

# Body Advocacy Movement Script

## Session 1

### Prep:

- Email/call/text each participant before the session to remind them about the time of the first session and how to access/where to attend the group meeting.

### Materials:

- If over Zoom:
  - Laptop/Desktop, Webcam, Headphones
  - Video Conferencing Software - Microsoft Teams, Zoom, etc.
  - Platform to take notes - Screen-share a GoogleDoc, whiteboard feature, etc.
- PDFs/Documents:
  - How to Lead Groups (for facilitators only)
  - Troubleshooting & Tech Support (for facilitators only)
  - Fatphobia Factsheet (for facilitators, may share post-session)
  - Mental Health Resources
  - HW 1 - Worst-Case Scenario
  - HW 2 - Combating Internalized Fatphobia
  - HW 3 - Fat Activism

### Agenda:

1. Welcome (10 min)
2. Size Terminology (5 min)
3. Defining Fatphobia/Anti-fat bias (25 min)
4. "I feel fat" (15 min)
5. BREAK (5 min)
6. Weight & Health (25 min)
7. Homework (10 min)
8. Session Debrief (5 min)

## Session 2

### Prep:

- Email/call/text each participant before the session to remind them about the time of the second session and how to access the group meeting.

### Materials:

- If over Zoom:
  - Laptop/Desktop, Webcam, Headphones
  - Video Conferencing Software - Microsoft Teams, Zoom, etc.
  - Platform to take notes - screen-share a GoogleDoc, whiteboard feature, etc.
- PDF of Session 2 HW
- PDF of fat positive creators (to share with participants)

### Agenda:

1. Welcome Back
2. Debrief Worst-Case Scenario HW (25 min)
3. Debrief Combating Internalized Fatphobia HW (15 min)
4. Roleplays (20 min)
5. Quick Comebacks (15 min)
6. Debrief Fat Activism HW (15 min)
7. Moving Forward (5 min)
8. Session Debrief (15 min)

## SESSION 1

### **I. Welcome (10 min)**

Leader: \_\_\_\_\_

Introductions:

Welcome to the **Body Advocacy Movement workshop!** Thank you all for coming and for taking interest in this topic. There are \_\_\_ of us on this call right now, and \_\_\_ of us are “peer facilitators” who will be facilitating our discussions tonight.

We would like to audio record both sessions for quality assurance purposes. Is this OK?  
[Turn on audio recording now.]

So to introduce ourselves... [Peer leaders introduce themselves: name, pronouns, year/program, why you signed on as a peer leader for this program.] Now we'd like to get to know all of \*you\* a bit better! Can each of you tell us your name, your pronouns, and something you're 'into' these days--whether that's a hobby, a book, a TV show, a specific advocacy issue, etc. [Participants introduce themselves].

Overview:

As an overview, this workshop consists of two sessions (this being the first). During the two sessions we will:

1. Define Anti-fat bias and explore how it manifests in our lives and in society
2. Unpack common misconceptions around weight and health
3. Recognize and explore our own Fatphobia
4. Learn new ways to challenge Fatphobia in ourselves and Anti-fat bias in others
5. Discuss ways we can challenge anti-fat bias on an institutional and societal level

Expectations and voluntary commitment:

Before we jump in, we'd like to review some basic expectations for the group:

- We request that everyone keep their cameras turned on when possible.
- If you have a lot of background noise, consider muting yourself while others speak.
- We want this to be a safe space, so please be respectful of what everyone has to say. We ask that you do not discuss the specifics of what others share outside this group.
- People get the most out of these groups if they attend both meetings, participate verbally, and complete all of the between-meeting exercises.

It is important to note that participation is voluntary, and we like to get everyone's verbal consent and commitment. Is each of you willing to actively participate in the group? [Solicit thumbs up, nods, verbal or typed 'yes']

Attendance:

Again, it is important that everyone attends **both** meetings. If you need to miss the next session, please let one of us know as soon as possible so that we can schedule a make-up session with you.

## II. Size terminology in this workshop (5 min)

Leader: \_\_\_\_\_

*Before we go any further, we wanted to check in with you all about the terminology we'll be using during this workshop. We're going to be talking a lot about different body sizes, which can be a challenging thing to put words to!*

*So let's start with the infamous F-word: Fat.*

*Fat people. That person's fat.*

*What is your reaction to hearing this word? [Get answers]*

*For many people, the term 'fat' comes with a lot of uncomfortable feelings! In many settings it's considered a rude or derogatory word.*

*However, in many fat acceptance and fat liberation spaces, the term '**fat**' has been reclaimed as a neutral descriptor. Many also specify a spectrum of fatness: small fat, mid fat, superfat, and infinifat. Others may not feel comfortable with the term "fat" and instead prefer terms like '**plus-sized**,' or '**people of size**,' or '**people with larger bodies**.' The medical community uses terms like 'overweight' and 'obese,' but many people find these too medicalized and stigmatizing.*

*When referring to people who aren't fat, we sometimes use the term '**thin**.' However, there are many people who aren't fat who also don't identify with the term 'thin,' which, culturally, tends to be associated with a very narrow range of body types. As such, some people use the term '**straight-sized**' to refer to non-fat people.*

*So we have many different terms to describe body size: small fat, superfat, plus-sized, straight-sized... These are obviously just some examples. As always, it's important to respect how other people refer to their own bodies, and to follow their lead.*

*But for today, we encourage you to play around with these words during our discussions. See what feels comfortable for you to use, and reflect on why some terms are more comfortable than others. There is no 'right' or 'wrong' terminology to use in this space, so don't worry about messing up! We know it can be clunky to use new terms--we're not here to judge.*

*How do you all feel about these words? Any questions, comments, or thoughts on terminology?*

### III. Definition of fatphobia/Anti-fat bias (25 min)

Leader: \_\_\_\_\_

Scribe: \_\_\_\_\_

*Remind Participants that this is the last section before break.*

*Building off terminology... by a show of nods, who has heard of "fatphobia" or "Anti-fat bias? Would someone like to share a definition?"*

*In a literal sense, fatphobia means a fear of fatness. But just like when we talk about homophobia or transphobia, it's less about \*fear\* and more about bias and discrimination. So a more precise term might be "anti-fat bias."*

*Fatphobia, or anti-fat bias, can act at various levels, including:*

- The **intrapersonal** level, meaning within **ourselves** (Fatphobia)
- The **interpersonal** level, meaning through our interactions with **others** (Anti-fat bias)
- The **institutional** level, meaning within the greater **organizations and systems** (Anti-fat bias)

[Write out as three columns on a screen shared GoogleDoc or whiteboard]

*Let's go through each of these and come up with some examples of how anti-fat bias acts at these different levels.* [Write out participants' examples as you go]

- *So starting at the first level, what are some examples of how Fatphobia affects us as individuals? How does it affect our feelings, thoughts, and behaviors?* [Look for examples like fear of weight gain, dieting, disordered eating, not wearing certain clothes]
- *Next, what are some examples of anti-fat bias in interactions between people? Feel free to share personal experiences or things you've seen.* [Look for examples like fat jokes, unsolicited comments about weight, unsolicited weight loss advice, romantic discrimination]
- *Finally, let's think about the institutional level. Where can we see anti-fat bias at play within our broader society?* [Look for examples like medical discrimination (denied treatment, misdiagnosed), employment discrimination (hired less, paid less, promoted less), lack of representation in media (only used for comedic relief or in a story about the struggles of fatness), lack of appropriately sized clothing, tiny seats, etc.]

