Body-Based Oppression vs. Body Dissatisfaction:

Unlearning Anti-Fat Bias and Redefining the Power of Psychotherapists

by

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Abstract

Though routinely unacknowledged and scarcely contested, the demonization of fatness and fat people is one of modern society's most tireless ideological crusades against a specified group of people. Anti-fat bias (and its manifestation as body-based oppression) pervades the dominant Western sociocultural landscape, filtering down from the most influential institutions into the implicit and explicit beliefs of individual citizens. One such institution that is fundamentally constructed upon the tenets of anti-fatness is the practice of psychotherapy. This capstone will trace a history of anti-fat beliefs, explore the systemic and oppressive legacies of these histories, and adopt an intersectional perspective to gain a more complex understanding of the impacts of this oppression in contemporary North American society. Ultimately, the analysis will be most interested in contributing to nuanced discussions of how body-based oppression and body dissatisfaction must be understood as distinct mechanisms, particularly for the work of psychotherapists. Actionable suggestions will be offered for psychotherapists who are committed to ethical, self-reflective, and anti-oppressive work, utilizing the power of therapy to inspire wider social change.

Keywords: anti-fat bias, anti-fatness, body-based oppression, body image, psychotherapy

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Body-Based Oppression vs. Body Dissatisfaction: Unlearning Anti-Fat Bias and Redefining the Power of Psychotherapists

Chapter 1: Introduction

Topic Overview

The field of psychotherapy is, ironically, an institution responsible for both the promotion of wellness, advocacy, and compassionate care, as well as the perpetuation of harmful stigmas and marginalization. One of the ways that marginalization is reproduced is through implicit biases and stigmas that therapists hold against people who are perceived as fat. Fat people are more likely to be bullied, neglected by the medical system, convicted of crimes, paid less money, and hired less frequently than their thinner counterparts – and yet, much of this discrimination has not yet been addressed by or protected within the law (Eidelson, 2022). The many deeply engrained, socially constructed beliefs and biases around fatness (that are enacted as institutional discrimination) are often implicit, and therefore typically operate outside of conscious awareness. This lack of consciousness is an insidious facilitator of oppression and stigma that shows up in even the most well-intentioned spaces.

Recently, Harvard University conducted a study based on compiled data from two decades' worth of responses to their famed implicit biases tests. These tests are aimed at assessing unconscious negative biases individuals harbour against specific identities; in this case, the tests assess for biases against race, skin tone, sexuality, disability, age, and body size (Charlesworth & Banaji, 2019). In analyzing the data from responses between 2007-2016, it was found that implicit biases against all categories had been decreasing or neutralizing, except for one category – body size (Charlesworth & Banaji, 2019). In fact, not only was implicit bias against body size failing to neutralize, but it was also actually shown to be the only category

where bias was *increasing* over time (Charlesworth & Banaji, 2019). This study, complementing similar findings and critiques in the field, have contributed to many fat activists and critics of weight stigma deeming anti-fatness as one of the last “socially acceptable” forms of prejudice (Gordon, 2020). In most spaces, discrimination against fat folks is not explicitly named as such or even contested, but rather lauded as objective truth and moral righteousness.

In psychotherapy, these implicit biases are nearly ubiquitous. Therapists – and particularly those therapists who have not had lived experience as a fat person – are privy to the teachings of a discipline that overgeneralizes associations between weight and health and encourages weight loss tactics as psychotherapeutic “methods” (McHugh, 2019). In addition, very few therapists are trained to critically analyze the difference in realized outcomes between systemic oppression and individual feelings of body insecurity. Ultimately, there is a critical distinction between the unrealistic body image standards all people are subjected to that contribute to body dissatisfaction and psychological distress, and systemic fat oppression that institutionally marginalizes and discriminates against fat folks. It is imperative that therapists understand this difference. It must be acknowledged that while there are many intersections between the two phenomena, anti-fatness is an entirely different mechanism from beauty standards, and so are the consequences of each for the health and wellbeing of actual people.

Purpose Statement

This capstone will parse through the differences between anti-fat biases, institutionalized fat oppression, and body image insecurity and dissatisfaction. These will each be analyzed by how they are reproduced among the wider sociocultural landscape more generally, and how they are represented in the psychotherapeutic context. The specific language and unlearning that therapists must undertake to ethically serve clients of all body sizes will be discussed,

particularly in relation to the ethical code binding practitioners in this Canadian province – the British Columbia Association of Clinical Counsellors (BCACC). Ultimately, this capstone seeks to trace a history of anti-fatness, confront the current landscape of fat oppression and anti-fat beliefs, define where beauty standards and body dissatisfaction both converge and diverge from fat oppression, and introduce ways that these belief systems can be challenged in psychotherapy. The orienting research question for this analysis can therefore be defined as follows: how are body image and body dissatisfaction different from anti-fatness and fat oppression, and why is this distinction relevant to therapists and clients?

This research paper aims to confront and combat harmful stereotypes, stigmas, and beliefs held against fat people, with the aim of introducing language to therapists that will help them become more informed, inclusive, socially-conscious, and ethical practitioners. The topic was chosen as a means of furthering conversations of anti-fatness as social oppression more generally, but also applying the knowledge to those in the mental health and helping professions working with vulnerable people. The intended audience of this paper is first and foremost clinical counsellors, but also psychiatrists, psychologists, social workers, and mental health practitioners of all kinds who serve clients in a psychotherapeutic capacity; in this paper, the term "therapists" will be used to broadly refer to this group of diverse practitioners. Even more specifically, the audience who may gain the greatest benefit from this capstone are those therapists and professionals who do not have lived experience moving through the world in a fat body or have not been subject to fat oppression. Hopefully, the following presented research and arguments will serve as a springboard for the aforementioned professionals to reflect on their own belief systems, unlearn their harmful biases, and recommit to a client-first and socially-just professional practice.

Contribution to the Field

Amongst an emerging body liberation movement, this capstone aims to situate itself within this conversation by offering allyship and an anti-oppressive lens in the practice of psychotherapy. The research surrounding anti-fatness, body dissatisfaction, and oppression is vital understanding to therapists who wish to help clients heal within these systems. A therapist that is unaware of these institutional dynamics, or has not yet explored their own relationship to fat oppression or beauty standards, may unknowingly contribute to harmful stigmas and biases within the therapy room – a place that all clients, regardless of identity, ought to feel safe and seen. The psychotherapeutic room is a space that wields great power: the power to raise consciousness, develop insight, inspire change, and promote healing. Yet, that power rests on profound vulnerability, which is a great risk on behalf of the client. Therapists have a duty to not only acknowledge that risk but embrace the client's vulnerability with the utmost respect and attunement. It is the assertion of this research that therapists who are unaware of their power or relationship to oppressive systems are ultimately unable to pay this careful attention.

While a significant body of research has been generated on the harms of anti-fatness and fat oppression more generally, far fewer studies have focused specifically on the potential for harm within psychotherapy. Further, even fewer pursuits have included intersectional feminist perspectives, wherein anti-fatness is considered in relation to the unique harms it produces among individuals across various spectrums of marginalized identities. For these reasons, it is the aim of this capstone to further the conversation of these broader societal issues as they apply to even the smallest microcosms of the therapy room and the people who inhabit those spaces. If a research project is to assert itself as anti-oppressive, it must therefore commit to naming

oppression where it exists, unpacking how this oppression circulates, and ultimately devising actionable strategies toward a dismantling of the inequities.

Considering this, the following research is presented specifically with therapists who hold privilege and power in mind. It is certainly true that there is an inherent power dynamic within the therapeutic relationship, and all therapists should maintain an awareness of their professional power. However, there are also varying degrees of power that therapists hold over their clients based on their intersecting identities and corresponding privilege – which may translate to lack of awareness of the suffering of the marginalized. Therefore, it is the belief of this paper that the greatest value to the wider society is to directly address those therapists who may have experienced body policing and body image dissatisfaction to varying degrees but have not been perceived by the world as fat, nor experienced oppression or discrimination due to their body size. This is not to definitively say that the following research may not be a benefit to fat therapists as well, and indeed it likely will be for many. Oppressive systems will often disseminate their beliefs in a way that will be deliberately internalized by the oppressed, rendering many sightless to – or in denial of – their own oppression, ultimately benefitting the oppressor. Even so, this capstone wishes to raise awareness of these issues in a way that non-fat therapists may have never had to encounter through lived experience, with the hope of contributing to greater awareness for ethical psychotherapeutic practice.

Conceptual Framework

Within the framework of psychotherapy, this capstone will not assume a specific modality through which the research will be analyzed. Similarly, suggestions for modality-specific tools within the therapy room (such as psychoanalytic or cognitive-behavioural techniques, for example) will not be the focus of this research. Rather, the research will be

frequently filtered through a broader lens of social constructivism – a sociological theory that outlines the various subjective ways that reality is constructed, and knowledge is accumulated and interpreted through human interaction (Prochaska & Norcross, 2018). Social constructivism rests on the idea that meaning is made on an individual basis – that "our constructed reality is the result of our culture, perception, and language" (Prochaska & Norcross, 2018, p. 406). Social constructivism, in this case, does not necessarily serve as an orienting theory from which all the research will be interpreted; it does, however, provide an underlying perspective for some of the ways that culture, perception, and language will be discussed in relation to power and oppression.

Another key frame of reference that will be taken up in the following research is the concept of intersectional feminism, or intersectionality. The term itself was originally coined by lawyer, activist, and scholar, Dr. Kimberlé Crenshaw, in the 1980s – however the spirit of the term is firmly rooted in Black feminist thought originating from as early as the nineteenth century (Carastathis, 2016). Intersectionality is a concept that refers to the multitude of ways that marginalized identities interact and intersect to produce multi-layered effects of oppression that are unique to the precise intersection (Crenshaw, 2016). Crenshaw uses the example of race and gender to describe the ways that Black women experience oppression based on the interaction of these two identities that is different from the racism that Black men experience, and different from the misogyny that White women experience (Crenshaw, 2016). This concept is expanded beyond race and gender to include sexuality, class, ability, and many other identity categories which create perpetually overlapping and uniquely harmful variants of marginalization. In this capstone, intersectionality will provide a lens through which the effects of anti-fatness on varying intersections of identity may be interrogated and disrupted.

Reflexivity and Positionality

While tackling research on issues that are imbued with conversations of power, privilege, and social context, it is critical that I position myself – as the writer – within the discourse. I write from the unceded, ancestral, and traditional territories of the Sḵwx̱wú7mesh (Squamish), səl̓ilwətaʔɬ (Tsleil-Waututh), and xʷməθkʷəy̓əm (Musqueam) nations, whose lands I occupy as an uninvited settler. I recognize that my White privilege and participation in colonial occupation as an Anglo-Canadian has also been compounded with the privilege I occupy as a middle-class, heterosexual, cisgender, able-bodied, neurotypical, and non-religious woman. These intersecting identities situate me largely within the realm of power in relation to this work. My own awareness of this privilege has acted as a great motivator in pursuing anti-oppressive and socially-just practices as a counselling practitioner, and in this case, hoping to inspire other power-holders in the therapeutic field to join this process of unlearning and advocacy.

I identify firmly as a feminist and incorporate this lens into much of the work that I do. This may, at times, result in a lens which heavily focuses on the experiences of women. While I do not intentionally wish to quiet the voices of men and gender diverse people who also face fat oppression, I believe that I bring to this research both lived experience and a more keenly sharpened eye into the lives of women, as well as a lifetime of anecdotal experience shared with me by female peers. A great deal of my inspiration for this capstone has come from this experience – speaking to countless women I have known who have experienced anti-fat oppression, body dissatisfaction, or both. I therefore recognize this as both a bias and an inspiration, as I equally know how this shows up in the lives of real people as much as I have expectations for it to show up in the literature.

