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## **Fatphobia**

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## The Problem

Fatphobia, the fear, hatred, and loathing of fat bodies, is pervasive worldwide. Studies show that fat people experience discrimination in employment, education, media, interpersonal relationships, politics, and especially healthcare. Fatphobia starts young and runs deep; fatphobic attitudes have been recorded in children as young as three and become more pronounced with age. Cross-cultural studies confirm that socialization to fatphobia is not limited to North American populations. Data from the Project Implicit study, including over 300,000 respondents from 71 nations, demonstrate consistent pro-thin, anti-fat biases. A recent examination of longitudinal trends in prejudicial attitudes toward a range of stigmatized groups found that between 2007 and 2016, both explicit fatphobic attitudes (e.g., acknowledging a preference for thin people over fat people) and implicit fatphobic attitudes (e.g., associating negative words and phrases with images of fat people) either remained stable or increased, while stigma toward many other oppressed groups showed a downward trajectory.

Despite these findings, fatphobia is rarely seen as an important social justice issue and global social problem. This is because, unlike other marginalized identities, we are taught to see fat as a “choice,” specifically, a *bad* choice. In many countries, fat bodies are viewed exclusively through medical and public health discourses that label fat bodies as diseased and therefore in need of prevention, intervention, and cure, regardless of the risks involved. This creates an environment in which fat people are blamed for their own oppression and makes it socially acceptable to censure, intimidate, harass, and discriminate against fat people because of their weight. It also frames fat exclusively as an individual level problem as opposed to a structural or

social problem: fat people are seen as “the problem,” while fatphobic policies, practices, and institutions that regularly harm (and even kill) fat people are seen as acceptable or even justified.

### **The Evidence**

Because of fatphobia, fat people experience stigma and discrimination across multiple domains of daily life, including education, paid work, and healthcare. When it comes to education, weight-related bullying in schools is widespread and exceeds rates of bullying for race, sexuality, academic performance, and physical disability. The international Health Behavior in School-aged Children study, comprising nationally representative samples of over 200,000 adolescents from 39 North American and European countries and regions, found that fat children were up to twice as likely as thin children to be the targets of chronic bullying. These negative experiences have been linked to lower engagement in school activities and increased truancy, and are also associated with increased risk of depression, substance use, eating disorders, and suicidality.

Fat children also shoulder a penalty in academic achievement at every stage of their education, receiving lower grades than their non-fat peers, despite no difference in scores on tests of academic or intellectual ability. Further, fat students show lower rates of enrollment in post-secondary education, perform less well, and are less likely to graduate than their thinner peers. For many of these outcomes, the weight penalty is more severe for female children. In sum, by the end of their formal education, some fat students may already be faced with fewer opportunities for success in life simply because they matriculated through the educational system at a higher weight.

These disadvantages and disparities in opportunity continue to widen after fat people leave school. When it comes to employment, fat people experience discrimination at every point in their life trajectories. Fat people are less likely to be hired, less likely to receive positive evaluations or be promoted, and more likely to be disciplined or wrongfully terminated at paid work. A Body Mass Index (BMI) wage penalty has been consistently demonstrated in samples worldwide and appears to be worsening over time. Data from a nationally representative sample of nearly 3,000 U.S. citizens highlight that discrimination increased exponentially with each higher BMI category, and data from a French national sample indicate that “obese” individuals spend more years unemployed than “non-obese” individuals and are less likely to find work after a period of unemployment. In almost all cases, the weight penalty is more severe for women than men, and women begin to experience discrimination at a much lower BMI threshold than men. Thus, while men experience fatphobia, fat women, and even more so, fat women from other historically marginalized groups, experience greater discrimination resulting from the intersections of multiple domains of oppression.

Fatphobia has also been documented across numerous specialties in healthcare, including, for example, primary care physicians, gynecologists and obstetricians, pediatricians, nurses, pharmacists, nutritionists and dietitians, psychotherapists, and physiotherapists. This includes providers specializing in the care of higher-weight patients. Anti-fat bias on the part of healthcare workers leads to differential treatment of fat patients in healthcare settings, which explains why fat patients consistently report dissatisfaction with healthcare interactions. Some even report blatantly hostile or offensive treatment. In addition, fear of experiencing fatphobia in healthcare means that fat patients are more likely to avoid healthcare settings altogether,

especially when their situation is non-urgent. As a case in point, fat women tend to have higher rates of certain types of gynecological cancers. While this is often attributed to their body weight, data show fat women are less likely to get preventive screenings for these cancers, even when they have insurance, due to the harassment they experience about their weight when they go to the doctor. Even when care is accessed, inappropriate or even negligent care is common, sometimes with fatal results. Indeed, there are many documented cases of fat people dying from serious diseases because their healthcare providers did not take their concerns seriously.