*Thinking about these three different levels, how do you think anti-fat bias affects people of different sizes differently? That is to say, does a plus-sized person experience anti-fat bias differently than a straight-sized person?*

- Regardless of size, people can experience intrapersonal **anti-fat bias**
- Thin privilege protects against institutional and many types of interpersonal **anti-fat bias**

[Switch back to participant view]

*How might anti-fat bias and its impacts differ across cultures?*

*How does Anti-fat bias intersect with other forms of discrimination? That is to say, how might anti-fat bias disproportionately affect certain social identities?*

- [Peer facilitators can list specific forms of discrimination, e.g. How does Anti-fat bias intersect with racism? Sexism? Classism? Other?]

*Given all these harms of anti-fat bias, why does it still exist? Who profits from it? In other words, who makes money from anti-fat bias?*

- [Weight loss industry, diet industry, fitness industry, fashion industry, media...]

*Do \*you\* profit from anti-fat bias? In other words, are you getting rich off of anti-fat bias?*

- [No!]

*So none of us profit from anti-fat bias, but do we experience any costs? Let's look at each level...*

- *What are the costs of anti-fat bias for us as individuals?*
- *What are the costs of anti-fat bias in how we interact with others?*
- *What are the costs of institutional and societal anti-fat bias?*

*In what ways might you personally be invested in dismantling anti-fat bias and promoting fat acceptance? Let's go around the group and each say a reason why it makes sense for you to dismantle anti-fat bias and promote fat acceptance.*

## IV. Deconstructing “I feel fat” (15 min)

Leader: \_\_\_\_\_

Scribe: \_\_\_\_\_

*For this next activity, we're going to be unpacking one of the most common fatphobic statements made in passing. If we haven't said it or thought it ourselves, we've all at least heard it from someone else... and that's the phrase, "I feel fat."* [On a shared GoogleDoc or whiteboard, write out “I feel fat”]

*When do people say this?*

- [When they feel like they ate too much, when clothes don't fit...]

*Usually people say this as a way to say, for one reason or another, "I feel bad about myself." What are some **specific feelings or thoughts** that you or others may have had when saying “I feel fat”?* [Cross out “I feel fat” and write “I feel...”]

[Give examples if necessary. If participants take the question literally and respond with ‘I just ate a large meal’ or ‘my clothes feel tight,’ you can say “That sounds like a pretty neutral, objective statement. By saying ‘I feel fat’ instead, what are we trying to convey?”]

- Sluggish, lazy, lethargic
- Ugly, unattractive, undesirable, unlovable (bad body image/self-esteem day)
- Undeserving, unworthy, insecure
- Judged (for eating more than those around us, for taking up space)
- Guilty for eating
- Embarrassed or ashamed
- In need of validation

[Switch back to participant view]

*How does saying “I feel fat” perpetuate anti-fat bias?*

- Reinforces fatphobic stereotypes of beauty
- Reinforces stereotypes of fat people's behavior

*The next time you hear someone say “I feel fat,” how could you respond in a way that gets them to realize that they are perpetuating anti-fat bias?*

**---5-MINUTE BREAK---**

## V. Weight & Health (25 min)

Leader: \_\_\_\_\_

Scribe: \_\_\_\_\_

\*\*\*Use the Fatphobia Factsheet as a helpful reference for this activity

One of the most common themes that arises in discussions about weight and anti-fat bias is the topic of **health**. We live in a society that often equates weight with health. This next activity is meant to unpack this association.

[Have wordbank prepared in a screen-shareable GoogleDoc or on whiteboard]

Here we have a collection of words and phrases that are often used in conversations about weight and health [read words aloud]:

Eating Habits		Exercise Habits		Expressing concern about someone's weight
Fat	Healthy	Lean		Weight loss
Lazy	Happiness	Fit	Willpower	Health
Unhealthy	Fat shaming	Morally right/good	Worth, Value	

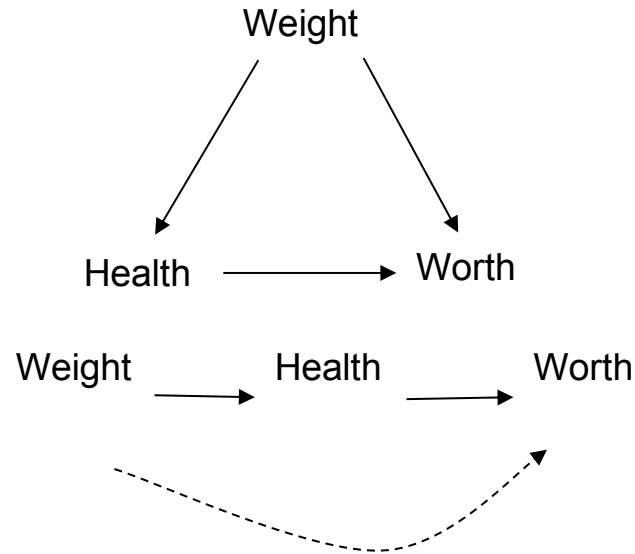
According to what we're generally taught about health, how are these phrases and concepts related to each other? [take shorthand notes relating concepts; examples below]

What leads to what? [Include directionality]

- Fat = unhealthy
- Willpower → eating/exercising → weight
- Laziness → fatness
- Expressing concern/fat-shaming → weight loss
- Fat = morally wrong, less worthy/valuable
- Healthy = morally right, happiness

It looks like there's a couple **core messages** underlying all these statements. [Draw out triangle as you go.] Based on someone's **weight**, we assume we know about their **health**. We also tend to pass **moral judgement** on people, whether that's based purely off their weight, or based off what we assume their health status to be.

If it's easier to visualize, we can also draw this another way. [Draw out linear model]



*What are some problems with this model?*

- [Weight → Health] **You can't determine someone's health by their weight**
- [Health → Worth] Judging people's worth according to their health is an example of **healthism**, the belief that the pursuit of health should be valued above all else. This is also an example of **ableism**, as it discriminates against people with disabilities or chronic illness.

*What are some problems with the other statements we made?* [Consider prompting with specific statements--e.g., "What might be wrong about using fat-shaming to express concern or encourage weight loss?"]

- [Concern/fat-shaming] **Anti-fat bias itself has negative health effects**
- [Concern/fat-shaming, or if eating disorders mentioned] **Mental health is also health**
- [Willpower/laziness] This model subscribes to the harmful **bootstraps myth mentality**; i.e. fatness, like poverty, is something you can just work hard enough to overcome
- [Willpower/laziness, eating/exercise determine weight] **Many factors influence weight!** Most of which we have little control over. Have participants brainstorm examples (Genetic factors, prenatal factors (your mother's environment when she was pregnant), sleep, stress levels, socioeconomic status, geographic location, access to food/space, family habits & culture, medications, medical conditions, age)
- [Anything about health] **There is no one-size-fits-all definition of 'health'**--being healthy looks different for everyone, and can vary over time and circumstance
- [Happiness] **People of any size can live successful, happy lives**
- [Fitness] **People of any size can be strong, active, and athletic**



## VI. HW Activities (10 min)

Leader: \_\_\_\_\_

Remind participants that we just have two more things to talk about before we wrap up.

