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Addressing Anti-Fat Bias: A Crash Course for Counselors and Counselors-in-Training

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Abstract

People with larger body sizes are often the target of harmful stereotypes such as being lazy, unattractive, and unintelligent. Such stereotypes are part of an extensive system of oppression often intersecting with racism, classism, and ableism. When counselors and counselors-in-training are unaware of their own biases related to body size, larger bodied clients are at risk for further harm within the very place they are seeking support. This article provides professional counselors and counselors-in-training with the historical knowledge needed to examine their own biases and prejudices around body size and fatness to become better counselors and advocates for all clients. Implications for counseling and counselor training and a brief list of action items are included.

Keywords

Anti-fat bias, counseling, counselor education, mental health, social justice, weight stigma

Author's Notes

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Professional counselors and counselors-in-training (CIT) have ethical guidelines that require them to avoid causing harm, including refraining from imposing their own values on to their clients (American Counseling Association [ACA], 2014). Researchers have previously identified overt and covert biases regarding gender, race, ethnicity, social class, and sexual orientation and their potential impact on mental and physical health (Brondolo et al., 2009). Western cultural ideals regarding body size place higher value on bodies that are thin, White, and able-bodied (Kinavey & Cool, 2019). People whose bodies fall outside of this cultural ideal often experience various forms of discrimination including weight stigma and anti-fat bias (Brewis et al., 2011; Puhl et al., 2021).

It is well-known that biases of gender, race, class, ethnicity, and sexuality are not simply a matter of individual prejudices but act as forms of systemic oppression (Hagiwara et al., 2017). When counselors and CITs are unaware of their own biases, there exists an inherent potential for harm to clients, including clients with larger bodies (Katz & Hoyt, 2014). In recent years, scholars have begun documenting the intersections of anti-fat prejudice and other forms of systemic oppression, such as racism, classism, and sexism (Bankoff & Pantelone, 2014; Brewis, 2014; Gotovac & Towson, 2015; Grant et al., 2016; Schupp & Renner, 2011).

Individuals who hold multiple marginalized identities, such as Black, Indigenous, or People of Color (BIPOC), women, lesbian, gay, bisexual, or transgender (LGBT) persons, and those who hold a lower socioeconomic status, can be significantly more impacted by anti-fat bias and weight stigma than those who hold privileged identities (Patton, 2006; Taylor 2021b). The ACA Multicultural and Social Justice Counseling Competencies (Ratts et al., 2015) require counselors, counselor educators, and CITs to obtain the self-awareness, knowledge, and skills required to identify and effectively address assumptions, worldviews, values, beliefs, and biases

so they do not impact the work with clients. As such, it is imperative that counselors and CITs examine and challenge their own thoughts, feelings, and experiences around body size and anti-fatness.

The purpose of this article is to provide counselors, counselor educators, and CITs with the background knowledge needed to examine their own biases and prejudices around fatness and body size to become better counselors and advocates for all clients. This article contains the following: (a) a rationale for how fat stigma and anti-fat bias have operated as systems of oppression; (b) a brief history of the body positive and fat liberation movements, including the examination of early online communities, as a response to anti-fat oppression; (c) implications for the professional counseling field; (d) a rationale for counselors as agents for social change and specific action items to address internalized anti-fat bias to provide better care for all clients; and (e) a conclusion.

Within this paper, the terms “overweight,” “obese,” and “obesity” are intentionally left out of the discussion unless directly taken from a cited study. The terms “size” and “fat” will be used instead as the issues presented here are those of human experience versus medical or scientific rhetoric.

Fat Stigma and Anti-Fat Bias as Systemic Oppression

Fat persons often experience discrimination in employment, education, and health care (Puhl et al., 2014). *Fat stigma* is the social discrediting of people perceived as fat within a culture that attaches negative social meanings to fatness (Brewis et al., 2011). Based on this definition, *anti-fat bias* is the negative evaluation of a person based on their perceived amount of body fat. Fat stigma and anti-fat bias, along with the general stereotyping of fat bodies, have been a long-held tradition within the United States (US) and other westernized, White-centric cultures

(Farrell, 2011; Puhl et al., 2021). While more research is needed, a growing body of literature points to weight stigma also being a global issue that is not necessarily unique to westernized countries (Brewis et al., 2018; Hackman et al., 2016).