Another greatly influential identity of mine that has informed my relation to this research is that of a lifelong competitive athlete. From the age of six when I joined my first soccer team, until the age of twenty-two when I finished my career as a university volleyball player, I have dedicated nearly my entire childhood, adolescence, and young adulthood to competing in sport. In the sport world – particularly in women's sport – conversations around body size and body image are consistently fraught. In many ways, the type of performance-based training that women commit to in competitive sport challenges sociocultural norms of femininity which expect women to be small, thin, and fragile. Female athletes are then placed at a crossroads between expectations of maintaining femininity and achieving at high levels in their sport. This, in my experience, has created a culture of deeply problematic relationships to perceptions of body image among women in sport.

However, I believe the problem exists in several realms. The first is that many female athletes develop body dissatisfaction in relation to these competing ideals, which has the potential to harm their mental health as well as their athletic performance. Consequently, it also contributes to deeply held anti-fat biases and beliefs, which run rampant in a sport culture where bodies and weight are frequently discussed in relation to performance. For me, under these conditions, I developed a challenging relationship to my own non-fat body – but was left unaware for many years to the ways that my experiences with body dissatisfaction was upholding belief systems that contributed to fat oppression. In such a fitness-focused world, many female athletes tie their worth and identity to the size, shape, and physical abilities of their bodies. This undeniably contributes to deeply-planted seeds of anti-fatness that render many athletes (such as myself, at a time) unaware of their own biases, which ironically perpetuate the very system that plagues their self-perception. Body dissatisfaction, then, functioned as a

distraction from the deeper underlying messaging of anti-fatness by keeping the conscious mind focused purely on the immediate reflection in the mirror.

Through this experience, I believe that I bring a unique perspective into the undertaking of this research. This perspective, though, also functions as a significant bias. I have endeavored to unlearn the messaging I internalized within the competitive sport world with the hope that I can apply this new-found knowledge and self-reflection into the work of my next developing identity as a clinical counsellor. Surely, this does comment on the expectation of outcomes for this research being validating of my anecdotal experience. However, this is a bias that I have reflected on throughout the research process, and use to my advantage in remaining passionate about the work. Ultimately, I believe firmly in our ability as human beings to be capable of self-reflection, lifelong learning, and seeking change in the name of justice. These beliefs, biases, and personal experiences all inform a unique lens through which this research is filtered – though it remains a passionate and dedicated lens, one that is invariably hopeful for the future.

A Note on Language

Before diving into a list of definitions for key terms used throughout this capstone, it is first pertinent to discuss some of the context behind the very intentional use of language throughout this work. There is some language used in the following research that may feel uncomfortable or jarring to some readers, and some language that other readers may feel is entirely missing in relation to the topic. As much as possible, this capstone seeks to utilize language that reflects what fat activists and folks allied within the body liberation movement are *currently* asking people engaging in this work to use. Importantly, it must be stated that language is a deeply phenomenological, culture-imbued, and ever-evolving tool that shifts drastically across time and context. For the purposes of this capstone, there is a recognition that the

language utilized here is situated within this specific moment in time and history, which could (and likely will) shift in the future, potentially rendering the current stance obsolete or outdated.

The first piece of language that will be addressed is the use of the word "fat" – rather than alternative terms such as overweight, curvy, plus-sized, obese, chubby, or any other variants. Activists in recent years have been calling for folks to confront and use the word fat to describe people as a way of dismantling negative associations of fat as a "dirty" word, or fatness as an undesirable condition. In considering the word fat as a type of slur against fat people, it reinforces the notion that being fat is shameful and should not be highlighted, rather than what it is – a neutral descriptor of a person. Conversely, the terms "non-fat" or "thin" will be used to describe individuals who typically fall within the accepted boundaries of societal body standards, typically characterized as folks who fit into US women's clothing sizes 0-14. These terms are used in place of "straight-sized," "normal weight," or "standard sized" – as this language all reflects some sort of norm or standard from which fatness is considered a deviation.

Expanding on these intentional choices, a word that will not find its way into this capstone – but has been dominant in this sphere for many years – is "fatphobia." Fatphobia is defined loosely as a pathological fear of fatness, but has been adapted to be used in many scenarios to broadly refer to what is discussed here as anti-fat biases, attitudes, and systems. One fat activist in particular, Aubrey Gordon (2021), calls for an end to the use of fatphobia for several reasons. The first – and perhaps most pertinent to this work within the context of psychotherapy – is that phobias are real mental illnesses, and equating discriminatory beliefs and behaviours to a mental disorder only further stigmatizes folks who experience mental illness (Gordon, 2021). This also works to minimize the hatred that is experienced by fat people at the hands of folks who harbour deeply-rooted anti-fat bias; fear is not the same as hatred and bigotry,

and the word fatphobia does not clearly draw that line (Gordon, 2021). For these reasons, anti-fat bias and anti-fatness are terms that more clearly articulate how these beliefs and systems are experienced by fat people in the world, and as such will be what is used in this capstone.

Defining Key Terms

Anti-Fat Bias/Beliefs: the implicit and explicit **"**negative attitudes and beliefs about people who are perceived as being fat" (Kinavey & Cool, 2019, p. 4), which causes significant harm to fat people.

Anti-Fatness: "a web of beliefs, interpersonal practices, [and] institutional policies that are designed to keep fat people on the margins" (Gordon, 2023, January 17, 0:22). Anti-fatness is a system within which anti-fat bias, weight stigma, discrimination, and oppression are fostered.

Body-Based Oppression: oppression that is enacted and experienced solely due to the characteristics of one's body, including weight and body size, race, ability, and beyond.

Body Dissatisfaction: having negative attitudes and feelings towards the appearance of one's body. This is assumed to arise from "a perceived discrepancy between the actual physical appearance (i.e., actual body image) and the desired ideal state of the body (i.e., ideal body image)" (Heider et al., 2018, p. 158).

Body Image: the thoughts, perceptions, and feelings one has towards the physical appearance of one's body. It is important to emphasize that the term 'body image' itself connotes neither negative nor positive evaluations of these thoughts, perceptions, and feelings.

Body Liberation: a social movement that is concerned with freeing people who have been marginalized by body-based oppression and the belief systems that deem their bodies inferior.

Body Policing: the act of critiquing a person's physical appearance with the aim of 'othering,' or establishing the person's body as a deviation from accepted societal standards and norms. This is

a tool that can be used by the oppressor to reinforce these standards, but may also be internalized and circulated by the oppressed.

Diet Culture: a system of beliefs that values thinness, equates thinness to health, and promotes harmful eating habits and weight loss strategies. This belief system often purports to be concerned with "wellness," but in reality is responsible for producing effects of disordered eating, the moralization of food, and internalized shame.

Fat Oppression: discrimination against people perceived as fat that is systemic and institutionalized, producing barriers to opportunity and unequal access to human rights for fat people.

Fitness Industry: a large socioeconomic system that includes "any person, company, or entity that focuses on exercise, health, and overall maintenance of the body" (Cavallari, 2023, para. 1). This industry's first and foremost concern is profit, which often results in a neglectful concern with the actual health and wellness effects it produces in order to focus on generating wealth.

Microaggressions: commonly and casually uttered words, phrases, or attitudes that are often implicit (though not exclusively), and communicate harmful, stereotypical, or derogatory beliefs against a marginalized group.

Patriarchy: a social, political, and economic system of power and control that was created by, creates advantage for, and maintains the dominance of, men and masculinity.

Privilege: a set of unearned advantages afforded to individuals and groups who occupy identities and characteristics deemed superior by socially-constructed and arbitrary determinations.

Psychotherapy: the practice of addressing mental health concerns, developing insight and self-awareness, and inspiring positive life change through the interpersonal interaction between a client(s) and a trained therapist.

Thin Ideal: a socially constructed, Eurocentric body standard that values a preference for thinness, especially in women.

Weight Stigma: similar to anti-fat bias, weight stigma is another term that refers to derogatory behaviours and ideologies that negatively harm fat people, and specifically associates fatness with social shame. Weight stigma has recently been shown to be a greater risk to health and well-being for fat people than their actual weight (Tomiyama et al., 2018).

Western Beauty Standards: a system of norms and preferences that defines and creates expectations for beauty, within the broad geopolitical region of Europe, Australasia, and the Americas. These standards generally extol Eurocentric phenotypic traits and promote whiteness and thinness as the premier expression of physical beauty.

Outline of Chapters

This first chapter has included an introduction of the research topic, and a contextualization of the current landscape surrounding anti-fatness and body dissatisfaction as they relate to psychotherapy. It has also encapsulated a working framework and structured outline for the purposes behind undertaking this research, as well as an understanding of where I position myself within the research and its analysis. This chapter has functioned to lead into chapter two, which will comprise a literature review – though certainly not a comprehensive one. This literature review will dive into the history of anti-fatness and its development, the legacy and manifestations of fat oppression in the current day, its convergence and divergence from beauty standards and body dissatisfaction, and implications of the meanings made in these realms for the practice of psychotherapy. The aim of chapter two is to illuminate various issues raised by the research and contribute to a broader conversation of dismantling fat oppression within psychotherapy. Chapter three, then, will provide a summary, discussion, and synthesis of

the major themes drawn from this research, and integrate this analysis into concrete and actionable tools for therapists to learn from and take forward into their practice.

Chapter 2: Literature Review

Literature Review Intro and Structure

In this chapter, a wide breadth of research relating to anti-fatness – both historically and currently – will be explored. The chapter will begin with a historical account of the origins and rise of anti-fat attitudes, followed by a modern-day depiction of the oppressive and systemic legacies of this history among three major societal institutions – healthcare, education, and the workplace. The conversation will then shift to an exploration of anti-fatness within the context of intersectionality and identity, before continuing to highlight and debunk some of the most commonly held anti-fat beliefs, named here as myths and microaggressions. After this, a discussion of body dissatisfaction and Western body image ideals will be presented as both related to and divergent from the forces that produce anti-fat oppression. Ultimately, this will culminate in an analysis of the role of psychotherapeutic practice in both the perpetuation of anti-fat attitudes, as well as its capacity to aid in dismantling these systems. The literature review will be interested in separating body-based oppression from body dissatisfaction to provide the language for psychotherapists to become more inclusive and justice-seeking practitioners.

North American History and Development of Anti-Fatness and Institutional Oppression

How Did Anti-Fatness Develop?

To understand how anti-fat biases, rhetoric, and oppression operate in a Westernized North American culture today, it is pertinent to first turn to its origins. These origins are untenably born out of colonial and white supremacist roots, a legacy that continues to affect how anti-fatness is (re)produced (Strings, 2019). While much of Western history documented a social preference for curvy female bodies, there was a marked shift during the continual rise of Protestant Christianism during the post-Renaissance period in which narratives of sloth, greed,

and individual moral strength began to turn the tides toward a preference for thinness (Strings, 2019). This shift was combined with an ongoing period of global European colonization and imperialism wherein White, Western colonizers determined the existence of the racialized “other”; ultimately, this lead to a demonization of the bodies of the “other” from a white, colonial lens (Strings, 2019).

