

Being that abjection is often defined in relation to that which is “normal” or “ideal,” Sastre points out that in the realm of neoliberalism, rather than simply existing in service of dictating marginalization, normativity is instead more aptly described as a categorical marker that “ensures no bodies escape the possibility for civic modeling.”⁵⁴⁵ Winfrey’s media

personality has become most readily associated with spectacle and narrative of “besting” hardship; she doesn’t just bring abject bodies onto the show, she brings representatives some abject quality that have since “reformed” and have a message of triumph to share with her broad viewership. To some degree, Winfrey’s “Change-Your-Life Television” never went off-air. Despite the desire for distance between the abject and the self, the internal threat of abjection materializes through the fundamental drive towards purity, cleanliness, and/or overarching moral *goodness*. Thus, the response to confessional narratives of victimhood and abjection is to lean into a positive (re)framing—in this case, empowerment. An ethos of transformation and redemption is central to Winfrey’s brand, both throughout her long history as a public figure of talk show stardom, and replicated now through *Shame, Blame and the Weight Loss Revolution*. Presently, Winfrey’s tone in addressing her weight appears to have shifted from defensive to reclaiming, urging consumer-subjects towards empowerment as providing a sense of agential control. This rhetorically reframes both weight loss and “obesity,” such that the object of shame isn’t excess weight, it’s the weight loss method itself. While this may be true for some users, the special displaces focus so that audiences cannot recognize that empowerment as a directive ultimately accomplishes an original hegemonic imperative towards disciplining bodies into thinness. In this way, the assured negative affective experience of fatness— shame— is positioned as being the necessary “push” needed to pursue significant weight loss.

In describing the relationship between hailing a “people” and identity formation, Charland does overtly acknowledge constitutive rhetoric as a transformative process. However, he departs from Edwin Black’s exploration of audiences as transformed through a Burkeian process of *identification*, claiming that such a perspective “would not fully explain the significance of becoming one with a persona, of entering into and embodying it.” Put simply,

Charland views the notion that audiences simply “identify with a persona” that is addressing them presents ontological and epistemological concerns.⁵⁴⁶ In the context of constitutive rhetoric, the audience must instead be understood as being called to transformation through *capacitation*. Charland affirms that audiences are ascribed an identity, which they are then “called upon to materialize through their actions.”⁵⁴⁷ Thus, in the context of *Shame, Blame, and the Weight Loss Revolution*, I argue that after being asked to recognize the position of non-subjectivity implicated in fatness as an abject embodiment, audiences are being given the (biomedical) tools to gain subjectivity. Essentially, empowerment provides the opportunity to be interpellated as a subject aside from one’s abject embodiment, on the basis of speculation. Yet as Charland points out, narratives themselves “offer a world in which human agency is possible and acts can be meaningful,” and in doing so, they “create the illusion of merely revealing a unified and unproblematic subjectivity.” From this, Charland concludes that narratives are intrinsically ideological.⁵⁴⁸ In providing the ability to conceive of an agential future through biomedical practice, Winfrey calls audiences to think and act in service of a collective (i.e. “unified”) empowered subjectivity. As such, constructing confessional narratives provides the opportunity to resolve the sense of abjection through transformation, reflecting an ideology of healthism and neoliberalism expressed through the thin ideal as the embodiment of proper self-governance.

However, Charland points out that such narratives “suppress the fact that, in a very real sense, no person is the same as he or she was a decade ago, or last year, or indeed yesterday.”⁵⁴⁹ This is particularly applicable within the context of “transforming” fatness, as weight loss is both inherently future-oriented but also cannot be predicted with any degree of certainty. As such, aiming to transform bodies from *fat* to *thin* is an inherently speculative project. Speaking to Charland’s explanation of the role of transhistoricity in constituting and assigning a *telos* to

subjects, Theon Hill views constitutive rhetoric as couching a pressure towards action that has “moralizing effects on the subject.” In this way, constitutive rhetoric “does not just move subjects toward a new identity and goal. It is also moving them away from a former identity and goal. It moves them away from a previous space and demands dissociation with certain previous constitutions.”⁵⁵⁰ *Shame, Blame, and the Weight Loss Revolution* similarly presents the ability to move subjects away from a former position of non-subjectivity, and instead towards a “proper” subject position that resolves abjection both materially (i.e. fat becoming thin) as well as rhetorically (i.e. shame remedied through empowerment). Building from Hill’s argument, I assert that the transformation from a non-subject to a subject is a positively-framed affective experience, that possibilitates a progressive rhetorical framing regardless of whether that subject position maintains echoes of abjection (i.e. fatphobia and/or healthism). Such is the seductive nature of transformation as a rhetoric of progress.

Throughout, transformation is demonstrated through guests’ pivot from confession— an act of revealing framed by guilt and shame— to celebration, specifically of supposedly “remarkable” weight loss. During the first segment of the special, Amy openly urges the audience that her “life is completely transformed”⁵⁵¹ as a result of her weight loss using a GLP-1. Likewise, within the segment on Maggie’s story, Erika explains that “when [Maggie] started to lose that weight, it was like a butterfly coming out of a cocoon,”⁵⁵² and that “it prepared her for a life of health, and fitness, and wellness.”⁵⁵³ This plainly reinforces a healthist view of fatness as wholly antithetical to bodily wellbeing, in turn necessitating weight loss and/or disciplining consumption to negate shame and harm. Yet even further, weight loss is not only understood as a life-giving force, but also a deeply transformative process that is ultimately inevitable; to employ Erika’s metaphor, a caterpillar cannot simply choose not to undergo metamorphosis, because

then it would cease that which allows realization of its full potential, or the ability to live in general. To put it plainly, embodiment into the thin ideal– and the ability to transform according and adhering to it– becomes a central hallmark of vitality. This is stated overtly between Winfrey’s pivot from segment 3 to 4, when she checks in with a former guest from her *State of Weight* panel, who says that being on GLP-1 medication has “completely changed [her] relationship with food... and completely changed [her] life.”⁵⁵⁴ It is important to recognize that in such statements affirming the importance of weight loss, the reverse is also implied to be true: that without such weight loss, health and wellness would not be attainable. This presents the hypocritical duality of rejecting consumption as excessive and directly leading to weight gain, while simultaneously praising the act of taking weight loss drugs as the *only* acceptable form of consumption. While the narrative structure is carried over into this ethos of transformation, it is important to recognize the essential uncertainty in extrapolating the comparative success of GLP-1 drugs for any individual, being that conversation surrounding weight loss endeavors is inherently speculative. In this light, Winfrey is not prompting broader conversation about fatphobia or bias, but rather reifies and redirects personal responsibility towards considering medicated weight loss to be equally socially acceptable as “traditional” methods.

Throughout, guests’ narratives surrounding the transformative power of medicated weight loss are primarily focused on a renewed ability to properly discipline consumption as their defining factor. Attributing her prior fat embodiment to a preoccupation with food, Amy explains that rather than constantly thinking about and focusing on eating, “all of a sudden I took this medication and it felt like I was freed. Like I literally felt like I had been trapped.”⁵⁵⁵ In an exclusive *People Magazine* interview several months before the special aired, Winfrey similarly characterized the affective experience of using such GLP-1 drugs as “feel[ing] like relief, like

redemption, like a gift, and not something to hide behind and once again be ridiculed for.”⁵⁵⁶ In no uncertain terms, the viewpoint expressed by Winfrey and her guests, and thus the positionality of the special as a whole, is that to be free is to be thin. Fatness is shown as inherently producing a suffering victim, absent any acknowledgement that the source of suffering may in fact be social stigma against larger bodies— not against the *method* of weight loss, as this special purports. Yet when these individuals pursue medicated weight loss, it is framed as wholly relieving their suffering. During the first guest segment, Winfrey references Amy’s transformative weight loss after securing GLP-1 medication, to which Amy responds: “It was [a shocking way to be], it took time to adjust to this life of like... This is normalcy. But for someone like me, and now I’m learning a lot of people like me, it’s crazy to... be on the other side of the spectrum where food does not control your life.”⁵⁵⁷ Not only does this interaction reinforce thinness as standard, but it also hails into existence a community of victims framed as unnecessarily suffering their own fatness, simply because they have not yet been awakened to the transformative power of GLP-1s. Being able to talk about the “other side of the spectrum,” thinness, Amy must rely on a sense of personal responsibility and stigmatized assumptions regarding consumption in order to “dissociate” from fatness as a “previous constitution.”⁵⁵⁸ Thus to alleviate one’s subject position and suffering in general, empowered pursuit of biomedical conduct is compulsory to transform out of one’s own victimhood.

Much of Winfrey’s focus on weight loss both throughout her career and within this special itself is driven by the deeply cultural assumption that girl/womanhood is inherently a self-improvement project. As Susan Bordo argues in *Unbearable Weight*, womanhood is defined in relation to how “culture’s grip on the [particularly female] body is a constant, intimate fact of everyday life.”⁵⁵⁹ Femininity first appears in guests’ discussion of what it means to feel secure in

one's own body after undergoing significant "transformative" weight loss. First guest Amy talks about trying on jeans in a dressing room which, like many other disclosures of vulnerable experiences pre- and post-weight loss, is repositioned to be *shared* trauma as the camera pans to the studio audience for nods of approval.⁵⁶⁰ Even though the jeans fit, Amy says that she had an emotional response because "I felt bad for the old version of me... that wouldn't have been able to just go try on some jeans at a store."⁵⁶¹ Though this inverts the chronology of Amy's transformation narrative, personal responsibility is still localized to the individual to recognize the importance of self-discipline to fit the thin ideal. Essentially, the affective sway of this story stems from the comparative assumption between femininity and embodied reality. This is echoed in Maggie's segment as well, when it is revealed that she is attending prom for the first time, now that she has achieved significant weight loss, which Winfrey discloses in front of the studio audience accompanied by a thunderous round of applause and cheers.⁵⁶² This distinctly feminine transformative power of weight loss provided by GLP-1 drugs is echoed by Maggie's mom, who directly draws a connection between Maggie's newfound sense of normalcy and desirability, and supposedly improved health. Erika outlines how success in using GLP-1s was experienced differently by herself and Maggie respectively, for whom "it was all about fashion and clothes and friends and parties, but for me, it was no more fatty liver disease. A1c levels are normal."⁵⁶³ When drawing from experiences that strategically align with binary sexist connotations with femininity— such as shopping and prom as implied "girly things" — it communicates that the true feminine experience may only be found once one has achieved thinness. With neoliberal shame and empowerment deeply tied to embodiment, whether fat or otherwise, good womanhood emerges when properly self-disciplining according to the thin ideal; to be feminine is to be desired, and to be *desirable* is to be thin.

To legitimize the victim⁵⁶⁴ suffering from fatness is to condemn the source of their suffering— which, for Winfrey, is the shame projected to be standing in the way of their pursuit of weight loss. Echoing *The Oprah Winfrey Show*'s shifting focus from “dysfunction” to action,⁵⁶⁵ Winfrey's positionality throughout this special is one of resisting shame so that fat victims may attain an empowered, definitively thin, “fully-realized” selfhood. Empowerment repackages shame through affirming the potential for “redemption” through external embodied change, concealing the potential for such a rhetoric of transformation to uphold a schema of risk. Writing in *Risk Society*, Beck asserts that “everyday thought and imagination” has been removed from its previous “moorings in the world of the visible,” such that the question of risk-assessment is no longer concerned with perception, but in “threats in the future.”⁵⁶⁶ Yet I argue that risk becomes reconnected with the visual realm through the notion of transformation, as a positive affective reframing of “future threat” into “potential outcome.” Weight loss is read as a transformation through visibly shrinking embodiment, as exemplifying one's mental fortitude and ability to aptly perform good neoliberal citizenship. In a voiceover during her segment, Amy emphasizes that “you would not recognize the person I am now to the person I was a year ago,”⁵⁶⁷ as the screen displays two pictures of her side profile before being prescribed her GLP-1 medication. She later even goes so far to say that the loose skin left after her significant weight loss is evidence of her transformation, and even serves as a “badge of honor”⁵⁶⁸ that she wears with pride. This focus on visibly transformed bodies continues throughout; most segments, feature a slideshow of side-by-side comparisons of the guests and other users of GLP-1 medications before and after significant weight loss.⁵⁶⁹ As such, the special projects the visual, embodied effects of empowerment into taking medication— weight loss, resulting in health and normalcy— to demonstrate why it's necessary to “stop the shaming and blaming.”⁵⁷⁰ Fat

individuals represent “before” bodies, whose patterns of victimization and overconsumption can only be remedied by taking GLP-1 medications.

This is best exemplified as Winfrey, mother Erika, and daughter Maggie begin discussing concerns with GLP-1 use for adolescents. Winfrey questions “what were the risks you [Erika] were told if your daughter did take the Victoza, and if she did not?”⁵⁷¹ Erika’s response, while lengthy, should be noted in its entirety:

Well, the risk, obviously, of not taking the medicine and not trying to find another solution for her obesity was that she would become diabetic. She was already diagnosed with prediabetes and the fatty liver disease. And I had a medical professional at one point tell me that she would be 500 pounds by the time she was 16, and that she would die. I mean just flat out, she will die young.⁵⁷²

Erika’s response functionally devotes no airtime to addressing the risks associated with weight loss medications. Instead, this interaction tees up yet another positively framed narrative of transformative empowerment that reinforces the primacy and validity of weight loss drugs in the public imagination. Thus, I argue that this special says less about advancements in weight loss methods, as it claims to, but instead furthers the broader phenomenon of ever-evolving responsibility towards self-governance that produces thin bodies. Addressing “risks” again in the form of side effects, Winfrey brings on Dr. Ashton, who poses several questions at the top of her segment: “What are the risks of taking these drugs? Versus what are the risks of *not* taking these drugs? What are the benefits of taking these drugs? And what are the benefits of not taking these drugs?”⁵⁷³ Similar to Erika’s commentary above, Dr. Ashton then proceeds to rhetorically evade directly addressing the risks and/or pitfalls of GLP-1s. However, when weight loss is lauded—and literally *applauded*—throughout the entire program, it becomes clear that the special is not

aiming to critically interrogate biomedical conduct nor answer any one of these negatively-framed questions. The affective shift from shame to empowerment obscures the fact that this special maintains the central responsibility of the “obesity epidemic” as its major premise: to lose weight and become thin.

Ultimately, this special only critiques shame so far as it stigmatizes “obese” bodies as resistant to transformation and enforces the notion that fat individuals are unwilling or fundamentally unable to change. In turn, this functionally does not seek fat liberation, but instead uses the positively framed rhetorical shift towards empowerment to secure weight loss as imminent potentiality for fat bodies. This is best observed through the fact that “un-transformed” fat bodies are not included in the special; neither Winfrey nor any of her guests are currently fat. As such, representation of larger body sizes is functionally placed in the past tense, as are perspectives from those who choose *not* to pursue weight loss. Overt acknowledgement of this “opposite side” comes only once throughout the entire special, and only in passing, during Winfrey’s outro: “for people that feel happy and healthy and [are] celebrating life in a bigger body, and don’t want the medications, I say bless you.”⁵⁷⁴ Yet this statement is part of a triptych, wherein Winfrey also acknowledges and “blesses” both the “people who believe that diet and exercise is the only way to lose excess weight,”⁵⁷⁵ as well as the “people who think that [GLP-1s] could be the relief and support and freedom... that you’ve been looking for your whole life.”⁵⁷⁶ Signaling a desire to normalize weight loss methods that fall outside the realm of diet and exercise, Winfrey’s “blessing” sanctions biomedical self-governance through medication as a mythic, transformative tool in disciplining of fatness.