Beginning in the 1950s, the medicalization of body size provided rationale for anti-fat sentiments to be rooted in health (Kwan, 2009). The very definition of health and what it means to be "healthy" is a widely debated subject. Back in the 1940s, The World Health Organization (WHO) defined health as a, "state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity" (WHO, 1946). This definition has been heavily critiqued over the years as a utopian vision with little practicality or usefulness to the realities of everyday life (Leonardi, 2018). Other definitions focus more on disease prevention as it corresponds to aging and define health as a, "state of having adequate physical and mental independence in activities of daily living" (Rattan, 2014). Health can also serve as a code word for a positive range of qualities that any given society wishes to see in its citizens (Gilman, 2008).

Many believe an individual's body size, as a component of health, is strictly a matter of personal responsibility that can be controlled with simple behavior changes, often focused on calorie restriction for those with larger bodies (Kersh & Morone, 2002). Researchers in the biological sciences have previously demonstrated that calorie restriction may delay age-onset disease and possibly extend the life span in certain animal species (Sinclair, 2005). However, there is conflicting evidence that calorie restriction actually extends survival and the translation of such results to humans is complex and nonlinear (Mattison et al., 2012). To the contrary, there is a growing body of evidence that *dieting*, as defined by calorie restriction, is ineffective at promoting sustained, long-term weight loss in humans (Melby et al., 2017). Additionally, *yo-yo*

dieting, or the rapid loss and regaining of body weight over the life span, may be more harmful to one's health than remaining at a higher but stable weight (Gaesser et al., 2015).

Anti-fat bias, and the expression of anti-fat preference through fat-shaming, is often framed as concern around health and well-being. *Health trolling* refers to the rationalization of fat-shaming as a genuine concern for the wellbeing of fat people (Taylor, 2021a). Health trolling falls into the common fallacy that the state of one's health, including their eating patterns and activity level, can be fully assessed simply by their visual appearance. It wasn't until the late 1980s and into the 1990s that the onset of the *obesity epidemic* appeared.

The *obesity epidemic* is a medical narrative and disease model, hinging on moral outrage, panic, and warnings against the dangers of fatness (Gilman, 2008). The disease model of fatness has perpetuated a narrative rooted in widely accepted and ingrained cultural ideals and norms of individual responsibility and complete controllability (Grannell et al., 2021). In other words, if an individual is fat, it is strictly of their own doing, and it is also entirely in their control to change the size of their body. This narrative persists despite growing evidence pointing to the natural variation of body sizes, the ineffectiveness and unsustainability of dieting and calorie restriction, and the negative health impacts of weight cycling through yo-yo dieting (Farias et al., 2011; Gaesser et al., 2015; Melby et al., 2017)

Fat stigma directly impacts the healthcare process, including patients of size avoiding or postponing care due to assumed or previously experienced size discrimination (Phelan et al., 2015). Fat women in particular may experience ongoing medical mistreatment and negligence due to their body size (Lee & Pausé, 2016). In addition, health care professionals often regard fatness as an avoidable risk factor that is fully in the patient's control (Phalen et al., 2015). As a result, fat patients frequently face unwelcoming, humiliating, and often embarrassing healthcare

environments. Such environments include small waiting room chairs with stiff arms, blood pressure cuffs that do not fit, and exam tables or other furniture that are too small or very uncomfortable (Phelan et al., 2015). Likewise, there exists implicit and explicit negative associations of people of size among health care professionals (Debarr & Pettit, 2016; Garcia et al., 2016; Lee & Pausé, 2016; Lynagh et al., 2015; Phelan et al., 2015; Phalen et al., 2014).