Through the centuries, the Black and Indigenous body (and particularly female body) became a locus of fear and exoticization, while an emerging North America wrestled with the ongoing dynamics of slavery, genocide, and colonialism (Strings, 2019). The body therefore became another site of control for the colonizers to occupy, and particularly painted fatness as an unhealthy and uncivilized condition (Robinson, 2019). White, Western, Christian colonizers were ultimately responsible for the origins of the demonization of non-White, non-thin bodies as a means of conversely moralizing White thinness (Robinson, 2019). Body size was henceforth established as a means of differentiating the White body from the racialized one to establish and justify social hierarchy based on visible markers.

A more deeply rooted and institutionalized anti-fatness culture, however, became more solidified during the mid-twentieth century post-war era (Braziel & LeBesco, 2001). After the second world war, the burgeoning fitness and diet industries began to create (and consequently, capitalize on) a fixation with body size, shape, and weight in a way that became more engrained in the dominant sociocultural landscape (Braziel & LeBesco, 2001). This obsession with weight and the body developed into an anti-fatness culture that still purports fatness and thinness being direct correlates of health, beauty, and individual worth – with fatness falling on the lesser-desired margins of each of those categories (Braziel & LeBesco, 2001). This legacy has therefore contributed to a remarkably expansive anti-fatness culture which pervades all social institutions

in North America, and is experienced as body-based oppression by all those who fall into the category of "fat."

Fat Oppression in Healthcare

According to both empirical evidence and countless personal testimonies by those with lived experience, one of the most influential industries in which anti-fat discrimination and weight bias is disseminated is within Western medicine and the healthcare system (Teachman & Brownell, 2001). Healthcare has been proven to not only train professionals into believing the medical model narrative of fatness as a "disease," but also the myth that fatness arises from laziness and weak will or moral character (Teachman & Brownell, 2001). In one study, it was found that physicians associated fat patients with "poor hygiene, non-compliance, hostility, and even dishonesty" (Teachman & Brownell, 2001, p. 1525), while nurses expressed a belief in fat patients as "overindulgent, lazy… and less successful" (p. 1526). These attitudes exist in both explicit and more insidious implicit forms, and ultimately endanger the health of fat patients who may struggle to find equitable care.

This anti-fat bias that is reproduced rampantly within healthcare has been documented to create further weight stigmatization and worse mental and physical health outcomes for fat patients (Lawrence et al., 2021). Anti-fat stigma is notably associated with greater levels of anxiety, depression, suicidality, and substance use; subsequently, these negative impacts that anti-fat stigma creates for one's mental health poses a far greater risk to physical health than does fatness itself (Lawrence et al., 2021). Irrespective of weight, there is longitudinal evidence to suggest that weight stigma and discrimination is associated with a 60% increased risk of death and long-term health implications, such as chronic life stressors and heart-health issues (Sutin et

al., 2015). This evidence points to the remarkable levels of stress associated with body-based oppression, which negatively impacts fat folks' access to necessary and lifesaving medical care.

This empirical evidence that points to systemic anti-fat bias within healthcare is indeed validating, but ultimately highlights an experience of oppression that fat folks have been testifying about for decades. This bias has created a culture in which fat individuals frequently do not seek out medical care, due to previous experience of stigma, bias, and shame (Lee & Pausé, 2016). One testimony of a fat woman who refused to seek health care due to shame and fear stated "I was terrified of going to the doctor. I did not want to be shamed. I did not want to be lectured to. I did not want official confirmation of my absence of worth" (Pausé, 2014, p. 137). Beyond the shame experienced by fat patients, many people recount a refusal of health professionals to conduct proper assessments due to their weight (Pausé, 2014). In Pausé's 2014 study, one patient named Lauren stated "as a fat woman, any health problem, however temporary or seemingly unrelated to body size, is put down to my weight" (p. 138). Health professionals therefore neglect their ethical duty to "do no harm" by focusing solely on the weight of the patient in front of them at the expense of their actual health.

Fat Oppression in the Workplace

Unfortunately, healthcare is but one institution where anti-fat biases contribute to body-based oppression against fat individuals. In the workforce, these biases are present from the very beginning of the hiring process (Flint et al., 2016). A 2016 study by Flint et al. found that fat candidates were discriminated against not only when applying to jobs independently, but also by recruiters taking on candidates to assist in the hiring process. The perceived suitability of candidates was significantly lower in individuals who qualified as "obese," as compared to "normal weight" candidates and candidates whose weights were not revealed (Flint et al., 2016).

This finding was established irrespective of the type of job and the physical demand it entailed, which suggests a connection between anti-fat stigma narratives and active discrimination in the workforce. Considering job security and financial stability are necessities for survival in a capitalist society, it is clear that anti-fat discrimination in the hiring process is a form of oppression that creates barriers for opportunity for those individuals who are perceived by the world as fat.

For those who manage to make it through this discriminatory hiring process, oppression continues to exist within the workplace as well. Fat women are more likely to experience lower occupational attainment and lower salaries compared to their non-fat counterparts (McHugh & Kasardo, 2012). Another prevalent example of this continued discrimination is the presence of workplace wellness programs, which are highly utilized in North American contexts. Under the guise of "wellness promotion," these programs have rarely been analyzed or critiqued for their implicit promotion of weight-based discrimination. In 2018, Täuber and colleagues found that these programs associate weight with individual control and responsibility, which increases the prevalence of anti-fat stigma within the organization. Moreover, this narrative of individual responsibility affects promotion decisions, making weight a more prevalent discriminatory factor within the decision-making process (Täuber et al., 2018). This not only contributes to concrete barriers for promotion of fat employees within the workforce, but also the internalized individualization of weight responsibility in fat individuals who are part of the workplaces that promote these programs (Täuber et al., 2018). This internalized weight stigma ultimately becomes perpetuated through the implicit messaging from one's place of employment that their body is something to be ashamed of, that it should be changed, and it is within their individual responsibility to do so.

Fat Oppression in Schools

Perhaps one of the first and most formative institutions shaping the lives of North Americans is the education system. From as early as preschool at age three or four, children are subjected to the perspectives, biases, and prejudices of this institution through their most significant periods of development. This is also an environment where, many with lived experience will recount, weight stigma and bias is first encountered. Weight stigma has been documented to effect body dissatisfaction and eating patterns in children as young as six years old (Jendrzyca & Warschburger, 2016). Peer-based discrimination is a large source of this issue, with overweight youth being affected by greater negative mental health outcomes than youth who fall into the socially constructed category of "normal" weight (Warnick et al., 2022). Similar to the evidence found in the medical system with adults and health outcomes, a lower quality of life in middle childhood is related to the experience of weight stigma, teasing, and discrimination – not the weight itself (Guardabassi, 2018).

The experience of discrimination for fat youth is not limited to peer interactions, however. These biases also permeate systemically throughout the many layers of the institution. One of the ways this discrimination is reproduced is through implicit and explicit biases held by teachers, which directly influences educational disparities in fat children (Finn et al., 2020). Students classified as "obese" experience lower academic success and lower chances of attending college, with one of the possible explanations being discrimination in treatment and grading by teachers (Finn et al., 2020). In a study by Finn and colleagues (2020), they found that although a sample of essays of fat and non-fat youth were judged to be of similar quality, the essays of fat youth were assigned lower grades. The same teachers assumed that the fat youth

would require greater assistance and would achieve lower grades overall in school, despite any evidence to suggest that was the case (Finn et al., 2020).

Finally, another mechanism by which anti-fat stigma is reproduced is through the lack of education and representation of body-based oppression. A salient means of reducing weight stigma is introducing critique of fatness as a disease and reframing weight stigma as oppression through a social justice lens (Kasardo, 2019). However, body size has been categorically excluded from many multicultural, intersectional, and diversity-oriented textbooks across pedagogical and academic fields (Kasardo, 2019). This lack of representation and acknowledgment further perpetuates the cycle of oppression, by sustaining ignorance among those with privilege and continually invalidating those who are marginalized. Anti-fatness is still a form of oppression that is widely unacknowledged by even the most educated in this society, however this emerging research is hopefully contributing to a future where that fact becomes fiction.

The Intersectional Elements of Anti-Fat Oppression

Anti-Fatness, White Supremacy, and the Demonization of the Racialized Body

As introduced in the previous chapter, anti-fatness is uniquely tied to the rhetoric of white supremacy. During the emergence of scientific racism in the 17th century – wherein European scientists aimed to classify humans by supposing the inferior and superior characteristics of each "race" – the female body was one such characteristic that could be used to justify theories of European superiority (Strings, 2019). With this knowledge, it becomes increasingly clearer just how intertwined the origins of race-based and body-based oppression were to each other. The European scientists who attempted to justify stratifying humankind into socially constructed categories ultimately did so based on arbitrary physical characteristics, one of which being body

shape and size (Strings, 2019). Therefore, body-based oppression became one of the tools through which race-based oppression could be substantiated, by vilifying the racialized body in order to valorize the thin, White ideal.

Today, this history continues to manifest as major barriers for communities of colour in North America – and particularly Black and Indigenous women. Taking the US as an example (due to a paucity of relevant Canadian research), Black girls have a 50% higher likelihood of being considered fat than their White counterparts and are subsequently at a 500% greater risk of being disciplined more harshly for their body size (Daufin, 2019). These statistics point to both the fact that Black women are more likely to have their bodies pathologized, and also have that pathology be interpreted as an individual failing. Moreover, this inequity is deeply reflected in Western gendered beauty standards. The ideal feminine form is purported to be one that is White and thin, consequently demonizing the fat Black woman in opposition to this ideal (Shaw, 2005).

Black women, however, are not the only racialized group to experience the subjugation of these oppressive standards. Anti-fatness must also be understood as a colonial tool through which the colonizing powers exercise continuous control over Indigenous bodies (Robinson, 2019). As with the land and culture, settlers saw the body as yet another opportunity for domination, “marking Indigenous bodies and populations as conquered, unhealthy, and immoral, requiring ongoing intervention” (Robinson, 2019, p. 43). Degrading the Indigenous body thus serves as another way to fabricate a problem within an oppressed group to exert power, control, and narratives of superiority among the oppressors. One of the insidious ways that this colonial norm is reproduced is through intergenerational trauma and internalized belief systems that get disseminated through family lineages, rendering Indigenous communities at perceived “fault” for their own oppression (Jiménez, 2019). It is therefore critical to confront the intersections of

racism and anti-fatness, as the existence of one ultimately functions to justify the existence of the other.

Anti-Fatness, Gender, and Patriarchy

Through the research analyzed thus far, it is clear that weight bias is becoming an increasingly studied topic among academics in the past few decades. However, only a modest amount of this research addresses the disproportionate effects that anti-fat bias has on women. Though the history of anti-fatness has already been situated within White, colonial origins, its patriarchal nature is just as influential to its legacy. Anti-fat attitudes conjured up by White, male colonizers were not only attached to racial dynamics, but also the objectification of the female body for both pleasure and profit (Forth, 2012). This initiated a pattern which is aptly described by Dolezal (2010):

> Despite the invisibility of women as social subjects, the physical aspect of female bodies has traditionally been subject to heightened scrutiny; women are expected to maintain their form, appearance, and comportment within strictly defined social parameters, or else face stigmatization and the loss of social capital. (p. 357)

Ultimately, this meant that women's power, status, and visibility in society became quite acutely linked to their conformity within the emerging thin ideal.