### **The Solution**

Before considering how we can address the pervasiveness of fatphobia around the globe, we first need to acknowledge that the rejection of fatness is something that is deeply anchored in our cultures, not only in the Global North (for example, the U.S., the U.K., Canada, and Western European nations), but increasingly in countries and cultures where fat bodies have previously been valued, like the Pacific Islands, sub-Saharan Africa, and the West Indies. Eliminating fatphobia will not be easy and will require a multi-level approach. We focus on three broad areas that are strong targets for initial interventions: (1) education; (2) public health; and (3) policies and laws.

#### ***Education***

With children as young as three demonstrating anti-fat attitudes, and children as young as five being hospitalized for eating disorders, efforts to reduce fatphobia must start early. One place children learn fatphobic attitudes is schools. To combat fatphobia, school districts should eliminate any policies, practices, and/or curricula that equate weight with health and frame

weight control as a health behavior. However well intentioned, such programs reinforce fatphobic attitudes and can promote disordered eating, even giving rise to clinical eating disorders. When required by law, school wellness programs should be based on weight-neutral approaches, such as the principles of Health at Every Size<sup>(R)</sup>. As outlined by the Association for Size Diversity and Health (ASDAH), Health at Every Size<sup>(R)</sup> principles include: (1) accepting and respecting the inherent diversity of body shapes and sizes; (2) supporting health policies that improve and equalize access to information and services and personal practices that improve human well-being; (3) promoting flexible, individualized eating based on hunger, satiety, nutritional needs, and pleasure, rather than any externally regulated eating plan focused on weight control; (4) supporting physical activities that allow people of all sizes, abilities, and interests to engage in enjoyable movement to the degree that they choose; and (5) acknowledging our biases, understanding the overlap with other forms of stigma, such as racism and classism, and working to end weight discrimination and the broader societal inequalities that feed into it.

Where school wellness programs are mandated, they should also include media literacy training that promotes an inclusive view of all body types. Teaching children and adolescents how to think critically about what they see in the media and the messages that accompany those images is imperative given that exposure to media, particularly social media, is consistently linked with negative body image. Studies show that media literacy can be effective at reducing body dissatisfaction and disordered eating in younger adolescents. Children should also be encouraged to appreciate body size diversity. Fortunately, there are several weight-inclusive, body-positive books for children of all ages that are now available, as well as weight-

neutral curricula for high schools and universities focused on reducing body dissatisfaction. For example, The Be Body Positive Model in the U.S. focuses on five core competencies: (1) reclaiming health; (2) practicing intuitive self-care; (3) cultivating self-love; (4) declaring your own authentic beauty; and (5) building community.

We must also support legislation that prevents fatphobia in schools. In the U.S., the Eating Disorder Prevention in Schools Act was introduced in the House of Representatives in 2020. This bill requires school districts that participate in school lunch or breakfast programs: (1) to include goals for reducing disordered eating in children of all sizes in their local school wellness policies and (2) include registered dietitians and licensed mental health professionals in the development, implementation, and review of such policies. It also requires the U.S. Department of Agriculture to assist school districts in establishing healthy school environments that promote eating disorder prevention and encourage screening for such disorders. No action has been taken on this bill to date, which points to the need to elect people to public office, including to school boards, who understand that fat is a social justice and a human rights issue, and will work to eliminate fatphobia in schools and throughout society.

Finally, a critical weight studies curriculum should be a part of any college or university degree that already considers other forms of prejudice and oppression. Yet, few universities in the world offer fat studies coursework at the undergraduate or graduate level, despite the fact most of the academic experts who have helped create “critical weight studies” teach and research in these environments. Those institutions that do offer such coursework risk pushback from students, other faculty (with potential implications for lecturers’ professional advancement), and external sources. Public outrage by conservative media outlets towards

faculty who teach such courses and the universities that offer them has been well documented. These responses are rooted in the very fatphobia such courses are designed to challenge. Offering fat studies and body politics coursework and creating a system of support for those who teach it, is a necessity if we wish to raise awareness about the pervasiveness of fatphobia and work to develop collective solutions to address it.

