



FURTHERING EATING DISORDER
TREATMENT: FAT IS NOT A DIRTY
WORD - COUNTERTRANSFERENCE
IN THE DIET CULTURE ERA

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OBJECTIVES

CLINICIANS WILL BE ABLE TO LIST WAYS TO EXPLORE THE “VISUAL DIET” ON A DAY TO DAY BASIS, AND TO EVALUATE ITS EFFECT ON EGO STRENGTH, MENTAL WELLNESS, AND BODY IMAGE.

CLINICIANS WILL BE ABLE TO LIST AREAS AFFECTED BY FATPHOBIA AND WEIGHT STIGMA SUCH AS THE MEDICAL FIELD, CULTURAL NORMS, AND THE DIET INDUSTRY

CLINICIANS WILL BE ABLE TO REFLECT ON COUNTERTRANSFERENCE AND SELF-DISCLOSURE AS ELEMENTS AVAILABLE TO THE CLIENTS TO SUPPORT THEIR HEALING JOURNEY

CLINICIANS WILL BE ABLE TO IDENTIFY TWO AREAS OF PERSONAL GROWTH SURROUNDING THE CULTURAL IDEAL OF THINNESS

INTRO



About Me:

- Licensed in KY, TN, & VA
- ED training has spanned 10+ years

Why this topic?

- ED Therapist with observed nuances in this field
- Lived Experiences
- Toxic Diet culture (Hello 90's!)
- Bias and Internalized Messaging
- Bowling Green, KY - #1 city per capital prescribing GLP-1 Medication
- Culturally assulated with "thin ideal" messaging

WHAT DOES BEING
FAT MEAN?

WHAT DOES BEING
THIN MEAN?

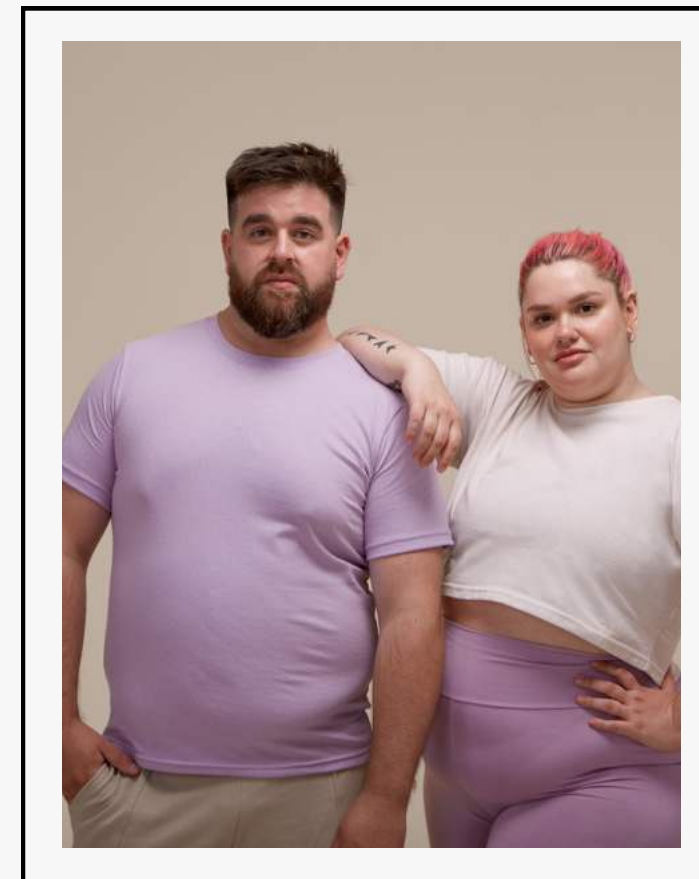
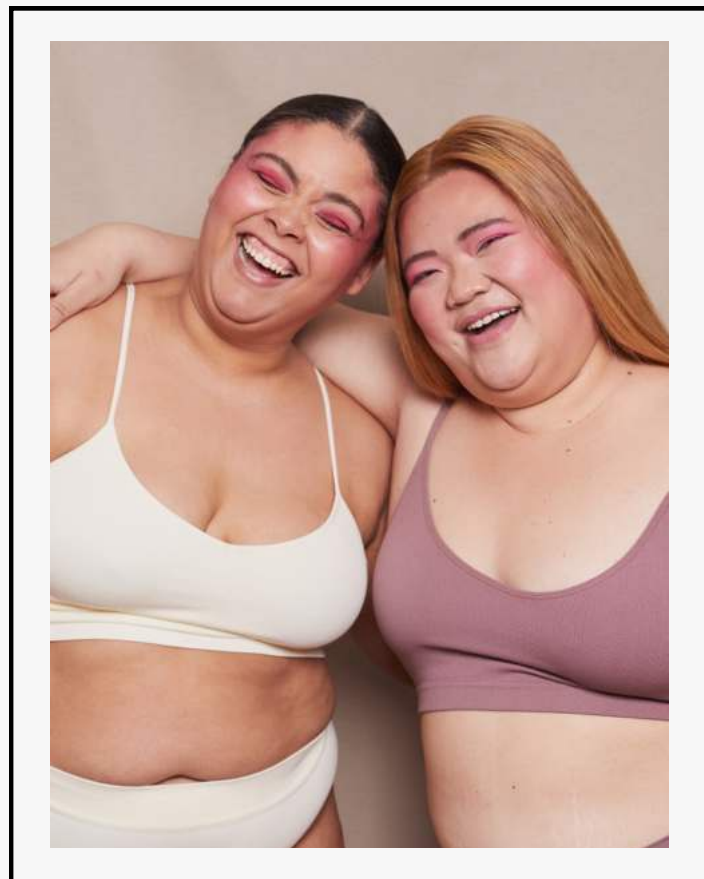
PSYCHO EDUCATION