Despite concluding the outro by acknowledging that “there is space for all points of view,” Winfrey’s aforementioned opening comment that “there are strong emotions, opinions,

and judgments on all sides”⁵⁷⁷ structures this conversation around supporters of fat neutrality and/or liberation as one of the “sides” imposing shame. Yet by forecasting and preemptively reframing legitimate criticism levied against the special’s anti-fatness to be “weight loss - shaming,” Winfrey does not truly present space for those who exist without change— or even happily— in their fat body. As such, fatness is itself a dualistic impediment to proper self-governance; fat bodies are both the physical manifestation of failure to be disciplined into “good” neoliberal subjectivity, but also represent a contagion of internal authenticity that pointedly obfuscates and stands in the way of pursuing “natural” desire for transformative weight loss. In other words, this special does not truly seek to liberate fat bodies from the conditions of shame and stigma. Instead, it presents a positively-framed argument that fat bodies must not be precluded from the possibility of thinness, such that advancements in biomedicine imply consumer-subjects no longer have any excuse for failure to properly self-govern. Letting go of the shame imposed by and from the fat embodied condition— as that which always-already holds one back— is the definitive path towards achieving neoliberal self-actualization.

Disciplining the Black Female Consumer

Being that Winfrey marks another Black female celebrity being used as a spokesperson in this discourse, it is important to look at the role of race and gender in empowerment. Whereas *It's Bigger Than Me* uses Latifah’s stance as a Black woman to identify and situate this conversation within a particular market demographic, I argue that Winfrey builds on this to then present directives on how Blackness and womanhood should be disciplined in relation to weight loss, ultimately serving a different audience. Where Latifah’s Blackness is accentuated as source of empowerment in *It's Bigger Than Me*, race is somewhat invisibilized in Winfrey’s special to

empower a distinctly white consumer base. This is reflective of Seitz and Tennant’s line of questioning regarding constitutive rhetorical operations in a neoliberal age: as they write, “how might constitutive rhetoric successfully generate identification around democratic principles of equality and freedom, and advocate the extension of citizenship and rights to previously forgotten, excluded, or oppressed peoples?”⁵⁷⁸ Having amassed her following through *The Oprah Winfrey Show*, the range of topics Winfrey publicly speaks on has historically been tailored to reflect the interests and concerns of the talk show demographic. In other words, Winfrey crafts and disseminates messages that are salient to her particular audience— which Peck points out is a “predominantly white, middle- and upper-middle class female following.”⁵⁷⁹ As such, even as a Black women delivering this message, it is clear that the transformation Winfrey outlines is aimed at constituting—or at least assimilating and selectively performing—an empowered subject position that is predominantly accessible for white audiences.

Though the “homemade” and “hoodmade” citizenship discussed in relation to Queen Latifah may present some opportunity for agential conduct, even if Winfrey were to appear to perform such a citizenship, I argue “empowerment” still extends this notion of progress according to hegemonic interest. Writing in *Hood Feminism*, Mikki Kendall illustrates that

... in feminist spaces, the expectations of who will be heard, of who will have the agency, the autonomy, and the respect, is heavily informed by the lens of respectability. It is that reliance on respectability that allows mainstream feminism to ignore those who can't speak in the ‘tone’ that centers on the comfort of whiteness.⁵⁸⁰

Thus, throughout the special, Winfrey’s disclosure of personal narrative serves primarily to demonstrate that *can* and *does* “speak in the ‘tone’” that caters to the comfort of whiteness.

Given Winfrey’s role as a “palatable” woman of color for white audiences, this special highlights

the complications of addressivity as outlined by Judith Butler in *Excitable Speech: A Politics of the Performative*. Initially, they acknowledge that injurious speech “raise[s] the question of which words wound, which representations offend, suggesting that we focus on those parts of language that are uttered, utterable, and explicit.” Thus far, I have centered the majority of this chapter on the ways in which this special has both “uttered” biomedical perspectives on fat embodiment and made an empowered subject “utterable.” Yet as Butler continues, they explain that “linguistic injury” is effected not only by “the words by which one is addressed but the mode of address itself, a mode—a disposition or conventional bearing—that interpellates and constitutes a subject.”⁵⁸¹ In the context of *Shame, Blame, and the Weight Loss Revolution*, Winfrey herself functions as an integral part of establishing this special as a particular mode of address; in other words, it is significant that this instantiation of discourse is being delivered by a Black woman, when this particular path within biomedical conduct—GLP-1 medications themselves—are deeply embroiled in neoliberal capitalist interests that systemically expropriate POC bodies.

Beyond an understanding of fatness as indicative of “health,” body size is deeply embroiled in the perception and evaluation of racial *others*. Being that *The Oprah Winfrey Show* centered on rhetorically constructing a “suffering victim”⁵⁸² identity from guests’ self-disclosure, Winfrey’s own self-portrayal of victimhood contextualizes this special as an act of reclamation. This is not only directly referenced throughout the program, but also overtly equated to a resistance of shame through Winfrey’s personal framing narrative. In the special, Winfrey states: “I took on the shame that the world gave to me... So in an effort to combat all of the shame, I starved myself for nearly 5 months, and then wheeled out that wagon of fat that the internet will never let me forget.”⁵⁸³ In this retelling, though fatness is framed as the source of the shaming

Winfrey describes, her victimhood is cemented by suffering transformation through *improper* means of self-governance. Thus *Shame, Blame, and the Weight Loss Revolution* offers the opportunity to reframe this “wagon of fat” spectacle in service of a new biomedical impulse, through Winfrey’s disclosure that “after losing 67 pounds on a liquid diet... the very next day [she] started to gain it back.”⁵⁸⁴ This act of confession offers a glimpse behind the curtain of Winfrey’s public persona, portraying a calculated narrative of fallibility and abjection to reinforce her stance as the authentic everywoman. But in doing so, Winfrey tees up the rhetorical turn to constituting empowerment by leaving room for future enactment of biomedical self-governance to stand as the denouement to her previous “failed” weight loss attempts. In other words, disclosing *previous* unsuccessful attempts at transformation allows Winfrey to frame empowerment into GLP-1 drugs as the pivotal change determining the *current* success of her weight loss. In this way, Winfrey’s confessional narrative of “weight loss transformation” serves as an affective repositioning of her (non)subjectivity, that lays the groundwork for audiences’ ability to identify into hegemonic self-governance as reclamation.

However, *Shame, Blame, and the Weight Loss Revolution* reflects state interest not just in producing thin bodies, but also in quashing difference broadly, manufacturing uniformity, and employing a distinctly neoliberal turn towards progressive touchstones to do so. As such, good womanhood is also projected to be inherently white, reflected through the fact that all of the “transformed” guests are white women. Oprah Winfrey herself is the sole exception, being that the special is otherwise largely devoted to the white female confessional narrative and perspective. Through her celebrity as a daytime talk show host, Winfrey’s personal narrative as a public figure is itself one of seemingly defying odds at every turn. Beyond hosting the all-time highest-rated daytime talk program,⁵⁸⁵ Winfrey successfully founded her own cable network

(OWN: Oprah Winfrey Network), production company (Harpo Productions, Inc.), two magazines (*O*, *The Oprah Magazine* and *O at Home*), and has served as a major shareholder for both Weight Watchers and Oxygen Media Inc.⁵⁸⁶ This has brought Winfrey to her place within the upper echelon of celebrity, respective not just to other media personalities, but also members of her race and gender overall; she was the first woman to own and produce her own talk show throughout history, and she has often received superlatives such as the first African American female billionaire in 2003, North America's first Black multi-billionaire, and the richest African American of the 20th century. Winfrey is often cited as one of the most influential women in the world, for which she was awarded the Presidential Medal of Freedom in 2013 by President Barack Obama.⁵⁸⁷ Yet in becoming one of the most widely-revered figureheads of good womanhood, Winfrey's public persona is necessarily bound to respectability politics; her portrayal of "authentic" personal narrative is bounded by balancing the need to appear appropriately palatable— but also appropriately personable— to white audiences.

As in the final section of Chapter 2, I again return to Sastre's explanation of body positivity, to draw out how Winfrey echoes the "self-conscious citizenship" implicated in neoliberalism yet performs a slightly different manner of authenticity.⁵⁸⁸ *Shame, Blame, and the Weight Loss Revolution* tenuously balances the invisibility and hyper-visibility of Blackness;⁵⁸⁹ in other words, the instances where Winfrey is allowed to perform her racial identity appear calculated, such that the special is bound up in the respectability politics associated with Black female public figures—and Black women in general. In sharing her perspective shift after taking a GLP-1 drug, Winfrey says that "now I realize y'all wasn't even thinking 'bout the food. It's not that you had the willpower, you weren't thinking about it. You weren't obsessing about it. That is the big thing I learned."⁵⁹⁰ This moment serves as one of very few moments of respite from the

serious, professional, and shame-laden confessional tone structuring most of the special. However, the source of comedic relief in this instance is Winfrey's use of African American Vernacular English (AAVE) in breaking from the "Oprah Winfrey *persona*" appearing more *personable*. On an even broader scale, Winfrey is seen as an oracle of self-help discourse because she represents the neoliberal "bootstraps" fantasy in a big way— because she has defied the dismal social conditions predetermined by her race and gender. These instances where Winfrey appears to "drop her mask" are what power her everywoman ethos. Yet she is at once also bound by the constraints of her largely white female audience, where leaning into her Blackness walks a thin line between perception as signaling authenticity versus violating racist standards of respectability.

Still, in many ways, there is no better spokesperson for this "novel" anti-fat discourse than Oprah Winfrey herself; throughout establishing her stance as a public figure on *The Oprah Winfrey Show* and beyond, Winfrey has tailored her voice to speak to a highly individualized selfhood that aligns with neoliberalism. Media and Communication Studies scholar Janice Peck attributes this to Winfrey's willingness to "promote and embody a configuration of self compatible" with such a worldview.⁵⁹¹ Yet, when held against the alleged embodied reality of Winfrey's weight loss prosperity gospel, this special must contend with the fact that Winfrey functionally is *not* the everywoman; her celebrity and financial capacity put her at an immense advantage towards proper self-governance, particularly in accessing emergent biomedicalized weight loss measures. Thus, *Shame, Blame, and the Weight Loss Revolution* must also be taken in a capitalist context of the "Oprah Winfrey *persona*" as a brand empire that thrives on both shame and transformation through a sense of empowered personal responsibility. Even Latifah herself directly credited Winfrey as inspiration for tackling conversation regarding her own

weight in the *It's Bigger Than Me* campaign.⁵⁹² This “crossover” demonstrates just how pervasive Winfrey’s public figure is in both adhering to and reinforcing respectability at the intersection of race, gender, and corpulence, as well as the widespread impact she has had on *all* of the various industries she is a part of. Thus, Winfrey’s ability to dictate which narratives are deserving of “air time”—and thus, articulation—is itself a distinctly rhetorical choice provided by the celebrity and financial means to create your own T.V. special. Eventually, Winfrey divulges she departed from the WW board shortly before the special’s release “because [she] wanted no perceived conflict of interest for this special.”⁵⁹³ Yet when she has been associated with WeightWatchers for nearly a decade, consumer-citizens still implicitly associate her with not only the brand, but weight loss discourse in general; essentially, just claiming no conflict of interest does not erase the capitalist incentive in furthering the “Oprah Winfrey brand” of weight loss.

This special presents major conflicts of interest in expanding personal responsibility to include self-governance through GLP-1 medications, particularly when considering the diet and weight loss industry as a major expression of capitalist interest. Contextualized by the mortal consequences of Fen-phen and Redux, Winfrey targets the stigmatization of weight loss drugs—not fatness itself—to defend the validity of medicated weight loss. Essentially, this special responds to the pervasive need for image repair surrounding weight loss drugs of the past. Addressing the shortage of GLP-1 medications, Group Vice President for Eli Lilly Rhonda Pacheco attributes access issues to “unprecedented demand... [because] people are really understanding that [obesity] is a disease”⁵⁹⁴ and are “speaking to their physicians.”⁵⁹⁵ Oprah then interjects that “there are a lot of physicians who are not informed about it,”⁵⁹⁶ which Pacheco affirms, saying “Correct. So the job’s not done.”⁵⁹⁷ From this interaction, *Shame, Blame, and the*

Weight Loss Revolution may be read as one step in “finishing the job” of acting on the recognition that “obesity” constitutes a disease. In turn, pushing consumer-citizens towards GLP-1 drugs amends personal responsibility with an inherently capitalist interest in mind: disciplining consumption to funnel capital towards emergent biomedical technology. Yet even more elusive is the reveal that both Dr. W. Scott Butsch and Dr. Amanda Velazquez are consultants for GLP-1 drug companies. Following their segment, a banner flashes across the screen, reading “Dr. Butsch and Dr. Velazquez consult for and receive research funding from companies making GLP-1 drugs.”⁵⁹⁸ This is only displayed momentarily, and is cut off abruptly by a commercial break. In receiving funding from this particular branch of pharmaceutical companies, there are even clearer and more direct financial incentives guiding positive portrayals of weight loss drugs. Oprah closes out by claiming that the “most vital thing is to get trusted information,”⁵⁹⁹ implicitly situating her show as such. But this obfuscates the fact that “trusted information” is rhetorically constructed through the production of this special. Despite her public persona of the “everywoman,” Winfrey is an exemplar; she is incredibly wealthy, made only wealthier by the creation of this special. She— as well as major players in the weight loss and pharmaceutical industries, such as Eli Lilly and Novo Nordisk— only stand to gain from the increased pressure to self-govern according to biomedical means.

Conclusion

Capitalist interest complicates the supposedly authentic depiction of empowerment represented on screen, such that biomedical conduct must necessarily be recognized as part of the proper self-governance that is always-already implicated in the personal responsibility of fat consumer-citizens. As a fat woman and Rhetorical Studies scholar— someone who not only studies these issues, but also *lives* within their embodied reality— I can confidently state that the

notion of personal responsibility has historically served as one of the biggest sources of fat shame. While I do not hope to assert this to be definitive truth for all fat people, I say this to prompt recognition that shame and personal responsibility are essentially linked, particularly within the context of anti-fatness. However, rather than presenting a departure from personal responsibility, *Shame, Blame, and the Weight Loss Revolution* simply expands the realm of bodily comportment that one *may* or *must* undertake to maintain social acceptability and reach the thin ideal. As such, the special's progressive ethos emerges within a logic of transformation cast as intentional, agential resistance to critics, which ultimately calls forth a necessarily empowered "people" as response. In this way, I argue that the "age of Ozempic" and the "obesity epidemic" are two sides of the same rhetorical coin, mobilized throughout this special to functionally amend and even reconstruct the notion of personal responsibility *to* one's own health and *against* one's own adiposity. Yet beyond critiquing Winfrey's rhetoric as being entangled in neoliberal fantasies promoting "bootstraps" and allegiance to capitalist interest, it is necessary to recognize how weight loss as a broad category of self-governance carries particular racial and gendered implications for personal responsibility. Essentially, a constitutive rhetoric of an "empowered people" demands conformity in calling forth a biomedicalized subjectivity. In the broader pursuit of capitalist interest and self-governance presented by this special, one thing remains: rhetoric of empowered weight loss is not a revolution, but a reframing at *best*.

⁴⁴⁷ In particular, this modern period of anti-fatness brings to mind the re-circulation of "Pro-Anorexia (Pro-Ana)" content on social media, or "heroin chic" as an idealized body type.

⁴⁴⁸ Being that GLP-1s existed before, but were marketed towards Type-2 diabetes, under brand names like *Ozempic*.

⁴⁴⁹ *An Oprah Special: Shame, Blame and the Weight Loss Revolution*, TV Special, Talk-Show (ABC, 2024),

<https://abc.com/news/13e11c19-1f4d-4bea-8765-52d0fdbe8160/category/1138628>.

⁴⁵⁰ Douglas Pucci, “Monday Ratings: Oprah Winfrey Weight Loss Special Draws Decently for ABC,” *Programming Insider*, March 19, 2024, <https://programminginsider.com/monday-ratings-oprah-winfrey-weight-loss-special-draws-decently-for-abc/>.