History of Fat Oppression

As early as the 1960s, fat stigma was the focus of experimental research studies (Lerner & Gellert, 1969; Maddox et al., 1968; Richardson et al., 1961). In early studies, fat and "chubby" children were consistently the least favored in research on peer preferences among children (Lerner & Gellert, 1969; Richardson et al., 1961). Looking at more current research, it appears not much has changed in the perception of fatness among children (Di Pasquale & Celsi, 2017; Solbes & Enesco, 2010). Historically, fat people were perceived as less active, less intelligent, less hardworking, less attractive, less popular, less successful, and less athletic, regardless of perceived gender, than thinner individuals (Harris et al., 1982). Such negative stereotypes of fat individuals continue to be prevalent in modern times (Grant et al., 2016; Hunger et al., 2018; Jovančević, & Jović, 2021).

Media portrayals of fat people and larger bodies have also contributed to fat oppression and stereotyping (De Brun et al., 2013; Heuer et al., 2011; Kyrölä, 2021; Ravary et al., 2019). Fat characters often uphold negative stereotypes such as being lazy, sloppy, unintelligent, unhappy, unattractive, engaging in binge-eating behaviors, and presented as being targets of humor and deserving of ridicule (McClure et al., 2011). Implicit and explicit anti-fat bias and anti-fat attitudes also increase after seeing individuals of size portrayed as doing stereotypical behaviors and activities (Carels et al., 2013; McClure et al., 2011). The narrative of medical

imperative and framing of fat within the *obesity epidemic* deeply informs such negative stereotypes perpetuated in the media (Gilman, 2008).

Fat and Body Acceptance Health Models

One response to anti-fat bias has been the fat acceptance movement, a social movement that first gained notice in the late 1960s and early 1970s (Eckert, 2020). The National Association to Advance Fat Acceptance (NAAFA) and the Association for Size Diversity and Health (ASDAH®) are two well-known political organizations that emerged from the fat acceptance movement. Founded in 1969, NAAFA is a non-profit civil rights organization dedicated to ending size discrimination in all of its forms. NAAFA pursues these goals through a variety of public education, advocacy, and support activities. Along with NAAFA, ASDAH® is a growing fat acceptance organization. Service providers, advocates, and educators interested in working against anti-fat bias and size oppression using the Health at Every Size (HAES®) model (Burgard, 2009) make up the volunteer-based group of ASDAH®.

The HAES® approach emphasizes acceptance of the natural diversity in body shape and size, the ineffectiveness and dangers of dieting for weight loss, the importance of relaxed eating in response to internal body cues, and the critical contribution of physical, social, emotional, and spiritual factors to health and happiness (Burgard, 2009; Gagnon-Grouard et al., 2010). HAES® includes a curriculum focusing on body acceptance regardless of shape and size, intuitive eating, and active embodiment as a means to challenge the traditional "eat less, move more" health prescriptions preoccupied with weight loss (Penney & Kirk 2015).

The HAES® approach can increase body esteem, reduce internalized fat stigma, decrease hunger, and appears to be a sustainable approach over time (Gagnon-Girouard et al., 2010; Humphrey et al., 2015; LaBlanc et al., 2012). Though there are a limited number of clinical trials

focused on the HAES® model, Bombak (2015) found that all randomized control trial studies of HAES® showed significant improvements in mental health wellbeing and behavior-based outcomes as well as solid gains in self-esteem and eating behaviors. Even outside of HAES®-specific models, weight acceptance among fat individuals may decrease the internalized impact of stigmatization while increasing perceptions of mental health and self-esteem (Eckert, 2020; McKinley, 2004; Murakami & Latner, 2015).

Connie Sobczak and Elizabeth Scott founded The Body Positive in 1996, marking the initial use of the term *body positive* in popular media. The body positivity movement has used a generalized idea of size acceptance over fat-specific liberation. Critics of the body positivity movement note the lack of diversity in body size that is often represented and the continued centering of White women in leadership and in media outlets (Sastre, 2014). More recently, Sonya Renee Taylor's *The Body is Not an Apology: The Power of Radical Self Love* (2021b) and her related website *The Body is Not an Apology* (2021a), highlight the lack of visibility of fat Black and Brown bodies in popular body positivity campaigns. Taylor (2021b) states that true body liberation is inherently tied to anti-racism, disability justice, and the dismantling of capitalistic-driven classism in western, White-centric cultures.