“Living in a female body, a Black body, an aging body, a fat body, a body with mental illness is to awaken daily to a planet that expects a certain set of apologies to already live on our tongues. There is a level of “not enough” or “too much” sewn into these strands of difference.”

Sonya Renee Taylor

BODY IMAGE

- Studies have shown the correlation between increased social media use and negative body image (Rittenhouse, 2019)
- Instagram use associated with greater self-objectification, feelings of isolation and lower self-esteem
- Assist clients in finding accounts promoting equality and positive body image



BODY IMAGE SPECTRUM



EATING DISORDERS

“Eating disorders are complex mental illnesses that are characterized by persistent disturbances in eating behaviors and impairment in psychological functioning.”

ED's do not discriminate based on size, shape, race, ethnicity, gender, or cultural identification

ED's impact ALL areas of functioning

ED's partner with other Mental Health issues

Suicide is the leading cause of death in folx with Eds, not organ failure



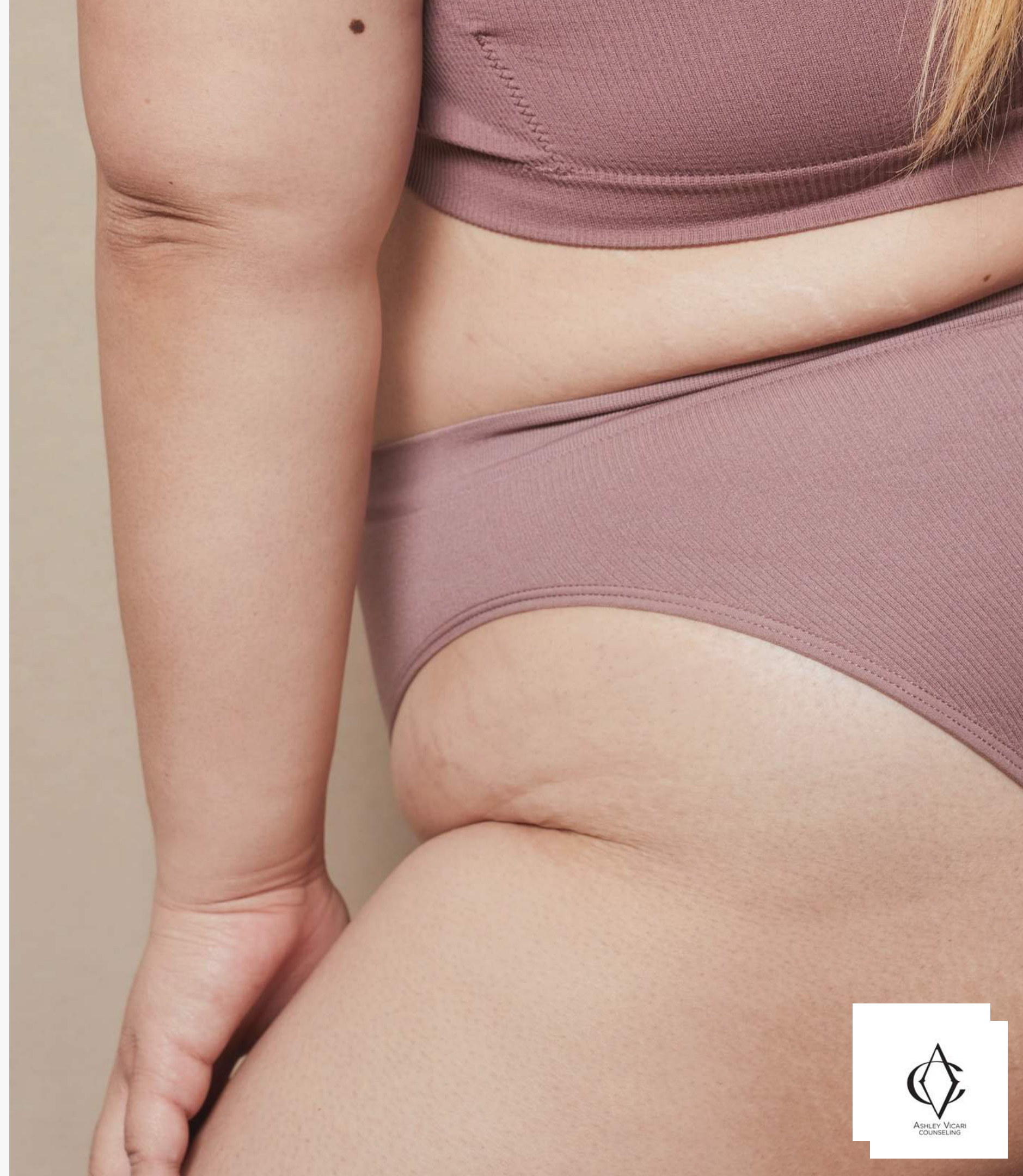
MENTAL HEALTH IMPLICATIONS



- Negative body image can lead to behaviors congruent with restriction, binging, and purging which can lead to a diagnosis of an eating disorder.
- Perceptions shape our thoughts, feelings & behaviors
- **Places fault over genetics**
- Additionally, eating disorders are associated with co-occurring disorders 98% of the time. These can include anxiety, depression, OCD, personality disorders, PTSD, and many more.
- ED's are the 2nd deadliest mental health disease
- 10% of folx diagnosed with AN die by suicide

BIAS

“Fat people are worthy of respect, safety, and dignity. Fat people are worthy of respect, safety, and dignity no matter how fat they are. Fat people are worthy of respect, safety, and dignity no matter how sick they are, no matter how much they eat, no matter how much they move, no matter how far they are from any notion of health, however defined.”
-Mikey Marquisele Mercedes, 2022
Liberationist, Writer, and Educator



