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Fat Is All My Fault: Globalized Metathemes of Body Self-blame

Norms valorizing not-fat bodies appear to have spread around the world, combined with a globalizing belief that thinness is the result of individual management of self and hard work. We examine themes of blame and felt responsibility for weight and "fat" in four distinct geographic and cultural locations: peri-urban Georgia, United States; suburban Osaka, Japan; urban Encarnación, Paraguay; and urban Apia, Samoa. Use of a novel metatheme approach that compares and contrasts these four distinct places characterized by different population-level prevalences of obesity and by specific cultural histories relevant to body norms and ideals provides a flexible toolkit for comparative cross-cultural/multi-sited ethnographic research. We show that self-blame, marked by an articulated sense of individual responsibility for weight and a sense of failing in this responsibility, is present in every field site, but to varying degrees and expressed in different ways. [fat, obesity, metatheme, stigma, self-blame]

Introduction

The study of bodies has long been central to the field of medical anthropology (Comaroff 1985; Csordas 1990; Lock and Farquhar 2007; Scheper-Hughes and Lock 1987). Almost all such studies have focused analytically on the ways in which bodies are inevitably situated in highly localized places, times, and contexts—and these contexts can be physical, sociocultural, and/or political–economic. At the same time, medical anthropologists acknowledge that the global impacts of centuries of colonization and the continuing influence of modern political–economic systems (like neoliberalism) have meant that both bodies and ideas about bodies increasingly interact as global phenomena (Anderson-Fye and Brewis 2017; Edmonds 2010; Lupton 2013). Theoretically, these ideas sit comfortably together. In other words,

they are complementary rather than contradictory. Identifying how to link these *empirically* is more challenging, especially when ethnographic data from different places around the world can often seem contradictory and confusing. Here, we present a study designed to examine these connections, a study that explored notions of globalized blame and shame around bodies identified as fat in different locales around the world. We conducted purposefully parallel ethnographic studies in four different sites to determine with greater precision what seemed to be shared across them. In other words, we focused on identifying and analyzing patterns that were found across all four qualitative data sets.

Fat is interesting in this context. On the one hand, obesity itself, as a medicalized bodily state marked by a specific weight threshold, currently draws global attention as a problem that public health programs in diverse places all over the world need to solve. This framing—i.e., an understanding of specific bodily thresholds—underpins all recent anti-obesity interventions and public health efforts (Finucane et al. 2011; Jaacks et al. 2019; Manderson 2016; Popkin et al. 2012; Popkin and Gordon-Larsen 2004). On the other hand, social scientists in recent years have argued that the sociocultural devaluation of bodies defined as fat is also "globalizing"—i.e., increasing in frequency worldwide (Anderson-Fye and Brewis 2017; Brewis et al. 2018; Brewis and Wutich 2015, 2019; Brewis et al. 2011; Braziel and LeBesco 2001; Moffat 2010; Trainer 2013, 2017). Here, when we refer to globalization, we mean that bodies are recognized as embedded in very large, penetrative, and influential international circuits of capital, labor, finance, communications, food, products, and so on (Carney 2015; Gálvez 2018; Nestle 2007; Singer 2014; Trainer et al. 2020). One of the earliest anthropological studies to capture this phenomenon was Anne Becker's work in Fiji, which showed how quickly young women's notions of acceptable and desirable bodies shifted toward thinness in response to their exposure to international television from the late 1990s onward (Becker 1995, 2004; Becker et al. 2002).

More recent research suggests this shift in attitudes in response to media and social media exposure has perhaps even been accelerated by public health efforts to counter population-level increases in weight (Greenhalgh 2016; Jutel 2006; LeBesco 2011; Lupton 2013; Puhl et al. 2013; Tomiyama et al. 2018). For example, Emily Yates-Doerr's work in Guatemala shows that communities that had been exposed to the very militant public health programming intended to combat rising obesity rates in-country expressed considerable anxiety around weight and nutrition (Yates-Doerr 2014, 2015). This is not to say, however, that the way anxieties around weight are adapted and internalized everywhere is the same. In Samoa, for example, which has been the subject of decades of public health messaging around obesity, we consistently find that weight is a subject that is approached with considerable humor and joking by individuals and families. Even while acknowledging these differences, evidence from our work and elsewhere suggest there are some notable commonalities across sites that speak to a wider, shared discourse around weight.

Notions of individual responsibility around weight seem to be embedded in medical and public health efforts worldwide, as well as in popular discourse around bodies in countries like the United States. They are assumed to have profoundly changed the way many people in the world understand such issues as weight, health, wellness, illness, and disease (Bell et al. 2011; Boero 2012; Brewis 2011, 2014; Brewis

and Wutich 2019; Gard and Wright 2005; Lee and Pause 2016; McCullough and Hardin 2013).