*To reflect on the topics we've covered today and to prepare for further discussion, we have three activities we'd like you all to complete before next session. On one hand, we know your time is precious, so we don't intend for these activities to take you too much time. On the other hand, we have found that the more thought you put into these activities, the more fruitful our discussions will be next week.*

Activity 1: Worst case scenario (imaginal exposure)

- *The first activity is to imagine that, over the next year, you gain a significant amount of weight. We want you to tap into your deepest, darkest fears about what this would mean for you. Write a short story, no more than ½-¾ of a page, exploring the worst case scenario that would play out as a result of your weight gain. Be sure to write in first person and in present tense.*
- *Here is an example of a worst-case scenario, but note that this one is through the theme of failing a class instead of gaining weight: "I've failed my physiology class. All my friends passed with high grades, and they now think I'm a fraud, that I must have cheated my way into college. My parents are deeply disappointed and decide to stop supporting me financially until I can turn my grades around. I pick up a part-time job and have to give up my volunteering. I begin to worry medical schools won't accept me, and I'll never be able to pursue my dream of becoming a doctor. I am so discouraged, stressed, and socially isolated that I can't focus on any of my classes, and I end up dropping out the next semester. I'm kicked out of the dorms and my parents won't accept my return, so I spend the rest of my days living on the streets."*
- *So to clarify, that example used the theme of failing a class. For **your** activity you will write out a worst-case scenario using the theme of **gaining weight**.*
- \*Make sure participants understand that they are writing a worst-case scenario specifically around weight gain.

Activity 2: Uprooting internalized **anti-fat bias**

- *The second activity is to generate a list of 10 things you can do to uproot your own anti-fat bias.*
- *What are some examples that come to mind?* (e.g. diversify your social media feed, diversify your reading lists, etc.)
- \*Make sure participants understand these are things to uproot *their own bias*

Activity 3: Fat activism

- *The third activity is to generate a list of 10 things you as an individual can do to combat interpersonal and institutional anti-fat bias. As opposed to the previous activity, the goal of this exercise is to confront anti-fat bias outside yourselves, rather than your own internalized bias.*

- *What are some examples that come to mind?* (e.g. call it out when you see/hear it, contact your local restaurant/doctor's office/etc. about adequate seating, etc.)
- \*Make sure participants understand these are things to confront bias *outside themselves*

*Can someone tell me what the home exercises are for next week?* [Make sure someone responds with the three activities: worst-case scenario, uprooting internalized *anti-fat bias*, and fat activism.]

*Again, please take some time to complete these activities. You'll be sharing them with the group next week, and they will be the basis for more discussion.*

## **VII. Session debrief (5 min) (Time permitting)**

Leader: \_\_\_\_\_

*We like to end sessions by giving everyone a chance to say one last thing. Can everyone tell me something that "worked for you" in this session, "hit home," or even something you just liked?*

*That's all for today. If anyone has any suggestions, questions, or concerns about this session or the next one, please don't hesitate to reach out to one of us by email.*

*Thanks again for coming. We are looking forward to seeing you next week!*

### HW ACTIVITIES

1. Worst case scenario
2. Combating internalized *anti-fat bias*: 10 ways to uprooting your own anti-fat bias
3. Fat activism: 10 ways to combat interpersonal and institutional *anti-fat bias*

## SESSION 2

### I. Welcome back

Leader: \_\_\_\_\_

*Hello everyone! Thanks for coming to session 2 of the Body Advocacy workshops. Like last time, we want to get everyone's verbal consent and commitment. So, is each of you willing to actively participate in the group?*

[Go around the room and get a verbal affirmation that they are willing to actively participate. Turn on audio recording now.]

### II. Debriefing “Worst Case Scenario” HW (25 min)

*Last week we asked if you would be willing to write a story about the worst-case scenario that would happen if you were to gain a significant amount of weight. We are now going to go around the group so that each of us can share our story with the rest of the group. Who would like to start? [Have each participant read their story.]*

Remind participants that it's understandable to experience fear of weight gain given the society that we live in. It's okay if those thoughts come up but how we respond to them matters.

*Thank you all for sharing your stories. Everyone clearly put a lot of thought into them. Now we would like to discuss these stories as a group. First, what were some of the common themes that came up across stories?*

*How quickly did you come up with the ideas to include in your story?*

*Where did these ideas come from?*

*How would buying into this fear of weight gain affect your everyday behavior?*

*So now that we've talked about how living with a fear of weight gain affects our **behavior**, let's talk about how it affects our ability to **live the life we want to live**. Take a minute to think about your core values in life. For some people these might include things like kindness, fairness, respect, open-mindedness, community, or social connection. How would living with a fear of weight gain affect your ability to live in accordance with the things you care about most?*

*We often set different standards for ourselves than for others. For example, a lot of people believe in treating others with respect and compassion regardless of their size, and yet they still struggle with feelings about their own weight. We might think, “It's ok for others to be fat, but it's not ok for me.” How does this difference in standards align with your values, or how you want to live your life?*

*How would adhering to this double standard influence the fat acceptance movement? How would it affect your own activism against anti-fat bias?*

*When we find ourselves setting these double standards (like thinking it's ok for others to be fat but not ok for me), how can we check ourselves?*

### III. Debriefing “Uprooting Internalized Fatphobia/Anti-fat bias” HW (15 min)

Leader: \_\_\_\_\_

Scribe: \_\_\_\_\_

*Next we'd like to talk about tangible ways we can challenge our own biases. Our internalized anti-fat bias can have detrimental effects on our relationship with our own body, but it can also seep into our relationships with others, and how we view and interact with the world around us. Last session we asked you all to brainstorm a list of things you could do to uproot your own anti-fat bias. Let's go around the group and each list two things from our list. Who would like to go first? [Write out list on screen-shared GoogleDoc or whiteboard]*

*What a fantastic list! We have... [read list aloud] Does anyone have anything else on their list that wasn't mentioned?*

*We'd like you each to choose 2-3 actions you feel you can commit to doing in the coming weeks in order to uproot your personal anti-fat bias. They can be things on this list, or anything else you can think of. Let's go around and share our 2-3 things, as well as our plans for making them happen. Who would like to go first? [Make participants get specific: What? When? Where? How?]*

Examples:

- Diversify my social media feed and reading list (see resource list!)
- Inventory how my anti-fat thoughts show up (e.g. feeling guilty when full)
- Inventory how my anti-fat behaviors show up (e.g. body checking, calorie counting)
- Do my own research to correct my anti-fat assumptions
- Choose a friend or family member with whom I can talk about the inaccuracies of and problems with our anti-fat assumptions
- Reflect on/journal about my feelings about fatness
- Wear something I usually avoid wearing for fear of “looking fat”
- Post photos of myself that I would normally delete because I “look fat”
- Look at myself in the mirror and list positive qualities about my body

## IV. Role plays around tricky topics (20 min)

Leader: \_\_\_\_\_

*Now we would like to go through some role-plays, to practice how we can respond to anti-fat bias. Peer leaders will take turns playing a person who is exhibiting anti-fat bias, and your job will be to convince us to reconsider our perspective. We'll start with a specific person, but imagine you're sitting at a table with a group of friends--others can chip in as well. The peer facilitator is another friend who comes up and starts talking to you all about something fatphobic. You can all work together as a team, and each role-play will last several minutes. Feel free to use any of the arguments we've identified in earlier discussions.*