⁴⁵¹ Apryl Williams and Mel Monier, “Oprah and Ozempic: A Commentary on Oprah Winfrey’s ‘Shame, Blame and the Weight Loss Revolution,’” *Critical Studies in Media Communication* 41, no. 3 (May 26, 2024): 263–68, <https://doi.org/10.1080/15295036.2024.2393755>.

⁴⁵² As quoted in Charland, Althusser describes *interpellation* as follows: “I shall then suggest that ideology “acts” or “functions” in such a way that it “recruits” subjects among the individuals (it recruits them all), or “transforms” the individuals into subjects (it transforms them all) by that very precise operation which I have called interpellation or hailing, and which can be imagined along the lines of the most Interpellation occurs at the very moment one enters into a rhetorical situation, that is, as soon as an individual recognizes and acknowledges being addressed. commonplace everyday police (or other) hailing: ‘Hey, you there!’” (Louis Althusser, *Lenin and Philosophy and other Essays*, trans. Ben Brewster (New York: Monthly Review Press, 1971), 174. In Maurice Charland, “Constitutive Rhetoric: The Case of the People Québécois,” *Quarterly Journal of Speech* 73, no. 2 (May 1, 1987): 138, <https://doi.org/10.1080/00335638709383799>.)

⁴⁵³ Charland, “Constitutive Rhetoric,” 136.

⁴⁵⁴ Charland, “Constitutive Rhetoric,” 142.

⁴⁵⁵ Tasha Dubriwny, *The Vulnerable Empowered Woman: Feminism, Postfeminism, and Women’s Health* (New Brunswick: Rutgers University Press, 2012), <https://muse.jhu.edu/pub/176/monograph/book/21287>.

⁴⁵⁶ *An Oprah Special*, 0:04.

⁴⁵⁷ Charland, “Constitutive Rhetoric,” 142.

⁴⁵⁸ *An Oprah Special*, 2:15-2:22

⁴⁵⁹ *An Oprah Special*, 2:27-2:33

⁴⁶⁰ *An Oprah Special*, 2:33-2:41.

⁴⁶¹ *An Oprah Special*, 2:41-2:44.

⁴⁶² Nicole Aschoff, “Oprah Winfrey: One of the World’s Best Neoliberal Capitalist Thinkers,” *The Guardian*, May 9, 2015, sec. Television & radio, <https://www.theguardian.com/tv-and-radio/2015/may/09/oprah-winfrey-neoliberal-capitalist-thinkers>.

⁴⁶³ Wendy Parkins, “Oprah Winfrey’s Change Your Life TV and the Spiritual Everyday,” *Continuum* 15, no. 2 (July 1, 2001): 145–57, <https://doi.org/10.1080/713657795>.

⁴⁶⁴ Kathryn Lofton, *Oprah: The Gospel of an Icon* (University of California Press, 2011), 4.

⁴⁶⁵ Helene A. Shugart, “Flesh Made Word: The Obese Body as Cultural Matter,” *Communication, Culture and Critique* 7, no. 1 (March 1, 2014): 60, <https://doi.org/10.1111/cccr.12025>.

⁴⁶⁶ Charland, “Constitutive Rhetoric,” 142.

⁴⁶⁷ *An Oprah Special*, 2:54.

⁴⁶⁸ *An Oprah Special*, 4:01-4:05.

⁴⁶⁹ *An Oprah Special*, 5:23-5:27.

⁴⁷⁰ Charland, “Constitutive Rhetoric,” 142.

⁴⁷¹ Shugart, “Flesh Made Word,” 60.

⁴⁷² Ibid.

⁴⁷³ *An Oprah Special*, 1:50-2:10.

⁴⁷⁴ *An Oprah Special*, 0:53-0:59.

⁴⁷⁵ *An Oprah Special*, 2:27-2:33.

⁴⁷⁶ Charland, “Constitutive Rhetoric,” 137.

⁴⁷⁷ Ibid.

⁴⁷⁸ Stuart Hall, “Signification, Representation, Ideology: Althusser and the Post-structuralist Debates,” *Critical Studies in Mass Communication* 2, no. 2 (June 1, 1985): 109, <https://doi.org/10.1080/15295038509360070>.

⁴⁷⁹ *An Oprah Special*, 1:28-1:33

⁴⁸⁰ *An Oprah Special*, 1:33-1:40

⁴⁸¹ *An Oprah Special*, 2:15-2:22

⁴⁸² Particularly in terms of actuarial science, the inception of BMI was rooted in capitalist profit as Quetelet’s Index was co-opted to produce charts for insurance companies. This served as a metric to “prove” fatness was unhealthy, justifying higher life insurance costs for those with higher weight/adiposity. BMI charts were then printed in medical textbooks, solidifying their integration into the healthcare realm. For a comprehensive debunking, see: Aubrey Gordon and Michael Hobbes, “The Body Mass Index,” *Maintenance Phase*, podcast audio, August 3, 2023, <https://maintenancephase.buzzsprout.com/1411126/8963468-the-body-mass-index>; Kevin Donnelly, *Adolphe*

Quetelet, Social Physics and the Average Men of Science, 1796-1874 (University of Pittsburgh Press, 2016), 1-2, <https://www.jstor.org/stable/j.ctt1dfnht2>; Amanda M. Czerniawski, “From Average to Ideal: The Evolution of the Height and Weight Table in the United States, 1836-1943,” *Social Science History* 31, no. 2 (2007): 279; Katherine M. Flegal, “Use and Misuse of BMI Categories,” *AMA Journal of Ethics* 25, no. 7 (July 1, 2023): <https://doi.org/10.1001/amajethics.2023.550>; Paul F. Campos, *The Obesity Myth: Why America’s Obsession with Weight Is Hazardous to Your Health* (Penguin, 2004).

⁴⁸³ Ning Xiao et al., “Navigating Obesity: A Comprehensive Review of Epidemiology, Pathophysiology, Complications and Management Strategies,” *The Innovation Medicine* 2, no. 3 (September 12, 2024): 100090–17, <https://doi.org/10.59717/j.xinn-med.2024.100090>.

⁴⁸⁴ Oprah Winfrey, “Oprah on Weight and Shame,” Oprah Daily, September 24, 2023, <https://www.oprahdaily.com/life/a45284474/oprah-weight-intention/>.

⁴⁸⁵ *An Oprah Special*, 12:10-12:18

⁴⁸⁶ *An Oprah Special*, 12:34

⁴⁸⁷ *An Oprah Special*, 13:52-13:55

⁴⁸⁸ *An Oprah Special*, 14:02-14:04

⁴⁸⁹ *An Oprah Special*, 14:05-14:07

⁴⁹⁰ *An Oprah Special*, 18:06

⁴⁹¹ *An Oprah Special*, 35:19-35:26

⁴⁹² *An Oprah Special*, 35:26-35:37

⁴⁹³ *An Oprah Special*, 19:20-19:27

⁴⁹⁴ *An Oprah Special*, 19:40-19:42

⁴⁹⁵ *An Oprah Special*, 19:52-19:55

⁴⁹⁶ For greater elaboration on the affective and rhetorical salience of invoking “disease,” see: Susan Sontag, *Illness as Metaphor ; and, AIDS and Its Metaphors*, First Picador USA edition. (New York: Picador USA, 2001).

⁴⁹⁷ *An Oprah Special*, 13:08-13:15

⁴⁹⁸ *An Oprah Special*, 5:20-5:23

⁴⁹⁹ *An Oprah Special*, 22:35-22:41

⁵⁰⁰ *An Oprah Special*, 14:36-15:12

⁵⁰¹ *An Oprah Special*, 30:43-30:46

⁵⁰² *An Oprah Special*, 30:47-30:56

⁵⁰³ *An Oprah Special*, 32:15-32:26

⁵⁰⁴ *An Oprah Special*, 33:04-33:09

⁵⁰⁵ *An Oprah Special*, 32:49-32:53

⁵⁰⁶ *An Oprah Special*, 32:57-32:59

⁵⁰⁷ *An Oprah Special*, 32:34-32:39

⁵⁰⁸ Charland, "Constitutive Rhetoric," 139.

⁵⁰⁹ Michel Foucault, *The History of Sexuality / Vol. 1: An Introduction*, 1st American ed (New York: Pantheon Books, 1978).

⁵¹⁰ Sherryl Wilson, "The Oprah Persona," in *Oprah, Celebrity and Formations of Self*, ed. Sherryl Wilson (London: Palgrave Macmillan UK, 2003), 160, https://doi.org/10.1057/9780230505360_6.

⁵¹¹ Charland, "Constitutive Rhetoric," 138-9.

⁵¹² As Charland states, "Thus, one must already be an interpellated subject and exist as a discursive position in order to be part of the audience of a rhetorical situation in which persuasion could occur." (Charland, "Constitutive Rhetoric," 138.)

⁵¹³ Julia Kristeva, *Powers of Horror : An Essay on Abjection*, trans. Leon S. Roudiez, European Perspectives (New York: Columbia University Press, 1982), 4.

⁵¹⁴ Iris Marion Young, *Justice and the Politics of Difference*, Princeton Paperbacks (Princeton, N.J: Princeton University Press, 1990), 144.

⁵¹⁵ Georges Bataille, "Abjection and Miserable Forms," in *More & Less 2*, ed. Sylvère Lotringer, trans. Yvonne Shafir (Semiotext(e), 1934), 11.

⁵¹⁶ Judith Butler, *Bodies That Matter : On the Discursive Limits of "Sex"* (New York ; Routledge, 1993), 3.

⁵¹⁷ Young, *Justice and the Politics of Difference*, 144.

⁵¹⁸ Maurice Charland, "Constitutive Rhetoric," in *Encyclopedia of Rhetoric*, ed. Thomas O. Sloane (Oxford University Press, 2001), 616, <https://doi.org/10.1093/acref/9780195125955.013.0049>.

⁵¹⁹ It should be noted that all guests (besides medical and industry professionals) are identified only by their first name. It is unclear whether this is a nickname, legal name, or alias.

-
- ⁵²⁰ *An Oprah Special*, 4:13-4:16
- ⁵²¹ *An Oprah Special*, 22:38-22:41
- ⁵²² *An Oprah Special*, 22:57-23:03
- ⁵²³ *An Oprah Special*, 5:38-6:33
- ⁵²⁴ *An Oprah Special*, 6:33-6:36
- ⁵²⁵ *An Oprah Special*, 6:22-6:24
- ⁵²⁶ *An Oprah Special*, 6:59-7:02
- ⁵²⁷ *An Oprah Special*, 4:59-5:10
- ⁵²⁸ *An Oprah Special*, 24:04-24:07
- ⁵²⁹ *An Oprah Special*, 26:05-26:10
- ⁵³⁰ *An Oprah Special*, 7:12-7:20
- ⁵³¹ *An Oprah Special*, 7:34
- ⁵³² *An Oprah Special*, 10:00-10:03
- ⁵³³ Michel Foucault, "The Politics of Health in the Eighteenth Century," *Foucault Studies*, October 17, 2014, 114, <https://doi.org/10.22439/fs.v0i18.4654>.
- ⁵³⁴ Foucault, "The Politics of Health," 118.
- ⁵³⁵ Marjorie L. Devault, *Feeding the Family: The Social Organization of Caring as Gendered Work*, (Chicago, IL: University of Chicago Press, 1991), 95.
- ⁵³⁶ Deborah Lupton, *Food, Body, and the Self*, (Thousand Oaks, CA: SAGE Publications, 1996).
- ⁵³⁷ Sarah Nettleton, "Wisdom, Diligence, and Teeth: Discursive Practices and the Creation of Mothers," *Sociology of Health and Illness* 13, no. 1 (1991).
- ⁵³⁸ *An Oprah Special*, 6:45-6:48
- ⁵³⁹ *An Oprah Special*, 6:39-6:44
- ⁵⁴⁰ *An Oprah Special*, 30:56-31:00
- ⁵⁴¹ *An Oprah Special*, 31:00-31:03
- ⁵⁴² Eleanor P. Stoller, "Gender and the Organization of Lay Health Care: A Socialist-feminist Perspective," *Journal of Aging Studies* 7, no. 2 (1993).
- ⁵⁴³ *An Oprah Special*, 27:46-27:54

⁵⁴⁴ *An Oprah Special*, 27:58-28:13

⁵⁴⁵ Sastre, "Towards a Radical Body Positive," 930.

⁵⁴⁶ Charland, "Constitutive Rhetoric," 137.

⁵⁴⁷ Charland, "Constitutive Rhetoric," 616.

⁵⁴⁸ Charland, "Constitutive Rhetoric," 139.

⁵⁴⁹ Ibid.

⁵⁵⁰ Theon E. Hill, "(Re)Articulating Difference: Constitutive Rhetoric, Christian Identity, and Discourses of Race as Biology," *The Journal of Communication and Religion* 39, no. 1 (February 1, 2016): 40,

<https://doi.org/10.5840/jcr20163912>.

⁵⁵¹ *An Oprah Special*, 4:26-4:28

⁵⁵² *An Oprah Special*, 24:24-24:30

⁵⁵³ *An Oprah Special*, 24:57-25:05

⁵⁵⁴ *An Oprah Special*, 29:45-29:48

⁵⁵⁵ *An Oprah Special*, 8:11-8:17

⁵⁵⁶ Elizabeth Leonard, "Oprah Winfrey Reveals She Uses Weight-Loss Medication as a 'Maintenance Tool': 'I'm Absolutely Done with the Shaming' (Exclusive)," *People*, December 14, 2023, <https://people.com/oprah-winfrey-reveals-weight-loss-medication-exclusive-8414552>.

⁵⁵⁷ *An Oprah Special*, 8:26-8:42

⁵⁵⁸ Hill, "(Re)Articulating Difference," 40.

⁵⁵⁹ Susan Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body*, (Oakland, CA: University of California Press, 2003) 17.

⁵⁶⁰ *An Oprah Special*, 10:00-10:03

⁵⁶¹ *An Oprah Special*, 10:15-10:23

⁵⁶² *An Oprah Special*, 29:03

⁵⁶³ *An Oprah Special*, 24:36-24:49

⁵⁶⁴ From Leonard, "Oprah Winfrey Reveals She Uses Weight-Loss Medication": "Expressions of Affect, Judgement and Appreciation are powerful mechanisms for legitimising the identity of the suffering victim." In the case of

Shame, Blame, and the Weight Loss Revolution, those on the talk show would constitute the “suffering victim,” while those in the audience are cast as “potential victims.”

⁵⁶⁵ From Aschoff, “Oprah Winfrey”: “In 1994, Oprah declared that she was done with “victimization” and negativity: ‘It ’s time to move on from ‘We are dysfunctional’ to ‘What are we going to do about it?’”

⁵⁶⁶ Beck and Ritter, *Risk Society*, 73.

⁵⁶⁷ *An Oprah Special*, 4:21-4:25

⁵⁶⁸ *An Oprah Special*, 4:53-4:54

⁵⁶⁹ *An Oprah Special*, 18:16-18:24

⁵⁷⁰ *An Oprah Special*, 41:32-41:37

⁵⁷¹ *An Oprah Special*, 26:55-27:01

⁵⁷² *An Oprah Special*, 27:01-27:31

⁵⁷³ *An Oprah Special*, 34:33-34:43

⁵⁷⁴ *An Oprah Special*, 40:40-40:48

⁵⁷⁵ *An Oprah Special*, 40:49-40:57

⁵⁷⁶ *An Oprah Special*, 40:58-41:06

⁵⁷⁷ *An Oprah Special*, 0:53-0:59

⁵⁷⁸ Seitz and Tennant, “Constitutive Rhetoric in the Age of Neoliberalism,” 110.