### ***Public Health***

When it comes to addressing fatphobia in public health, we need to shift the focus away from problematizing fat bodies to problematizing fatphobia. Ceasing to run blatantly fatphobic public health campaigns is an important first step. Indeed, public health campaigns do not need to mention weight at all. An excellent example of this strategy is provided by Sport England's "This Girl Can" campaign, which sought to increase participation in physically active pursuits and formalized sports for women and girls of all ages, ethnicities, ability statuses, and sizes. Financed by National Lottery funds in the UK, Sport England invested in a massive, nationwide, multi-media approach and engaged with numerous corporate, media, community, and other partners to deliver their body-inclusive message. Additionally, instructions for local authorities, fitness clubs, and others who want to use the brand specifically state that weight should not be included as an influencing factor or an outcome, reinforcing the message that health and wellbeing are not about weight. Appreciation of body functionality (versus appearance) has been shown to reduce fatphobia, and by normalizing physical activity for all bodies, this campaign attempts to negate anti-fat stereotypes and further the message that all bodies are good bodies.



Coursework in critical weight studies is also imperative for any program that trains healthcare professionals. Several studies have demonstrated that even brief exposure to materials challenging the dominant public health messaging around weight can be effective in reducing anti-fat attitudes but also in increasing awareness of weight stigma as a social justice issue, and the desire to engage in advocacy efforts more broadly. Professional bodies can again play a role in addressing fatphobia and other forms of widespread bias and discrimination by requiring ongoing training as part of their members' licensing requirements.

While a few organizations now provide anti-weight bias resources for healthcare professionals, the most well-known perhaps being the Rudd Center at the University of Connecticut, most trainings tend to focus on recognizing individual level fatphobia in clinical encounters rather than acknowledging fatphobia as a social justice issue. In contrast, programs such as Be Nourished in the U.S. and Well Now in the U.K. go beyond remedying anti-fat attitudes among individual healthcare providers, to recognizing the embeddedness of fatphobia in society and focus on change at both the individual and structural level. These organizations offer training for providers (and certification in the case of Be Nourished) that is embedded in weight-inclusive, trauma-informed, and social justice-oriented care. Finally, truly impactful solutions are more likely to emerge when curriculum development involves people who are conducting research, teaching classes, and/or engaged in activism that is focused on ending fatphobia from a global perspective.

One final recommendation relates to research funding. Hundreds of millions of dollars continue to be spent on the "War on Obesity" with little evidence of improvements in population health. Further, the evidence supporting a shift away from a weight-centric public

health paradigm is mounting. While a growing body of scholarship has pointed to the potential benefits of weight-neutral approaches to health, this avenue of research does not yet have access to the seemingly unlimited funding available for research related to obesity prevention and treatment. Funding bodies should consider allocating additional money for rigorous exploration of weight-neutral approaches. Such funding would enable larger trials, longer follow-up periods, and the development and evaluation of scalable intervention programs. These research endeavors are needed if the weight-neutral perspective is to grow beyond a niche practice into feasible and sustainable public health policies that eliminate fatphobia and promote health equity for all.

### ***Policies and Laws***

In addition to addressing fatphobia in education and public health, we also need to enact policies and laws that protect fat people from discrimination. Currently, there are only two states in the U.S., Michigan and Washington, and a few U.S. cities, such as San Francisco, Santa Cruz, Binghamton, and Washington, D.C., that have antidiscrimination laws based on weight. In the Australian state of Victoria, physical appearance is legally protected from discrimination. However, there is no country in the world with a national law that reliably protects fat people from discrimination. In the absence of these laws, some have tried to file claims of weight discrimination based on disability discrimination law, but this has rarely been successful because fatness is not typically defined as a disability.

A suitable law to prevent anti-fat discrimination would need to prohibit discrimination on the grounds of “weight” or “fatness.” Given the irrefutable evidence that fatphobia causes significant harm and drives inequality, a good case could be made for adding “weight” as a

distinct status within antidiscrimination law, not unlike race or gender, for example. However, given the pervasiveness of fatphobia, it may be more politically expedient, as well as more inclusive, to ban discrimination on the grounds of “height, weight, or appearance.”