1. I'm going to play a friend who is concerned about our other friend's weight gain: *Hey--have you seen Jan recently? She definitely put on some weight over the summer. I know that Jan can be sensitive about her weight, but I feel it's important we confront her about it--for the sake of her health.*
  - a. We wouldn't have to be mean about it, I just want to show her I'm concerned.
  - b. Last year we'd all go hiking together, and I don't want her weight to ruin that.
2. I'm going to play a friend who wants to talk about the person you've recently started dating, who happens to be larger than you: *Hey--you know your new date? They seem nice and all, but...I don't know... One of my other friends once dated a larger person, and they turned out to be a total slob. I think you're taking an unnecessary risk here. You really shouldn't waste your time with someone who's just going to end up being a lazy bum.*
  - a. With a weight like that, it just seems they don't take care of themselves very well.
  - b. Maybe you could just ask them to eat a little less and exercise a little more? Maybe they'd do it for you?
3. I'm going to play a friend who just got back from a trip to Europe, and I just \*have\* to tell you about my return flight: *I had to sit next to this fat guy who tried to request two seats because of his size. Even with an aisle seat I felt claustrophobic! He completely dominated the armrest and I had to sit right up against the other armrest to avoid touching him. It was the longest flight of my life.*
  - a. I'm not one to judge how people care for their bodies, but when their body starts imposing on my space, that's just inconsiderate.
  - b. How is it fair for someone to get two seats when I only get one?
4. For this scenario you're no longer at a table with friends--you're on the phone with your mom/dad. But for the sake of the exercise you can still all chip in. I'm going to play your mother/father, who you call once a week, and you've just mentioned how you've gained some weight during quarantine: *Oh hun, I know these have been rough times, but it's important to take care of your health. Have you tried one of those new diets recently?*
  - a. Your Uncle Ricky just got diabetes last year--you don't want to get diabetes too do you?
  - b. You don't need to be so sensitive about it, I just want to make sure you take care of yourself.

5. I'm going to play a friend who just commented on someone's Instagram post: *Hey--have you all seen Danielle's most recent post? I get that she's trying to be body positive and all, but celebrating her fat? Like I said in my comment, some bodies just shouldn't be shown off like that. She's just promoting an unhealthy lifestyle.*
  - a. It's fine if she wants to love her body, but can't she just keep it to herself?
  - b. What about her younger followers--shouldn't she set a more healthy example?
6. I'm going to play a friend who you've just told about the Body Advocacy Movement workshops: *That sounds like such an interesting program! The world needs more body positivity. I'm not sure I have time for a program like that though--I've been spending my weekday evenings at the gym. Honestly I'd feel a lot more body positive if I just lost a few pounds.*
  - a. Losing weight would make me feel better about myself AND make me healthier--what's wrong with that?
  - b. I've felt this way for a long time, I know there's no way I'll feel better about my body unless I lose weight.

*How did it feel to do these role plays?*

*What were some things you learned from our previous discussions that helped with these role plays? What key messages were helpful to focus on?*

*What might be the benefit of challenging people when they make fatphobic statements?*

## V. Quick comebacks to fatphobic statements (15 min)

Leader: \_\_\_\_\_

*Depending on the situation, it's not always convenient or feasible to engage someone in a discussion about the harms of anti-fat bias. In situations like these, it might make more sense to just derail the conversation. So now we're going to practice coming up with quick comebacks to fatphobic statements. We will go around the group for this activity. One of our peer facilitators will make a fatphobic comment, and you will come up with a brief response to show them you disagree with their statement. We can start with a demonstration. [Two peer facilitators demonstrate.] So again, just a quick one-liner. Who would like to give it a try? [Each peer facilitator should go around the entire group once.]*

- "I had this enormous burrito for lunch, I feel like such a fatty!"
- "I'm body positive, I just don't agree with glorifying obesity."
- "I really have to get back in shape; the quarantine fifteen hit me hard!"
- "Oh wow, that girl over there really shouldn't be eating that ice cream."
- "Did you lose weight? You look great!"
- "My flight was pretty good, except they sat me next to this sweaty fat person who monopolized the arm rest."
- "Adele lost so much weight--she looks so good these days!"
- "Wow, that girl over there is way too fat to be wearing that crop top."
- "I know my roommate could lose weight if she just stuck to her diet and went to the gym every once in a while."
- "Lizzo's not *fat* fat, she's beautiful and talented!"
- "Look at that guy. I don't understand why someone would let themselves get that fat."
- "I avoid working with fat people because they usually end up dropping the ball."
- "Jan's great, but she'll never get a boyfriend if she doesn't lose some weight."
- "Anti-fat bias isn't real, I get shamed for being too skinny too."
- "If fat people don't want to be treated differently they should just lose weight."
- "It's okay if other people are fat, but I don't want myself to be fat."
- "Wow, look at that woman! She looks really fit for her size!"
- "That guy over there would be pretty hot if he just lost some weight."

*How did it feel to do these role-plays?*

*How would it feel to challenge your friends and family if they make fatphobic statements? What from this exercise has helped you feel comfortable in doing so?*



## VI. Debriefing “Fat Activism” HW (15 min)

Leader: \_\_\_\_\_

Scribe: \_\_\_\_\_

*For our last activity, we'd like to look forward at the things that each of us can do to combat anti-fat bias in our communities. Your final homework activity from last session was to brainstorm a list of ways we could engage in fat activism. Let's go around the group and each list two things from our list. Who would like to go first? [Write out list on screen-shared GoogleDoc or whiteboard]*

*What a fantastic list! We have... [read list aloud] Does anyone have anything else on their list that wasn't mentioned?*

*We'd like you each to choose 2-3 actions you feel you can commit to doing in the coming weeks, in order to combat anti-fat bias in your community. They can be things from this list, or anything else you can think of. Let's go around and share our 2-3 things, along with our plans for making them happen. Who would like to go first? [Make participants get specific: What? When? Where? How?]*

Examples:

- Repost and share content from fat-positive people on social media
- Challenge fatphobic statements made by friends/family
- Start a book/movie club with friends where we read/watch fat-positive media
- Start a book/movie club with friends where we critique fatphobic media
- Contact your favorite restaurants, your doctor's office, etc. about providing appropriate seating for larger body sizes

## VII. Exit Exercises (5 min)

Leader: \_\_\_\_\_

*As we come to the end of our sessions, we want to encourage you all to continue challenging anti-fat bias in your own lives.*

*One way to do this is by **following through with the actions you chose**--the ones to help uproot your personal anti-fat bias, and the ones to bring fat activism into your broader communities.*

*Additionally, as a way to reflect on the things we've discussed, your final task is to write a **response letter** to your worst case scenario homework. Knowing what you know now, how would you respond to those fears you wrote about? To get us thinking about the response letter, let's go around and share some ideas of things to include. How would you *\*now\** respond to gaining a significant amount of weight, based on things you've learned from these sessions?*

*Can someone tell me what your three final tasks are as you return to your normal lives?*

## VIII. Final Session Debrief (15 min)

Leader: \_\_\_\_\_

*Given that this is our last group, we wanted to talk about things you may have learned from participating in these sessions. Can someone tell me some of the benefits of fat acceptance?*

*Did any particular activity really stand out as helpful to you?*

*How has this experience changed the way you think and feel about your own body?*

*How has your participation in The Body Advocacy Movement changed what you do, or will do in the future, to promote fat acceptance?*

*How has this group changed how you interact, or how you will interact, with friends, romantic partners, or any other people in your life?*

*What else have you gotten out of this program? Let's go around the group one last time so everyone can state at least one thing they have learned or liked in this group.*

*Once again, thank you for deciding to be a part of this group. We have been very impressed with your thoughtful comments and participation--they are much appreciated! We will be holding more of these sessions in the future, so if you found them interesting or helpful in any way we strongly encourage you to tell your friends about the group!*

*Finally, for those of you who are participating in the study, we have emailed you a link to a post-workshop survey to see how useful the BAM peer groups are to you. The survey is very similar to the one you filled out before our group started but is a little shorter. The link to the survey should be in your inbox right now, so we encourage you to complete that right after this call. You will also receive a final follow-up survey in about 8 weeks.*





Name:

## Session 1, Home Exercise #2: Combating Internalized Fatphobia

Please generate a top-10 list of things you can do to combat your own anti-fat bias. The goal of this exercise is to uproot your own internalized fatphobia. What can you avoid, say, do, or learn to battle this bias?