Translated into modern day manifestations, fat women experience greater weight stigma, discrimination, and oppression across nearly all domains compared to fat men; this includes education, healthcare, workplaces, and romantic relationships, to name a few (Fikkan & Rothblum, 2011). Some research suggests that attitudes of disgust are associated more closely with fat women than fat men – and that while men are more likely to hold negative attitudes *towards* fat individuals, women are more likely to experience a fear of *becoming* fat (Lieberman

et al., 2012). In both cases, there is a pathological association of fatness as repulsive, and yet there is a clear power differential in attitudinal qualities. In sum, the oppressor casts negative attitudes towards the oppressed – while the oppressed expresses fear of their oppression intensifying. This serves as an example of how gender plays into the power differential surrounding anti-fatness, but also how the prejudice is reproduced from both ends.

This is not to say fat men do not experience discrimination and systemic oppression based on their body size; anyone who occupies a body deemed too large by this society is met with stigma, opportunity barriers, and exclusion from many spaces, as already evidenced. However, the intersection of being fat and female is one which compounds the experience of body-based oppression, as the female body is subject to a vast array of scrutiny, control, and objectification that the male body is not (Dolezal, 2010). Routinely, it is found that fat women are more negatively perceived and face greater stereotypes and prejudices than fat men (Jovančević & Jović, 2022). Importantly, it must be made clear that the use of binary language in reference to gender is intentional here. Most of the literature analyzing anti-fatness and gender only highlights individuals who fall into the rigid cis-normative gender binary – further erasing and othering the lived experiences of queer, trans, non-binary, and gender fluid individuals.

Intersecting Anti-Fatness and Queerness

Paying keen attention to the unique effects of anti-fatness on various intersecting identities is particularly meaningful within the LGBTQ+ community. Encompassing of so many individual identities that fall outside of Western society's hetero- and cis-sexist binaries, the experiences of anti-fatness within this community are as unique and personal as they are widespread and comprehensive. Dawn Atkins wrote her seminal 1998 text "Looking Queer" with the aim of addressing the disproportionate representation of LGBTQ+ people experiencing body

dissatisfaction, eating disorders, and anti-fat discrimination compared to the general population. Here, Atkins highlighted the unique challenges associated with anti-fatness and same-sex attraction (1998). While in heterosexual couples, women are expected to maintain an ideal that men are encouraged to seek out, same-sex couples experience pressure from both sides – that they must seek out a specific stereotype, and simultaneously fulfill that stereotype themselves to attract others (Atkins, 1998). This ultimately creates an environment in which anti-fat attitudes and biases are perpetuated, through the maintenance of cyclical expectations that have become deeply engrained into the culture of this community.

Several decades later, there has been some (though still scarce) further research on anti-fatness within queer communities, especially in regard to the effects on mental health. One such analysis found that gay and bisexual men (GBM) report far greater levels of body dissatisfaction than their heterosexual counterparts – and that this dissatisfaction contributes higher levels of depression, anxiety, eating disorder symptoms, and internalized homophobia among GBM (Brennan et al., 2013). This experience is compounded for racialized GBM. Whereas heterosexual Black and Hispanic men are more likely to report positive body image and preferences for larger bodies, the reverse is true for racialized GBM (Brennan et al., 2013). This analysis highlights the necessity of considering anti-fatness through the nuanced and ever-evolving lens of intersectionality, as although these prejudices exist on an overarching societal scale, they are not experienced in the exact same way by any two individuals due to the many categories of identity through which these biases are filtered and reproduced.

For transgender and non-binary individuals, many of the same oppressive structures that define transness in opposition to the binary ideal are adjacent to rhetoric of fatness in opposition to the thin ideal. Historically, there has been a paucity of research on the experience of the fat

and trans intersection – yet in recent years, an emerging group of academics have recognized the critical nature of interrupting the dualist rhetoric that compounds oppression for folks who occupy intersecting marginalized identities. In one qualitative study of 19 trans and non-binary individuals in the UK, many participants acknowledged a challenge of seeing little representation of trans people in fat spaces, and few fat people in trans spaces, resulting in few opportunities for their experience to be reflected among the communities in which they engage (White, 2019). In addition, facing anti-fat attitudes and body standards can also compound feelings of gender dysphoria during transition, as a fat body does not fit within the idealized expectation of any gender (White, 2019). This ultimately creates the sense that individuals who are both fat and trans do not fit neatly into any category and are consequently pushed to the margins.

Anti-Fatness and Ability

In addition to gendered identities, (dis)ability is yet another category through which bodies are medicalized, pathologized, and othered in the dominant sociocultural landscape (Herndon, 2002). This intersection is unique in that the same rhetoric that renders disability as diseased, undesired, and pitiable also casts fatness *as* disability (Herndon, 2002). In both cases, fat and disabled bodies are considered deviant, impaired, and requiring correction (Meleo-Irwin, 2016). However, the fat *and* disabled individual experiences a compounding of these beliefs, and significant discrimination in terms of autonomy, opportunity, and even access to physical spaces (Meleo-Irwin, 2016). This ultimately results in fatness being treated, under many conditions, in much the same ways disability is in this society. These patterns have led to a fascinating and emerging set of literature which seeks to categorize fatness as a disability – not as a way of pathologizing fatness, but claiming the rights to the institutional anti-discrimination policies

afforded to disabled people that has not yet been applied to those discriminated against based on body size (Herndon, 2002).

Anti-Fatness and Socioeconomic Status

A final social identity category that faces greater discrimination at the intersection of fatness is that of socioeconomic status (SES). Individuals living below the poverty line experience some of the highest rates of fatness among any of the aforementioned identity categories, and are often subject to environmental factors that produce expectations of an inability to “control” their weight (Pearl, 2018). Such expectations also contribute to beliefs that poor folks, and particularly poor black women, are “burdens” who cause undue stress on the socioeconomic system (Strings, 2019). Additionally, lower social status has been found to directly relate to worse psychological well-being outcomes among those who experience weight stigma (Ciciurkaite & Perry, 2018). This means that fat individuals with low SES are at greater risk of experiencing mental health challenges, a direct result of the social disparagement of these two intersecting identities (Ciciurkaite & Perry, 2018).

Those living below the poverty line are also subject to the stereotypes of laziness and poor moral character that are used to denigrate fat people, stemming from a capitalist ideology defining one’s own transgressions through the lens of individual responsibility (Felkins, 2019). This capitalist ideology paints the individual citizen responsible for their own status in society, even though the system itself requires social stratification, inequity, exploitation, and violence to operate (Tyner, 2016). In this context, it renders the poor and fat individual at fault for their own poorness and fatness, turning the blame away from the compounding social conditions created by system itself and instilling the myth of meritocracy to indoctrinate the public into believing they are the master of their own fate (Stanley, 2023; Tyner, 2016). This ideology dehumanizes the fat

and poor individual and casts them as unworthy of citizenship in a capitalist society, contributing to a multitude of barriers and consequential discrimination that are reframed as individual fault (Stanley, 2023).

Limitations to Intersectional Analyses

Ultimately, race, gender, sexuality, ability, socioeconomic status, and body size are all identity categories that fall prey to the black-and-white, oppressive, dualist norms of North American and Western culture. The standard is oriented around a single idealized version of the White, male, heterosexual, cisgender, able-bodied, upper class, and thin body – from which all other individuals transgressively deviate. Due to the limitations of this paper, the current analysis of identity and intersectionality in relation to anti-fatness is by no means comprehensive. The breadth of these subjects and each individual intersecting identity are truly worthy of their own research projects entirely – not to mention far more future academic inquiry. Yet, it remains imperative to the current analysis that even brief snapshots of these intersecting identities are considered, to begin the unlearning process for readers (and particularly psychotherapists, for the purposes of this paper) occupying privilege and lacking lived experience. It is the hope that this brief look into intersectionality will craft a more sharpened perspective throughout the remainder of the highlighted research.

Confronting Common Anti-Fat Myths and Microaggressions

Fatness as a Choice or Moral Failing

One of the most commonly held beliefs about fatness and fat people is that it is a condition of an individual's choosing; as if with greater discipline, work ethic, and internal moral character, one could "cure" oneself of their fatness. This belief rests on two assumptions: that fatness is something that *can* be reasonably cured or altered, and something that *should* be cured

or altered. This is part of what makes this form of oppression unique. Weight is believed to be something completely under an individual's control – framing the oppressed as complicit in their own oppression, as if they are somehow a thin person who is simply failing (Gordon, 2023). Consequently, fatness is framed under this assumption as inferior and undesirable, a quality that one should oppose and seek to eradicate to achieve moral virtuousness. It will become increasingly clear that body size – as with categories such as race and gender – is assigned socially constructed values, that insidiously make their way into the commonly held beliefs of both individuals and entire institutions.

It remains to be said that there are certainly choices that can contribute to fatness, and many people who exist that choose to be fat. However, insisting that fatness is a choice in all cases is entirely erroneous; some studies will estimate there are over 100 factors that contribute to weight and body size, many of which interact with each other (Nutter et al., 2020). For one example, there is consistent scientific evidence that suggests obesity has a significant genetic component, and in fact could account for up to 80% of a person's body size (Gordon, 2020; Riveros-McKay, 2019). Moreover, there are a whole host of health conditions that can cause weight gain or resistance to weight loss, including but not limited to lipedema, polycystic ovarian syndrome, and diabetes – conditions that, when combined, affect up to one third of the American population, the majority of whom are women (Gordon, 2023). In fact, one review found that among 75% of studies analyzed, participants having previously engaged in dieting or weight loss behaviours was actually a significant predictor of future weight gain (Lowe et al., 2013). All of this evidence points to the conclusion that there are a multitude of complex factors contributing to fatness, and yet the majority of the population still believes that it is a result of weak individual will power (Kolata, 2016).

Beyond individual genetics and conditions, there are a host of social and environmental factors that contribute to weight and body size as well. Targeted food marketing, access to grocery stores, high levels of environmental stress, increasingly sedentary jobs, and a decline in the promotion of physical activity among children and youth are all factors of the environment that affect weight and weight gain (Greenway, 2015; Pearl, 2018). In more recent years, it was found that feelings of depression and low motivation experienced during the months of March through July of the COVID-19 pandemic was associated with weight gain, specifically in women (Kuk et al., 2021). Additionally, and quite ironically, weight stigma perpetuated among the public is one of the most influential predictors of weight gain (Brewis et al., 2018). Some researchers go so far as to call weight stigma a global health concern – using adjacent language to the "obesity epidemic," but instead representing the opposite end of pathologization (Brewis et al., 2018). This time, the critique is towards the stigmatic behaviour and beliefs that contribute to not only weight gain but worse mental health and social conditions for fat individuals.

Fatness as Unhealthy

Another prominent belief that gets filtered into implicit and explicit anti-fat biases is the idea that being fat – across the board – is unhealthy. Through the unflinching language of the "obesity epidemic" in North America, the institutions of media, medicine, and government have demonized fatness and incited fear in the public by labelling it a leading cause of death in the United States (Boero, 2012). This is the same medicalized language that labels obesity a "disease" – a strategy that is aimed at profit over wellness (McHugh, 2019). However, the relationship between weight and health (similarly to that of weight and choice) is complex, case-by-case, and not half as generalized as the current social discourse would make one believe. It is also typically undervalued how multifactored and diverse the determination of health can be –

that Western medical measures and language are not the sole bases of overall health, and it is a deeply complex concept that cannot be determined by any one trait or perspective.