⁵⁷⁹ Janice Peck, “The Secret of Her Success: Oprah Winfrey and the Seductions of Self-Transformation,” *Journal of Communication Inquiry* 34, no. 1 (January 1, 2010): 7–14, <https://doi.org/10.1177/0196859909351145>.

⁵⁸⁰ Mikki Kendall, *Hood Feminism: Notes from the Women That a Movement Forgot* (Penguin Publishing Group, 2020), <https://books.google.com/books?id=JoecDwAAQBAJ>.

⁵⁸¹ J. Butler, *Excitable Speech: A Politics of the Performative*, Routledge Classics (Taylor & Francis, 2021), 2, <https://books.google.com/books?id=Jm4ZEAAAQBAJ>.

⁵⁸² Christine Marshall and Kiran Pienaar, “‘You Are Not Alone’: The Discursive Construction of the ‘suffering Victim’ Identity on The Oprah Winfrey Show,” *Southern African Linguistics and Applied Language Studies*, December 1, 2008, <https://doi.org/10.2989/SALALS.2008.26.4.9.681>.

⁵⁸³ *An Oprah Special*, 2:44-3:50

⁵⁸⁴ *An Oprah Special*, 3:52-4:00

⁵⁸⁵ “Member Directory: Oprah Winfrey,” American Academy of Arts and Sciences, January 2025,

<https://www.amacad.org/person/oprah-winfrey>.

⁵⁸⁶ “Member Directory: Oprah Winfrey,” American Academy of Arts and Sciences, January 2025,

<https://www.amacad.org/person/oprah-winfrey>; “Our Members: Oprah Winfrey,” Academy of Achievement,

January 30, 2024, <https://achievement.org/achiever/oprah-winfrey/>.

⁵⁸⁷ “Member Directory: Oprah Winfrey,” American Academy of Arts and Sciences, January 2025,

<https://www.amacad.org/person/oprah-winfrey>; “Our Members: Oprah Winfrey,” Academy of Achievement,

January 30, 2024, <https://achievement.org/achiever/oprah-winfrey/>.

⁵⁸⁸ Sastre, “Towards a Radical Body Positive,” 930.

⁵⁸⁹ See: Rasul A. Mowatt, Bryana H. French, and Dominique A. Malebranche, “Black/Female/Body Hypervisibility and Invisibility,” *Journal of Leisure Research* 45, no. 5 (November 1, 2013): 644–60, <https://doi.org/10.18666/jlr-2013-v45-i5-4367>.

⁵⁹⁰ *An Oprah Special*, 11:38-11:51

⁵⁹¹ Aschoff, “Oprah Winfrey.”

⁵⁹² Liza Foreman, “Queen Latifah Speaks on Body Image in Advertising at Cannes Lions,” *The Wrap*, June 18, 2024, <https://www.thewrap.com/cannes-lions-2024-queen-latifah-obesity-body-image/>.

⁵⁹³ *An Oprah Special*, 31:31-31:35

⁵⁹⁴ *An Oprah Special*, 39:41-39:51

⁵⁹⁵ *An Oprah Special*, 39:57-39:59

⁵⁹⁶ *An Oprah Special*, 39:59-40:04

⁵⁹⁷ *An Oprah Special*, 40:04-40:07

⁵⁹⁸ *An Oprah Special*, 20:44-20:46

⁵⁹⁹ *An Oprah Special*, 41:26-41:31

CHAPTER 5

CONCLUSION

Ultimately, through the discourses purveyed by both Novo Nordisk and Oprah Winfrey, I find that capital and biopower require different modes of racialization depending on context; in the instance of this thesis, that is Winfrey as oracle and everywoman, while Latifah acts as a catalyst for conversation and stand-in for drug companies themselves. Yet the artifacts featured here are just two of many instances of public decrial of body size-related shame and stigma that ultimately fall flat in acknowledging that the foundational bias at play is fatphobia. Rhetoric in the “age of Ozempic” instead coalesces around a broader progressive ethos to serve its ultimately hegemonic end. However, this thesis develops understanding of shame as both action and rhetorical device, through articulating its displacement onto a dialectic of empowerment. Though this work draws heavily on the scholarly endeavors set forth by affect theorists, empowerment has yet to be fully explored as an affective mode. My intervention in this line of study is to challenge how these affects are thought of as distinct and bounded, and provide a more contextual understanding of shame in a biomedical context. Undeniably, this project operates at the intersection of many different disciplines and theoretical junctures to articulate empowerment in a distinctly rhetorical context; by bringing together invitational and constitutive rhetoric in particular, this project reveals the diffuse and endlessly permeable boundaries between bodies and the capitalist system that works on/with them. By working to go beyond discussions of normativity and marginalization as set positions, it is possible to consider how even within

“progress” rhetorical turns, neoliberal and biopolitical concerns can emerge that blur the lines between subject and object, body and tool, and self and other.

Though they remain a constant facet of neoliberal and health discourses, notions of risk and personal responsibility are clearly shifting according to advancements in health-minding technology. If affect is to be understood as existing within a state of constant circulation, particularly attuned to biopower and biomedicalization, appeals towards *empowered* healthy consumer-citizenship work to reify subject positions and discipline behavior into socially acceptable modes of conduct. As such, continued conversation regarding contemporary dynamics of neoliberal self-governance is a vital contribution in growing scholarly understanding of modes of social and bodily control. Broadening this scope to consider fatness as a site of neoliberal subjectivity, it becomes possible to interrogate empowerment and shame as both serving to discipline *othered* bodies into the most productive, able-bodied, thin, ‘healthy’ consumer-citizens. Throughout this critical analysis, I have aimed to demonstrate how empowerment inspires the same affective conclusion as shame itself, particularly through its intimate ties to potentiality, speculation about and risk of fatness. As such, I assert that public discourse surrounding empowerment to pursue weight loss—specifically by way of opting-into weight loss medications—represents a movement towards enforcing thinness through any biomedicalized means necessary. Subjects are encouraged to consume weight loss drugs without question, which is both affirmed by culturally ingrained anti-fatness and mandated by the primacy of scientific knowledge taken as irrevocable fact. GLP-1 drugs are presented as the compulsory solution to most effectively fulfill imperatives towards weight loss as good neoliberal consumer-citizenship. Empowerment to take these medications then disciplines

conduct, such that weight loss is not only the *right* choice, but also personal responsibility in response to social construction of risky embodiment.

Furthermore, this thesis fundamentally builds on theoretical work such as Susan Sontag's articulation of "characterological predisposition,"⁶⁰⁰ that helps enrich explanation of how bodies are ascribed responsibility for the state of becoming and existing as "diseased." Drawing on rhetorical construction of "obesity" as both illness and epidemic, this project points to intersections with phenomenology and embodiment. Scholarly precedent regarding perception of fat identity tends to coalesce around patient-provider dynamics in healthcare, semiotics, and visual culture.⁶⁰¹ However, as previously mentioned, discourses and technologies of the weight loss industry are constantly evolving to produce more effective modes of bodily surveillance and governance. Through this overarching argument, there is a necessary undercurrent of support for focus on contemporary discourses of anti-fatness, specifically as they are molded to emergent technologies that extend the capacity for visually mediated identification. Fundamentally, this work endeavors to advance critical rhetorical study of fatness as a visually-marked identity that is stigmatized through aspects of physical embodied existence. Through their theorizing on "phantom fat," Katariina Kyrölä and Hannele Harjunen explain how even for bodies who are closer to the ideal other, fatphobia materializes through the threat of potentiality; fatness is framed as absolute destiny unless one engages in "continuous rejection and management."⁶⁰² Being emboldened to pursue action is framed as an individual empowered move towards preventing the inevitable. Yet the inevitable is ultimately not fatness or thinness— it is the act of self-governance and disciplining of personal choice itself. Therefore, I find that empowerment is not an agential choice, but instead a coercive resistance of the status quo that performs progress *only* aesthetically.

Overall, this project is to be viewed not with the intent of solely addressing one particular discursive impulse or moment in time, but as a living document building towards key advancements in answering a multitude of scholars' calls for including and elevating diverse, intersectional perspectives in the realm of Rhetorical Studies.⁶⁰³ Despite the invaluable work of many incredible interdisciplinary scholar-activists, there has yet to be integration of a distinct sub-discipline or widespread uptake of communication scholarship that articulates a critical rhetoric of fatness. Thus, I echo Lisa Flores' assertion in formalizing study of racial rhetorical criticism, that "prolonged absence and sporadic presence are telling, markers of a disciplinary gaze that overlooks and erases, that must be refocused and directed."⁶⁰⁴ Expanding on conversations within existing sub-disciplines such as disability criticism, racial rhetorical criticism, and critical public health, this thesis encompasses an activist telos that must be fully realized through placing its object of study in conversation with a broader endeavor to challenge the confines of disciplinary norms. In describing how previous modes of rhetorical historiography serve to "disenfranchise the current or future theorist of rhetoric by implication," Blair views such readings as enforcing the notion that "since the condition of history is its progress, our interventions will not alter its course for better or worse."⁶⁰⁵ While this project has indeed sought to critique rhetoric of progress broadly, I do not write off the potential for change and forward movement completely. For myself, for my fat colleagues, and particularly for those of other intersecting identities, I need to believe that intervention is possible; however imperfect, rhetorical criticism and Communication Studies has the potential to operate as the avenue for that.

Works of scholarship-activism often face critiques of lacking direction or specificity in forecasting its practical application— note the oft-cited adage trivializing this genre of scholarly

positionality as “me-search” rather than research. Yet Basinger et. al. view Communication Studies scholars as uniquely positioned to address and “understand the influence of this [healthist, anti-fat] discourse,” being that this discipline hinges on recognition that “perceptions of social worlds can be challenged and reshaped.”⁶⁰⁶ I would argue that this applies to Rhetorical Studies scholars just as much—if not *more* so—being that such meta-critiques of discourse are deeply embroiled in disciplinary conceptions of the academic, such as Karlyn Kohrs Campbell’s imperative towards “ethical assessment” of rhetorical discourse exercised through the role of the critic.⁶⁰⁷ In putting this diverse array of interdisciplinary scholars in dialogue with one another, I seek to fulfill the purpose of critical rhetoric as outlined by Raymie McKerrow, being to “unmask or demystify the discourse of power.”⁶⁰⁸ While this appears to propel scholarship towards participatory modes of scholarly engagement, Dana Cloud points out the relativist undertones of this argument that “[lose] sight of the material realm.”⁶⁰⁹ This project has aimed to split the difference, calling to mind Edward Schiappa’s work, in cautioning that definitions “put into practice a special sort of social knowledge—a shared understanding among people about themselves, [and] the objects of their world.”⁶¹⁰ Defining “appropriate” modes of scholarship is an endeavor that inherently speaks from the place of privilege, which must be counteracted by not only subverting traditional boundaries between theory and praxis, but also attempting to place seemingly opposing theoretical positions in conversation with one another.

In locating both the starting point and task at hand for projects such as this one, I align my argument with Kathleen LeBesco’s call to “[decenter] health” – and thus, thinness– “as the be-all, end-all of human subjectivity.”⁶¹¹ Those thinking, writing, and (en)acting in all iterations of biomedicalized spaces must call on institutions to “fatten” their perspective on health and wellness, in order to address the lived realities of fat individuals.⁶¹² Up until this point, a

common barrier to widespread adoption of fat liberatory efforts is fatphobia itself; body-size acceptance and fat positivity is demonstrably a “foreign concept,”⁶¹³ even among those in feminist and activist spaces. As Hailey Otis asserts, discourses of bodily acceptance have been “co-opted, commodified, and depoliticized” in a manner that not only lends context to the artifacts I critique, but also necessitates centering intersectionality across dual “forms of rhetorical labor” that are undertaken by rhetor and embodied subject.⁶¹⁴ Thus, the act of questioning biomedicalization and anti-fatness embedded within this critique cannot be separated from my individual scholarly efforts towards centralizing rhetoric of fatness as an object of study. In *Trans Care*, Hil Malatino calls into question the “imperfection and complicity that characterizes contemporary forms of trans care praxis,” urging this form of work be understood as such:

We need to address what constrains care, what marks certain bodies and subjectivities as (un)deserving of it, and call attention to the epistemologies, systems, and technologies that contribute to such unjust apportioning, even as we must navigate them in order to get (some of) our needs met. Care praxis is always within and beyond; forever prefigurative.⁶¹⁵

Care work is not able to be divorced from the people doing it; in seeking to do care work for ourselves and others, we are perpetually having to create the scholarly, theoretical, and practical basis for the attention and treatment we hope to provide—and receive. I assert that this extends to academia, where works of scholarship-activism such as this one serve as a form of care work and world-building, particularly towards fat futurity. Ultimately, this thesis turns to fat liberation and a perspective of scholarship-as-care not only for the expansion of the Rhetorical Studies discipline, but also for those who engage critically and theoretically with biomedicine and

biopolitics, health-minding, intersectional activist praxis, and any other issues related to the care and keeping of the physical body, broadly construed. We as scholars of (fat) Rhetorical Studies are inextricably linked to the work that we undertake. Thus, it is only fitting to conclude this labor of love and act of care with the same call to action Judy Freespirit and Aldebaran write in their Fat Liberation Manifesto, their rallying cry as radical—and relevant—as ever:

FAT PEOPLE OF THE WORLD, UNITE! YOU HAVE NOTHING TO LOSE⁶¹⁶

⁶⁰⁰ Susan Sontag, *Illness as Metaphor ; and, AIDS and Its Metaphors*, First Picador USA edition. (New York: Picador USA, 2001). Quoted in Dolezal, “The Phenomenology of Shame,” 572.

⁶⁰¹ Respectively, see: Eric Robinson, Helen Parretti, and Paul Aveyard, “Visual Identification of Obesity by Healthcare Professionals: An Experimental Study of Trainee and Qualified GPs.,” *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* 64, no. 628 (2014): 703–8, <https://doi.org/10.3399/bjgp14X682285>; Sabrina Strings, “Fat as a Floating Signifier: Race, Weight, and Femininity in the National Imaginary,” in *The Oxford Handbook of the Sociology of Body and Embodiment*, ed. Natalie Boero and Katherine Mason (Oxford University Press, 2020), 144–63, <https://doi.org/10.1093/oxfordhb/9780190842475.013.9>; Stefanie Snider, “Fatness and Visual Culture: A Brief Look at Some Contemporary Projects,” *Fat Studies* 1, no. 1 (January 1, 2012): 13–31, <https://doi.org/10.1080/21604851.2012.632725>.

⁶⁰² Katariina Kyrölä and Hannele Harjunen, “Phantom/Liminal Fat and Feminist Theories of the Body,” *Feminist Theory* 18, no. 2 (August 1, 2017): 101, <https://doi.org/10.1177/1464700117700035>.

⁶⁰³ Many of these calls are represented in the October 2019 issue of the Quarterly Journal of Speech. See: Stacey Sowards, “#RhetoricSoEnglishOnly: Decolonizing Rhetorical Studies through Multilingualism,” *Quarterly Journal of Speech* 105 (October 2, 2019): 477–83, <https://doi.org/10.1080/00335630.2019.1669891>; Vincent N. Pham, “The Threat of #RhetoricNotSoWhite,” *Quarterly Journal of Speech* 105, no. 4 (October 2, 2019): 489–94, <https://doi.org/10.1080/00335630.2019.1669894>; Tiara R. Na’puti, “Speaking of Indigeneity: Navigating Genealogies against Erasure and #RhetoricSoWhite,” *Quarterly Journal of Speech* 105, no. 4 (October 2, 2019):

495–501, <https://doi.org/10.1080/00335630.2019.1669895>; Darrel Wanzer-Serrano, “Rhetoric’s Rac(e/Ist)

Problems,” *Quarterly Journal of Speech* 105, no. 4 (October 2, 2019): 465–76,

<https://doi.org/10.1080/00335630.2019.1669068>; Godfried Agyeman Asante, “#RhetoricSoWhite and US Centered:

Reflections on Challenges and Opportunities,” *Quarterly Journal of Speech* 105, no. 4 (October 2, 2019): 484–88,

<https://doi.org/10.1080/00335630.2019.1669892>.