1) \_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_

4) \_\_\_\_\_  
\_\_\_\_\_

5) \_\_\_\_\_  
\_\_\_\_\_

6) \_\_\_\_\_  
\_\_\_\_\_

7) \_\_\_\_\_  
\_\_\_\_\_

8) \_\_\_\_\_  
\_\_\_\_\_

9) \_\_\_\_\_  
\_\_\_\_\_

10) \_\_\_\_\_  
\_\_\_\_\_

Name:

## Session 1, Home Exercise #3: Fat Activism

Please generate a list of the top-10 things people can do to combat interpersonal and institutional fatphobia. What can you avoid, say, or do to combat anti-fat bias at the interpersonal and institutional levels?

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

4) \_\_\_\_\_

\_\_\_\_\_

5) \_\_\_\_\_

\_\_\_\_\_

6) \_\_\_\_\_

\_\_\_\_\_

7) \_\_\_\_\_

\_\_\_\_\_

8) \_\_\_\_\_

\_\_\_\_\_

9) \_\_\_\_\_

\_\_\_\_\_

10) \_\_\_\_\_

\_\_\_\_\_

## Session 2 Homework:

1. Follow through with your 2-3 actions to uproot personal fatphobia
2. Follow through with your 2-3 actions to promote fat activism in your community
3. Write a response letter to your worst-case scenario homework. Knowing what you know now, how would you respond to those fears you wrote about?

\*\*\*SUBMIT THIS WORKSHEET TO [embarklab@psychiatry.wisc.edu](mailto:embarklab@psychiatry.wisc.edu) WITHIN ONE WEEK\*\*\*

1. How did your uprooting-personal-fatphobia actions go?

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2. How did your fat activism actions go?

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Session One

**Defining Fatphobia/Anti Fat Bias**

Intrapersonal	Interpersonal	Institutional

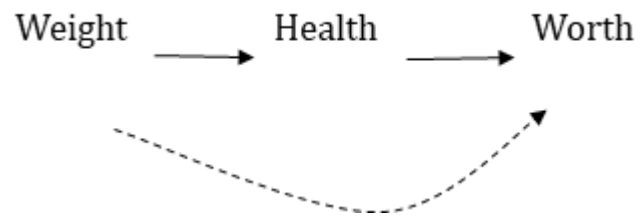
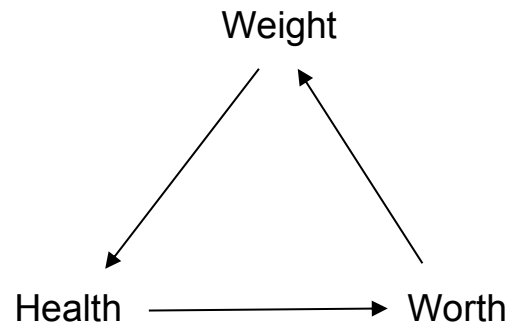
**“I Feel Fat”**

I feel fat ...	I feel ...

**Weight and Health**

Eating Habits		Exercise Habits		Expressing concern about someone's weight
Fat	Healthy	Lean		Weight loss
Lazy	Happiness	Fit	Willpower	Health
Unhealthy	Fat shaming	Morally right/good		Worth, Value

Relations



**Session Two**

**HW #2 Debrief**

Collective List

**HW #3 Debrief**

Collective List

# Handout 1. Responding to Fatphobic Statements

Critiquing fatphobia is at the heart of this Body Project adaptation. It is critical for promoting size acceptance and celebrating body diversity. But fatphobia—the fear and/or dislike of fat bodies—is far-reaching and powerful. Some participants may resist critiquing fatphobia by emphasizing its potential benefits and minimizing its harms.

Common fatphobic statements are included in the 2-session Body Project Script during the second session role-play and quick comebacks.

Try these strategies, listed in order of most to least recommended, to handle fatphobic statements that arise in your group:

1. **Ignore it.** One fleeting fatphobic statement will not undermine the whole session. If participants are generally on target in critiquing fatphobia, it is ok to allow a fatphobic comment to go unchallenged. Intervene only when a fatphobic statement evolves into full-fledged discussions or attitudes.
2. **Elicit information on the harms of fatphobia.** Encourage participants to consider the numerous intrapersonal, interpersonal, and institutional consequences of fatphobia, or ask questions that get the participant to acknowledge these various harms. For example:
  - Weight stigma is damaging to people’s mental & physical health
  - Fear of weight gain can lead to disordered eating or unhealthy dieting
  - Fat jokes can damage relationships with friends/romantic partners
  - Fatphobia in healthcare leads to medical discrimination, including denied treatment and misdiagnosis

*Sample Response: “Okay, you’ve noted some reasons society says fatness is bad. Are there negative consequences of this message, either at an individual level or institutional level?”*

3. **Ask questions that highlight myths of fatphobia.** Media often portrays fat people as lazy, self-indulgent, weak-willed, unattractive, insecure, and unhappy. Encourage participants to examine whether these are realistic associations.

*Sample Responses:*

- *“Thinking of the fat people in your life... are they always unhappy and insecure... or do they express a range of emotions? Are they always lazy... or do they have varying energy levels?”*
- *“Do you actually think your partner/dates would find you less attractive if you gained weight? If so, what would that say about your partner/dates?”*

- *“Have you ever known someone who gained a significant amount of weight? Did they become constantly miserable? Did they lose all their friends?”*

4. **Distinguish between weight and health.** Sometimes participants fear that critiquing fatphobia promotes an ‘unhealthy lifestyle.’ This is not the case. Remind participants of the following:

- Fatness is not a lifestyle or a choice; a person’s weight is affected by many factors outside their control (e.g. genetic makeup, individual set point)
- A person’s health cannot be determined by their weight, size, or shape
- ‘Health’ looks different for everyone--consider athletic fat people, sedentary thin people, people with disabilities or chronic illness, etc.
- The pursuit of ‘health’ is not a moral imperative nor an individual obligation; people deserve respect regardless of how ‘healthy’ or ‘unhealthy’ they may be

*Sample Responses* (in addition to the points made above):

- *“Even in situations where people’s health is affected by their weight, critiquing fatphobia is not the same as promoting fatness. Is dismantling the stigma around mental illness the same as promoting mental illness?”*
- *“Many people value good health because it is a means to help them experience or achieve other things in life that are important to them. However, it can become harmful and discriminatory when we start idolizing or assigning moral value to an objective idea of health.”*

5. **Acknowledge personal struggle.** Some participants may feel uncomfortable critiquing fatphobia because they carry a lot of implicit weight bias in their lives outside the group. These participants worry that it would be hypocritical to speak out against fatphobia. Assure participants that it is ok to critique the fear of fatness even if they sometimes experience it. Let them know that many people feel conflicted about fatphobia, and that identifying harms is still a valuable exercise. Point out that participants who have struggled to lose weight or prevent weight gain are uniquely qualified to understand the consequences of that pursuit. They can serve as examples to others.