German activists have tirelessly pushed politicians to include an extra discrimination ground called “weight” in federal and state antidiscrimination laws. Before the federal election in 2017, the German Association Against Weight Discrimination campaigned for an inclusion of weight in the General Equal Treatment Act. Their efforts included creating an election touchstone campaign with discrimination-related questions across all discrimination categories. Activists exerted pressure on every major political party to publicly acknowledge their position on these issues. These questions and answers were made public, and the election touchstone campaign is now an ongoing project that also targets state elections.

A suitable antidiscrimination law that protects fat people should also include a right to positive action. This would not only guarantee that fat people have a right to equal treatment (e.g., in the workplace), but also have a right to suitable accommodations (e.g., an accessible office chair). Further, a collective right of action and a right of representation should be instituted in countries where these do not currently exist. These legal tools ensure that fat people who have been discriminated against can sue a corporation collectively and that a fat person discriminated against can transfer their claim to an antidiscrimination organization or non-governmental organization (NGO) that pursues the claim on behalf of the discrimination victim. We also need to address everyday legal practices that view fatness as a sign of human failure, situating fat people as uneducated, lazy, and/or morally deficient. Addressing fatphobia in legal practice is imperative if we want discrimination victims to feel safe to bring their claims

before the court.

Finally, legislation change at the national level is often slow, but gains can be made in the meantime at state and local levels. For example, the City of Reykjavik in Iceland includes body size in the list of protected characteristics in its Human Rights Policy. Not only does the policy ban overt discrimination, but also acknowledges the risks of unintentional discrimination and identifies strategies that should be implemented to reduce such risk. In its role as a public authority, employer, and provider of services to its population, the City's policy requires that weight diversity is considered when making policy decisions and in service provisions, and that NGOs concerned with body respect must be consulted when their input may be relevant.

## **Conclusions**

Eliminating fatphobia must begin with an understanding that fat is not a medical or public health crisis; fat is a social justice issue. We have identified several potential avenues where progress could be made in this quest. We do not suggest these solutions will be easy to accomplish, particularly in a global context where fat bodies have been problematized for decades. However, solving the problem of fatphobia is achievable if we are willing to exert the political will and direct the resources necessary to do so.

## Suggested Readings

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## Biographies

Laurie Cooper Stoll is Professor of Sociology at the University of Wisconsin-La Crosse. She earned her Ph.D. in Sociology and graduate concentration in Gender Studies from Loyola University Chicago. She is the author of two books, "Race and Gender in the Classroom," winner of the 2015 Distinguished Contribution to Scholarship Book Award from the Race, Gender, and Class Section of the American Sociological Association, and "Should Schools Be Colorblind?" She is the co-editor of the *Fat Studies* special issue "Standpoint Theory in Fat Studies" and has published several book chapters and articles in peer-reviewed journals. She is also the co-creator of the website [www.twofatprofessors.com](http://www.twofatprofessors.com), which is committed to fighting fatphobia with education and community-building.

Dr. Angela Meadows is a Lecturer in Psychology at the University of Essex, UK. She is a social psychologist specializing in prejudice and discrimination relating to weight and body size. Her work focuses on how higher-weight people respond to the stigma they encounter in their daily lives, whether by internalizing their low status or by rejecting and challenging devaluation, and the implications both for individuals and for social change. She has published a number of articles and book chapters and has been interviewed by numerous media outlets internationally. She writes on issues around weight and health for print and digital media. In 2013, she founded the Annual International Weight Stigma Conference, now in its eighth year.

Stephanie von Liebenstein is a writer, academic editor, and legal scholar in Berlin, Germany. She earned her MA in English, German, and Philosophy, and studied law. She founded the German Association against Weight Discrimination (Gesellschaft gegen Gewichtsdiskriminierung e.V.) in 2005. She served as an editorial board member of *Fat Studies*

from 2011-2014. In 2016 she served as an expert on weight discrimination at the Convention on the Evaluation of the General Equal Treatment Act (2006) hosted by the German federal antidiscrimination agency. She is the author of numerous publications, presentations and appearances in the media, editor of the *Fat Studies* special issue "fatness and law," and host of the International Weight Stigma Conference 2022 in Berlin.

Carina Elisabeth Carlsen is a social worker and fat activist that lives in Oslo, Norway. She received her MA in Empowerment and Health Promotion from the Department of Nursing and Health Promotion Work at OsloMet University.