Norms valorizing not-fat bodies appear to have spread around the world in recent years, at the same time that average body weights have risen globally. Deepening aesthetic ruptures between not-fat ideals and increasing body sizes do not alone create stigma, however (Hatzenbuehler et al. 2013). It is the combination, we argue, of a globalizing preference for thinness together with a globalizing belief that thinness is the result of individual management of self and individual hard work that creates virulent anti-fat stigma. Moreover, recognition that socioeconomic status, geography, and epigenetic factors influence not only weight gain but also the development of diseases typically associated with weight gain does not reduce stigma or substantially alter the individual responsibility framework (Gálvez 2018; Kwan 2009; Mendenhall 2016, 2019; SturtzSreetharan et al. 2021a, 2021b; Valdez 2018; Warin and Zivkovic 2019). Instead, rather than attributing increases in obesity and chronic disease to structural causes, people repeatedly center notions of personal discipline and moral fortitude as key to successful body management, and this appears to be occurring across diverse sociocultural contexts (Hardin et al. 2018; Saldaña and Wade 2018; Trainer et al. 2021). In this paradigm, bodies viewed as fat/obese are not just aesthetically displeasing but can also signal that someone is awry emotionally and socially as well—and this lies at the crux of experiences of and articulated weight-related stigma. People in countries as diverse as Norway, New Zealand, the United States, South Korea, and Japan who are viewed as fat are more likely to experience blocked educational, employment, romantic, and networking opportunities (Farrell 2011; Lee and Pause 2016; Puhl and Brownell 2006; Puhl and Heuer 2009, 2010; Rothblum and Solovay 2009; Saldaña and Wade 2018; Trainer et al. 2021). Moreover, external experiences of stigma in contexts that normalize it often translate into self-blame directed inward (Brewis 2014; Brewis and Wutich 2019).

There are clear indications that these trends in blame, shame, and stigma are not homogeneous. All sorts of specificities and differences erupt, depending on community and context. For instance, the notion of the thinner body being the "modern" body, and the fatter body the one that indexes being somehow left behind in a globalized world is a recurring theme in ethnographic studies from diverse world regions (Edmonds 2010; Hardin 2019; Talukdar 2012; Trainer 2017) but is far from universal. Also significant is the fact that notions of "individual responsibility" are sometimes slightly redrawn to be familial responsibility and at times actively challenged (McNaughton 2010; Warin and Zivkovic 2019). Additionally, the ways in which blame and stigma are expressed toward individuals identified as fat, and the particular aspects of fatness that evoke disgust, vary dramatically across context and culture (Brewis 2011; Greenhalgh and Carney 2014; McCullough and Hardin 2013; Trainer 2017).

It is these trends in blame, shame, and stigma that we aim to test, using a metatheme approach that compares and contrasts four distinct places characterized by different population-level prevalence of obesity currently and by specific cultural histories relevant to body norms and ideals (Baskin et al. 2005; Borovoy 2017; Choy et al. 2017; Gartin 2012; Gewertz and Errington 2010; Lunde 2018; Macpherson and Macpherson 2010; Mah 2010; Snowdon and Thow 2013; Trust for America's Health 2019). We do so through a cross-cultural comparison of fat blaming and

shaming in these locations. Our initial hypothesis when we began this multi-sited ethnographic project was that *fat self-blame* would be a detectable, shared theme across the sites. Here, self-blame refers to a sense of individual responsibility for weight, combined with a strong association of fatness with failure. We found that self-blame was present in each field site, but to varying degrees. Elsewhere we explore these variations (SturtzSreetharan et al. 2021a, 2021b); in this article we draw out examples that highlight an undergirding, globalized notion of responsibility that fosters self-blame.

At a time when harmful and stigmatizing views of fat are presumed to be globalizing, it is important to be able to trace out the ways these messages impact people across contexts, as well as the localized specificities and cultural interpretations that complicate them. To date, medical anthropologists have done outstanding work in critical obesity and fat studies, but our work systematically exploring, across field sites, the interplay between globalizing views of fat and local interpretations of these has been limited. To that end, in this article, we lay out a systematic qualitative approach for multi-sited ethnography, focusing on the development of a flexible yet cohesive research protocol and the subsequent thematic analysis of data related to self-blame around fat bodies.

Qualitative analysis can include methods for reducing a larger number of fine-grained themes into a smaller number of larger-scale themes (Bernard et al. 2016; Charmaz 2014; Glaser 1998; Miles and Huberman 1994; Onwuegbuzie 2003; Saldaña 2015; Strauss and Corbin 1997), but these techniques have traditionally not always been conducive to the increasingly common collaborative forms of research that are conducted across multiple nations, cultures, languages, or sites. A broadly applicable research process for identifying *metathemes*—themes that cut across cultures, languages, and sites (Wutich et al. 2021)—could provide medical anthropology with a flexible toolkit that would help us in cross-cultural and multi-sited ethnographic research.