*Sample Response: “It’s not easy to change your attitudes about weight. The media has worked very, very hard to carefully teach you to buy into fatphobia—it may not help you or others, but it sure makes them money! You’ve pointed out some reasons it’s hard to combat fatphobia. Can you identify some of the harms or negative consequences of tolerating it?”*

6. **Let other participants challenge fatphobic comments.** Allow members of the group to address fatphobic comments that a participant raises. For adamantly fatphobic participants, comments from peers often hold more credibility than comments from facilitators. Further, participants who challenge the comments will experience

dissonance. If a participant makes a fatphobic comment in the context of an anti-fatphobia group attitude, you can say, "Are there other perspectives?"  
*Sample Response: "Okay, you all heard what Jane had to say about fatphobia. Do you agree with her? What do you think I would say to challenge her statement?"*



## Handout 2. Clinical Skills for Peer Educators: The Basics

Peer leaders set the tone for the group, from their first interaction with participants, through the last session of the group. In order to help ensure a positive and enjoyable experience for all group members, follow these guidelines:

1. **Dress for success.** Peer leader dress should communicate their position as a leader and role model. Clothes should be clean and in good repair and should not be distracting for other members. While formal professional attire is not required, pajama-like clothing, workout-wear, and overly revealing attire are not appropriate.
2. **Welcome participants.** Participants may feel nervous, shy, or unsure about joining the group. Upon first meeting, be sure to greet each participant, offer a handshake, introduce yourself, and invite the participant into the group circle. Identify participants by name when possible (use name tags if necessary.) Let each participant know that you are happy he/she is part of the group and that you look forward to getting to know him/her.
3. **Be yourself!** As much as possible, be genuine and express your personality. You might feel nervous about “teaching” participants who are your age—or even older than you—but remember that you have already experienced the intervention, and have a lot to offer. Your status as a “peer” makes you a credible role model for participants.
4. **Communicate enthusiasm.** Participants generally follow the tone set by peer leaders. If leaders appear enthusiastic and engaged in the material, participants are likely to feel the same way. If leaders seem bored, apathetic, or tired, participants assume the same attitude. Verbally affirm participants for contributing to discussion (e.g., “That’s a great point!” or “Thanks for sharing that with the group.”)
5. **Vary your tone of voice.** Your voice conveys much more than words! You can express enthusiasm, empathy, agreement, curiosity, and concern. Speak clearly and loudly enough for all participants to hear you, and vary your inflection to keep participants’ attention.
6. **Remember your body language.** Unspoken communication is as important as words in making participants feel valued, comfortable, and engaged. As you read the manual, consistently look up and make eye contact to enhance participant engagement and emphasize important points. When speaking to the group, make eye contact, assume a confident posture, nod, “talk with your hands,” and smile.

## Handout 3. Facilitating Group Discussion

Peer Educators help shape the cohesiveness and success of their group, from the first introduction through the final session. To help create a productive and enjoyable experience for all group members, follow these simple tips:

7. **Share the spotlight.** Your job is to facilitate discussion, not to teach a passive audience. Remember that participants get the most out of the group when they investigate ideas, listen and respond to each other, and draw their own conclusions. If you talk for most of the group, you're probably not giving participants enough time to speak and learn from each other.
8. **Tolerate silence.** Resist the urge to always "jump in" when the group grows quiet. Sometimes participants need time to process a discussion question, think of an answer, or summon the nerve to speak. When you'd asked a question and get no response, slowly count in your mind to 10. If no one has spoken it might be because your question wasn't clear. You can say something like, "Maybe my question wasn't clear" and repeat the ideas using different wording. The important thing is that you do not rush through the script. It is important to challenge participants to spark discussion among themselves, rather than rely on the facilitator to carry the conversation.
9. **Draw out quiet participants.** Groups often have at least one participant who is reticent to offer opinions, but it's important that each participant verbally contributes to the group. Try these strategies for handling a quiet participant:
  - Go around the circle and have each participant respond to questions in turn.
  - Notice when a quiet participant is nodding or shaking her head. Then invite her to share her perspective. For example, "Sarah, I see you nodding. What are your thoughts on this?"
  - Call on a participant directly and invite her to share. For example, "Ann, we haven't heard much from you yet today. What are your thoughts on this issue?"
10. **Redirect overly talkative participants.** Overly talkative participants can be just as challenging as quiet members. While outspoken participants are helpful in discussion, no one member should dominate the group. Try these strategies for handling talkative participants:
  - Go around the circle and have each participant respond to questions in turn.
  - Gently interrupt a participant who is talking at great length, saying, for example, "Those are good points, but we need to move on to the next section."

11. **Ask open-ended questions.** Closed-ended prompts can be answered with brief, one-word answers. Open-ended questions, by contrast, invite discussion. See the examples below.

**Close-ended**

Did you enjoy this activity?

Did you like the homework assignment?

Do you agree with her?

Have you had a similar experience?

Was this a difficult exercise?

**Open-ended**

What did you enjoy about this activity?

Tell me about your experience with the homework assignment.

What do you think about her comments?

Describe a similar experience you've had.

What made this exercise difficult for you?

# Trouble-Shooting & Tech Support

1. Before joining the meeting, it is recommended that you make a test call to make sure you have everything set up and working. To make a test call, follow the following instructions:
  - a. Click on your icon. It should be at the top-right corner of your screen.
  - b. Click on “Settings”.
  - c. Click on “Device”.
  - d. At the end of the section “Audio devices”, you will find a button that says “Make a test call”, click on that button.
  - e. You will be directed to a pop-up window. If you have your camera ready, you should be able to see yourself at the bottom-right corner of your screen.
  - f. A female-voice will give you directions on how to use the test call, and you should hear a beep which signals the start of the test call and another beep about 15-20 seconds after the first beep, which signals the end of the test call.
  - g. The message you recorded will be played back to you which checks both your input and output for audio.
  - h. If you have troubles hearing yourself or seeing yourself, please check section 3 and 4 in this document to solve your problems.
2. If you cannot access the meeting through the invitation sent to your email address, please try to access the meeting using the link sent to you via Slack or the link sent to your email. Accessing the meeting via the link will make a guest and the host of the meeting will have to grant you access to the meeting room. So be patient after clicking the link and the “join” icon.
3. If you are having trouble hearing others or having others hear you, try the following steps:
  - a. Check your audio icon, you may forget to unmute yourself. If you see a line on your audio icon, that means you are unmuted. The audio icon can be found at the bottom of your screen.
  - b. Go to your setting, select the icon that says “Devices”. Check what you have selected for your speaker and your microphone. You may have selected the wrong output or input device.
  - c. If these do not work, try exiting the meeting and re-join. This often solves the problem.
4. If others are not able to see you, try the following steps:
  - a. Check your camera icon, you may forget to turn on the camera. If you see a line on your camera icon, that means your camera is turned off. The camera icon can be found at the bottom of your screen.
  - b. Go to your setting, select the icon that says “Devices”. Check what you have selected for your camera. You may have selected the wrong camera, especially if you are using a WebCam not embedded in your computer.
  - c. If these do not work, try exiting the meeting and re-join. This often solves the problem.

