
LAND ACKNOWLEDGEMENT

We would like to acknowledge the land on which the University at Buffalo operates, which is the territory of the Seneca Nation, a member of the Haudenosaunee/Six Nations Confederacy. This territory is covered by The Dish with One Spoon Treaty of Peace and Friendship, a pledge to peaceably share and care for the resources around the Great Lakes. It is also covered by the 1794 Treaty of Canandaigua, between the United States Government and the Six Nations Confederacy, which further affirmed Haudenosaunee land rights and sovereignty in the State of New York. Today, this region is still the home to the Haudenosaunee people, and we are grateful for the opportunity to live, work, and share ideas in this territory.

CONFLICT OF INTEREST STATEMENT

THE PRESENTERS
HAVE NO ACTUAL
OR POTENTIAL
CONFLICTS OF
INTEREST IN
RELATION TO THIS
PROGRAM.

Get Comfortable



and i said to my body. softly. 'i want to be your friend.' it took a long breath. and replied 'i have been waiting my whole life for this.'

-Nayyirah Waheed





Fatphobia
&
Therapy

NEHA M.
TAMHANE, M.A.

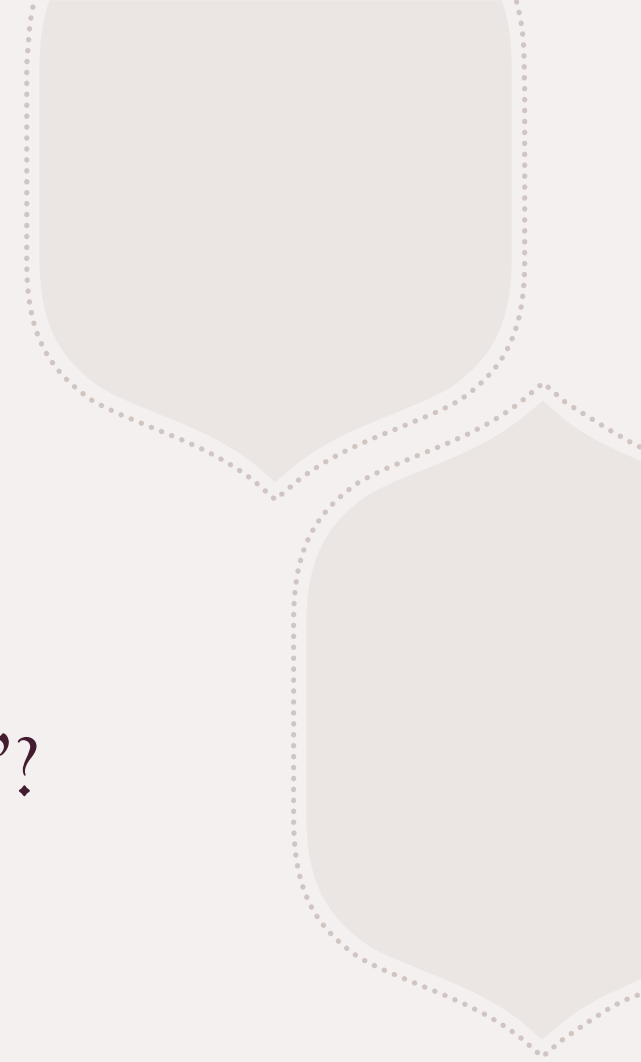
Things to keep in mind...

- Fatphobia is a system
- Everyone is fatphobic- even me
- Fatphobia has an additive value
- Fatphobia can- and often is- used as a proxy for other isms



Reflection

What comes to mind when I say the word “fat”?



Why I use the word Fat



FATEGORIES

UNDERSTANDING THE FATNESS SPECTRUM



SMALL FAT

BELOW A US WOMEN'S 18, OR 1X - 2X

This is the smaller end of the fatness spectrum. Small fats can usually straddle the line between "fat" and "straight size." They can face medical discrimination & poor interpersonal treatment but are generally able to participate in public life with few restrictions based on size.



MID FAT

BETWEEN A US WOMEN'S 20 - 24 OR 26, OR 2X - 3X

Typically only able to shop in plus-size stores, with brick-and-mortar shopping options less frequent. At the upper end of many plus-size retail offerings. More visibly fat, they experience more size discrimination in healthcare, at work, and may have trouble fitting into seats and other public spaces.






LARGE FAT

US WOMEN'S 26 TO 32, OR 4X - 5X

The end point for most plus-size clothing, mostly relegated to online options. This term can also apply to anyone at the larger end of the fatness spectrum, though typically they place closer to the middle of the bell curve.