The language of "overweight" and "obese" is reproduced perhaps most ubiquitously by one standard measure that all North Americans have been classified under since the late twentieth century – the Body Mass Index (BMI). The BMI was invented by a Belgian scientist in the nineteenth century, taking a population sample of exclusively White European men, with the aim of creating a measure to analyze statistical averages of a population sample (Gordon, 2023). In other words, the BMI was only ever intended to be used to measure the average health of a population-level sample of White men in nineteenth-century Europe, and never as a marker of individual health for any one person, let alone those who fall outside of this miniscule demographic (Gordon, 2023). However, the BMI remains one of the most universally accepted measures for health among physicians globally, despite the emerging evidence which disproves its legitimacy and accuracy as an individual health measure.

This leads into a broader discourse on the health risks of fatness beyond the differentiating classification of overweight or obese based on the BMI. In fact, studies that were conducted nearly two decades ago have found diverging evidence from the commonly held belief that fatness is a risk to health – and is still not yet validated in the cultural landscape. Flegal and colleagues (2005) found that while the classification of "obesity" on the BMI was associated with greater mortality than the "normal" weight category, the "overweight" category saw no such increased risk. In fact, the "underweight" category experienced a far greater mortality risk than did the overweight category, suggesting that the correlation between weight and health is not at all linear – and in fact, many individuals who are perceived as thin by society could face significantly greater health risks associated with their weight than many who are perceived as fat

(Flegal et al., 2005). Ultimately, these findings conclude that one's health cannot be reasonably surmised through their weight alone – and doing so is potentially acting in great disservice to the actual health and wellness of the individual, whether they are fat or not.

Fatness as a Burden to the System

This final myth is one that is disseminated through the very same "obesity epidemic" rhetoric analyzed in the previous discussion of weight and health, as well as the notions of individual responsibility involved in the moralization of fatness as a choice in the first myth. Part of establishing a particular phenomenon as an "epidemic" demands engendering fear-laden language and assessments which are aimed at frightening the public into a panic about the issue (Boero, 2007). In this case, the panic is a moral one, and the epidemic in question is structurally non-pathological, although attempted at being cast as such through sociocultural biases and messaging (Boero, 2007). Through this medicalized language, the aim here is to present fatness as a threat to North American life. Such a threat is understood by the culture's most dominant institutions as a stress on the health, safety, and financial well-being of all citizens – and especially from an economic perspective.

In 2011, the Canadian Government published a report on obesity rates across the country. One of the most notable figures presented was the economic costs associated with obesity; in 2008, obesity was estimated to cost the nation $4.6 billion annually, jumping to $7.1 billion when considering the additional costs of chronic illnesses that have been linked to obesity (Public Health Agency of Canada, 2011). Ironically, in the same breath as labelling fatness as a financial burden, this report acknowledges the varied factors that contribute to fatness outside of individual control – such as ethnicity, immigration, environmental factors, and socioeconomic status (Public Health Agency of Canada, 2011). This logic is a reproduction of a pattern seen in

the US since the 1990s, where levels of fatness had not been shifting drastically among the population, but the way it was spoken about, treated, and categorized certainly had (Gordon, 2023). With the addition of the BMI and other health markers, hundreds of thousands of people were instantly classified as "overweight" or "obese" overnight, simply due to a new classification system – not because any real change had occurred (Gordon, 2023).

This means that the framing of obesity or fatness as a "burden" to the system has a lot more to do with how we classify and perceive fat people than it does with financial truths. Not to mention, there are inherent methodological issues with classifying the costs of a particular condition on an economic system; much of the data can be skewed since a fat person seeking healthcare or social supports of any kind may be counted as a "cost to the system," whether their visit was pertaining to factors relating to their weight or not (Gordon, 2023). Even beyond the flawed numbers, one must ultimately be critical of the way that fatness, as a concept, is labelled as burdensome. There are a whole host of physical traits and health conditions individuals may experience that ultimately will never have reports published on how taxing they are to the system, simply because they do not carry the same cultural weight and moral panic. Critiquing this particular myth therefore becomes less about debunking the facts, and more about shifting our societal perspective on an issue that has been arbitrarily vilified.

Body Dissatisfaction: How We Individually Feel About Our Bodies

Body Pressures Within and Outside Oppression

Thus far, the analysis of body standards has centred around the ways that anti-fatness is encoded within institutional forces and commonplace rhetoric, producing the effects of discrimination and fat oppression. In the following section, the conversation will shift towards the industries and phenomena that produce a more widespread societal experience of body

policing and body dissatisfaction. To be sure, there is not a strict boundary line between the anti-fat attitudes that produce oppression and the Western beauty standards that produce body dissatisfaction – and in fact, there is much crossover between the language and circulation of these two phenomena. Yet, there is a crucial distinction between the impacts of the two on individual well-being and social equity. This section will therefore aim to discuss some of the major contributors to the harmful body image standards propelled throughout Western culture, while remaining aware of both the convergence and divergence of oppression and individual body image insecurity.

Media and Beauty Ideals

For decades, scholars across disciplines have dedicated countless studies to the acknowledgment and critique of the harm that the promotion of Western beauty standards have caused. While there are several complicit parties and various demographics of people effected, most of this harm has been targeted towards women through media (Verrastro et al., 2020). Some earlier research found that women who were exposed to sexist and objectifying images through television were more likely to judge their own body as larger than it was, and demonstrated a preference for thinness (Lavine et al., 1999). This finding – among many others like it – exhibits how powerful a tool media can be in not only constructing how individual women feel about their bodies, but ultimately the overarching preferences women may form about how a body should look in general. Much of this early research focused its efforts on media sources such as television, film, magazines, and advertising – and while these are all still relevant and effective sources for communicating harmful standards, there is a particularly salient new culprit on the scene: social media (Walker et al., 2021).

Due to how immersive social media can feel, the reproduction of beauty standards through social comparison is a profoundly effective tool for creating body dissatisfaction in young women (Verrastro et al., 2020). A new term called “digitized dysmorphia” refers to the increasing discrepancy young women on social media experience between the ideal beauty standard proposed by fictitious social media images compared to how women appear in real life (Verrastro et al., 2020). This concept is significant as it still recognizes that the projection of an ideal image of femininity that does not reflect reality is a very well-established concept; however, the authors state, “what is unique to digitized dysmorphia is the societal pressure to adhere to beauty standards that are unrealistic because there are digitally created” (Verrastro et al., 2020, p. 32).

This is not to say that other forms of digital edits such as professionally photoshopped images of models in magazines are not damaging, and indeed they are. However, there is a purported “realness” expected of social media that is simply not being upheld by the actual images being circulated, making it all the more dangerous for the perceptions of women and their relationships to their bodies. A similar effect has been found comparing young women’s social media use and the desire for cosmetic surgery (Walker et al., 2019). This study showed that consumption of social media images in which women have undergone some form of cosmetic surgery was predictive of young women’s desire to undergo cosmetic surgery themselves, particularly those who consumed social media in higher amounts (Walker et al., 2019). All of these findings point to the undeniable fact that social media – and media outlets in general – shape the way women perceive their bodies by crafting a specific body image ideal to uphold.

The feminine beauty standards that are projected through media show an undeniable preference for not only thinness, but also Whiteness (Harper & Choma, 2018). Women of colour

are more likely to internalize White beauty standards such as skin tone and hair texture, which puts them at greater risk of engaging in potentially damaging cosmetic procedures, including chemical hair treatments and skin lightening (Harper & Choma, 2018). However, rates of body dissatisfaction related to body size produce differing results. Several studies found that White women in the US were actually at greater risk of reporting body dissatisfaction than Black women due to a greater internalization of the thinness ideal, while Black women were more likely to adhere to a "curvier" ideal (Overstreet et al., 2010). With these findings in mind, it can be surmised that while women of colour may experience greater rates of anti-fat discrimination and oppression (as previously mentioned), the experience of body dissatisfaction in this community is not as consistent of a risk compared to White women. This will ultimately inform a broader discussion on the differences between external oppression and internal dissatisfaction later on in the paper.

Diet Culture

Several prominent 20th-century feminist scholars have pioneered analyses and critiques of the myriad ways that women's bodies are controlled, objectified, and rejected. One such scholar, Susan Bordo, wrote extensively on the effects of an emerging "diet culture" on women's body image and social status (1993). The primary function of diet culture, Bordo argues, is to attach moral valuations to food and eating to control, discipline, and socially stratify women (1993). The concept of being morally "good" or "bad" based on the food one eats has become a profoundly commonplace association through Western diet culture, leaving most to believe that the foods they eat inherently reflect upon their core values and identity as a human being. However, this is undeniably tied to the social vilification of fatness. As Atherton (2021) writes, the tool of this moralization of food through diet culture is "designed to mitigate the social risk

of becoming fat and the social abjection fatness involves" (p. 1). Fatness, in this case, is a worst-case scenario – and the moralization of one of our species' most basic survival needs is a tool through which women are virtually threatened into achieving body satisfaction and social prestige.

In contemporary 21st-century society, these moralizations of food and eating have resulted in a staggering number of diets, defined here as some form of eating pattern which necessitates restriction, discipline, and control. While dieting and diet culture are not new concepts to the sociocultural landscape (and in fact, have existed in some form since the nineteenth century), the diet industry has exploded astronomically since the 1990s and continues to do so (Gordon, 2020). Diet culture repeatedly paints a picture of a thinner future, selling an idealized body image that is purported to be achievable through a calorie deficit and a strong will. Despite its cultural ubiquity, weight loss efforts through dieting result in failure rates as high as 95-98% - making it incredibly clear just how much more diets are about social control than an interest in the wellbeing of their consumers (Gordon, 2020).

It is a well-documented fact that diet culture has deeply negative impacts on women (O'Shea, 2020). Particularly in the age of Instagram and social media, some have argued that diet culture has become such a ubiquitously surveillant tool that it has been likened to Bentham's concept of the panopticon, a prison where women are constantly surveilled and attempting to change their appearance to appease the "warden" that is social expectation (O'Shea, 2020). It is also believed that the COVID-19 pandemic has only increased the risk of disordered eating and negative outcomes for women's wellbeing (Rodgers et al., 2020). An increase in social isolation and greater exposure to diet culture media, among various other factors, has been shown to increase disordered eating symptoms and participation in restrictive diets purported to have

"immunity" benefits (Rodgers et al., 2020). This more recent research goes to show how diet culture not only defines the direction of body standards and social status for women, but goes so far as to capitalize on a global epidemic and collective trauma in order to perpetuate its harmful messaging.

Diet culture can therefore be understood as a tool that relies upon the threat of fatness as social abjection to reel in participants, and creates body dissatisfaction from which diets can profit (Atherton, 2021). The language and moralizations of diet culture are then insidiously upheld by the public, who are being sold a message of their own goodness or badness and pinned against their fellow citizen. This is what makes diet culture so influential and pervasive – the fact that it forces individuals to buy into its belief systems to achieve good moral character and positive social standing (Atherton, 2021). Diet culture is therefore a system that negatively impacts all, whether fat or thin, though in varying degrees. However, it remains to be discussed how the cultural buy-in of thin citizens into a system that polices their bodies and makes them fear their own fatness represents the very same beliefs that makes those citizens complicit in fat oppression.

The Fitness Industry

Much like diet culture, the fitness industry is a well-established institution with a long history and a continually flourishing influence into the current day. It is estimated that the fitness industry is worth more than $96 billion worldwide, a staggering sum by any measure (Kolmar, 2023). Part of the success and profitability of this industry rests on selling its consumers the very same image that diet culture does – a future (and a body) free from social ridicule, internalized shame, and public discrimination due to fatness. However, its influence is considerably more complicated than that of diet culture's. While diets have been proven to have almost absolute

long-term failure rates and a plethora of negative outcomes, the fitness industry is ultimately promoting an activity which is proven to be one of the most essential human needs: exercise. In fact, participating in physical activity is not only a clear benefit to one's health but also a considerable protective factor against body dissatisfaction (Sanchéz-Miguel et al., 2020). Yet, the fitness industry does not stop at just the promotion of individual health and wellness – it demands a rigid idealized image of how a body must look to achieve it.