Methods

Our four field sites are peri-urban north Georgia, United States; suburban Osaka, Japan; urban Encarnación, Paraguay; and urban Apia, Samoa. Together, we have long-term and detailed prior ethnographic experience in all four of the selected study communities (Brewis 1996; Brewis and Gartin 2006; Brewis and McGarvey 2000; Brewis et al. 1998; Brewis, McGarvey, and Tuʻuʻau-Potoi 1998; Brewis and Wutich 2012, 2014; Brewis et al. 2011; Hardin 2015a, 2015b, 2016, 2018, 2019; SturtzSreetharan 2004, 2006, 2009, 2017; SturtzSreetharan and Brewis 2019; SturtzSreetharan et al. 2021a, 2021b).

Each site is distinct in terms of people's average sizes, their food environments, and various aspects of their cultural histories. The United States has long been viewed as the global exemplar of a consumer society, where unhealthy food is widely available; individual responsibility is a commonly held social value; and extreme forms of obesity are evident. In recent years, the state of Georgia, along with many other southeastern states, has drawn national attention for its high rates of obesity and has implemented a number of anti-obesity campaigns within the state, particularly aimed at families with young children.

Japan has had very low rates of obesity historically, but also articulated concern at the governmental level about increasing weight among its citizens. In Osaka, social norms that emphasize the importance of adhering to strict social rules and bodily control (at least in public) exist in parallel with constant, prolific opportunities for consumption in the urban foodscape.

Paraguay has rising obesity rates and a recent, remembered history of hunger and deprivation; international comparisons characterize Paraguay as a site with high explicit fat stigma (e.g., teasing), but low implicit fat stigma (e.g., internalization) (Brewis and Wutich 2012). In Encarnación, people repeatedly articulate the importance of community and the maintenance of social and familial bonds, even as the city becomes increasingly developed and more people are employed in workplaces that take them away from family during the day.

Samoa is a country with several decades of high obesity prevalence and related public health interventions, little history of hunger, and historically positive views of large bodies. As an island nation, Samoa is very dependent on food and goods brought in from elsewhere; many families also experience family members migrating to other countries for extended periods of time in search of work.

Multi-sited, cross-cultural, team-based research needs to be based on a shared protocol, wherein theoretical domains can be explored in parallel across the sites (Wutich and Brewis 2019). The themes we discuss here constitute part of a larger research project, and the overall methodology is explained in SturtzSreetharan et al. (2021a, 2021b). The same queries on weight, responsibility, and blame were applied to similarly constituted samples at all four community sites. Some adjustments to the protocol were made by each interviewer, to accommodate specificities in each context. In all four places, participant–observation (and its products, field notes) bolstered the transcribed interview data.

Our study sample at each of the four sites was selected using a purposive sampling approach, with a focus on women's experiences. We ourselves all identify as White women, which undoubtedly impacted our interactions in our field sites. In each site, we interviewed a minimum of 12 women, including six who were ≤44 years old and six who were ≥45 years old. We also interviewed at least four men in each site, two partnered with women participants ≤44 years old and two partnered with women participants ≥45 years old. Our sample size is large enough to support within-site theme identification and basic cross-cultural metatheme identification in each site (Guest et al. 2006; Hagaman and Wutich 2017).

The approach presented here, developed alongside and informed by other comparative multi-sited ethnographic works (e.g., Benton et al. 2017; Beresford 2021; Ember 2009; Garth and Hardin 2019; Jordan 1992; Mendenhall 2019; Pacheco-Vega 2020), enables us to identify overarching metathemes and inter-relationships between themes across our datasets. After we finished data collection, we met repeatedly to discuss the themes emerging from our data during analysis, paying particular attention to the identification of, and agreement around, metathemes (Wutich et al. 2021). In cross-cultural and multi-sited research, metathemes are broad, over-arching themes that cut across and encompass many smaller site- or culturally specific themes (Bernard et al. 2016; Hagaman and Wutich 2017; Ryan and Bernard 2003). Metatheme identification and comparisons allow researchers to determine analytically significant patterns within cross-cultural data sets and

to describe those patterns in rich, contextually specific ways. The primary theoretical domains of our research encompassed weight-related stigma, self-shame, discrimination, and marginalization.

Before analysis, each site lead took field notes and conducted interviews in the research site. After transcription, each site lead identified site-specific themes in her own dataset, in the language of data collection: English in north Georgia, Japanese in Osaka, Spanish and Guarani in Encarnación, and Samoan and English in Apia. In this part (Step 1) of the metatheme analysis, we conducted site-specific theme identification. Each of us used a multi-method approach to theme identification, drawing on in-vivo coding, metaphor analysis, idioms and euphemisms, and repetition-based theme analysis (Ryan and Bernard 2003; Wutich et al. 2021).