⁶⁰⁴ Lisa A. Flores, “Between Abundance and Marginalization: The Imperative of Racial Rhetorical Criticism,”

Review of Communication 16, no. 1 (January 2, 2016): 4–24, <https://doi.org/10.1080/15358593.2016.1183871>.

⁶⁰⁵ Blair, “Contested Histories of Rhetoric,” 417-8.

⁶⁰⁶ Basinger et al., “Dialogue on Difference,” 9.

⁶⁰⁷ Karlyn Kohrs Campbell et al., “The Forum,” *The Quarterly Journal of Speech*. 58, no. 4 (1972): 451,

<https://doi.org/10.1080/00335637209383143>.

⁶⁰⁸ Raymie E. Mckerrow, “Critical Rhetoric: Theory and Praxis,” *Communication Monographs* 56, no. 2 (June 1,

1989): 91, <https://doi.org/10.1080/03637758909390253>

⁶⁰⁹ Dana L. Cloud, “The Materiality of Discourse: A Challenge to Critical Rhetoric,” *Western Journal of*

Communication 58 (1994): 157-158.

⁶¹⁰ Edward Schiappa, *Defining Reality: Definitions and the Politics of Meaning*. (United States: Southern Illinois University Press, 2003.)

⁶¹¹ LeBesco, “Neoliberalism,” 161.

⁶¹² Most recently, the “Dialogue on Difference” published by Basinger et. al. presents immense strides towards identifying concrete, actionable steps towards including fat identity and perspectives in Communication Studies. Using Barbara Love’s (2010) framework for “liberatory consciousness,” this work outlines several problems and six subsequent “action steps to dismantle fat oppression at individual and disciplinary levels.” The problems they identify revolve around “anti-fat scholarship, resistance to work on addressing anti-fatness, antifatness having a public platform,” and the “action steps” are as follows: “take personal responsibility for anti-fat attitudes, examine scholarship for antifatness, conceptualize bodies as sociallyconstructed, use inclusive language, incorporate fatness when it makes sense, honor size diversity.” (Basinger et al., “Dialogue on Difference,” 1.)

⁶¹³ Chrisler, ““Why Can’t You Control Yourself?””

⁶¹⁴ Hailey Nicole Otis, “Lizzo’s Intersectional Visibility Politics: Contesting Colonial Beauty Standards and Dismantling the White Heteropatriarchal Gaze,” *Quarterly Journal of Speech*, 2024, 1–3, <https://doi.org/10.1080/00335630.2024.2344671>.

⁶¹⁵ Hil Malatino, *Trans Care*, Forerunners: Ideas First (Minneapolis: University of Minnesota Press, 2020), 70.

⁶¹⁶ Judy Freespirit and Aldebaran. *Writings From the Fat Underground*, 53.

Bibliography

- ABC News. "Doctors Fight Labeling Obesity a Disability." June 17, 2009.
<https://abcnews.go.com/Health/WellnessNews/story?id=7865711&page=1>.
- Academy of Achievement. "Our Members: Oprah Winfrey," January 30, 2024,
<https://achievement.org/achiever/oprah-winfrey/>.
- Asante, Godfried Agyeman. "#RhetoricSoWhite and US Centered: Reflections on Challenges and Opportunities," *Quarterly Journal of Speech* 105, no. 4 (October 2, 2019): 484–88,
<https://doi.org/10.1080/00335630.2019.1669892>.
- Ahern, Amy L., Penny Breeze, Francesco Fusco, Stephen J. Sharp, Nazrul Islam, Graham M. Wheeler, Andrew J. Hill, et al. "Effectiveness and Cost-Effectiveness of Referral to a Commercial Open Group Behavioural Weight Management Programme in Adults with Overweight and Obesity: 5-Year Follow-up of the WRAP Randomised Controlled Trial." *The Lancet. Public Health* 7, no. 10 (October 2022): e866–75.
[https://doi.org/10.1016/S2468-2667\(22\)00226-2](https://doi.org/10.1016/S2468-2667(22)00226-2).
- Ahmed, Sara. *The Cultural Politics of Emotion*. Edinburgh: Edinburgh University Press, 2004.
- Alexander, Bryant Keith, and Michele Hammers. "An Invitation to Rhetoric: A Generative Dialogue on Performance, Possibility, and Feminist Potentialities in Invitational Rhetoric." *Cultural Studies ↔ Critical Methodologies* 19, no. 1 (February 1, 2019): 5–14. <https://doi.org/10.1177/1532708617734011>.
- Alexander, Irving E. *Shame and Its Sisters: A Silvan Tomkins Reader*. Edited by Eve Kosofsky Sedgwick and Adam Frank. Duke University Press, 1995.
<https://books.google.com/books?id=RI2YSZRGuPYC>.
- Althusser, Louis. *Lenin and Philosophy and other Essays*, trans. Ben Brewster (New York: Monthly Review Press, 1971).
- American Academy of Arts and Sciences. "Member Directory: Oprah Winfrey," January 2025.
<https://www.amacad.org/person/oprah-winfrey>.
- An Oprah Special: Shame, Blame and the Weight Loss Revolution*. TV Special, Talk-Show. ABC, 2024. <https://abc.com/news/13e11c19-1f4d-4bea-8765-52d0fdb8160/category/1138628>.
- Artaud, Antonin. *The Theater and Its Double*, trans. Mary Caroline Richards, Evergreen Original E-127 (New York: Grove Press, 1958).

- Aschoff, Nicole. "Oprah Winfrey: One of the World's Best Neoliberal Capitalist Thinkers." *The Guardian*, May 9, 2015, sec. Television & radio. <https://www.theguardian.com/tv-and-radio/2015/may/09/oprah-winfrey-neoliberal-capitalist-thinkers>.
- Athanasias, Dimitrios I., Anna Martin, Panagiotis Kapsampelis, Sara Monfared, and Dimitrios Stefanidis. "Factors Associated with Weight Regain Post-Bariatric Surgery: A Systematic Review." *Surgical Endoscopy* 35, no. 8 (August 1, 2021): 4069–84. <https://doi.org/10.1007/s00464-021-08329-w>.
- Bacon, Linda, and Lucy Aphramor. "Weight Science: Evaluating the Evidence for a Paradigm Shift." *Nutrition Journal* 10, no. 1 (January 24, 2011): 9. <https://doi.org/10.1186/1475-2891-10-9>.
- Barlow, Jameta Nicole, and Loneke Blackman Carr. "Weight Loss Plans Are Less Effective for Many Black Women – Because Existing Ones Often Don't Meet Their Unique Needs." *The Conversation*, November 13, 2024. <http://theconversation.com/weight-loss-plans-are-less-effective-for-many-black-women-because-existing-ones-often-dont-meet-their-unique-needs-231979>.
- Basinger, Erin D., Arroyo, Analisa, Asbury, Mary Beth, Fox, Rachel, Otis, Hailey Nicole, Pickett Miller, Niya, Giles, Howard, and Turner, Monique Mitchell. "Dialogue on Difference: Fat Liberation in Communication." *Communication Monographs* 92, no. 1 (January 2, 2025): 1–19. <https://doi.org/10.1080/03637751.2024.2444318>.
- Bataille, Georges. "Abjection and Miserable Forms." In *More & Less 2*, edited by Sylvère Lotringer, translated by Yvonne Shafir, 8–14. Semiotext(e), 1934. <https://www.are.na/block/7406862>.
- Beck, Ulrich, and Mark. Ritter. *Risk Society : Towards a New Modernity*. Theory, Culture & Society. London: Sage Publications, 1992.
- Belluz, Julia. "Obesity in the Age of Ozempic," *Vox*. (2023, February 7). <https://www.vox.com/science-and-health/23584679/ozempic-wegovy-semaglutide-weight-loss-obesity>
- "Body Talk." Novo Nordisk, *It's Bigger Than Me*. October 7, 2021. Advertisement. <https://www.facebook.com/QueenLatifah/videos/688901155468048>
- Debra Bergoffen, *The Philosophy of Simone de Beauvoir: Gendered Phenomenologies, Erotic Generosities*. (New York, NY: State University of New York Press, 1997).
- Bernstein, Elizabeth. "On Ozempic, and Feeling Judged for Taking the 'Easy Way Out.'" *Wall Street Journal*, July 7, 2023, sec. Life. <https://www.wsj.com/articles/ozempic-weight-loss-drugs-strains-relationships-327ab217>.

- Blair, Carole. "Contested Histories of Rhetoric: The Politics of Preservation, Progress, and Change." *Quarterly Journal of Speech* 78, no. 4 (November 1, 1992): 403–28. <https://doi.org/10.1080/00335639209384008>.
- Bordo, Susan. *Unbearable Weight: Feminism, Western Culture, and the Body*, 2nd ed. Oakland: University of California Press, 2004.
- Bray, G. A., K. K. Kim, J. P. H. Wilding, and World Obesity Federation. "Obesity: A Chronic Relapsing Progressive Disease Process. A Position Statement of the World Obesity Federation." *Obesity Reviews: An Official Journal of the International Association for the Study of Obesity* 18, no. 7 (July 2017): 715–23. <https://doi.org/10.1111/obr.12551>.
- Bray, G. A. "Obesity Is a Chronic, Relapsing Neurochemical Disease." *International Journal of Obesity and Related Metabolic Disorders: Journal of the International Association for the Study of Obesity* 28, no. 1 (January 2004): 34–38. <https://doi.org/10.1038/sj.ijo.0802479>.
- Brewis, Alexandra, and Amber Wutich. "Why We Should Never Do It: Stigma as a Behaviour Change Tool in Global Health." *BMJ Global Health* 4, no. 5 (October 23, 2019): e001911. <https://doi.org/10.1136/bmjgh-2019-001911>.
- Brown, B. J., and Sally Baker. *Responsible Citizens: Individuals, Health and Policy under Neoliberalism*. Key Issues in Modern Sociology. London: Anthem Press, 2012.
- Brownell, Kelly D. "Dieting and the Search for the Perfect Body: Where Physiology and Culture Collide." *Behavior Therapy* 22, no. 1 (December 1, 1991): 1–12. [https://doi.org/10.1016/S0005-7894\(05\)80239-4](https://doi.org/10.1016/S0005-7894(05)80239-4).
- Butler, J. *Excitable Speech: A Politics of the Performative*. Routledge Classics. Taylor & Francis, 2021. <https://books.google.com/books?id=Jm4ZEAAAQBAJ>.
- Butler, Judith. *Bodies That Matter: On the Discursive Limits of "Sex."* New York; Routledge, 1993.
- Campbell, Karlyn Kohrs, Forbes I Hill, Ernest C Thompson, and Edwin Black. "The Forum." *The Quarterly Journal of Speech*. 58, no. 4 (1972): 451–64. <https://doi.org/10.1080/00335637209383143>.
- Center for Discovery. "The Rebellious History of the Fat Acceptance Movement." Accessed May 8, 2024. <https://centerfordiscovery.com/blog/fat-acceptance-movement/>.
- Charland, Maurice. "Constitutive Rhetoric: The Case of the People Québécois." *Quarterly Journal of Speech* 73, no. 2 (May 1, 1987): 133–50. <https://doi.org/10.1080/00335638709383799>.

- Charland, Maurice. "Constitutive Rhetoric." In *Encyclopedia of Rhetoric*, edited by Thomas O. Sloane, 616–19. Oxford University Press, 2001.
<https://doi.org/10.1093/acref/9780195125955.013.0049>.
- Cheek, Julianne. "Healthism: A New Conservatism?" *Qualitative Health Research* 18, no. 7 (July 2008): 974–82. <https://doi.org/10.1177/1049732308320444>.
- Chaput, Catherine. "The Body as a Site of Material-Symbolic Struggle: Toward a Marxist New Materialism." *Philosophy & Rhetoric* 53, no. 1 (2020): 89-103. muse.jhu.edu/article/748044.
- Chrisler, Joan C. "Leaks, Lumps, and Lines: Stigma and Women's Bodies." *Psychology of Women Quarterly* 35, no. 2 (June 1, 2011): 202–14.
<https://doi.org/10.1177/0361684310397698>.
- Chrisler, Joan C. "'Why Can't You Control Yourself?' Fat Should Be a Feminist Issue." *Sex Roles* 66, no. 9 (May 1, 2012): 608–16. <https://doi.org/10.1007/s11199-011-0095-1>.
- Cloud, Dana L. "The Materiality of Discourse: A Challenge to Critical Rhetoric," *Western Journal of Communication* 58 (1994): 157-158.
- Congress.gov. "Direct-to-Consumer Advertising of Prescription Drugs." March 11, 2025.
<https://www.congress.gov/crs-product/R40590>.
- Crandall, C. S., and K. L. Schiffhauer. "Anti-Fat Prejudice: Beliefs, Values, and American Culture." *Obesity Research* 6, no. 6 (November 1998): 458–60.
<https://doi.org/10.1002/j.1550-8528.1998.tb00378.x>.
- Crawford, Robert. "Healthism and the Medicalization of Everyday Life." *International Journal of Health Services: Planning, Administration, Evaluation* 10, no. 3 (1980): 365–88.
<https://doi.org/10.2190/3H2H-3XJN-3KAY-G9NY>.
- Czerniawski, Amanda M. "From Average to Ideal: The Evolution of the Height and Weight Table in the United States, 1836-1943." *Social Science History* 31, no. 2 (2007): 273-296.
- Daily, Lisa A. "'We Bleed for Female Empowerment': Mediated Ethics, Commodity Feminism, and the Contradictions of Feminist Politics." *Communication and Critical/Cultural Studies* 16, no. 2 (April 3, 2019): 140–58.
<https://doi.org/10.1080/14791420.2019.1634276>.
- Devault, Marjorie L. *Feeding the Family: The Social Organization of Caring as Gendered Work*. Chicago, IL: University of Chicago Press, 1991.
- Deveaux, Monique. "Feminism and Empowerment: A Critical Reading of Foucault." *Feminist Studies* 20, no. 2 (1994): 223–47. <https://doi.org/10.2307/3178151>.

- “Diagnosis Stigma.” Novo Nordisk, *It’s Bigger Than Me*. N.d. Advertisement. (Page no longer available; copy of original in author’s possession).
- Dolezal, Luna. *The Body and Shame: Phenomenology, Feminism, and the Socially Shaped Body*. Lexington Books, 2015.
- Dolezal, Luna. “The Phenomenology of Shame in the Clinical Encounter.” *Medicine, Health Care and Philosophy* 18, no. 4 (November 1, 2015): 567–76.
<https://doi.org/10.1007/s11019-015-9654-5>.
- Dolezal, Luna, and Barry Lyons. “Health-Related Shame: An Affective Determinant of Health?” *Medical Humanities* 43, no. 4 (December 1, 2017): 257–63.
<https://doi.org/10.1136/medhum-2017-011186>.
- Donnelly, Kevin. *Adolphe Quetelet, Social Physics and the Average Men of Science: 1796-1874*. Pittsburgh: University of Pittsburgh Press, 2016, <https://www.jstor.org/stable/j.ctt1dfnht2>
- Donohue, Julie. “A History of Drug Advertising: The Evolving Roles of Consumers and Consumer Protection.” *The Milbank Quarterly* 84, no. 4 (December 2006): 659–99.
<https://doi.org/10.1111/j.1468-0009.2006.00464.x>.
- Dubriwny, Tasha. *The Vulnerable Empowered Woman: Feminism, Postfeminism, and Women’s Health*. New Brunswick: Rutgers University Press, 2012.
<https://muse.jhu.edu/pub/176/monograph/book/21287>.
- Durkin, Mollie. “Doctor, Your Weight Bias Is Showing,” I.M. Matters from ACP, (February 2017) <https://immattersacp.org/archives/2017/02/weight.htm>.
- Dykewomon, Elana. Untitled. In L. Schoenfielder & B. Wieser (Eds.), *Shadow on a Tightrope: Writings by Women on Fat Oppression* (San Francisco: Aunt Lute Book Company, 1983).
- Ellin, Abby. “Big People on Campus.” *The New York Times*, November 26, 2006, sec. Fashion.
<https://www.nytimes.com/2006/11/26/fashion/26fat.html>.
- Elliott, Charlene D. “Big Persons, Small Voices: On Governance, Obesity, and the Narrative of the Failed Citizen.” *Journal of Canadian Studies* 41, no. 3 (August 2007): 134–49.
<https://doi.org/10.3138/jcs.41.3.134>.
- Erikson, Erik H. *Childhood and Society*. Rev. ed. Harmondsworth: Penguin Books, 1965.
- Fahs, Breanne. “Twenty Two: A Tale of Three Classrooms: Fat Studies and Its Intellectual Allies.” *Counterpoints* 467 (2016): 221–29.
- Fahs, Breanne. “Mapping ‘Gross’ Bodies: The Regulatory Politics of Disgust,” 83–99, 2017.
https://doi.org/10.1057/978-1-137-47765-1_4.