SUPER FAT / INFINIFAT

LARGER THAN A US WOMEN'S 32 BUT ALSO IT'S COMPLICATED!

"Superfat" was created at a NOLOSE conference in 2008 & is meant to describe the largest & most underserved folks in fat communities. They face significant barriers to access in healthcare, clothing, public spaces, workplace discrimination, and beyond.

"Infinifat" describes the same group & came into prominence around 2017, via Ash of The Fat Lip Podcast. Her widely-circulated size chart placed "Super Fat" below "Infinifat," which is often how it is used. Usage may vary, but both terms indicate people on the largest end of the spectrum.



DEATH FAT

Term created by fat activist & writer Lesley Kinzel in 2008. The term was not intended to have any specific size range or limitations, & can be used anyone who wishes to reclaim their "morbid" fatness.

And two more

- Straight Sized
- Mid-sized



Stigma in the medical field

- ♦ Physicians tend to have less regard for fat patients
- ♦ Tend to assess them from a moral model
- ♦ Spend less time with patients
- ♦ Communicate less
- ♦ Overemphasize weight
- ♦ Implicit bias -related to a dislike of fat people and fear of becoming fat themselves.
- ♦ Leading to patients being less likely to seek medical care.

Huizinga et al, (2009); Beach et al., (2006); Bertakis & Azari, (2005) ; Phelan et al., (2015) ; Akoury et al., (2019); Hassel et al. (2001)

On Health

Health is not a monolithic concept

Not every body can fit the prescribed narrative of health

No one owes their health to anyone

Healthism is ableism

We do not scapegoat one identity in service of others



Fat Stigma in mental health

Bergen & Mollen, 2019; Akoury, 2019;
Hassel et al. (2001)

- ♦ Adopt a medical view of obesity
- ♦ Typically shows up as microaggressions
- ♦ Therapists focus on client weight
- ♦ More likely to give pathologizing diagnoses.

Reflection

What are some biases about fat bodies you seen/witnessed/experienced in your professional life?



Fatphobia in the workplace

- ♦ Fat people are likely to be rated lower than their thinner
- ♦ Fat people are also more likely to be penalized for errors at work

Finklestein et al., (2007) ; Lindeman et al., (2017); Vartanian et al, (2014);

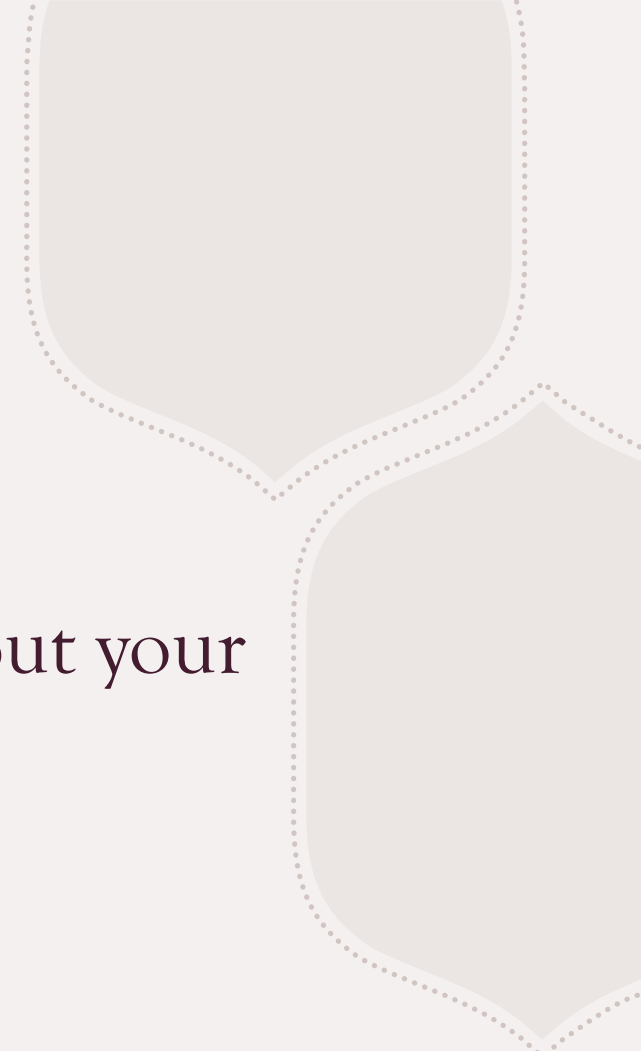
Fatphobia in in Social relationships

Puhl et al., 2013; Puhl & Himmelstein (2019) ;
Boyes & Latner (2009)

- ♦ Seen from spouses, family, media, and friends.
- ♦ Fat people seen as having “less social currency”
- ♦ Bullying in Adolescents
- ♦ Adolescents cope by isolating

Reflection

What are some messages you have received about your body with regards to its size?