Once theme identification in each site was complete, we proceeded to identifying metathemes (Step 2). For this step of the metatheme analysis, we translated our themes into English (since none of us spoke all the other languages represented in data collection). However, we left untranslated any idioms, metaphors, euphemisms, and other in-vivo codes. For example, in Osaka, the adjective *fuketsuna* ("unclean," or "slovenly") was used repeatedly to describe the combined smell of sweat and oil that is associated with large bodies, especially large men's bodies. In contrast, people perceived to be overly thin were typically described as *gari-gari* ("skin and bones"). In Encarnación, to give another site-specific example, a respondent used the phrase, "*90-60-90 que te revienta,*" which is a double-entendre—referring to a woman's body measurements but also to an explosion—about both ejaculation and weight gain. These phrases, then, and others like them, were kept untranslated during the theme and metatheme analysis phases.

To ensure that the culturally situated meanings of site-specific themes were not lost, we provided ethnographically rich explanations to the team. In Osaka, for example, in the case of fuketsuna, SturtzSreetharan et al. 2021 explained the term and its inverse (seiketsu, translated as "clean," or "sanitary"). We also discussed that something becomes fukestuna because of a lack of human action, thus demonstrating its similarity to the term "slovenly" in English, since both place the responsibility on the individual characterized as such. In Encarnación, some women respondents discussed *piropos* (which are performative street flirtations) as a lens for understanding the desirability of a range of female body types and sizes. While respondents generally characterized piropos as a form of street harassment, they also acknowledge that piropos are sometimes valued as a cultural performance; some women recounted feeling flattered when their bodies were singled out for praise. This complex phenomenon thus required ethnographically rich engagement before we could begin to consider the implications of interview data that discussed piropos.

We conducted a collaborative sorting activity (Ryan and Bernard 2003; Wutich et al. 2021) to facilitate the comparison of cross-site themes. Each of us was given the full set of cross-site themes (about 30 per site, or 120 combined) and we each were tasked with integrating these into a smaller set of metathemes. After completing this task, each of us then presented a preliminary analysis to the group. Once complete, we identified initial agreements in metathemes. Then, we compared and contrasted metathemes to identify further spaces of convergence. This consensus-based analysis produced large-scale metathemes and sub-metathemes that describe

patterning within the metatheme. We discuss two of the most prevalent metathemes here, as well as variations that inform our interpretation.

Findings and Discussion

In this article, we focus our attention on two emergent metathemes that resonated across all four sites: *Fat is your own fault* and *Fat is a mixed social signal*. We explain these themes and present typical exemplars that best represent how they were expressed in the interviews at each site. We also discuss the ways these themes are understood in everyday life in each site.

Cross-site Metatheme #1: Fat Is Your Own Fault

Our detailing of the cross-site themes shows that in interviews, people in north Georgia (United States), Osaka (Japan), Encarnación (Paraguay), and Apia (Samoa) all drew connections between an individual's fat body and that individual's personal eating habits, life stressors, and financial resources. As we discuss in detail elsewhere (SturtzSreetharan et al. 2021), people clearly noted that at the population level, weights increase as a result of structural changes and particular types of capitalist development and policies favoring transnational changes in diets, work patterns, and foodways. The changes in body weights—at least at the national, regional, community, and/or city-level—were therefore seen as profound and part of an irreversible process that is broadly related to changing food environments.

Nonetheless (and showing an interesting and significant contradiction), in interviews, people expressed a powerful shared idea in all four sites that individuals are ultimately to blame for their own fatness and that solutions to fat likewise ultimately depend on the behavioral change of that fat individual. In other words, when we asked people to consider the individual person as the unit of analysis, our interviewees overwhelmingly talked about personal responsibility. People in all four sites tended to express their own fat as their own failing, either as a lack of self-control or as a moral fault. They articulated a strong sense that regardless of the environmental cues to consume more of the convenience foods that were all around them, they should "know better." This sense of judgment-laden knowing better also translated into judgments of those around them. People said that they viewed other people's large bodies, including those of family members, friends, work colleagues, acquaintances, or mere strangers, as the result of lack of self-care, self-work, and responsibility for the self and/or for family, when children were implicated (see Table 1).