“FDA Approves New Drug Treatment for Chronic Weight Management, First Since 2014.” U.S. Food & Drug Administration. (2021, June 4). <https://www.fda.gov/news-events/press-announcements/fda-approves-new-drug-treatment-chronic-weight-management-first-2014>

Federal Register. “Direct-to-Consumer Prescription Drug Advertisements: Presentation of the Major Statement in a Clear, Conspicuous, and Neutral Manner in Advertisements in Television and Radio Format,” November 21, 2023. <https://www.federalregister.gov/documents/2023/11/21/2023-25428/direct-to-consumer-prescription-drug-advertisements-presentation-of-the-major-statement-in-a-clear>.

Fikkan, Janna L., and Esther D. Rothblum. “Is Fat a Feminist Issue? Exploring the Gendered Nature of Weight Bias.” *Sex Roles* 66, no. 9 (May 1, 2012): 575–92. <https://doi.org/10.1007/s11199-011-0022-5>.

Finkelstein, Joanne L. “Biomedicine and Technocratic Power.” *The Hastings Center Report* 20, no. 4 (1990): 13–16. <https://doi.org/10.2307/3562760>.

Fishman, Sara. “Life In The Fat Underground,” *Radiance*, (Winter 1998).

Flegal, Katherine M., Brian K. Kit, Heather Orpana, and Barry I. Graubard. “Association of All-Cause Mortality With Overweight and Obesity Using Standard Body Mass Index Categories: A Systematic Review and Meta-Analysis.” *JAMA* 309, no. 1 (January 2, 2013): 71–82. <https://doi.org/10.1001/jama.2012.113905>.

Flores, Lisa A. “Between Abundance and Marginalization: The Imperative of Racial Rhetorical Criticism.” *Review of Communication* 16, no. 1 (January 2, 2016): 4–24. <https://doi.org/10.1080/15358593.2016.1183871>.

Forbes, Moira. “Inside WeightWatchers’ Bold Pivot To Dominate The Ozempic Era.” *Forbes*, August 19, 2024. <https://www.forbes.com/sites/moiraforbes/2024/08/19/inside-weightwatchers-bold-pivot-to-dominate-the-ozempic-era/>.

Foreman, Liza. “Queen Latifah Speaks on Body Image in Advertising at Cannes Lions.” *The Wrap*, June 18, 2024. <https://www.thewrap.com/cannes-lions-2024-queen-latifah-obesity-body-image/>.

Forth, Christopher E. “Fat, Desire and Disgust in the Colonial Imagination.” *History Workshop Journal* 73, no. 1 (April 1, 2012): 211–39. <https://doi.org/10.1093/hwj/dbr016>.

Foss, Sonja K., and Cindy L. Griffin. “Beyond Persuasion: A Proposal for an Invitational Rhetoric.” *Communication Monographs* 62, no. 1 (March 1, 1995): 2–18. <https://doi.org/10.1080/03637759509376345>.

- Foucault, Michel. "Docile Bodies." In *Discipline and Punish: The Birth of the Prison*, translated by Alan Sheridan, 2nd ed., 136–69. New York: Vintage Books, Random House, 1995. <https://web.stanford.edu/class/sts175/NewFiles/Foucault,%20Docile%20Bodies.pdf>.
- Foucault, Michel, 1926-1984., and Robert Hurley. *The History of Sexuality. Volume 1, The Will to Knowledge*. Popular Penguins. Camberwell, Vic.: Penguin, 2008.
- Foucault, Michel. *The History of Sexuality / Vol. 1: An Introduction*. 1st American ed. New York: Pantheon Books, 1978.
- Foucault, Michel. *The Birth of Biopolitics : Lectures at the Collège de France, 1978-79*. Edited by Michel Senellart. Translated by Graham Burchell. Michel Foucault: Lectures at the Collège de France. Basingstoke [England] ; Palgrave Macmillan, 2008. https://eclass.uoa.gr/modules/document/file.php/LAW353/%5BMichel_Foucault%2C_Michel_Senellart%2C_Arnold_I._Davi%28BookFi%29.pdf.
- Foucault, Michel. "The Politics of Health in the Eighteenth Century." *Foucault Studies*, no. 18 (2014): 113-127, <https://doi.org/10.22439/fs.v0i18.4654>.
- Foucault, Michel. *Power/Knowledge : Selected Interviews and Other Writings 1972-1977*. Edited by Colin Gordon. 1st American ed. New York: Pantheon Books, 1980.
- Fraser, Nancy. "The End of Progressive Neoliberalism." *Dissent Magazine*, January 2, 2017. https://www.dissentmagazine.org/online_articles/progressive-neoliberalism-reactionary-populism-nancy-fraser/.
- Freespirit, Judy & Aldebaran. *Writings From the Fat Underground: Fat Liberation Manifesto*. In L. Schoenfelder & B. Wieser (Eds.), *Shadow on a tightrope: Writings by women on fat oppression* (pp. 52 - 53). (San Francisco: Aunt Lute Book Company, 1983).
- Friedman, Maurice S. *The Life of Dialogue* (4th ed). New York: Routledge, 2002. https://www.routledge.com/Martin-Buber-The-Life-of-Dialogue/Friedman/p/book/9780415284752?srsIid=AfmBOoqia_-lQW2A9TGZ44A_HjEnxMipdmhBD68HyAjhNNBU3nV4IuVT
- Gaesser, Glenn A., and Siddhartha S. Angadi. "Obesity Treatment: Weight Loss versus Increasing Fitness and Physical Activity for Reducing Health Risks." *iScience* 24, no. 10 (October 22, 2021). <https://doi.org/10.1016/j.isci.2021.102995>.
- Giorgis, Hannah. "Even Oprah Doesn't Know How to Talk About Weight Loss Now." *The Atlantic*, March 21, 2024. <https://www.theatlantic.com/culture/archive/2024/03/oprah-winfrey-shame-blame-weight-loss-revolution-special/677827/>.
- Goel, Shubhangi. "Blockbuster Weight-Loss Drug Wegovy's Sales Just Doubled — and Could Heat up Even More with a Price Cut." *Business Insider*. Accessed May 8, 2024.

<https://www.businessinsider.com/novo-nordisk-cut-prices-usa-obesity-drug-wegovy-double-demand-2024-5>.

Gordon, Aubrey and Hobbes, Michael. “The Body Mass Index.” *Maintenance Phase*, podcast audio, August 3, 2023, <https://maintenancephase.buzzsprout.com/1411126/8963468-the-body-mass-index>.

Gore, Jennifer. “What We Can Do for You! What Can ‘We’ Do For ‘You’?: Struggling Over Empowerment in Critical and Feminist Pedagogy.” In *Feminisms and Critical Pedagogy*, edited by Carmen Luke, 54–73. New York: Routledge, 1992.

Gracia-Arnaiz, Mabel. “Fat Bodies and Thin Bodies. Cultural, Biomedical and Market Discourses on Obesity.” *Appetite* 55, no. 2 (October 1, 2010): 219–25. <https://doi.org/10.1016/j.appet.2010.06.002>.

Gusfield, Joseph R. “Constructing the Ownership of Social Problems: Fun and Profit in the Welfare State.” *Social Problems* 36, no. 5 (1989): 431–41. <https://doi.org/10.2307/3096810>.

Guthman, Julie, and Melanie DuPuis. “Embodying Neoliberalism: Economy, Culture, and the Politics of Fat.” *Environment and Planning D: Society and Space* 24, no. 3 (June 2006): 427–48. <https://doi.org/10.1068/d3904>.

Hall, D.M.B. and Cole, T.J. “What Use Is the BMI?,” *Archives of Disease in Childhood* 91, no. 4 (April 2006): <https://doi.org/10.1136/adc.2005.077339>.

Hall, Stuart. “Signification, Representation, Ideology: Althusser and the Post-structuralist Debates.” *Critical Studies in Mass Communication* 2, no. 2 (June 1, 1985): 91–114. <https://doi.org/10.1080/15295038509360070>.

Happe, Kelly E. *The Material Gene : Gender, Race, and Heredity after the Human Genome Project*. Biopolitics, Medicine, Technoscience, and Health in the 21st Century. New York: New York University Press, 2013.

Harjunen, Hannele. *Neoliberal Bodies and the Gendered Fat Body*. Routledge, 2016.

Harper, Kelso. “The Weight of Stigma: Heavier Patients Confront the Burden of Bias.” *Scientific American*. Accessed May 8, 2024. <https://www.scientificamerican.com/video/the-weight-of-stigma-heavier-patients-confront-the-burden-of-bias/>.

Hayden, Sara. “The Vulnerable Empowered Woman: Feminism, Postfeminism, and Women’s Health.” *Quarterly Journal of Speech* 100, no. 2 (April 3, 2014): 262–67. <https://doi.org/10.1080/00335630.2014.939700>.

Hebl, M. R., and J. Xu. “Weighing the Care: Physicians’ Reactions to the Size of a Patient.” *International Journal of Obesity and Related Metabolic Disorders: Journal of the*

- International Association for the Study of Obesity* 25, no. 8 (August 2001): 1246–52.
<https://doi.org/10.1038/sj.ijo.0801681>.
- Hill, Theon E. “(Re)Articulating Difference: Constitutive Rhetoric, Christian Identity, and Discourses of Race as Biology.” *The Journal of Communication and Religion* 39, no. 1 (February 1, 2016): 26–45. <https://doi.org/10.5840/jcr20163912>.
- Hosie, Rachel. and Middleton, Amber. “Stars Who Have Used Buzzy Drugs Like Ozempic for Weight Loss— and Who’s Denied It.” *Business Insider*. (2023, June 20).
<https://www.businessinsider.com/ozempic-celebrities-denied-semaglutide-wegovy-weight-loss-drugs-khloe-kardashian-2023-3>
- Huang, Lam O., Alexander Rauch, Eugenia Mazzaferro, Michael Preuss, Stefania Carobbio, Cigdem S. Bayrak, Nathalie Chami, et al. “Genome-Wide Discovery of Genetic Loci That Uncouple Excess Adiposity from Its Comorbidities.” *Nature Metabolism* 3, no. 2 (February 1, 2021): 228–43. <https://doi.org/10.1038/s42255-021-00346-2>.
- Hunger, Jeffrey M., Joslyn P. Smith, and A. Janet Tomiyama. “An Evidence-Based Rationale for Adopting Weight-Inclusive Health Policy.” *Social Issues and Policy Review* 14, no. 1 (January 1, 2020): 73–107. <https://doi.org/10.1111/sipr.12062>.
- Iqbal, Junaid, Hui-Xuan Wu, Nan Hu, Ying-Hui Zhou, Long Li, Fen Xiao, Ting Wang, et al. “Effect of Glucagon-like Peptide-1 Receptor Agonists on Body Weight in Adults with Obesity without Diabetes Mellitus—a Systematic Review and Meta-Analysis of Randomized Control Trials.” *Obesity Reviews* 23, no. 6 (2022): e13435.
<https://doi.org/10.1111/obr.13435>.
- Johannesen, Richard L. “The Emerging Concept of Communication as Dialogue.” *Quarterly Journal of Speech* 57, no. 4 (December 1, 1971): 373–82.
<https://doi.org/10.1080/00335637109383082>.
- Kendall, Mikki. *Hood Feminism: Notes from the Women That a Movement Forgot*. Penguin Publishing Group, 2020. <https://books.google.com/books?id=JoecDwAAQBAJ>.
- Keys, Ancel. “The management of obesity.” *Minnesota Medical Journal*, 48 (1965) In Henry Blackburn and David Jacobs Jr, “Commentary: Origins and Evolution of Body Mass Index (BMI): Continuing Saga,” *International Journal of Epidemiology* 43, no. 3 (June 1, 2014): 665–69, <https://doi.org/10.1093/ije/dyu061>.
- Keys, Ancel et al., “Indices of Relative Weight and Obesity,” *Journal of Chronic Diseases* 25, no. 6 (July 1, 1972): 329–43, [https://doi.org/10.1016/0021-9681\(72\)90027-6](https://doi.org/10.1016/0021-9681(72)90027-6).
- Kindelan, Katie. “Oprah Winfrey Says She Has Released the Shame of Being ‘ridiculed’ for Her Weight for 25 Years.” *ABC News*, March 19, 2024.
<https://abcnews.go.com/GMA/Wellness/watch-exclusive-1st-clip-oprah-winfreys-special-drugs/story?id=108240222>.

- Kolata, Gina. "Why Do Obese Patients Get Worse Care? Many Doctors Don't See Past the Fat," *New York Times*, September 25, 2016, <https://www.nytimes.com/2016/09/26/health/obese-patients-health-care.html>.
- Konings, Martijn. "Beyond the Critique of Speculation." *Progress in Political Economy (PPE)* (blog), March 14, 2018. <https://ppesydney.net/beyond-the-critique-of-speculation/>.
- Kristeva, Julia. *Powers of Horror: An Essay on Abjection*. Translated by Leon S. Roudiez. European Perspectives. New York: Columbia University Press, 1982.
- Kyrölä, Katariina. "Being Fat in a Thin World: The Politics of Fashion," In eds. Cat Pausé and Sonya Renee Taylor, *The Routledge International Handbook of Fat Studies*, (2021: Routledge & CRC Press) <https://www.routledge.com/The-Routledge-International-Handbook-of-Fat-Studies/Pause-ReneeTaylor/p/book/9780367502942>.
- Kyrölä, Katariina, and Hannele Harjunen. "Phantom/Liminal Fat and Feminist Theories of the Body." *Feminist Theory* 18, no. 2 (August 1, 2017): 99–117. <https://doi.org/10.1177/1464700117700035>.
- Lang, Tim. "Food, the Law and Public Health: Three Models of the Relationship." *Public Health* 120 Suppl (October 2006): 30–40; discussion 40–41. <https://doi.org/10.1016/j.puhe.2006.07.013>.
- de Lauretis, Teresa. *Alice Doesn't: Feminism, Semiotics, Cinema* (Bloomington: Indiana University Press, 1984).
- Lauti, Melanie, Malsha Kularatna, Andrew G. Hill, and Andrew D. MacCormick. "Weight Regain Following Sleeve Gastrectomy—a Systematic Review." *Obesity Surgery* 26, no. 6 (June 1, 2016): 1326–34. <https://doi.org/10.1007/s11695-016-2152-x>.
- LeBesco, Kathleen. "Neoliberalism, Public Health, and the Moral Perils of Fatness." *Critical Public Health* 21, no. 2 (June 1, 2011): 153–64. <https://doi.org/10.1080/09581596.2010.529422>.
- LeBesco, Kathleen. *Revolting Bodies?: The Struggle to Redefine Fat Identity*. Amherst: University of Massachusetts Press, 2004. <https://books.google.com/books?id=W7Wz4EKksUcC>.
- Lee, Jennifer A., and Cat J. Pausé. "Stigma in Practice: Barriers to Health for Fat Women." *Frontiers in Psychology* 7 (2016). <https://doi.org/10.3389/fpsyg.2016.02063>.
- Lemke, Thomas. "Rethinking Biopolitics," 57–73, 2016.
- Leonard, Elizabeth. "Oprah Winfrey Reveals She Uses Weight-Loss Medication as a 'Maintenance Tool': 'I'm Absolutely Done with the Shaming' (Exclusive)." *People*,

December 14, 2023. <https://people.com/oprah-winfrey-reveals-weight-loss-medication-exclusive-8414552>.