Images of feminine thinness and masculine muscularity are incredibly pervasive in the fitness industry, contributing to not only impossible body image standards for many to achieve, but also deeply gendered ones (Rothwell & Desmond, 2018). In this case, both men and women are considerably impacted, with internalized cultural ideals and exposure to idealized images negatively impacting body dissatisfaction across genders (Rothwell & Desmond, 2018). Interestingly, this body image ideal is demanded not only of the consumers of the fitness industry, but of the promoters within. The experience of body appearance pressure among fitness instructors has been proven to contribute to behaviours such as body weight manipulation and disordered eating, most of which is due to an appearance-based motivation (Mathisen et al., 2020).

This is ultimately the power of the system – both those who participate and those who uphold the system are privy to the very same set of expectations, creating an endless loop of striving towards thinness, muscularity, and anti-fatness. The industry itself relies upon body dissatisfaction in order to reach such a global profitability rate. Studies have shown that most gym members will attend the gym, on average, less than once per month after the first year of membership – and nearly twenty percent of memberships go unused entirely (Rand et al., 2020; Sullivan, 2019). In a similar vein, it has been found that appearance-based motivation for

exercise decreases exercise frequency and negatively impacts body image (Tylka & Homan, 2015). These findings make the fitness industry's profit-driven intentions increasingly clear. The body image ideals upheld by the industry are quite clearly contributing to less participation in physical activity and greater body dissatisfaction, and yet it continues to sell the very image with a considerably lacking concern for actual wellness.

Differentiating Body Dissatisfaction from Body-Based Oppression

The "Body Positivity" Movement

Thus far, histories and modern-day examples of anti-fat oppression and body image dissatisfaction have been presented independently; the aim of the following section is to analyze the two in relation to each other and differentiate their influence on individual people and society writ large. One of the purest widespread examples of how body dissatisfaction and body-based oppression differ is the modern "body positivity" movement. This movement has its origins in fat acceptance, fat liberation activism, and a striving for social equity for all bodies – however, in the contemporary social media era, it has shifted its focus away from marginalization (Mehdi & Frazier, 2021). What was originally a movement that was interested in deconstructing societal anti-fatness has since oscillated towards an aesthetic-based movement which heavily uplifts socially-dominant bodies and voices (Mehdi & Frazier, 2021).

This shift in focus away from social liberation for the marginalized and toward individual acceptance of body insecurity is significant, and easily overlooked by those who hold power. Body positivity originally sought to dismantle myths of weight and health and untie the moral association of body size and individual worth (Mehdi & Frazier, 2021). The aim was to create a space where activism and advocacy could generate better social conditions for fat people living in a thin-oriented world. However, the language of "body positivity" became co-opted by thin

and largely socially accepted women who instead were focused on individual self-esteem and self-love (Mehdi & Frazier, 2021). The aim of this critique is not meant to ignore the truly beneficial effects that "body positivity" has had on individual self-esteem – and indeed, it seems there have been notable improvements (Gordon, 2020). However, it is imperative to acknowledge that this shift toward individual esteem has meant focus being drawn away from conversations of power, privilege, and oppression – at the expense of equitable living conditions for fat people (Gordon, 2020). Therefore, the conversation has centred individuals with privilege that experience body insecurity, rather than marginalized individuals who face genuine discrimination in the world.

Dissatisfaction vs. Oppression: Why Does the Difference Matter?

Before proceeding with a contrasting analysis of body image insecurity and fat oppression, it must first be stated that there is considerable overlap between these two phenomena. The aim of this analysis is not to undermine the impacts of body policing, nor overlook its systemic and oppressive origins. Like anti-fatness, and as described in previous chapters, body dissatisfaction finds its roots in the same core systems: namely, patriarchy and white supremacy. And sharing similar intentions as anti-fatness, the creation of body dissatisfaction is a mechanism of control by which the dominant White male class can assert power and guide the narrative of body image ideals by which all others in society must abide to be desirable (Harper & Choma, 2018). Indeed, much of the messaging that is aimed at creating insecurity in even socially dominant bodies is the very same that excludes, demonizes, and marginalizes fatness. However, the aim here is to differentiate insecurity from oppression to assess the difference of the impact on actual human lives and lift the voices of those who have historically been excluded from equitable social opportunity.

This acknowledgment necessitates non-fat and privileged people to reflect on their own biases, their own position in relation to anti-fatness, and the ways their personal relationship to their bodies have potentially interfered with their ability to hold outrage and empathy for those who have been marginalized. Ultimately, it requires people in thin or socially dominant bodies to recognize inequity and injustice as an issue of greater consequence than their own lack of self-acceptance. In the clearly articulated words of Aubrey Gordon (2020):

> People who don't wear plus sizes may struggle to hear the severity and irrationality of anti-fat abuse and bias. It may be difficult to believe, even unfathomable, that there's a world so different from their own. But anti-fat bias has always been there, as noxious and ubiquitous as polluted air. Still, thinner people aren't forced to reckon with it. As ubiquitous as it may be, for many thinner people, anti-fatness doesn't present a barrier to healthcare, employment, transportation, or meeting other basic needs. Life in a thinner body means that the world is redacted, presented only in part. (p. 10).

From this lens, while body dissatisfaction is a phenomenon that many, if not all, individuals are subject to, anti-fatness is a specific form of oppression that thinner people (regardless of how they feel about their own bodies) simply do not encounter.

The distinction between body dissatisfaction and body-based oppression therefore becomes the difference between how we individually *feel* about our bodies, compared to how the world treats us and what opportunities are afforded to us based on our bodies. While these experiences may be easily confused by those who hold unknown privilege, the distinction for a person who has experienced existing in the world in a fat body is clear as day, a tiresome yet steadfast reality. The work for folks with body-based privilege therefore becomes unlearning their own biases, listening to and uplifting fat voices, and working to interrupt the anti-fat

rhetoric and systems encountered in their everyday lives. This work begins by reckoning with one's beliefs about one's own body and ends at achieving societal-wide fat liberation and body justice. While this justice-seeking requires the attention of all citizens, it is the argument of this paper that there is a particular necessity for those in health and helping professions who work under a code of ethical standards to incorporate fat liberation into their duty-bound practice.

Anti-Fatness in Psychotherapeutic Practice: Implications for Client Care

The Role of Psychology & Therapists in Perpetuating Anti-Fatness

Anti-fatness has been examined thus far in relation to several key societal institutions; now, the exploration of these processes will turn toward the field of psychology and the practice of psychotherapy. The discipline of psychology, as with many fields of academic study, harbours a long history of perpetuating anti-fat rhetoric and providing inadequate mental healthcare for fat patients and clients (McHugh, 2019). Therapists have historically been complicit in body-based oppression by blaming clients for their own discrimination and encouraging weight management regimens as part of the psychotherapeutic process, even when medical assessments confirm no health problems and the client does not mention weight as a concern of focus (McHugh, 2019). Anti-fat bias also shows up in clinical judgment and diagnostic processes, with more significant pathology assigned to fat clients (McHugh, 2019). This operates similarly to the pathology that is assigned to fat folks' bodies, in that therapists harbour biases that fat individuals must have mental disorders which "cause" their fatness – while countless studies and meta-analyses prove that fat folks experience no greater rates of psychopathology due to their weight than non-fat people (McHugh & Kasardo, 2012).

With these institutional factors in mind, the therapy room can therefore become a site of further discrimination for fat individuals, rather than a site of healing. Anti-fat bias is predictive

of practitioners experiencing greater frustration and interpreting worse treatment outcomes with fat clients (Kinavey & Cool, 2019). These implicit biases held by the practitioners contribute significantly to the experience of fat clients in therapy (Akoury et al., 2019). Fat women clients report hesitating to disclose or avoiding topics, and missing sessions to due perceived shame or weight stigma (Akoury et al., 2019). In addition, many fat individuals express concerns around the setup of the physical space in waiting rooms and therapy rooms – naming furniture that is too narrow, not deep enough, or not accommodating for the client's body size (Akoury et al., 2019). These barriers not only cause immediate discomfort but serve as a physical reminder of the ways that these bodies are forgotten or unwelcome in the space.

Moving beyond implicit biases toward the more explicit, fat clients are also frequently subjected to weight-based microaggressions on behalf of the therapist. Examples of microaggressions include therapists disclosing their preferences for certain diets, clients' eating disorders being dismissed or undiagnosed due to their body size, assumptions that the healing of trauma will result in weight loss, and being told that weight loss is a necessary pre-requisite to achieving self-love or self-acceptance (Kinavey & Cool, 2019). These weight-based microaggressions are attributable to considerable levels of avoidance among individuals seeking mental health care, either based on previous experience of microaggressions and discrimination in therapy or general apprehension toward health practitioners due to widespread weight stigma (Kinavey & Cool, 2019). Ultimately, this is a major threat to the integrity of the practice of psychotherapy – a tradition that purports to value healing, inclusion, compassion, and social consciousness.

Towards Ethical Practice and Body Justice

Knowing now the ways that therapists are either complicit in or active agents of perpetuating anti-fat biases and oppression, the question then becomes: how can therapists actively work toward breaking down anti-fatness within themselves and consequently in their practice of psychotherapy? Before tackling this question, it is first important to acknowledge *why* therapists should be expected to be a major focus of this capacity for social change. Psychotherapists in North America – whether counsellors, psychologists, psychiatrists, social workers, or other therapeutic practitioners – are all subject to a regulatory or licensing body that outlines a code of ethics mandating a specific quality and focus of care (Kinavey & Cool, 2019). These codes of ethics vary by region and governmental body, but ultimately all contain an element of ethical practice that necessitates an attention paid to, and active participation in, social justice principles and anti-oppressive advocacy (Kinavey & Cool, 2019; Nutter et al., 2020). Ethical psychotherapeutic practice therefore stipulates "we are to go beyond simply understanding the oppression faced by our clients: we are also responsible for taking intentional action to dismantle the injustices that cause suffering" (Kinavey & Cool, 2019, p. 2).

It is therefore clear that, by these standards, therapists are bound by their professional duty to not only educate themselves on the topic of anti-fatness and body-based oppression, but to also actively contribute to fat acceptance and liberation. As already discussed, there is a critical distinction between the unrealistic body image standards all people are subjected to that contribute to body dissatisfaction and the resulting psychological distress, and systemic anti-fat oppression that institutionally marginalizes fat folks. It is a moral and ethical imperative that therapists have the knowledge and language to name the difference, and the ability to work towards the healing of both. While they are independent phenomena that produce varying results

for quality of life, they also work to reinforce each other. An ethical practitioner must be able to identify where they converge, and where they differ.

An ethical body-inclusive practice first starts with the therapist's own self-reflection and inner work on their biases, blind spots, and relationships to their own bodies and anti-fat beliefs – a concept that will be expanded upon in Chapter 3 (Kinavey & Cool, 2019). Implicit biases and microaggressions are largely maintained unconsciously, through lack of awareness. Therefore, this must be a first priority for mental health professionals towards building fat acceptance in their work. In addition, the physical space of the therapy room is a critical consideration that affects how clients perceive their accessibility and safety in a space (McHugh & Chrisler, 2019). Ensuring that there are doorways, furniture, and rooms that can accommodate all body sizes is a necessity for creating an accessible and inclusive practice (Nutter et al., 2020).