In north Georgia, many of the people with whom we spoke expressed sadness over the loss of locally rooted traditional foodways. Many spoke about a generational change in the types of foods people eat locally, toward a reliance on convenience foods, referring to the expressed idea that people used to make their own foods or get their food from their community and now they buy pre-made, salty, and sugary food made elsewhere. Many people connected this change in the types of food eaten—along with a shift toward casual, on-the-go consumption rather than family meals—to broader processes that led to weight gain among

Table 1. Cross-site Metatheme: Fat Is Your Own Fault

Sub-metathemes	Sites-specific Themes			
	Osaka, Japan	*North Georgia, U.S.*	*Encarnación, Paraguay*	*Apia, Samoa*
Food Choices	Traditional meals are healthy because they exhibit high variety. But rice is fattening. Strongly flavored food leads to overeating and drinking.	Traditional foods, made incorrectly (without time or care) are fattening. Fast foods and packaged convenience foods are unhealthy and fattening.	Traditional foods are too heavy for modern diets and tastes. Fast foods are preferred because of cost and convenience. People need nutritionists to choose and cook foods if dieting.	Children won't eat vegetables, as they prefer rice and other prepared foods. Everyone has family members who prefer salty, fatty and sugary foods. Food is irresistible.
Life Stressors	For men, there is no time to eat breakfast, and no time to eat a healthy lunch. For women, there is no time to cook meals with great variety.	There is no time to cook, especially in the traditional ways. There is less knowledge of how to cook correctly, aside from just heating things. There is no time to exercise, and few venues in which to exercise.	There is no time to cook. There is no time to exercise. People eat for comfort when stressed or sad.	There is no time to cook and no time to cultivate gardens. Foods that are available and healthy are questionable in terms of quality (e.g., hormones in affordable chickens).

(Continued)

Table 1. (Continued)

Sub-metathemes	Sites-specific Themes			
Costs of Being Healthy	Ice cream is cheap, but fruit is expensive. Cheap foods include a lot of rice but few vegetables. Exercise opportunities cost money.	Nutritionally healthy food is expensive. Gyms are expensive. Fat people are an economic drain on the community.	Cheap foods are unhealthy. Foods prepared by nutritionists or marketed as "diet foods" are expensive. Obesity prevention and treatment is a huge economic burden not covered under the state health care system.	Healthy foods are too expensive to eat every day. Pre-prepared and fast foods are easier and cheaper for working families.
Personal Responsibility	The individual is responsible for their weight. Parents are responsible for their children's weight. People don't control the amount they eat as they should.	The individual is responsible for their weight. Parents are responsible for their children's weight. Americans are particularly bad when it comes to eating too much and being too inactive.	The individual is responsible for their weight. Parents are responsible for their children's weight. Family and friends should help people struggling with weight.	The individual is responsible for their weight. The family is responsible for setting good habits. Samoan cultural ways of eating are to blame for overeating.

people living in the region. Although there was some acknowledgment that these changes were underwritten by governmental policies and the activities of transnational companies, most of our interviewees nonetheless said that they felt that the work of controlling weight still rested with the individual, especially in disciplined approaches to restricted eating. They articulated a strong sense that people living in the United States were particularly "lazy" and undisciplined about their eating and exercise habits, relative to other parts of the world.

In Osaka, interviewees explained that the demands of 21st-century office work environments made it extremely difficult to practice healthy habits as an individual or as a family. Despite this acknowledgment that norms around long and stressful working hours were ubiquitous, people talked about the blame for their own weight being due to what they ate or how little they exercised (*hito wo kanri dekinai*, translated as, "people can't control [themselves]"). In other words, despite grindingly busy schedules, participants from Osaka said that they felt they could and should do better in managing their own eating habits.

In Encarnación, our respondents relied heavily on the changing food environments to explain what was happening around weight. Recent economic development, which created a large tourist sector with new restaurants and fast-food vendors, is seen as having displaced old foodways and sped up the pace of life. The high costs of homecooked meals—both in money and time—were a concern voiced by most respondents. Importantly, however, personal blame (like laziness) was also mentioned consistently within interviews. People flagged unhealthy eating choices, a preference for quick and easy foods, and a lack of self-control as underlying failed personal responsibility for weight gain in their communities. Most people said they viewed dieting as a challenge best undertaken with professional nutritionists' guidance and monitoring, and even through special meal delivery services. The cost of nutritionist services is a substantial out-of-pocket expense, but one undertaken even by lower-income families when members feel obesity poses a significant health risk (e.g., because of associated diabetes). Many lament that nutritionist services are covered by the national health care system for underweight or malnutrition, but not overweight, which in effect, privatizes obesity as a health problem.

In Apia, people similarly pointed out that people were fat because of changing foodways—remarkably like the explanations of people in north Georgia, albeit the situation in Samoa has experienced even more acute change. People also repeatedly remarked, however, that members of their communities were fat in such a context because they were too lazy to grow their own food or to prepare healthier meals that took time to create, and instead relied on premade foods purchased in shops (Hardin 2021). Significantly, this articulation that people are responsible for their own bodies and the subsequent connections drawn with self-blame was present in this study but not in Hardin's previous research in Apia among Pentecostals, which highlights the role that religion may play in shaping experiences of the body (Griffith 2004; Hardin 2019; Lester 2005). People with power were often singled out by interviewees in this study as examples of individuals who monopolized resources and in so doing, gained (inappropriate) weight (Hardin 2015a).

