The Impact of Living in a "Fatphobic" Society

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Summary

This paper will describe how we live in a society where discrimination and stigma towards those living in larger bodies is pervasive. We will particularly focus on the dangers of this on those vulnerable to or affected by an eating disorder.

Introduction

We would like to begin by acknowledging our own privileges; throughout this piece we will be considering the "fatphobic" society that we live in and how this can affect those vulnerable to or experiencing eating disorders and eating difficulties. However, we recognise that we both sit here as white females whose bodies are deemed "acceptable" by society. We have not had the experiences that many of those we have worked with have had of being scared to go out in public due to fear of being harassed or abused about our weight. We questioned whether this was our story to tell, however, we are sharing this in the hope that it encourages awareness around weight stigma. We hope that this will allow those who are more directly affected to speak up and be heard.

We have opted to write this as a discussion piece to ensure accessibility and to allow space to reflect on our own experiences. As authors, we bring a mixture of professional and lived

experience of eating disorder services. We recognise the importance of language when discussing weight and appreciate that the word "obesity" is often perceived negatively by those living in larger bodies (Ivezaj et al., 2020). We note that we have used this when it has been specifically referenced by others.

Fatphobia

"Fatphobia" has been defined as a "pathological fear of fatness" (Robinson et al., 1993), and refers to the stigma and discrimination that those living in larger bodies experience due to their weight. Whilst fatphobia is pervasive across today's society (O'Keeffe et al., 2020), this was not always the case, with "fatness" traditionally associated in Western cultures as a sign of wealth and health (Farrell, 2011). This shift towards desiring smaller bodies (particularly females) was imbedded in the transatlantic slave trade; Black females were associated with "fatness" (p. 6) and seen as lacking control of their oral and sexual appetites (Strings, 2015). Additionally, "overeating was [seen as] ungodly" during the rise of Protestantism (Strings, 2019, p. 6). Whilst this preference for smaller bodies was initially directed towards females, we recognise that there is increasing pressure for men to conform to societal expectations around the 'ideal' body (Murray et al., 2016).

The way in which we experience fatphobia and who we receive these messages from is likely to differ depending on whether society deems our body acceptable. Research studying weight discrimination in Germany found that the prevalence of weight-based discrimination in those living at a "normal" weight or classed as "overweight" was 5.6%. However, this increased to 38% in those living with "obesity class III", with females more likely to experience this discrimination (Sikorski et al., 2016). Perhaps conversely, the prevalence of weight discrimination in those classed as "underweight" was also high at 19.7%, which the authors noted may reflect stigma around deviation from social norm.

Many healthcare professionals have been found to hold these stigmatising attitudes around weight and view living in a larger body as a choice or an avoidable risk factor for other health conditions (Phelan et al., 2015; Puhl & Heuer, 2009). For example, Hebl and Xu (2001) reported that physicians spend less time with a person living in a larger body due to the belief that it was a greater "waste of time" (p. 1250). Although research suggests that health-care professionals score slightly lower when measuring weight stigma compared to the general population (O'Keeffe et al., 2020), it is concerning how these stigmatising attitudes may lead to discrimination around good quality health care. Whether implicit or explicit beliefs, they are a sign of institutional fatphobia.

Weight stigma is also integrated into public health messages. For instance, the idea that to lose weight we simply need to "eat less and move more" fails to recognise the multitude of biological, genetic, social, environmental and behavioural determinants of weight (Lee et al., 2019). This oversimplified view of weight is reflected in the findings from a recent survey of nearly 6000 individuals. When asked about the preventability of "obesity", 79% of the general population and 57% of health-care professionals reported their belief that "obesity" could be entirely prevented (O'Keeffe et al., 2020). These public health messages are also based on the assumptions that sustainable weight loss is widely achievable and will result in consistent health improvements, yet these assumptions are not empirically supported (Hunger et al., 2020). Research concluded that the conventional weight-centric approaches are likely to have been ineffective in promoting health, whilst also driving weight stigma and impacting negatively on health outcomes (Hunger et al., 2020). Our experiences of both working with those affected by eating disorders (EDs) and engaging in ED treatment support this conclusion, as we have seen the dangers of equating weight loss with health. A review by Bacon and Aphramor (2011) suggests that approaches that are weight-inclusive are

associated with clinically significant benefits to various aspects of physiological and psychological wellbeing, such as blood pressure levels, ED pathology and mood.