In reference to the approach for actual psychotherapeutic practice with clients, there are several strategies and philosophies that practitioners can keep in mind – not only when working with fat clients, but clients of all sizes. One of these is to challenge assumptions of the medicalization of fatness. This bias, using terms such as "obese," ultimately seeks to cast fatness as an illness or disease (McHugh, 2019). Providing psychoeducation on the mental and physical harm of this language and pathologization, as well as challenging stigmatized assumptions made of weight and health can be a powerful tool to unpack underlying stigma, fear, and shame (McHugh, 2019). In a similar vein, therapists can reverse the power that currently exists to perpetuate harmful discussions of weight loss and diet culture by instead educating on the harmful effects of these endeavours and validating the client in their current body (McHugh, 2019). This may be done by not assuming that the client's problems are connected to their weight or refraining from suggesting weight loss strategies, but also being prepared to attribute struggles

due to weight as a symptom of oppression rather than individual failing, where applicable (McHugh, 2019).

Therapists can also be stewards of a "culture of communication" whereby comments and jokes about weight, as well as language that moralizes food and its consumption, are redirected or countered in session (Nutter et al., 2020). This culture of communication can also involve a mindfulness around language use, refraining from utilizing terms such as "overweight" or "obese" to describe bodies, as it frames them as a deviation from an accepted norm (Kinavey & Cool, 2019). Finally, potentially the greatest power therapists may have in interrupting anti-fatness is by welcoming social justice principles into the therapy room. Naming oppression and injustice as its described through lived experience, inspiring clients to engage in radical acceptance and self-love, and acknowledging the client's intersecting identities that make up their own phenomenological experience of fatness are all profound tools through which a client may feel empowered to become an actor in the pursuit of justice (Kinavey & Cool, 2019; Nutter et al., 2020). Ultimately, therapists have historically demonstrated their power to contribute to the shame, stigma, discrimination, and oppression of clients and their bodies. However, a capacity to reorient this power towards justice and liberation is equally as possible – therapists must only believe in the moral and ethical necessity of the work and be willing to begin their own process of unlearning and justice-seeking.

Summary and Key Themes

In this chapter, several key themes surrounding anti-fatness as it presents more broadly in the current sociocultural landscape were highlighted. This included a brief snapshot of the history of anti-fat beliefs and their institutionalization, and several influential systems (as well as commonly circulated myths) were considered in their relationship to perpetuating fat oppression.

This leads into a synthesizing discussion comparing fat oppression and anti-fatness to body policing and body dissatisfaction, highlighting the ways that they are born out of similar systems and tenets, but ultimately operate as different machines. Finally, the culmination of this research functioned to bring in the role of psychotherapy and psychotherapists as having the potential – as well as a professional duty – to contribute to breaking down anti-fat beliefs and systems within the therapy room. The literature review presented in this chapter will provide a foundation for further discussion and synthesis in Chapter 3, wherein critiques, hopes for the future, and actionable resources for therapists will be presented.

Chapter 3: Discussion and Application

Discussion and Analysis

The research, testimony, and histories presented thus far have hopefully illuminated an overarching understanding of the origins and mechanisms of anti-fatness as it operates in the dominant Western sociocultural landscape. This analysis has tackled broader systemic beliefs and biases as they affect all citizens of this culture, with the ultimate aim of applying this lens as it manifests specifically in the world of psychotherapy. To adequately tease apart the legacy of anti-fatness within psychotherapy, and the role of therapists in its proliferation, connections must first be made between the origins of both anti-fatness itself and the field of psychology as a product of White, Western, and patriarchal structures. The way that anti-fatness seeps into the practice of psychotherapy is largely a result of the compatibility of their foundational tenets, creating a mythical and damaging image of the 'well-adjusted' (and, in opposition, the 'pathological') individual. This image, whether in conscious awareness or not, is one that is imbedded within all those who have been socialized in such a culture.

Whether analyzing diet culture, the medical industrial complex, common workplaces, or even mental health services, there is not an institution in this society that has been untouched by anti-fatness. This fact alone makes it even more apparent why anti-fatness, specifically as it is manifested in body-based oppression, must be confronted by the citizens of the population and not only the institutional structures. To bring about change, a level of consciousness must be sought among the general public to create the insight required to elicit a shift in structural power. This is where therapists hold enormous potential – the ability to do their own inner work to then encourage insight in the work with clients, perhaps especially with clients who hold challenging beliefs about their own bodies. Making the distinction between body image dissatisfaction and

fat oppression is work that must certainly be done gently and only when in service of the client and their wellness. However, when these factors converge, there is enormous capacity to make incremental, individual-by-individual shifts toward greater overall social consciousness.

Limitations

An analysis of any body of research would not be complete without also undertaking an acknowledgment of its vulnerabilities, blind spots, and areas for future expansion. A significant limitation of the presented literature review is built into the system of academic inquiry itself. While quantitative analysis and randomized controlled trials are essential tools for validating the existence of a phenomenon, an emphasis on this system as the only legitimate one through which anti-fatness can be verified quiets the testimony coming from within the marginalized community itself, rendering these voices “undermined by others’ prejudices” (Saulnier, 2020, p. 297). Akin to the experiences of other social groups historically pushed to the margins (such as women, queer people, and people of colour), it seems that anti-fatness began to be taken most seriously when it was communicated through the lens of the researchers and institutions occupying structural power (Pausé, 2016). This meant that the existence of fat oppression was only legitimized by the very same institutions complicit in its (re)production.

The critique of this limitation is not made to disregard the efficacy of academic research, nor to suggest individual testimony as a superior method of study – but to instead shine a light on the validity of first-hand accounts and qualitative evidence from folks with lived experience. It is the assertion of this capstone that these two distinct perspectives analyzed in tandem with one another would provide a much more holistic and egalitarian approach to understanding this intricate web of oppression. Addressing this limitation would hopefully also open the door for more nuanced explorations of anti-fatness across identity intersections, as well – the current

research, for which, is relatively slim. Where there is a shortage of research, however, there are writers and activists and organizers who are taking up this work at the grassroots level. These voices are integral to an understanding of the complexity of this subject, and they ought to be heard alongside the researchers, academics, and scientists.

An Argument for Fat Liberation as Ethical Practice

As briefly discussed in Chapter 2, a key component of psychotherapeutic practice is the adherence to an agreed-upon set of ethical principles to guide and hold practitioners accountable. In British Columbia, registered clinical counsellors are held to the standard of the BCACC Code of Ethical Conduct, which organizes its ethical expectations into four main principles (BCACC, 2014). In the following section, each of these principles will be analyzed in relation to a specific concept to which counsellors must adhere if they are practicing psychotherapy in an ethical manner under this jurisdiction. The aim is to present an argument for the incorporation of fat liberation work into the personal reflection and professional work of therapists who are held to this specific ethical standard – not only as supplemental knowledge or a specialization, but a topic of ethical duty with which all therapists must engage.

Principle 1: Respect for the Dignity of All Persons and Peoples

This first principle of ethical conduct is the one which takes greatest precedent over all others when considering ethical practice and is therefore the highest duty for practitioners to fulfill. One of the key ethical requirements under this principle states that a practitioner must "refuse to participate in practices disrespectful to the rights of other persons and peoples" (BCACC, 2014, p. 4). In plain language, this passage outlines the foremost psychotherapeutic principle of holding respect for one's client; however, it is applied to *all* persons and peoples, not only the ones encountered in the therapy room. This necessitates a cognizant awareness on behalf

of the practitioner to conduct themselves in a matter that does not infringe on the dignity and human rights of their immediate clients, nor any other individuals or groups that they encounter outside of this context. Under this assumption, therapists may be at risk of not fulfilling this standard if they carry unconscious anti-fat biases which perpetuate harmful belief systems and create barriers to equal rights for fat folks writ large (Kinavey & Cool, 2019). Put simply, therapists are required to be respectful citizens as well as practitioners. Therefore, complicity in the proliferation of implicit (or explicit) biases that communicate a level of disrespect towards fat individuals must be considered unethical conduct.

Principle 2: Responsible Caring

This second principle, in both order and importance, speaks to the ethical duty of therapists to put the wellness, needs, and overall care of the client at the forefront of their professional work. It assumes that the work being done is always in service of, and providing the greatest possible benefit to, the client. One specific statement under this principle reads as follows: “in all activities connected with professional practice, take care to maximize benefits and minimize potential harm to individuals, families, groups, and communities” (BCACC, 2014, p. 6). Considering the evidence presented thus far, fat folks are quite transparently understood as a marginalized group made up of unique individuals, at risk of experiencing harm on both levels (Gordon, 2020). A therapist reflecting on their role in minimizing harm to individuals and groups is therefore necessarily interested in the unconsciously harboured beliefs about fatness that insidiously alienate, discriminate against, and ‘other’ their clients – even by the most well-intentioned therapists. The responsibility that psychotherapeutic practitioners carry is a great one. The profession requires consistent, dedicated, and unending personal reflection of the ways that clients are at risk and may be harmed in the work. Awareness of the sources of the potential harm

acts as a first step towards mitigating the effects of the harm – making self-reflective practices around anti-fat biases a crucial component of this example.

Principle 3: Integrity in Relationships

Of all four principles included in this model, this third one is the most invested in the ethicality of the actual relationship between client and therapist. Expanding on the previous discussion of potential harms, this principle requires that ethical psychotherapeutic practice includes the ability of therapists to "accept responsibility for the consequences of their actions" (BCACC, 2014, p. 7). A significant component of building and maintaining the therapeutic relationship relies on not only a foundation of outright integrity, respect, and trust, but also the ability to repair any of these tenets that potentially become ruptured. Moreover, therapists hold a great deal of power to impact people profoundly with their behaviour. With this understanding, part of holding oneself accountable to one's actions is acknowledging harm or rupture when it has occurred and using the opportunity to model genuine apology, hopefulness for repair, and willingness to learn for the future. The internalization of toxic anti-fat stigmas through socialization is not the fault of the individual therapist, but it is their duty to acknowledge and minimize the effects of these stigmas, and adapt new ways of knowing and relating to body-based oppression when this consciousness is raised (Kinavey & Cool, 2019).

Principle 4: Responsibility to Society

Finally, the remaining principle – while technically lowest on the list of ethical urgency – is perhaps the most poignant in supporting the argument for fat liberation work as part of ethical therapeutic duty. This principle comments on the integral role therapists occupy in contributing to wellness on a greater societal scale, as advocates and activists for change. Specifically, it requires therapists to "accept responsibility to do what they can to ensure that oppressive laws

and structures are changed" (BCACC, 2014, p. 9). The responsibility, here, is not contained within the four walls of the therapy room. Indeed, therapists are called on to be active participants in the dismantling of oppression, aiming to create better conditions than the ones that are frequently brought into therapy as a widespread source of mental, physical, emotional, and spiritual distress. As demonstrated, body-based oppression is an enormously significant example of such a source. Therefore, based on the explicit language of this code of ethical conduct, a sufficiently ethical therapist is one who not only engages with the literature and personal reflection surrounding anti-fatness and fat liberation, but also transmutes this awareness into action towards an anti-oppressive future.