From Table 1, we see that personal responsibility is articulated across all the sites. This is a vitally important finding because in this instance, believing in personal responsibility—in the idea that "I, myself, must care for my health and my

Table 2. Exemplars for Cross-site Metatheme: Fat Is Your Own Fault

Study Site	Exemplar Quotes
North Georgia, U.S.	"Looking at me, you wouldn't know I'm a health-conscious person. … Once you gain weight, you've really seriously gotta try to work out and eat right or else you'll never lose it. … I mean, all I'd have to do is just work out and eat right. Just, you know, it's called discipline. … Yeah, I know what to do. I just don't do it right." (*Caroline, woman, in her 50s*)
Osaka, Japan	"The individual [is responsible for weight gain/body size]. [People must] manage themselves. … [High school students] also must manage themselves [and their weight]. Parents should manage [the weight] of junior high school students. (*Aya, woman, 42 years old*)
Encarnación, Paraguay	"My sugar was high. Because it was my birthday, and I had to eat cake. And I had a bad test. [laughs] And that was deadly for me. And of course, the doctor told me right away to walk, lose weight, eh, 'change your habits.' White sugar, no. White flour, no. Pasteurized milk. Anything white, he says it's even bad for people with heart problems. It's not good. That's how it is, and I'm really smart, right? About knowing my … and when I realize that I'm doing bad, I blame myself." (*Rosa, woman, 60 years old*)
Apia, Samoa	"I'm eating porridge in the morning. And then in the afternoon, I'll have a sandwich or—but we hardly eat taro now. Yeah, because everything is convenient. We just go to the shop and buy the rice. … It's so hard for us to cook. It's laziness." (*Tofi, woman, 58 years old*)

body and maintain it; it is my duty"—then amplifies feelings of shame. In other words, if someone doesn't view being fat as their own fault, even if they view fat as aesthetically displeasing, they are less likely to feel *ashamed* of being fat.

Also important is this shared sense that there is a paucity of *time* in today's world to adequately care for oneself and one's family. This is true even as the sense that one should be caring for oneself and one's family becomes more entrenched. The lamentation for the lost times and old days—which we heard from some people in all the sites—also rested on the shared idea that unless there are major environmental, policy, and other changes, thinness and/or fitness is not easily attainable. People repeatedly drew attention to the fact that everyday living, moving through the daily social and economic life of their families and communities, made caring for oneself more difficult (see Table 2).

Another related cross-cutting idea illustrated by these exemplars is the notion that no one else can help you if you don't help yourself. In all the sites, we have clear examples of the level of intense self-work people agreed they *should* be putting into their bodies to fight against fatness.

What is not captured in these tables, but what is also vitally important is the *degree* to which personal responsibility was endorsed by people in each site. As we mentioned above, explanatory models resting on notions of personal responsibility sat uneasily alongside explanatory models that looked at macro political economic forces. People in all four sites commonly cited both models—but interviewees in Osaka and north Georgia expressed much stronger "buy-in" around the personal responsibility model. While interviewees in Encarnación and Apia did talk about laziness and the need for self-care, they leaned more heavily on structural, community, and familial models of responsibility. The result: relatively less blame and shame around weight expressed in the Paraguay and Samoan sites by the people with whom we spoke.

This observation, drawn from interview data, was further reinforced by data from repeated engagement with people outside formal interview contexts. In Encarnación and Apia, people could and did articulate a paradigm around individual responsibility for health, especially in certain settings, such as clinical spaces (or in interviews). In everyday interactions outside of interviews and clinical settings, however, this individual blame–shame framework did not appear nearly as powerful in people's expressed attitudes and behaviors.

Cross-site Metatheme #2: Fat Is a Mixed Social Signal

The cross-site comparison also shows that the people with whom we spoke consistently identified fat as a trait or state that currently has many negative associations and implications, but not inevitably and always so. Significantly, the fact that people associated fat with negative qualities was rendered more acute by the widely shared cultural views (just discussed above) that the individual is responsible for their fat. This amplifies fat stigma. In other words, Metatheme #1 amplifies the negative signals embedded in Metatheme #2 (see Table 3).

As we see from Table 3, negative perspectives, discriminatory behaviors, and stigmatizing teasing thread their ways through the interview data drawn from all four sites. Again, however, the *degree* to which people actually believed fat to be bad differed markedly, with people in Osaka and north Georgia showing much higher rates of expressed and veiled fat stigma—and noting more blocked opportunities as a result of being fat. This was apparent in both the interviews and in our observations drawn from other interactions.