Effect of Fat Stigma on Mental Health

- ♦ Increased general emotional distress.
- ♦ Affects how a person perceives themselves
- ♦ Triggers negative mood states leading to binges
- ♦ Greater body dissatisfaction (disordered eating)
- ♦ Less likely to engage in pleasurable activities

Fatphobia rooted in other isms

- ♦ Aligns with racism, sexism, and classism
- ♦ Being fat was considered desirable in the Renaissance era (Strings, 2019)
- ♦ In the 1800s, scarcity of food made fatness desirable
- ♦ As food became more available, being fat became a testament to laziness, lack of self-control, greed, and lower social standing (Farrell, 2011)
- ♦ Famines became attributed to lower classes
- ♦ Rise of science (eugenics) attributed higher weight to women, BIPOC, and lower classes (Farrell, 2011)



Weight Inclusive Approach

Diversity in bodies is a natural occurrence

Weight Inclusive Approach

Health and well-being can be achieved outside of weight management

Weight Inclusive Approach

Supports the use of medical and public health interventions for the good of the individual

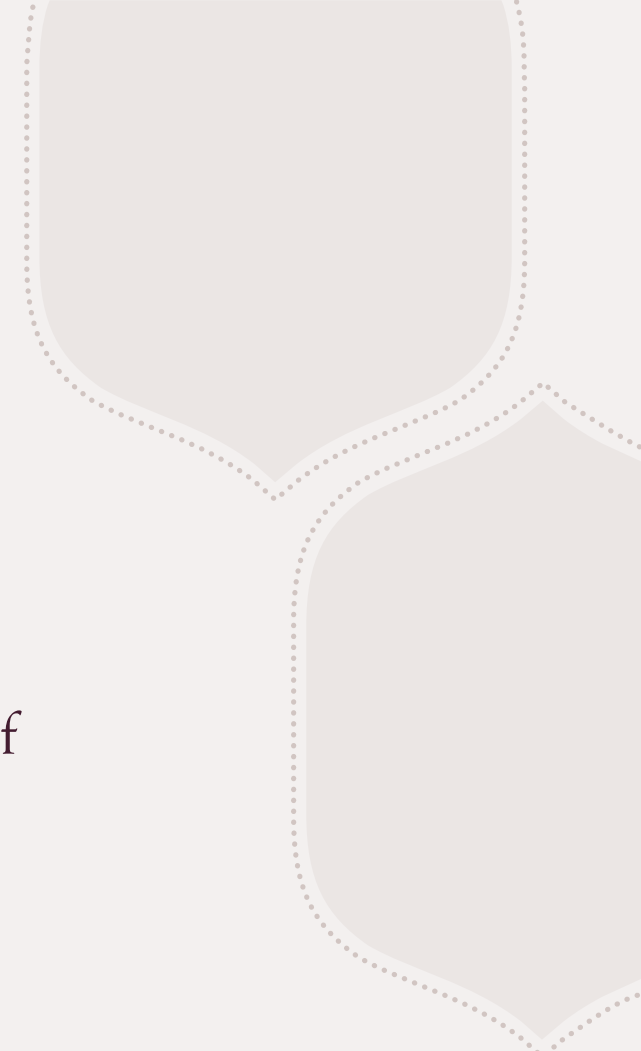
Self- Reflection

What part of the weight-inclusive approach appeals to you at this time?



Do's

- ♦ Consider weight as a diversity variable, in case conceptualization
- ♦ Use size- inclusive language in therapy- be mindful of pathologizing language
- ♦ Ensure that your therapy space is accessible/comfortable of people of various sizes
- ♦ Update yourself on relevant research and accurate information
- ♦ Explore personal biases in supervision
- ♦ Consider the ethics of size- related beliefs
- ♦ Consider using the Weight-Inclusive Approach



Don'ts

- Do not over pathologize weight in case conceptualizations
- Do not assume a client's health by their appearance
- Do not provide services you are not trained for (I.e., providing nutrition/diet advice without proper training).
- Do not make the client's weight the focus of therapy unless the client wants to
- Do not assume what behaviors your client engages in (I.e. eating, exercising) based on their appearance



Suggestions for Interventions

Medical Settings

- Have conversations with clients about their potential concerns about going to a doctor
- What were their experiences with doctors in the past?
- What are their concerns now?
- What would they want to convey to their medical provider that you could work in therapy?
 - “If it is not medically necessary, I would prefer not to be weighed today”
 - “Treat me as if I was in a thinner body”
 - ”I would like you to document that”
- Blind weighing

The Therapy Space

- Is therapeutic space- is it fat friendly?
- What kind of reading materials are in the waiting room? In your office?
- What kind of books do you have on your bookshelves?
- Consider your own stimulus value



Broaching Questions

- What would it be like to like your body as it is?
- What are the messages you have heard about your body?
- From what sources?
- How have these messages benefitted you?
- Who has benefitted from these messages?
- What are ways you find joy in your body?
- What does community look like?