Eating disorders

When considering the impact of fatphobia on those affected by EDs, it's important to note that many people affected by an ED are also living with "obesity" (Da Luz et al., 2017). Just like someone's experience of an ED is unique, the way in which someone may be affected by fatphobia will vary. However, we know that the current narratives around living in a larger body, including the Government approaches to managing "obesity", have the potential to be detrimental to those affected by or vulnerable to developing EDs, and have limited evidence around their effectiveness (Beat, 2020). For instance, the addition of calories to menus has been suggested to enable individuals to make "better" food choices (Department of Health and Social Care, 2020). Conversely, a Cochrane review has found only a limited amount of low-quality evidence supporting calories on menus reducing calories purchased (Crockett et al., 2018), and evidence suggests it exacerbates ED symptoms (Haynos & Roberto, 2017). Similarly, the eating disorder charity, Beat, recently surveyed over 1000 people currently or previously affected by an ED, or loved ones of those affected. They found that 93% of respondents reported including calories on menus would have a "negative" or "very negative" impact on them (Sky News, 2021).

Additionally, although there is little support for dieting leading to long-term weight loss (Mann et al., 2007), public health messages consistently advocate dieting. This is despite research suggesting an association between dieting and an increased risk of developing an ED (Patton et al., 1999; Stice et al., 2008). This promotion of dietary restriction has also previously been utilised in campaigns targeted towards children, with the idea that snacks should be limited to a certain number of calories (Beat, 2018). The dangers of this approach

are highlighted by a retrospective review of 50 children and young people with a diagnosis of anorexia nervosa, as 14% reported "healthy eating education" as a trigger for the ED (Chen & Couturier, 2019). As well as putting those vulnerable to developing an ED at risk, our experiences have also demonstrated to us the negative impact that this promotion of dieting can have on those currently affected. Demonising certain foods and encouraging the dichotomous view of foods as either good or bad may exacerbate the thoughts and beliefs someone affected by an ED might be experiencing (Beat, 2020), thus creating additional barriers to recovery. Additionally, dieting has been found to exacerbate eating disorder symptoms, for example, dietary restraint has been associated with more frequent binge eating episodes in adults with a diagnosis of anorexia nervosa-binge/purge subtype and bulimia nervosa (Elran-Barak et al., 2015).

This weight-centric approach to public health also has parallels to the way in which ED services are currently funded. Many ED services are reported as currently using Body Mass Index (BMI) as an indicator for whether individuals can access support (Ayton, 2021), despite NHS guidance stating this should not be the case (NHS England, 2019). Additionally, many services are reported as not offering psychological treatments for binge eating disorder (NICE, 2017). Although BMI has been removed as a diagnostic criterion for anorexia nervosa in the DSM-5 (American Psychiatric Association, 2013), this inequality based upon weight highlights that there is still a long way to go to ensure seeing someone as "underweight" is not the benchmark indicator of an ED.

Summary

Fatphobia is pervasive across society, despite appearing to rise from socially and culturally constructed norms. The pervasiveness is demonstrated by ineffective weight-focused "obesity" campaigns, promoted under the guise of considering the health of those living in

larger bodies. Yet these weight stigmatising attitudes, held even by some health-care professionals, continue to put individuals at risk. Individuals are vulnerable to receiving a lack of care (Hebl & Xu, 2001), developing an ED or having difficulties exacerbated (Beat, 2020), and a lack of recognition or treatment for an ED (Ayton, 2021). This is despite EDs having significantly raised levels of mortality (Arcelus et al., 2011). The mortality risk for young people with a diagnosis of anorexia nervosa has been found to be greater than with serious diseases such as asthma or type 1 diabetes (Hoang et al., 2014). It therefore feels imperative to challenge societal fatphobia and move away from stigmatising weight-centric policies.

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