Across all four sites, people can and did articulate ideas of fatness linked to social failure, especially in terms of teasing and self-blame. However, in Samoa, fat as a signal of failure was far more context dependent than in the other sites. In Samoa, the fat body could signal power and positive social status if accompanied by generosity. Even in Japan, where we saw much clearer linkages between fatness and perceptions of failure, the fat body did not necessarily and inevitably signal catastrophic social failure if the person was perceived to be actively managing and mitigating their fatness through careful attention to personal hygiene and presenting as an energetic and cheerful personality (*akarukute genki*) (SturtzSreetharan et al. 2021). The fact that "failure" did nonetheless emerge as a discourse across these very different contexts speaks to the far-reaching impact that global public health and media campaigns

Table 3. Cross-site Metatheme: Fat Is a Mixed Social Signal

Sub-metathemes	Site-specific themes			
	Osaka, Japan	*North Georgia, U.S.*	*Encarnación, Paraguay*	*Apia, Samoa*
Shame and Self-stigma	As a fat person, I sweat more and produce an odor. I must engage in strict behaviors to manage my body's excess sweat, odor, and fat.	I don't like my own fat. There are lots of idiosyncratic ideas about what is too much fat. I try to manage, disguise, and reduce my fat. Fat talk is somewhat common.	I, as a fat person, feel ashamed in my clothes. I, as a fat person, avoid parties. I, as a fat person, expect to be ridiculed.	Younger people prefer to be thin. I feel fat is shameful when my clothes become too tight. Fat talk is prevalent.
Disgust and Mockery as Inflicted by Others	Fat people are a burden because they are noticeable. Fat people are sweaty and smelly. Fat people are ridiculed by their families.	Direct comments usually come from family members and are framed as "trying to help." Indirect rejection of fat is felt through medial portrayals and conversations going on around people.	Fat teasing is very common for adults. Fat kids are more harshly mocked and excluded.	Fat jokes are common. Fat kids are teased.
Social Attainment	Much employment in Osaka depends on a thin appearance, so fat people are discriminated against.	Fat bodies are considered lower class and uneducated and this makes job-based discrimination common. Fat people are also blocked in terms of many romantic prospects.	People say there is little fat discrimination. Fat bodies are lovable and weight gain is expected in marriage. Only a few image-conscience jobs require thinness.	People in positions of power are often fat. This fat can indicate generosity or selfishness depending on the context. It is okay to be fat if you are in a community leadership position if it indicates generosity.

Table 4.   Exemplars for Cross-site Metatheme: Fat Is a Mixed Social Signal

Study Site	Exemplar Quotes
North Georgia, U.S.	"I was raised very much under the impression that fat people are now an abomination. Like they need to be shamed. … I really don't know where that [hatred] comes from. Cuz again, my whole family is pretty fat. So I think it's like this hatred of the self but projected onto other people. … The impression is like they're lazy. Like they eat off of welfare. They don't do anything. Like the fat people are equated with just bad people for some reason." (*Cristina, woman, early 20s*)
Osaka, Japan	"When I try clothes on, there's a full-length mirror and it's then that I say to myself, 'Have I really gotten this fat?' If I'm window shopping and see my side reflection in the windows, [because] I don't usually see myself from the side and when it is reflected I think to myself 'Am I really this thick?'" (*Sachiko, woman, 38 years old*)
Encarnación, Paraguay	[For social event:] "If I didn't … prepare myself before by losing some kilos: one kilo, two kilos, I don't know? Something like that, yes, more or less. …" [I'd feel uncomfortable in my body] "… before a social event, you'd start to watch your diet … like, at least to lose a little weight, right?" (*Denise, woman, 35 years old*)
Apia, Samoa	"We just don't have to be skinny—super skinny. You just have to be in the middle. I went to uni and people—you see the skinniest girls at the gym just working out harder. If you're in Samoa, people'd be laughing." (*Katerina, woman, 23 years old*)

have had on people's ideas about what bodies are going to succeed across different social and workplace settings (see Table 4).

In north Georgia, most people thought it wrong to overtly shame a fat person (especially a non-relative), recognizing that it was rude and would make that person feel bad. Respondents did not necessarily recognize that fat shaming was ineffective, however, which meant that parents, for example, did put pressure on children "for their own good." People in the United States site also expressed clear and unambiguous linkages between being fat and *expecting* rejection by others. This was because casual conflations of fat with failure were all around, ubiquitous in people's interactions and conversations.