Practical Application: Self-Reflective Activity for Therapists

Up to this point, plenty of empirical evidence has demonstrated the existence of anti-fatness as a threat to social equity, and several arguments have been presented for the importance of psychotherapists to take up advocacy in this realm. The following section does not merely *ask* therapists to do their own learning, however – it also offers a place to start. The activity provided is a set of self-reflective questions that delve into one's unconscious biases and internalized belief systems based on the evidence presented in Chapter 2. It must be understood that this list of questions is neither exhaustive nor robust, and merely represents the first few steps into the long journey that is unlearning oppressive belief systems. Simply, it is not at all representative of the entire process. Additionally, these questions are purposefully interpretive; there will be no answer key provided. The aim of these reflections are not to surmise right or wrong answers, but to ponder the merits and origins of beliefs that are largely held and disseminated implicitly, ultimately reproducing the very oppressive systems that inform the beliefs in the first place.

Inspiration for this self-reflective activity was taken from the seminal essay by Peggy McIntosh entitled “White Privilege: Unpacking the Invisible Knapsack” (1988). In this piece, McIntosh asks the reader to confront unconscious biases and uncover their privilege through a set of declarative statements pertaining to the relative accessibility and safety of everyday life events, through which one would be able to discern their relationship to racial privilege and oppression (1988). This resource stimulated the creation of the following activity by pioneering an anti-oppressive approach to uncovering internalized biases and unconscious privilege. The inspiration was then mapped onto the wealth of research traced throughout Chapter 2 of the many institutions, belief systems, and widely circulated myths in which this privilege and oppression is reflected, only this time pertaining to body size as the marginalized identity of focus. The questions were created from here, incorporating the self-reflective format of the source of inspiration with the content of the research outcomes on anti-fatness. Lastly, the questions were organized into five succinct categories, each with a unifying theme related to the ways body size is conceived of, categorized, and evaluated under this sociocultural lens.

Body Size, Power, and Privilege

With this first set of questions, the relative afforded power and privilege (or lack thereof) of the therapist, according to society’s assessment and treatment of their personhood due to their body size, will be examined. As demonstrated in Chapter 2, there are a host of spaces and institutions that prove themselves notably hostile to fat folks, wherein non-fat people may not even recognize the existence of a barrier (Gordon, 2020). It is the hope of these reflective questions that they will allow the reader to examine the ways they’ve been able to move through the world with or without equitable ease and liberty due to the way their body is interpreted and categorized. This will allow the therapist to better understand the relative power they may bring

with them into the therapeutic space and encounter, to maximize benefits and minimize harm (BCACC, 2014; Kinavey & Cool, 2019).

1. Do I see my body size represented frequently in media and popular culture? Are these representations typically positive?
2. Am I able to reliably access necessary healthcare without being neglected or dismissed because of my weight and/or body size?
3. Can I trust health professionals to be prioritize my actual health over the way I look?
4. Can I be certain that in any private or public space, I will be able to access adequate seating that accommodates my body?
5. Am I able to purchase or eat food in front of others without fear of receiving unsolicited stigmatizing comments?
6. Can I be confident that most clothing stores I walk into will likely carry my size?
7. Have I ever had to pay extra money for clothing, air travel, event seating, or other experiences because of my body size?
8. Have I ever worried about potentially not fitting into a seat at the movies, on a plane, or on public transit, among other public events and spaces?
9. When I use public bathrooms, do I find there is enough space to move easily in the stall?
10. Have I ever been accused of being an inadequate parent because of my or my child's body size?
11. Has school ever felt unsafe due to ridicule or abuse from peers and teachers about my body size? Has that ever resulted in avoiding or missing out on educational opportunities?
12. Do I have to worry that some employers will not hire me based on my body size?

13. Has an employer ever initiated a health or wellness program with the primary goal of eradicating a body size that looks like mine?
14. If I am struggling with my mental health, would the treatment of me by others based on my body size be a likely or even primary source?

Body Size and Self-Worth

The central thesis of this capstone has been interested in how oppression causes differing impacts from individual experiences with body image and feelings of self-worth – with an acknowledgment that there is also overlapping consequences between the two phenomena. The following set of questions, then, exist to interrogate these differences while also exposing the grey areas of how individual feelings might be unconsciously informed by, and recontributing toward, oppressive beliefs in social consciousness (Gordon, 2020). These questions may feel especially personal, and at the same time are deeply crucial to reckon with for therapists who have committed themselves to a career requiring continual self-reflection. Hopefully, a therapist is willing to inquire within themselves before asking the same of their clients.

1. What are the first few words or thoughts that come to mind when I think about or see my own body?
2. Where or from whom did I learn how to feel about the way my body looks?
3. Do I feel that my body size in any way reflects my merits, inherent value, or character?
4. Have I ever said to myself "I feel fat"? If so, what does that invoke in me?
5. Does my body image shift somewhat day-to-day? If so, what sorts of conditions facilitate a more positive or more negative self-image?
6. How often do I find myself thinking about or critiquing my body? Roughly what percentage of my daily thoughts are occupied by thoughts of my body image?

7. Do *my own internal* beliefs about my body affect my answers to the previous questions under the "Body Size, Power, and Privilege" section?

Associations of Weight and Health

One of the primary myths grappled with in Chapter 2 about fatness is the overwhelmingly misinformed understanding this society has about health as it relates to weight and body size (Flegal et al., 2005). The following set of reflection questions, while certainly still personal and introspective, diverge slightly from the previous section in that they reveal the assumptions that have been understood as true on a societal level based on largely weak, faulty, or no evidence. Therapists are ultimately doing work that is invested in health and wellness, and much of the language that is utilized in "wellness" spaces (as shown in the previous chapter) can be weaponized in a prejudicial way against fat folks (McHugh, 2019). These queries are then functioning to interrogate one's beliefs about what makes a person healthy, what types of people are afforded access to presumed health, and what assumptions might be made about a person's health based on one's own internalized anti-fatness.

1. Do I believe some body sizes are inherently healthier than others? How do I know this to be true?
2. Have I ever used, or experienced someone else use, the BMI to measure my overall health?
3. Have I ever suggested diets or weight loss tactics to others out of a "concern for their health"? Have these ever been suggested to me for the same reason?
4. What assumptions about a fat person's health might I make based solely on their body size (with no other knowledge or context)? What about a thin person?
5. Do I believe fatness is a disease and/or an epidemic?

The Moralization of Diet and Exercise

A most insidious method of subjugating a group of people is to assign moral evaluations to behaviours that are necessary, unavoidable, or basic to the species. Such is the case with eating and exercising. Viewing these behaviours through the dichotomous filter of good vs. bad invites the further association of the *person* being good or bad for engaging in the behaviour (Bordo, 1993). As discussed in Chapter 2, diet culture and the fitness industry are two systems in which fatness is sought to be eradicated, and therefore create barriers for fat folks (Atherton, 2021). The following set of questions require the reader to confront transparently both personal and systemic beliefs that may be routinely accepted, despite evidence suggesting a much more complicated reality.

1. Do I feel that the size of my body requires changing in any way? If so, what are these changes and why might I view them as necessary or desirable?
2. Have I ever tried dieting, exercise, or other weight loss programs that were primarily motivated by aesthetic goals? How did these make me feel?
3. How do I feel about myself when I exercise? How about when I do not?
4. Can I reliably exercise in public without being stared at, mocked, filmed, or photographed without my permission?
5. Do I believe there are "good foods" and "bad foods"?
6. Do I believe the consumption of certain types of foods informs a person's will power or moral character?
7. Do I believe fat people should not eat certain foods? Do I find it more acceptable if thin people eat these same foods?

8. Do I notice a difference in my ability to access to foods labelled “good” or “bad”? Are “good” foods more or less expensive and available than “bad” ones?

Implications for Clinical Practice

This final set of questions is, in essence, a culmination of the previous ones as they apply to therapists conducting clinical practice with clients. Hopefully, therapists who have engaged with the questions thus far will have a more nuanced or curious understanding of the biases they have internalized from systemic anti-fat belief systems. The following questions then represent the synthesis of these reflections as they apply directly to psychotherapeutic practice and the client-therapist relationship. Each therapist will have their own unique journey towards unpacking and re-learning relationships to body image and oppression in their clinical work – and it is the hope of this capstone that these remaining questions will provide even a small first step into that world.

1. How might I be bringing my own personal body image beliefs into the room with clients? Does this potentially affect my ability to hold empathic, nonjudgmental space?
2. Do I make assumptions of clients’ work ethic, resilience, or willingness to commit to the work based on the size of their body?
3. Do I make inferences about a client’s symptoms based on the size of their body?
4. Do I make treatment plans or clinical suggestions to clients that relate to their body size?
5. Was body-based oppression incorporated into discussions of power in my educational training to become a therapist?
6. Is the physical space wherein I conduct my therapeutic work comfortable, accessible, and accommodating of all body sizes?

7. Am I comfortable addressing and naming systemic body-based oppression in a therapy session (when appropriate and relevant) with clients of all body sizes?
8. In what ways do I hold body-based power and privilege, and how might this show up in the therapeutic relationship?

The Power of Psychotherapists: A Redefined Future

Unleashing the power of self-awareness and introspection is a crucial first step for any therapist embarking on the journey of healing work. A therapist that is attuned to their own biases, culturally-infused worldviews, and psychological capacity for re-learning is one that holds enormous potential to understand not only their limits – but also their power. In this capstone, the presented research pertaining to psychotherapy has mostly focused on the actual and potential risk of harm towards clients with diverse body sizes; yet, it is also the hope of this work that therapists can understand this power as a tool to be utilized for the benefit of greater awareness and wellness. Therapists do not occupy a role wherein clients simply acquire knowledge through the relationship (though psychoeducation can certainly represent an aspect of this work). Rather, the art of modelling – or simply *being with* – a therapist who is attuned, nonjudgmental, and empathic while holding space for topics related to body image and fat oppression can be healing in itself, even if not explicitly or verbally named.

It may very well be the case (as previously mentioned research has shown) that fat folks seeking therapy have lived experience with prejudice and discrimination while accessing health care in the past. However, in the same way that therapists have the potential to confirm this bias, they also hold the capacity to rewrite the narrative toward a more equitable, liberated, and inclusive cultivation of healing and wellness. Moreover, this power also maps onto the perspective therapists may bring to conversations of body image dissatisfaction as it relates to

power and privilege. It is the hope of this work that any therapist will find the capacity to hold space for the genuine suffering of a client struggling with their self-image, while contextualizing this within a systemic understanding of the reproduction of oppression. In other words, while all pain is valid, not all pain is oppressive. Therapists can be understood as beacons of potential hope, growth, and meaningful justice in a society and an institution that, at times, falls short of its own healing potential.

Final Remarks

In this capstone, a detailing of historical and current-day formulations of anti-fatness – and how it affects the practice of psychotherapy – has been presented. The goal of this research has been to inform readers of the effects of systemic anti-fatness, highlight the unique distinction between body-based oppression and body dissatisfaction, and emphasize the urgency for psychotherapists to acknowledge and engage in this work as part of their professional duty. Anti-fatness as a systemic form of oppression is a concept that may be either entirely new or all too familiar to the reader, depending on context and lived experience. However, it is the aim of this current analysis – along with plenty of other work being done by fat liberation activists and writers – that this concept becomes universally acknowledged and contested. The approach to this work is inspired by the therapeutic intervention of psychoeducation, which rests on the assumption that knowledge holds power. It is the hope of this endeavour that the reader will conclude this reflective journey feeling more knowledgeable about the systems of oppression that bring clients to therapy, and more empowered to facilitate justice-oriented change.

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