5. If you can only see one participant at a time and want to switch your view, please try the steps listed in this link:

<https://nerdschalk.com/how-to-see-everyone-on-microsoft-teams/>

6. In order to take notes or view the notes, follow the following steps:
- a. View notes through “show meeting notes”
    - i. Go to the bottom of your screen, and you will see three dots, which says “more actions” if you put your mouse on it
    - ii. Click on “show meeting notes”
      1. If this is the first time you are taking notes for a meeting or a group, it will ask you to create notes for this meeting
      2. If you have a note section created already, you will be able to view the notes.
    - iii. At the bottom-right of the note section, you will see a small line of words that says “view notes tab”, if you click on that tab, Teams will make the note section the major section of your screen and you can switch between “chat”, “meeting notes”, “files”, and “whiteboard”.
    - iv. To type notes, use the “meeting notes” section.
    - v. To draw things or to write things down, use the “whiteboard” section (this may be under the “more” tab).
  - b. View notes through meeting chat
    - i. Go to the bottom of your screen, you should see an icon that looks like a message box, and if you move your mouse over it you should see it says “show conversation”
    - ii. Click on that icon, the chat box would open
    - iii. If a facilitator has already created notes for this meeting, you would see a notification, and it will have a button that you can click on to show notes in full-screen mode.
    - iv. Click on that button and it will guide you to the notes created for this meeting, you can also toggle between “chat”, “meeting notes”, “files”, and “whiteboard” from there.
  - c. You have to click on “show meeting notes” to create a note-taking page for a new meeting.

# Fatphobia Factsheet

## Weight bias is real

### In employment settings:

- **Fat people are less likely to be hired, less likely to get a promotion, more likely to be fired, and have overall lower incomes than their straight-sized peers with comparable job performance**
  - Puhl, R., & Brownell, K. D. (2001). Bias, discrimination, and obesity. *Obesity research*, 9(12), 788-805.
  - Baum, C. L., & Ford, W. F. (2004). The wage effects of obesity: a longitudinal study. *Health economics*, 13(9), 885-899.
- **Among overweight and obese women, 25% experience job discrimination based on their weight, 54% experience weight stigma from co-workers, and 43% experience weight stigma from their employers or supervisors**
  - Puhl, R. M., & Brownell, K. D. (2006). Confronting and coping with weight stigma: an investigation of overweight and obese adults. *Obesity*, 14(10), 1802-1815.

### In healthcare:

- **Medical students report that fat patients were the most common target of derogatory humor by attending physicians, residents, and students**
  - Wear, D., Aultman, J. M., Varley, J. D., & Zarconi, J. (2006). Making fun of patients: medical students' perceptions and use of derogatory and cynical humor in clinical settings. *Academic Medicine*, 81(5), 454-462.
- **61-82% of dietetic students agreed or strongly agreed with the stereotypes that overweight people overeat; are inactive, slow, insecure, and shapeless; and have no endurance, low self-esteem, and poor self-control**
  - Berryman, D. E., Dubale, G. M., Manchester, D. S., & Mittelstaedt, R. (2006). Dietetics students possess negative attitudes toward obesity similar to nondietetics students. *Journal of the American Dietetic Association*, 106(10), 1678-1682.
- **Among primary care physicians, >50% viewed obese patients as awkward, unattractive, ugly, and noncompliant**
  - Foster, G. D., Wadden, T. A., Makris, A. P., Davidson, D., Sanderson, R. S., Allison, D. B., & Kessler, A. (2003). Primary care physicians' attitudes about obesity and its treatment. *Obesity research*, 11(10), 1168-1177.
- **Higher BMI is associated with lower use of preventive care (e.g. screenings for breast, cervical, and colorectal cancer) due to weight stigma in healthcare settings**
  - Alegria Drury, C. A., & Louis, M. (2002). Exploring the association between body weight, stigma of obesity, and health care avoidance. *Journal of the American Academy of Nurse Practitioners*, 14(12), 554-561.

### In media:

- **Compared to thin characters on TV, heavier characters are rarely portrayed in romantic relationships, are more likely to be the objects of humor and ridicule, and often engage in stereotypical eating behaviors**
  - White, S. E., Brown, N. J., & Ginsburg, S. L. (1999). Diversity of body types in network television programming: A content analysis. *Communication Research Reports*, 16(4), 386-392.
  - Greenberg, B. S., Eastin, M., Hofschire, L., Lachlan, K., & Brownell, K. D. (2003). Portrayals of overweight and obese individuals on commercial television. *American journal of public health*, 93(8), 1342-1348.

- **Youth-targeted TV shows contain over 6x the amount of weight stigmatizing comments** than general audience-targeted shows, and weight stigma is directed equally at average and overw\*ight females
  - Eisenberg, M. E., Carlson-McGuire, A., Gollust, S. E., & Neumark-Sztainer, D. (2015). A content analysis of weight stigmatization in popular television programming for adolescents. *International Journal of Eating Disorders*, 48(6), 759-766.
- An analysis of 1.37 million posts collected from various social media channels (Twitter, Facebook, YouTube) found that **92% of the posts related ob\*sity with negative, misogynist or derogatory words**
  - Chou, W. Y. S., Prestin, A., & Kunath, S. (2014). Obesity in social media: a mixed methods analysis. *Translational behavioral medicine*, 4(3), 314-323.

### Weight is not a good proxy for health

- **About 1/3 of ob\*se people are metabolically healthy** (one study showed up to 3/4) (ob\*sity=BMI>30; metabolically healthy=normal blood pressure, HDL cholesterol, triglycerides, and fasting blood sugar)
  - Rey-Lopez, J. P., De Rezende, L. F., Pastor-Valero, M., & Tess, B. H. (2014). The prevalence of metabolically healthy obesity: a systematic review and critical evaluation of the definitions used. *Obesity reviews*, 15(10), 781-790.
- **Dietary quality is similar across the weight spectrum** (it varies more across sexes and age groups than it does across the weight spectrum)
  - Wong, J. E., Haszard, J. J., Howe, A. S., Parnell, W. R., & Skidmore, P. M. (2017). Development of a healthy dietary habits index for New Zealand adults. *Nutrients*, 9(5), 454.
- **'Unhealthy' lean people are 2x as likely to get diabetes as 'healthy' ob\*se people.** In the same study, ob\*sity did not increase the risk of heart disease, stroke, or death. (Ob\*sity=BMI>30; healthy=normal blood pressure, lipids, & blood sugar; unhealthy=elevated blood pressure, lipids, & blood sugar)
  - Guo, F., & Garvey, W. T. (2016). Cardiometabolic disease risk in metabolically healthy and unhealthy obesity: stability of metabolic health status in adults. *Obesity*, 24(2), 516-525.
- **\*Habits are better indicators of health than weight\***

### Weight discrimination does not promote weight loss or healthy behaviors

- **Weight discrimination is associated with increased ob\*esity risk**
  - Sutin, A. R., & Terracciano, A. (2013). Perceived weight discrimination and obesity. *PLoS one*, 8(7), e70048.
  - Hunger, J. M., & Tomiyama, A. J. (2014). Weight labeling and obesity: a longitudinal study of girls aged 10 to 19 years. *JAMA pediatrics*, 168(6), 579-580.
- **Weight discrimination is associated with unhealthy eating behaviors** (i.e. overeating, more frequent consumption of convenience foods, and less regular meal timing)
  - Sutin, A., Robinson, E., Daly, M., & Terracciano, A. (2016). Weight discrimination and unhealthy eating-related behaviors. *Appetite*, 102, 83-89.
- **Weight stigma is associated with exercise avoidance**
  - Vartanian, L. R., & Novak, S. A. (2011). Internalized societal attitudes moderate the impact of weight stigma on avoidance of exercise. *Obesity*, 19(4), 757-762.