In Osaka, the discussions around fat people were even less publicly open, often framed as just being "worried" (*genki ka dō ka?* translated as, "[are they] well or not?") for a fat individual's health. Meanwhile, within the family, fat shaming and self-shaming was reported as a common occurrence by all the Japanese participants. The exemplar quote given in Table 4 is typical of what we heard in interviews and at first glance, seems understated: a woman expresses disbelief that she is "this fat." Underlying this statement, though, is profound self-blame. Moreover, many other interviewees provided examples of instances where a family member also pointed

out that a relative had gotten so fat, and would face negative career and personal repercussions if the fat was not managed and gotten rid of.

In Encarnación, overt public joking about weight was generally socially acceptable and considered a suitable reaction to being overweight. Joking was reportedly common with friends and in social settings, such as during a soccer game. Weight was articulated as an issue that could be particularly important for attending formal affairs like weddings and *quinceañeras*; the exemplar quote above mentions losing weight for social occasions to look thinner in the dressy clothing required at such events.

In Apia, people also commonly joked about weight, especially with close family members, as a way to express care by noticing that a person's body had changed. When people returned from living overseas, for example, a common response when welcomed home would be, "*Ua e lapoa!*" ("You've gotten fat!"). At other times, joking was shaming but was thought to help the person being shamed see the need for change. As we see from the exemplar quote above, the joking could center on fat perceived to be excessive, but it could also center on someone perceived to be skinny.

In both these latter instances, humor around fat was deployed to communicate "noticing" and judgment about someone—but the negative connotations of fat were less profound and catastrophic in Apia and Encarnación. Again, this difference in *degree* is not captured in the tables. Longer interactions with people across social spaces revealed that a person in Encarnación or Apia was less likely to face systemic, blocked socioeconomic opportunities and debilitating shame over weight gain than was someone in north Georgia or Osaka. Indeed, in Apia, we often observed that people would criticize and tease others around weight and appearance but at the same time, fat bodies were typically considered socially normal. In Apia, being fat was expected for people in certain social roles and leadership positions. In Encarnación, people stated that being fat would not be an impediment in many types of employment, nor in most social relationships. In Encarnación, however, it is worth also noting that what people characterized as "extreme fat" was viewed as uncommon, was largely associated with non-Paraguayans, and would likely have brought more negative social responses.

Alternative frameworks for understanding fatness appeared in all four sites, especially in critiques of the conflation of fatness with failure. In Osaka and north Georgia, such alternatives did not seem particularly powerful in combatting stigma. In Encarnación and Apia, by contrast, such frameworks were very significant and appeared to mitigate some of the social effects of the fat-is-failure model—even as people could and did routinely talk about fat in negative terms in interviews and other settings.

Conclusion

Our cross-cultural/multi-site comparison shows that globalized notions of individual responsibility emanating from global and public health prevention efforts have been largely successful, if taken up in distinct ways across our field sites. We also find a globalized idea that fat bodies mark failure by an individual to meet certain social norms. This was articulated by all sorts of different people—even though the

associations with failure were far more powerful in certain communities compared to others. The metatheme approach we describe in this article proved useful in helping us parse out shared and distinct attitudes and experiences across our sties. This method, therefore, provides a flexible toolkit to help in cross-cultural and multi-sited ethnographic research.

The pervasiveness of the individual responsibility–individual failure model in this research is significant; we know that when individuals are stigmatized for their weight this can create myriad forms of suffering that ultimately undermine health. Almost all global anti-obesity efforts in public health and medicine continue to emphasize individual effort and responsibility for self as the key to reducing population weights and improving population health in relation to chronic diseases (Bell et al. 2011; Boero 2012; Brewis 2011, 2014; Brewis and Wutich 2019; Gálvez 2018; Gard and Wright 2005; Lee and Pause 2016; McCullough and Hardin 2013; Yates-Doerr 2014, 2015). Our data suggest that this messaging has been very effective in its influence on expressed attitudes toward weight, fat, and health across very diverse settings. The irony, of course, is that this is despite scientific evidence indicating that in the absence of policy-level changes, individual behavioral change is not, in fact, effective in terms of changing weights and health (e.g., Sanabria 2016).

This finding reminds us, again, that global health policies and practices around weight and related chronic disease prevention fundamentally fail to align their core, internalized messaging with what really helps—or at least does no harm (Brewis and Wutich 2019). This recognition, moreover, is not only relevant to better designed anti-obesity efforts in medicine and public health. As medical anthropologists have already shown with localized, ethnographic examples, this notion of individual blame based in fundamental moral responsibility emerges in relation to biomedical/public health interventions around many different conditions and disease states, from dental disease to mental illness and from cholera to "long COVID" (e.g., Cormier McSwiggin 2017; Dar et al. 2020; Raskin 2015; Willging 2005). We suggest metatheme analysis provides an additional means for medical anthropologists to explain to key decision-makers the pervasive capacity and negative implications of blame-based strategies, whether applied intentionally or not.

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