- Lepoff, Laurie Ann. "Coming Out: Notes on Fat Lesbian Pride," In L. Schoenfielder & B. Wieser (Eds.), *Shadow on a Tightrope: Writings by Women on Fat Oppression* (San Francisco: Aunt Lute Book Company, 1983).
- "Let's Talk." Novo Nordisk, *It's Bigger Than Me*. May 13, 2022. Advertisement. <https://www.ispot.tv/ad/bl70/novo-nordisk-living-with-obesity-featuring-queen-latifah>
- Liao, Kelly Yu-Hsin, Meifen Wei, and Mengxi Yin. "The Misunderstood Schema of the Strong Black Woman: Exploring Its Mental Health Consequences and Coping Responses Among African American Women." *Psychology of Women Quarterly* 44, no. 1 (March 1, 2020): 84–104. <https://doi.org/10.1177/0361684319883198>.
- Littlejohn, Stephen W., and Karen A. Foss. *Encyclopedia of Communication Theory*. Los Angeles, Calif: Sage, 2009.
- Lofton, Kathryn. *Oprah: The Gospel of an Icon* (University of California Press, 2011).
- Logel, Christine, Danu Anthony Stinson, and Paula M. Brochu. "Weight Loss Is Not the Answer: A Well-Being Solution to the 'Obesity Problem.'" *Social and Personality Psychology Compass* 9, no. 12 (December 1, 2015): 678–95. <https://doi.org/10.1111/spc3.12223>.
- Louderback, Llewellyn. *Fat Power: Whatever You Weigh Is Right*. (Hawthorn Books, 1970)
- Lupton, Deborah, ed. *Risk and Sociocultural Theory: New Directions and Perspectives*. Cambridge: Cambridge University Press, 1999. <https://doi.org/10.1017/CBO9780511520778>.
- Lupton, Deborah. "Risk as Moral Danger: The Social and Political Functions of Risk Discourse in Public Health." *International Journal of Health Services* 23, no. 3 (1993): 22. <http://www.jstor.org/stable/45120104>.
- Lupton, Deborah. *Fat*. Short Cuts. Milton Park, Abingdon, Oxon ; Routledge, 2013.
- Lupton, Deborah. *Food, Body, and the Self*. Thousand Oaks: SAGE Publications, 1996.
- Lynd, Helen Merrell. *On Shame and the Search for Identity*. On Shame and the Search for Identity. Oxford, England: Harcourt, Brace, 1958.
- Machado, Adriane Moreira, Nathalia Sernizon Guimarães, Victória Bortolosso Bocardi, Thales Philipe Rodrigues da Silva, Ariene Silva do Carmo, Mariana Carvalho de Menezes, and Camila Kümmel Duarte. "Understanding Weight Regain after a Nutritional Weight Loss

- Intervention: Systematic Review and Meta-Analysis.” *Clinical Nutrition ESPEN* 49 (June 1, 2022): 138–53. <https://doi.org/10.1016/j.clnesp.2022.03.020>.
- Malatino, Hil. *Trans Care*. Forerunners: Ideas First. Minneapolis: University of Minnesota Press, 2020.
- Marks, Laura. *The Skin of the Film: Intercultural Cinema, Embodiment and the Senses*, (Durham: Duke UP, 2000).
- Marmot, Michael. *The Health Gap : The Challenge of an Unequal World*. First U.S. edition. (New York, New York ; Bloomsbury Press, an imprint of Bloomsbury Publishing Plc., 2015).
- Marshall, Christine, and Kiran Pienaar. “‘You Are Not Alone’: The Discursive Construction of the ‘suffering Victim’ Identity on The Oprah Winfrey Show.” *Southern African Linguistics and Applied Language Studies*, December 1, 2008. <https://doi.org/10.2989/SALALS.2008.26.4.9.681>.
- Mauldin, Kasuen, Michelle May, and Dawn Clifford. “The Consequences of a Weight-Centric Approach to Healthcare: A Case for a Paradigm Shift in How Clinicians Address Body Weight.” *Nutrition in Clinical Practice* 37, no. 6 (December 1, 2022): 1291–1306. <https://doi.org/10.1002/ncp.10885>.
- McGee, Micki. *Self-Help, Inc.: Makeover Culture in American Life*. Oxford University Press, 2005. <https://books.google.com/books?id=OWfqhcPKbhoC>.
- Mckerrow, Raymie E. “Critical Rhetoric: Theory and Praxis.” *Communication Monographs* 56, no. 2 (June 1, 1989): 91–111. <https://doi.org/10.1080/03637758909390253>.
- McPhail, Deborah, and Michael Orsini. “Fat Acceptance as Social Justice.” *CMAJ : Canadian Medical Association Journal* 193, no. 35 (September 7, 2021): E1398–99. <https://doi.org/10.1503/cmaj.210772>.
- “Medications Containing Semaglutide Marketed for Type 2 Diabetes or Weight Loss.” U.S. Food & Drug Administration. (2024, January 10). <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/medications-containing-semaglutide-marketed-type-2-diabetes-or-weight-loss>
- Meleo-Erwin, Zoë. “Disrupting Normal: Toward the ‘Ordinary and Familiar’ in Fat Politics.” *Feminism & Psychology* 22, no. 3 (August 1, 2012): 388–402. <https://doi.org/10.1177/0959353512445358>.
- Merleau-Ponty, Maurice. *The Primacy of Perception and Other Essays on Phenomenological Psychology, the Philosophy of Art, History and Politics*, vol. 76 (Northwestern University Press, 1964).

- Metz, Christian. *The Imaginary Signifier: Psychoanalysis and the Cinema*, (Bloomington: Indiana University Press, 1981).
- Mintzes, Barbara. “Direct to Consumer Advertising Is Medicalising Normal Human Experience.” *BMJ* 324, no. 7342 (April 13, 2002): 908.
<https://doi.org/10.1136/bmj.324.7342.908>.
- Mitchell, Koritha. *From Slave Cabins to the White House: Homemade Citizenship in African American Culture*. New Black Studies Series. University of Illinois Press, 2020.
<https://books.google.com/books?id=43L6DwAAQBAJ>.
- Moreira, Raquel. ““Didn’t She Used to Sell That WAP?”: Cardi B, Clashing Femininities, and Citizenship.” *Women’s Studies in Communication* 46, no. 3 (July 3, 2023): 269–88.
<https://doi.org/10.1080/07491409.2023.2214523>.
- Mowatt, Rasul A., Bryana H. French, and Dominique A. Malebranche. “Black/Female/Body Hypervisibility and Invisibility.” *Journal of Leisure Research* 45, no. 5 (November 1, 2013): 644–60. <https://doi.org/10.18666/jlr-2013-v45-i5-4367>.
- Muller, Madison. “Ozempic TikTok Hype House by WeightWatchers (WW) Is Spectacular Brand Failure - Bloomberg.” Bloomberg, February 20, 2024.
<https://www.bloomberg.com/news/articles/2024-02-20/ozempic-tiktok-hype-house-by-weightwatchers-ww-is-spectacular-brand-failure?embedded-checkout=true>.
- Na’puti, Tiara R. “Speaking of Indigeneity: Navigating Genealogies against Erasure and #RhetoricSoWhite.” *Quarterly Journal of Speech* 105, no. 4 (October 2, 2019): 495–501.
<https://doi.org/10.1080/00335630.2019.1669895>.
- National Association to Advance Fat Acceptance. “NAAFA’s Origin Story & Fat Activism History.” Accessed May 8, 2024. <https://naafa.org/history>.
- National Association to Advance Fat Acceptance. “The Importance of Intersectionality,” December 10, 2020. <https://naafa.org/community-voices/importance-of-intersectionality>.
- Nettleton, Sarah. “Wisdom, Diligence, and Teeth: Discursive Practices and the Creation of Mothers.” *Sociology of Health and Illness* 13, no. 1 (1991); 98-111.
- Novo Nordisk. “About Us | Driving Change in Obesity.” Accessed October 1, 2024.
https://www.novonordisk-us.com/content/nncorp/us/en_us/about/driving-change-in-obesity.html.html.
- Novo Nordisk. “Join It’s Bigger Than Me.” Facebook, October 7, 2021.
<https://www.facebook.com/NovoNordiskUS/videos/2768125503486119/>.

- Novo Nordisk. "Our Medicines." Accessed October 1, 2024. <https://www.novonordisk.com/content/nncorp/global/en/our-products/our-medicines.html>.
- Novo Nordisk. "Company announcement: Financial report for the period 1 January 2021 to 31 december 2021." February 2, 2022. <https://www.novonordisk.com/content/dam/nncorp/global/en/investors/pdfs/financial-results/2021/Q4-2021-company-announcement.pdf>
- Novo Nordisk, "Listen, learn, and act: A report from Novo Nordisk Inc. on our diversity, equity, inclusion, & belonging journey." Corporate DEI report. 2023. https://www.novonordisk-us.com/content/dam/nncorp/us/en_us/images/NNI%202023%20DEIB%20Report%20FINAL_11.6.pdf
- Obesity: Preventing and Managing the Global Epidemic : Report of a WHO Consultation on Obesity Geneva, 3-5 June 1997*. Repr. 2004. WHO Technical Report Series. Geneva: WHO, 2004.
- O'Neill, Shane. "New Marketing Push by Ozempic and Others Sparks Body-Positive Backlash." *Washington Post*, February 14, 2024. <https://www.washingtonpost.com/style/of-interest/2024/02/14/ozempic-body-positivity-influencers-weight-loss-drugs/>.
- Otis, Hailey Nicole. "Lizzo's Intersectional Visibility Politics: Contesting Colonial Beauty Standards and Dismantling the White Heteropatriarchal Gaze." *Quarterly Journal of Speech*, 2024, 1–22. <https://doi.org/10.1080/00335630.2024.2344671>.
- Otis, Hailey Nicole. "Fat-Positive Worldmaking in the Body Positive Movement: Queering, Decoloizing, Intersecting." *ProQuest Dissertations and Theses*. Ph.D., Colorado State University, 2021. ProQuest Dissertations & Theses A&I; ProQuest Dissertations & Theses Global (2580922895). <https://www.proquest.com/dissertations-theses/fat-positive-worldmaking-body-movement-queering/docview/2580922895/se-2?accountid=14537>.
- Parkins, Wendy. "Oprah Winfrey's Change Your Life TV and the Spiritual Everyday." *Continuum* 15, no. 2 (July 1, 2001): 145–57. <https://doi.org/10.1080/713657795>.
- Pazzanese, Christina. "How 'Ozempic Shaming' Illuminates Complexities of Treating Weight Problems." *Harvard Gazette*, February 5, 2024. <https://news.harvard.edu/gazette/story/2024/02/how-ozempic-shaming-illuminates-complexities-of-treating-weight-problems/>.
- Peck, Janice. "The Secret of Her Success: Oprah Winfrey and the Seductions of Self-Transformation." *Journal of Communication Inquiry* 34, no. 1 (January 1, 2010): 7–14. <https://doi.org/10.1177/0196859909351145>.

- Petersen, Alan. "Governmentality, Critical Scholarship, and the Medical Humanities." *Journal of Medical Humanities* 24, no. 3 (December 1, 2003): 187–201.
<https://doi.org/10.1023/A:1026002202396>.
- Pham, Vincent N. "The Threat of #RhetoricNotSoWhite." *Quarterly Journal of Speech* 105, no. 4 (October 2, 2019): 489–94. <https://doi.org/10.1080/00335630.2019.1669894>.
- Phelan, Sean M. et al. "Impact of Weight Bias and Stigma on Quality of Care and Outcomes for Patients with Obesity," *Obesity Reviews* 16, no. 4 (April 1, 2015): 319–26,
<https://doi.org/10.1111/obr.12266>.
- Pollack, Andrew. "A.M.A. Recognizes Obesity as a Disease." *The New York Times*, June 18, 2013, sec. Business. <https://www.nytimes.com/2013/06/19/business/ama-recognizes-obesity-as-a-disease.html>.
- Pomeranz, Jennifer L. "A Historical Analysis of Public Health, the Law, and Stigmatized Social Groups: The Need for Both Obesity and Weight Bias Legislation." *Obesity (Silver Spring, Md.)* 16 Suppl 2 (November 2008): S93-103.
<https://doi.org/10.1038/oby.2008.452>.
- Poulakos, John. "The Components of Dialogue," *Western Speech* 38, no. 3 (December 1, 1974): 199–212, <https://doi.org/10.1080/10570317409373830>.
- Puar, Jasbir. *The Right to Maim: Debility, Capacity, Disability*. Duke University Press, 2017.
<https://books.google.com/books?id=c-k5DwAAQBAJ>.
- Pucci, Douglas. "Monday Ratings: Oprah Winfrey Weight Loss Special Draws Decently for ABC." *Programming Insider*, March 19, 2024. <https://programminginsider.com/monday-ratings-oprah-winfrey-weight-loss-special-draws-decently-for-abc/>.
- Puhl, Rebecca M., and Chelsea A. Heuer. "Obesity Stigma: Important Considerations for Public Health." *American Journal of Public Health* 100, no. 6 (June 2010): 1019–28.
<https://doi.org/10.2105/AJPH.2009.159491>.
- Queen Latifah, *Put on Your Crown: Life Changing Moments on the Path to Queendom* (New York: Grand Central Publishing, 2010), 54–55.
- Rathbone, Joanne A., Tegan Cruwys, Jolanda Jetten, and Fiona Kate Barlow. "When Stigma Is the Norm: How Weight and Social Norms Influence the Healthcare We Receive." *Journal of Applied Social Psychology* 53, no. 3 (March 1, 2023): 185–201.
<https://doi.org/10.1111/jasp.12689>.
- Rinaldi, Jen, Carla Rice, Crystal Kotow, and Emma Lind. "Mapping the Circulation of Fat Hatred." In *Fat Oppression Around the World*, 110–23. Routledge, 2021.