Reflection

- What are some messages you have received about your body?
- How has fatphobia showed up in your life?



Fat Liberation Organizations

- ♦ ASDAH - Association for Size Diversity and Health
<https://asdah.org/>
- ♦ NAAFA- National Association to Advance Fat Acceptance
<https://naafa.org/>



Online Communities

- Fat Girls Hiking
- Flying While Fat
- Body Liberated Buffalo



People to follow on social media

- **Fatphobia Education/ Fat Liberation:**

- Fatmarquisele

Theantidietriotclub

- Dashaunlh

Theantidietplan

- Crutches_and_spice

ThefatdoctorUK

- Fatsextherapist

Bodyliberationwithlindley

- Sonyareneetaylor

Katiemccrindlecounseling

People to follow on social media

Fashion/Lifestyle:

- ♦ Miriamlurry
- ♦ Nehaparulkar
- ♦ Thechubbytwirler
- ♦ Stephanie Yeboah

Art/Entertainment:

- Lizzobeating
- Theindywest
- Fattiesandfeelings



Experiential Exercise

- Next shopping trip
- Can only buy clothes that are also available in at least a size 3x.
- Else, you cannot buy that item of clothing.
- If the entire store does not have 3x clothing **THAT YOU WOULD WANT TO WEAR**, then you can't buy anything
- You can peruse the shoes, bags and accessories



Resources

Books

You Have the Right to Remain Fat- Virgie
Tovar

Fearing the Black Body- Sabrina Strings,
PhD

Belly of the Beast- Da'Shaun L. Harrison

Fat Shame- Amy Erdman Farrell

Fat Politics- J. Eric Oliver

Podcasts

Maintenance Phase

Unsolicited: Fatties Talk Back

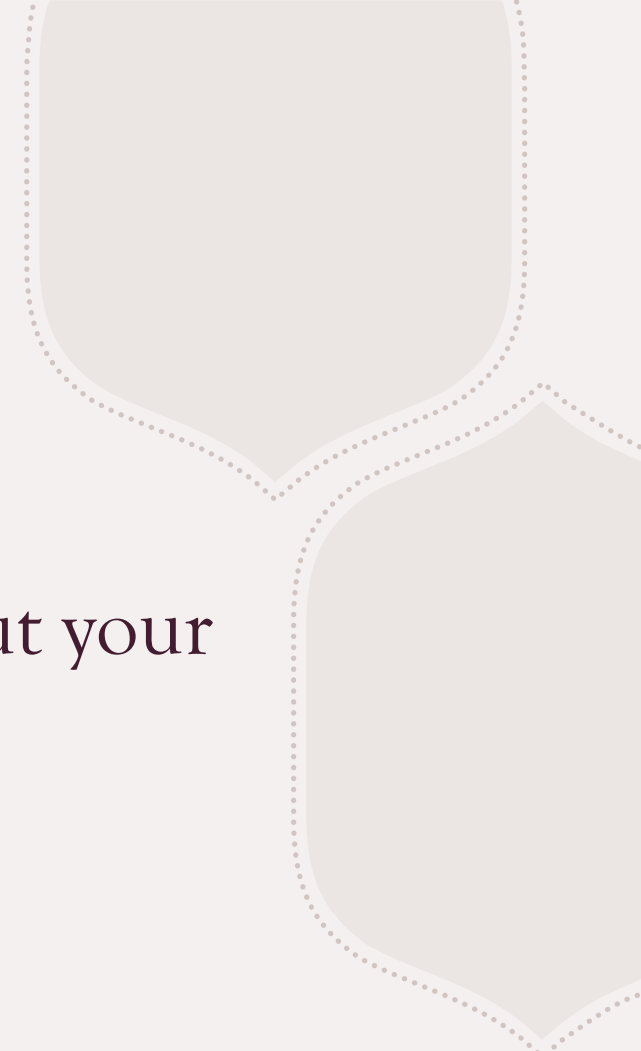
Unpacking Weight Science

Food Psych Podcast with Christy Harrison



Last Question...

What is one thing you never want to hear about your body ever again?



Questions?



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