### Weight discrimination causes adverse mental & physical health effects

- **Weight discrimination is associated with psychological distress, lower well-being, and greater loneliness**

- Lewis, S., Thomas, S. L., Blood, R. W., Castle, D. J., Hyde, J., & Komesaroff, P. A. (2011). How do obese individuals perceive and respond to the different types of obesity stigma that they encounter in their daily lives? A qualitative study. *Social science & medicine*, 73(9), 1349-1356.
- **Weight discrimination is associated with a shorter life expectancy**
  - Sutin, A. R., Stephan, Y., & Terracciano, A. (2015). Weight discrimination and risk of mortality. *Psychological science*, 26(11), 1803-1811.
- **Fear of weight gain is associated with avoidance of life-saving medications: people with diabetes will avoid insulin, people with schizophrenia will avoid antipsychotics**
  - Weiden, P. J., Mackell, J., & McDonnell, D. D. (2000). Obesity as a risk factor for antipsychotic noncompliance. *European Neuropsychopharmacology*, (10), 289-290.
  - Almaghaslah, D., Abdelrhman, A. K., AL-Masdaf, S. K., Majrashi, L. M., Matary, B. M., Asiri, W. M., & Alqhatani, B. A. (2018). Factors contributing to non-adherence to insulin therapy among type 1 and type2 diabetes mellitus patients in Asser region, Saudi Arabia.

## Long-term weight loss is not realistically achievable for most people

- **There is only a 0.1-0.8% chance of an 'ob\*se' woman achieving a 'normal' weight**
  - Fildes, A., Charlton, J., Rudisill, C., Littlejohns, P., Prevost, A. T., & Gulliford, M. C. (2015). Probability of an obese person attaining normal body weight: cohort study using electronic health records. *American journal of public health*, 105(9), e54-e59.
- **The largest and longest randomized controlled trial on a dietary intervention, with over 20,000 women, showed no net change in weight after 7 years of maintaining a low-fat, reduced-calorie diet.** (Many lost weight initially, then gained it back)
  - Howard, B. V., Manson, J. E., Stefanick, M. L., Beresford, S. A., Frank, G., Jones, B., ... & Vitolins, M. (2006). Low-fat dietary pattern and weight change over 7 years: the Women's Health Initiative Dietary Modification Trial. *Jama*, 295(1), 39-49.
- **People placed on low-carb diets (Atkins & Zone) and low-fat/high-carb diets (LEARN & Ornish) were all regaining weight over the last 6 months of the first year**
  - Gardner, C. D., Kiazand, A., Alhassan, S., Kim, S., Stafford, R. S., Balise, R. R., ... & King, A. C. (2007). Comparison of the Atkins, Zone, Ornish, and LEARN diets for change in weight and related risk factors among overweight premenopausal women: the A TO Z Weight Loss Study: a randomized trial. *Jama*, 297(9), 969-977.

## Fatphobia has racist origins

- "The image of fat black women as "savage" and "barbarous" in art, philosophy, and science, and as "diseased" in medicine has been used to both degrade black women and discipline white women... The fear of the black body was integral to the creation of the slender aesthetic"
  - Strings, S. (2019). *Fearing the black body: The racial origins of fat phobia*. NYU Press.
- Representations of black women's bodies in art were once just as idealised as white women's: at the start of the European Renaissance (1400s), both white and black women were portrayed as curvy and voluptuous. The transatlantic slave trade was still fairly new at this time, and small numbers of enslaved black people in Europe were considered a novelty rather than a threat. But **as the number of enslaved black people rose and white people felt the need to assert themselves at the top of the physical hierarchy, artists more often started depicting black women as "little, low and foul"**. Even where they were beautiful, there was usually some symbol of their lower class status. Statues of the African Venus showed the goddess as less modest than her original Greek counterpart.



Then "**race scientists**", desperate to place whiteness at the top of the racial hierarchy and blackness at the bottom, started to insist that **gluttony and fatness were features that belonged to black people**. Philosophy joined in to say that no intelligent white man would ever exist in a fat body. In came religion and Protestant reform movements to **teach white Christian women that limiting their appetites and maintaining their figures was crucial in showing their commitment to God, and also their place in the racial hierarchy**. And when medicine chimed in to tell white women how to control their weight, it was because their health was an important factor in ensuring the continuation of the white race.

- Strings, S. (2019). Fearing the black body: The racial origins of fat phobia. NYU Press.

# BAM RESOURCES

## Instagram

## FOLLOW

@yrfatfriend @ragenchastain @fierce.fatty  
@thefatsextherapist @decolonizing\_fitness @bopo.boy  
@kenziebrenna @plussizetransguy @drcolleenreichmann  
@fatgirlflow @thefuckitdiet @theshirarose  
@danielleisanxious @chr1styharrison @your\_body\_is\_good  
@comfyfattravels @rileylaster\_rd @stephanieyeboah  
@resilientfatgoddex @drjoshuawolrich @iamdaniadriana  
@thefriendineverwanted @gofeedyourself\_ @yourstrulymelly  
@bodyposipanda @haes\_studentdoctor @danasuchow

## Books

## READ

Hunger: A Memoir of (My) Body—Roxane Gay  
Heavy: An American Memoir—Kiese Laymon  
The Body Is Not an Apology: The Power of Radical Self-Love—Sonya Renee Taylor  
Fearing the Black Body: The Racial Origins of Fat Phobia—Sabrina Strings  
You Have the Right to Remain Fat—Virgie Tovar  
Fat Shame: Stigma and the Fat Body in American Culture—Amy Erdman Farrell  
Things No One Will Tell Fat Girls: A Handbook for Unapologetic Living—Jes Baker  
Landwhale: On Turning Insults Into Nicknames, Why Body Image Is Hard, and How Diets Can Kiss My Ass—Jes Baker  
Health at Every Size: The Surprising Truth About your Weight—Lindo Bacon  
Intuitive Eating: A Revolutionary Anti-Diet Approach—Evelyn Tribole, Elyse Resch  
Anti-Diet—Christy Harrison

## TikTok

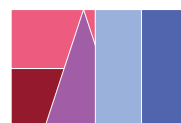
## WATCH

@kendramorous  
@andigetdressed  
@hannah\_talks\_bodies  
@thekatrinanichole  
@self.love.nutritionist  
@meg.boggs

## Podcasts

## LISTEN

Food Psych  
The Full Bloom Project  
Why Won't You Date Me?  
Fat Girls Club  
She's All Fat



BODY ADVOCACY  
MOVEMENT  
AT UW-MADISON