From the Fatosphere to Social Media: Safe Spaces and Fat Activism

A group of fat acceptance blogs was born in the early 2000s, which created what was known as the *fatosphere*, an online space for community and dialogue about fat issues and experiences (Dickins et al., 2011). Previously, there had been very few places for people of size to create a fat community that wasn't built on diet culture or centered on weight loss (Dickins et al., 2011). Several of the most influential original fatosphere blogs, such as Paul McAleer's *Big Fat Blog* and Kate Harding's *Shapely Prose* and *Do No Harm*, are now defunct as the body

positivity and fat activism movements have gained momentum. However, many fat-acceptance and size diversity focused online blogs and communities still exist today. For example, *Notes From The Fatosphere,* created by Fat Fu in 2007 is still active, posting links to "some of the best new content in the fatosphere" (Fu, 2021).

As fat acceptance, fat liberation, and body positive online communities grew, several blog writers released books focusing on their experiences and struggle with fat oppression. Such foundational texts included Harding and Kirby's *Lessons from the Fat-o-sphere: Quit Dieting and Declare a Truce with Your Body* (2009) and Marilyn Wann's *Fat! So? Because You Don't Have to Apologize for Your Size* (1998). More recently, fat activism has expanded to many other outlets, including social media campaigns, photography, art, fat-positive fashion, and more (Matacin & Simone, 2019).

Implications for Counseling and Counselor Education

The lived experience of fat stigmatization, anti-fat bias, and fat-shaming can significantly impact mental health and wellbeing (Daníelsdóttir et al., 2010; Tomiyama et al., 2018). Such impacts can include social disconnection and isolation, loss of worth and self-esteem, and incongruent experiences of identity in which stereotypes of fatness are socially assigned in place of individual identity (Lewis et al., 2011).

Professional counselors and CITs who are not aware of their own anti-fat bias may inadvertently assign more significant pathology to fat clients (Kinavey & Cool, 2019; McHugh & Kassardo, 2011). Mental health professionals who gain knowledge of anti-fat bias are more likely to develop empathy and create strategies for working with clients who have experienced or are experiencing fat oppression (Kase & Mohr, 2022). It is essential that clients are also invited to explore their own experience with anti-fat bias and size oppression. Both therapists and clients

might find a sense of empowerment and freedom as they hear stories about living one's life right now, regardless of size. As a consciousness about the need to address anti-fat bias emerges, the fatosphere and its many evolving parts have been at the forefront in education and advocacy. Counselors and CITs may find fat acceptance blogs and fat liberation books an easily accessible and profoundly personal way to understand experiences of fatness.

Counselors as Agents for Change: Action Items

Professional counselors and CITs are well positioned to be agents of change. At a basic level, the ACA Code of Ethics (2014) requires counselors to avoid harming their clients, respect the diversity of their clients, and refrain from imposing the counselor's values onto the client. Additionally, counselors, counselor educators, and CITs are ethically bound to advocate for change at the micro, meso, and macro levels that improve quality of life and remove barriers that impede growth and development of their clients (ACA, 2014; Toporek et al., 2009). As professional counselors and CITs, it is imperative to challenge one's own biases and prejudices regarding body size, both our client's and our own. The following list is not meant to be exhaustive, however, it can be a starting point to examine what is likely a lifetime of anti-fat messaging.

1. Education. Do your own work to educate yourself about anti-fat bias, fatphobia, sizeism, and the intersections of racism, classism, and sexism (Kinavey & Cool, 2019). If you are unfamiliar with the study of anti-fat bias, explore the resources and references provided within this article. Understand that personal experience of fatness is not enough to dismantle biases and prejudices towards yourself and others.