- Riordan, Ellen. "Commodified Agents and Empowered Girls: Consuming and Producing Feminism." *Journal of Communication Inquiry* 25, no. 3 (July 1, 2001): 279–97. <https://doi.org/10.1177/0196859901025003006>.
- Ristock, Janice L., and Joan Pennell. *Community Research as Empowerment : Feminist Links, Postmodern Interruptions*. Toronto: Oxford University Press, 1996.
- Ríu, Carmen Pérez. "Constructing Filmic Intersubjectivity through Haptic Visuality and Poetic Language in Sally Potter's *Yes* (2004)." *European Journal of English Studies* 21, no. 3 (September 2, 2017): 306. <https://doi.org/10.1080/13825577.2017.1369265>.
- Robinson, Eric, Helen Parretti, and Paul Aveyard,. "Visual Identification of Obesity by Healthcare Professionals: An Experimental Study of Trainee and Qualified GPs." *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* 64, no. 628 (2014): 703–8. <https://doi.org/10.3399/bjgp14X682285>.
- Robinson, Margaret. "The Big Colonial Bones of Indigenous North America's "Obesity Epidemic." In *Thickening Fat: Fat Bodies, Intersectionality, and Social Justice*. Eds. May Friedman, Carla Rice, and Jen Rinaldi. (Routledge & CRC Press, 2020). <https://www.routledge.com/Thickening-Fat-Fat-Bodies-Intersectionality-and-Social-Justice/Friedman-Rice-Rinaldi/p/book/9781138580039>.
- Rodier, Kristin. "[Rethinking Fat Studies and Activism through Women's and Gender Studies Textbooks](#): 'Fatspiration,' 'Thin Saviours,' and Sexist Beauty Culture," *Canadian Woman Studies Journal*, vol. 35, no. 1, pp. 7-15, 2023.
- Romo, Vanessa. "After Nearly a Decade, Oprah Winfrey Is Set to Depart the Board of WeightWatchers." *NPR*, March 1, 2024, sec. Business. <https://www.npr.org/2024/03/01/1235100405/after-nearly-a-decade-oprah-winfrey-is-set-to-depart-the-board-of-weightwatchers>.
- Rothblum, Esther D. "Women and Weight: Fad and Fiction." *The Journal of Psychology: Interdisciplinary and Applied* 124, no. 1 (1990): 5–24. <https://doi.org/10.1080/00223980.1990.10543202>.
- Rose, Nikolas. *Powers of Freedom: Reframing Political Thought*. Cambridge: Cambridge University Press, 1999. <https://doi.org/10.1017/CBO9780511488856>.
- Rose, Nikolas. "Chapter 2 Governing 'Advanced' Liberal Democracies." In *Foucault And Political Reason*. Routledge, 1996.
- Rose Spratt, Tanisha Jemma. "Understanding 'Fat Shaming' in a Neoliberal Era: Performativity, Healthism and the UK's 'Obesity Epidemic.'" *Feminist Theory* 24, no. 1 (January 1, 2023): 86–101. <https://doi.org/10.1177/14647001211048300>.

- Rottenberg, Catherine. *The Rise of Neoliberal Feminism*. Heretical Thought. New York, NY: Oxford University Press, 2018.
- Rowlands, Jo. *Questioning Empowerment : Working with Women in Honduras*. Oxford [England: Oxfam, 1997.
- Saguy, Abigail. “Why Fat Is a Feminist Issue.” *Sex Roles* 66, no. 9 (May 1, 2012): 600–607. <https://doi.org/10.1007/s11199-011-0084-4>.
- Saguy, Abigail C. and Rene Almeling, “Fat in the Fire? Science, the News Media, and the ‘Obesity Epidemic’2,” *Sociological Forum* 23, no. 1 (March 1, 2008): 53–83, <https://doi.org/10.1111/j.1600-0838.2004.00399.x-i1>.
- Sapolsky, R.M. *Determined: A Science of Life without Free Will*. Penguin Publishing Group, 2023. <https://books.google.com/books?id=Sv2nEAAAQBAJ>.
- Sartre, Jean-Paul. *Being and Nothingness: An Essay in Phenomenological Ontology*. Translated by H. E. Barnes. London: Routledge, 1996. https://www.routledge.com/Being-and-Nothingness-An-Essay-in-Phenomenological-Ontology/Sartre/p/book/9780367461409?srsId=AfmBOop04UGHlgsvHx_6D7MHfmV8Mu8bi7STJWoknzKrJCoVg28LOStp.
- Sastre, Alexandra. “Towards a Radical Body Positive.” *Feminist Media Studies* 14, no. 6 (November 2, 2014): 929–43. <https://doi.org/10.1080/14680777.2014.883420>.
- Schiappa, Edward. *Defining Reality: Definitions and the Politics of Meaning*. (United States: Southern Illinois University Press, 2003.)
- Schoenfielder, Lisa, Barb Wieser, and Vivian Mayer. *Shadows on A Tightrope: Writings by Women on Fat Oppression*. San Francisco: Aunt Lute Books, 1983.
- Segal, Judy. *Health and the Rhetoric of Medicine*. Medicina y Ciencias de La Salud. Southern Illinois University Press, 2008. <https://books.google.com/books?id=27dpWcdUCL8C>.
- Seitz, David, and Amanda Tennant. “Constitutive Rhetoric in the Age of Neoliberalism.” In *Rhetoric in Neoliberalism*, edited by Kim Nguyen, 109–34, 2017. https://doi.org/10.1007/978-3-319-39850-1_6.
- Simic, Zora. “Fat as a Feminist Issue: A History.” In *Fat Sex: New Directions in Theory and Activism*. Routledge, 2015.
- “SIU: Shame Investigation Unit.” Novo Nordisk, *It’s Bigger Than Me*. N.d. Advertisement. (Page no longer available; copy of original in author’s possession).
- Shorty Awards. “It’s Bigger Than Me Entry | Finalist Social Good Campaign 14th Annual Shorty Awards,” 2022. <http://shortyawards.com/14th/its-bigger-than-me>.

- Shugart, Helene A. *Heavy : The Obesity Crisis in Cultural Context*. New York, NY: Oxford University Press, 2016.
- Shugart, Helene A. "Flesh Made Word: The Obese Body as Cultural Matter." *Communication, Culture and Critique* 7, no. 1 (March 1, 2014): 55–75.
<https://doi.org/10.1111/cccr.12025>.
- Snider, Stefanie. "Fatness and Visual Culture: A Brief Look at Some Contemporary Projects." *Fat Studies* 1, no. 1 (January 1, 2012): 13–31.
<https://doi.org/10.1080/21604851.2012.632725>.
- Sobchack, Vivian Carol. *Carnal Thoughts : Embodiment and Moving Image Culture* (Berkeley: University of California Press, 2004).
- Solomon, Robert C. *The Passions : Emotions and the Meaning of Life*. Hackett ed. Indianapolis: Hackett, 1993.
- Sontag, Susan. *Illness as Metaphor ; and, AIDS and Its Metaphors*. First Picador USA edition. New York: Picador USA, 2001.
- Sowards, Stacey. "#RhetoricSoEnglishOnly: Decolonizing Rhetorical Studies through Multilingualism." *Quarterly Journal of Speech* 105 (October 2, 2019): 477–83.
<https://doi.org/10.1080/00335630.2019.1669891>.
- Stabile, Carol A. "Shooting the Mother: Fetal Photography and the Politics of Disappearance." *Camera Obscura: Feminism, Culture, and Media Studies* 10, no. 1 (28) (January 1, 1992): 178–205. https://doi.org/10.1215/02705346-10-1_28-178.
- Stierman, Bryan, Joseph Afful, Margaret D. Carroll, Te-Ching Chen, Orlando Davy, Steven Fink, Cheryl D. Fryar, et al. "National Health and Nutrition Examination Survey 2017–March 2020 Pre-pandemic Data Files -- Development of Files and Prevalence Estimates for Selected Health Outcomes." Accessed March 12, 2025.
<https://stacks.cdc.gov/view/cdc/106273>.
- Steven Shapin, "Expertise, Common Sense, and the Atkins Diet." In *Public Science in Liberal Democracy*, ed. J. Porter and P. W. B. Phillips, (Toronto: University of Toronto Press, 2007) 174-193.
- Stokes, Andrew, Jason M. Collins, Bethany F. Grant, Chia-Wen Hsiao, Stephen S. Johnston, Eric M. Ammann, Kaitlyn M. Berry, Cindy Tong, and Robin F. Scamuffa. "Prevalence and Determinants of Engagement with Obesity Care in the United States." *Obesity (Silver Spring, Md.)* 26, no. 5 (May 2018): 814–18. <https://doi.org/10.1002/oby.22173>.
- Stoller, Eleanor P. "Gender and the Organization of Lay Health Care: A Socialist-feminist Perspective." *Journal of Aging Studies* 7, no. 2 (1993).

- Strings, Sabrina. "Fat as a Floating Signifier: Race, Weight, and Femininity in the National Imaginary." In *The Oxford Handbook of the Sociology of Body and Embodiment*, edited by Natalie Boero and Katherine Mason, 144–63. Oxford University Press, 2020. <https://doi.org/10.1093/oxfordhb/9780190842475.013.9>.
- Strings, Sabrina, and Lindo Bacon. "The Racist Roots of Fighting Obesity." *Scientific American*, July 4, 2020. <https://www.scientificamerican.com/article/the-racist-roots-of-fighting-obesity2/>.
- Strings, Sabrina. *Fearing the Black Body : The Racial Origins of Fat Phobia*. Racial Origins of Fat Phobia. New York: New York University Press, 2019.
- Sutin, Angelina R., Yannick Stephan, and Antonio Terracciano. "Weight Discrimination and Risk of Mortality." *Psychological Science* 26, no. 11 (November 2015): 1803–11. <https://doi.org/10.1177/0956797615601103>.
- Synnott, Amy. "Those Weight Loss Drugs May Do a Number on Your Face." *The New York Times*, January 24, 2023, sec. Style. <https://www.nytimes.com/2023/01/24/style/ozempic-weight-loss-drugs-aging.html>.
- Tomiyaama, A. Janet, Deborah Carr, Ellen M. Granberg, Brenda Major, Eric Robinson, Angelina R. Sutin, and Alexandra Brewis. "How and Why Weight Stigma Drives the Obesity 'Epidemic' and Harms Health." *BMC Medicine* 16, no. 1 (August 15, 2018): 123. <https://doi.org/10.1186/s12916-018-1116-5>.
- Tyler, Imogen. *Stigma: The Machinery of Inequality*, 2020. <https://doi.org/10.5040/9781350222809>.
- Tyson, Alec, and Emma Kikuchi. "How Americans View Weight-Loss Drugs and Their Potential Impact on Obesity in the U.S." Pew Research Center, February 26, 2024. <https://www.pewresearch.org/science/2024/02/26/how-americans-view-weight-loss-drugs-and-their-potential-impact-on-obesity-in-the-u-s/>.
- Upton, Julia. "Obesity: Not Bigger Than All of US." *PharmExec*, October 25, 2021. <https://www.pharmexec.com/view/obesity-not-bigger-than-all-of-us>.
- US Equal Employment Opportunity Commission. "EEOC Sues Resources for Human Development, Inc. for Disability Discrimination." September 30, 2010. <https://www.eeoc.gov/newsroom/eeoc-sues-resources-human-development-inc-disability-discrimination>.
- U.S. Food & Drug Administration [FDA]. "Background on Drug Advertising," August 9, 2024. <https://www.fda.gov/drugs/prescription-drug-advertising/background-drug-advertising>.

- U.S. Congress. *United States Code: Federal Food, Drug, and Cosmetic Act, 21 U.S.C. §§ 301-392 Suppl. 5*. 1934. Periodical. <https://www.loc.gov/item/uscode1934-006021009/>.
- Voss, Christiane. "Film Experience and the Formation of Illusion: The Spectator as 'Surrogate Body' for the Cinema." trans. Inga Pollmann. *Cinema Journal* 50, no. 4 (2011).
- Wann, Marilyn. "Fat Studies: An Invitation to Revolution," in *The Fat Studies Reader*, Esther D. Rothblum and Sondra Solovay, eds., (New York: New York University Press, 2009).
- Wanzer-Serrano, Darrel. "Rhetoric's Rac(e)Ist Problems." *Quarterly Journal of Speech* 105, no. 4 (October 2, 2019): 465–76. <https://doi.org/10.1080/00335630.2019.1669068>.
- Warin, Megan. "Foucault's Progeny: Jamie Oliver and the Art of Governing Obesity." *Social Theory & Health* 9, no. 1 (February 1, 2011): 24–40. <https://doi.org/10.1057/sth.2010.2>.
- Watkins, Patti Lou, Amy E. Farrell, and Andrea Doyle Hugmeyer. "Teaching Fat Studies: From Conception to Reception." *Fat Studies* 1, no. 2 (January 1, 2012): 180–94. <https://doi.org/10.1080/21604851.2012.649232>.
- "Weight Loss Drugs Ozempic and Wegovy Are Changing How Patients View Their Obesity | Vox." Accessed October 1, 2024. <https://www.vox.com/science-and-health/23584679/ozempic-wegovy-semaglutide-weight-loss-obesity>.
- WeightWatchers. "WeightWatchers to Acquire Sequence, a Digital Health Platform for Clinical Weight Management," March 6, 2023. <https://corporate.ww.com/news/news-details/2023/WeightWatchers-to-Acquire-Sequence-a-Digital-Health-Platform-for-Clinical-Weight-Management/default.aspx>.
- Wilding, John P. H., Rachel L. Batterham, Melanie Davies, Luc F. Van Gaal, Kristian Kandler, Katerina Konakli, Ildiko Lingvay, et al. "Weight Regain and Cardiometabolic Effects after Withdrawal of Semaglutide: The STEP 1 Trial Extension." *Diabetes, Obesity & Metabolism* 24, no. 8 (August 2022): 1553–64. <https://doi.org/10.1111/dom.14725>.
- Williams, Apryl, and Mel Monier. "Oprah and Ozempic: A Commentary on Oprah Winfrey's 'Shame, Blame and the Weight Loss Revolution.'" *Critical Studies in Media Communication* 41, no. 3 (May 26, 2024): 263–68. <https://doi.org/10.1080/15295036.2024.2393755>.
- Williams, Apryl. "Fat People of Color: Emergent Intersectional Discourse Online" *Social Sciences* 6, no. 1 (2017): 3. <https://doi.org/10.3390/socsci6010015>.
- Wilson, Kalpana. "Towards a Radical Re-Appropriation: Gender, Development and Neoliberal Feminism." *Development and Change* 46, no. 4 (July 1, 2015): 803–32. <https://doi.org/10.1111/dech.12176>.

- Wilson, Sherryl. "The Oprah Persona," in *Oprah, Celebrity and Formations of Self*, ed. Sherryl Wilson (London: Palgrave Macmillan UK, 2003), 160, https://doi.org/10.1057/9780230505360_6.
- Winfrey, Oprah. "Oprah on Weight and Shame." *Oprah Daily*, September 24, 2023. <https://www.oprahdaily.com/life/a45284474/oprah-weight-intention/>.
- Wolf, Naomi. *The Beauty Myth: How Images of Beauty Are Used Against Women*. New York: HarperCollins, 2002. <https://www.harpercollins.com/products/the-beauty-myth-naomi-wolf>.
- Woods-Giscombé, Cheryl L. "Superwoman Schema: African American Women's Views on Stress, Strength, and Health," *Qualitative Health Research* 20, no. 5 (May 1, 2010): 668–83, <https://doi.org/10.1177/1049732310361892>.
- World Health Organization, *Obesity : preventing and managing the global epidemic : report of a WHO Consultation on Obesity*, (1997: Geneva, Switzerland)
- Xiao, Ning, Yi Ding, Bing Cui, Rong-rong Li, Xin-ru Qu, Hong Zhou, Ka-wei Au, et al. "Navigating Obesity: A Comprehensive Review of Epidemiology, Pathophysiology, Complications and Management Strategies." *The Innovation Medicine* 2, no. 3 (September 12, 2024): 100090–17. <https://doi.org/10.59717/j.xinn-med.2024.100090>.
- Young, Iris Marion. *Justice and the Politics of Difference*, Princeton Paperbacks (Princeton, N.J: Princeton University Press, 1990).
- Zeisler, Andi. *We Were Feminists Once : From Riot Grrrl to CoverGirl®, the Buying and Selling of a Political Movement*. First edition. New York: BBS, PublicAffairs, 2016.
- Zook, Kristal Brent. *Color by Fox: The Fox Network and the Revolution in Black Television*. W.E.B. Du Bois Institute. Oxford University Press, 1999. <https://books.google.com/books?id=DEgyFcWwtyMC>.
- Znyk, Małgorzata et. al., "Consulting Obese and Overweight Patients for Nutrition and Physical Activity in Primary Healthcare in Poland," *International Journal of Environmental Research and Public Health* 19, no. 13 (June 23, 2022) doi:10.3390/ijerph19137694