2. Practice self-compassion. Practicing self-compassion can help mitigate the negative impact of internalized stigma (Frederick et al., 2020). It is normal to feel conflicted about your own body. Hold a compassionate space for your process in challenging your own biases and assumptions around body size.
3. Reflect and debrief. Take an inventory of your biases about fat, weight, and body size. Examples of formal assessments to explore anti-fat bias, that can also be used with clients, include the Antifat Attitudes Questionnaire (AFA; Crandall, 1994) and the Anti-Fat Attitudes Scale (AFAS; Morrison & O'Conner, 2010). Reflective journaling can also provide an open format to explore personal biases and prejudices. When you are ready, debrief with a therapist, a trusted colleague, or a friend.
4. Challenge. Challenge your assumptions about fat and larger-bodied clients. For example, refrain from the speculation that fat clients are either working on losing weight, want to lose weight, or are sedentary and do not engage in exercise or intentional movement (Calogero et al., 2019; Tylka et al., 2014).
5. Broach and be an advocate. Broach with your client the topics of body image, experiences with weight stigma, dieting, and the impact on mental health (Brady et al., 2013). Professional counselors and CITs should advocate with and for clients within mental health, medical, and family systems regarding weight, body size, and fatness (Kinavey & Cool, 2019; Roffman, 2008).
6. Keep learning. Seek out additional training, particularly if you are unfamiliar with the HAES® curriculum, and understand the continuous nature of ethical competency (ACA, 2014).

Additionally, counselors and CITs must remain mindful of some basic considerations and accommodations to make their practical spaces more welcoming for clients of all body sizes. Kinavey and Cool (2019) recommend taking an equitable approach to physical office space to ensure it is accessible and welcoming for larger sized bodies. For example, providing a variety of seating options, including chairs without arms and couches that are not too low to the ground, can communicate that all bodies are welcome in the therapeutic space. In the political sphere, counselors and CITs can advocate for more public spaces to also be equitable for fat bodies and reject financial support for the diet industry (Kase & Mohr, 2022).

While the experiences and negative effects of anti-fat bias, weight stigma and fatphobia are now well documented, more empirical studies are needed about the processes of both the reduction of anti-fat bias as well as the increase in attitudes of fat acceptance (Daníelsdóttir et al., 2010; Jovančević & Jović, 2021; Kase & Mohr, 2022). Kase and Mohr (2022) point out that an increase in fat-accepting attitudes may be more helpful in professional counselors' treatment of fat clients than a decrease in anti-fat attitudes. Additionally, more research is needed on anti-fat attitudes that include more diverse participant demographics (Jovančević & Jović, 2021).

Conclusion

Anti-fat oppression has an acute impact on mental health and overall wellbeing (Daníelsdóttir et al., 2010; Tomiyama et al., 2018). Such effects can include but are not limited to increased depression and anxiety, disordered eating behaviors, internalized stigma and subsequent body shame, and increased mental and physical stress from diet and weight cycling (Hatzenbuehler et al., 2009; Tomiyama et al., 2018). Additionally, fat persons are more likely to have medical concerns dismissed by their providers as only related to their body size and may

experience the ongoing threat of undiagnosed and untreated medical conditions unrelated to their body size (Lee & Pausé, 2016).

HAES®, fat liberation, and the fat acceptance movements and communities, including the emergence of a significant online presence of blogs and web-based resources, were created as a response to anti-fat bias, size oppression, and the increasing prevalence of diet culture and the diet industry. A growing body of research has demonstrated the positive outcomes and overall effectiveness of the HAES® curriculum. Positive effects include increased body esteem, reduced internalized fat stigma, and significant improvements in overall mental health and wellbeing (Bomback, 2015; Gagnon-Girouard et al., 2010; Humphrey et al., 2015; LaBlanc et al., 2012).

Professional counselors and CITs are particularly well-positioned as agents of change within mental health, medical, and family systems to advocate for and with their fat and larger-bodied clients. Unfortunately, counselors and CITs are not immune to the incessant social and cultural messaging regarding fat stigma and anti-fat bias. However, through education, self-compassion, reflection, and challenge to internalized anti-fat messaging, counselors can begin the process of unpacking their own anti-fat bias to provide better care for all clients.

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