BIAS

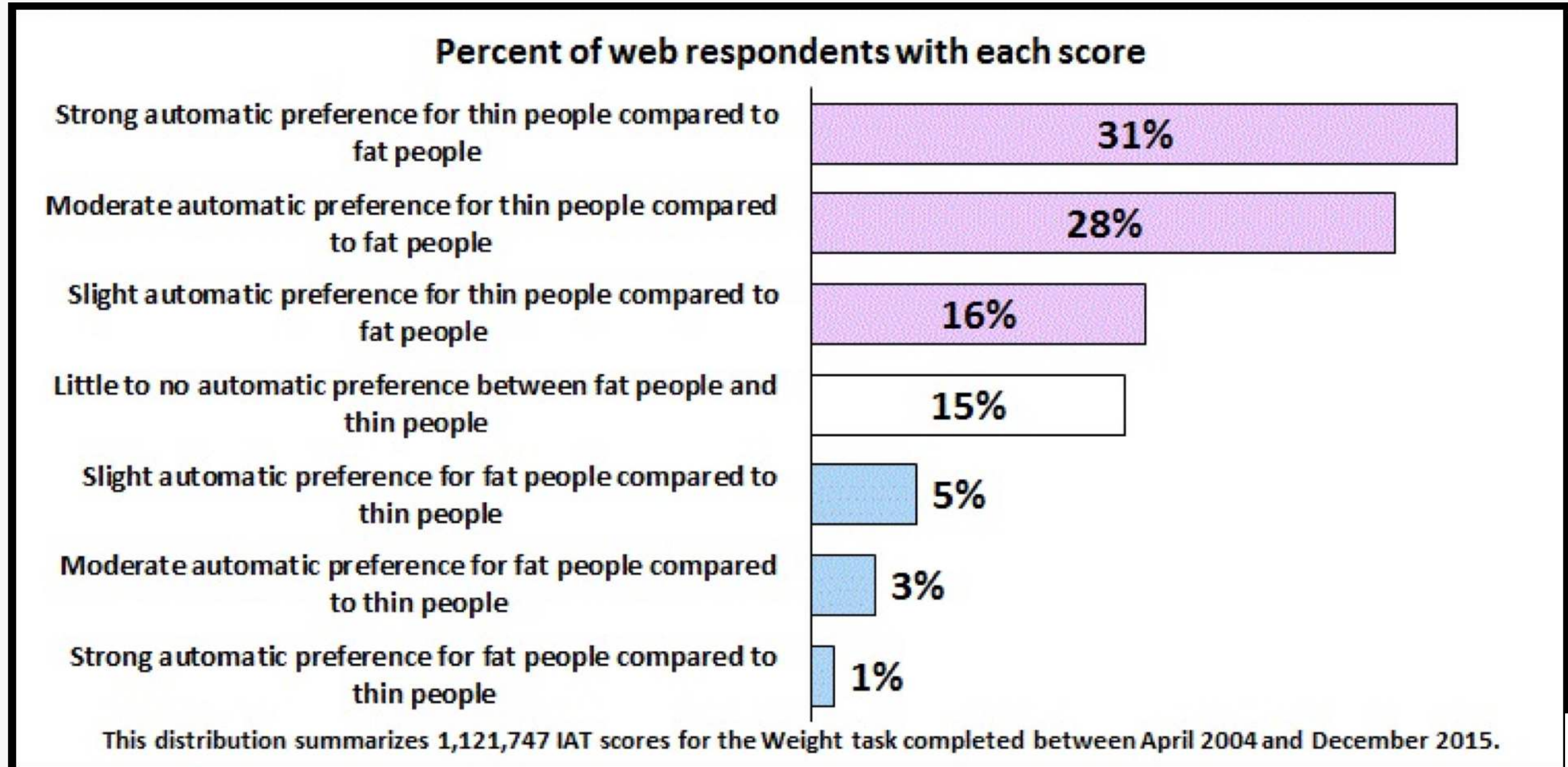
"The Implicit Association Test (IAT) measures attitudes and beliefs that people may be unwilling or unable to report.

Weight Bias impacts every area including medical & physical health, professional work, cultural expectations - diet industry, relational (romantic, platonic, & familial) expectations, sense of belonging

Disabilities, Gender, Race, Religion, Culture, Body shape and Size, Weight, Gender Identity, Age, Skin Tone, Weight and more

Since 2005, more than 20 million visitors have come to Project Implicit's website to learn about bias.

BIAS



VISUAL DIET & ASSOCIATIVE LEARNING



Googled: Dior Perfume



#strongernotsmaller

“Research proves that diversity, equity, and inclusion in all media and material is critical”

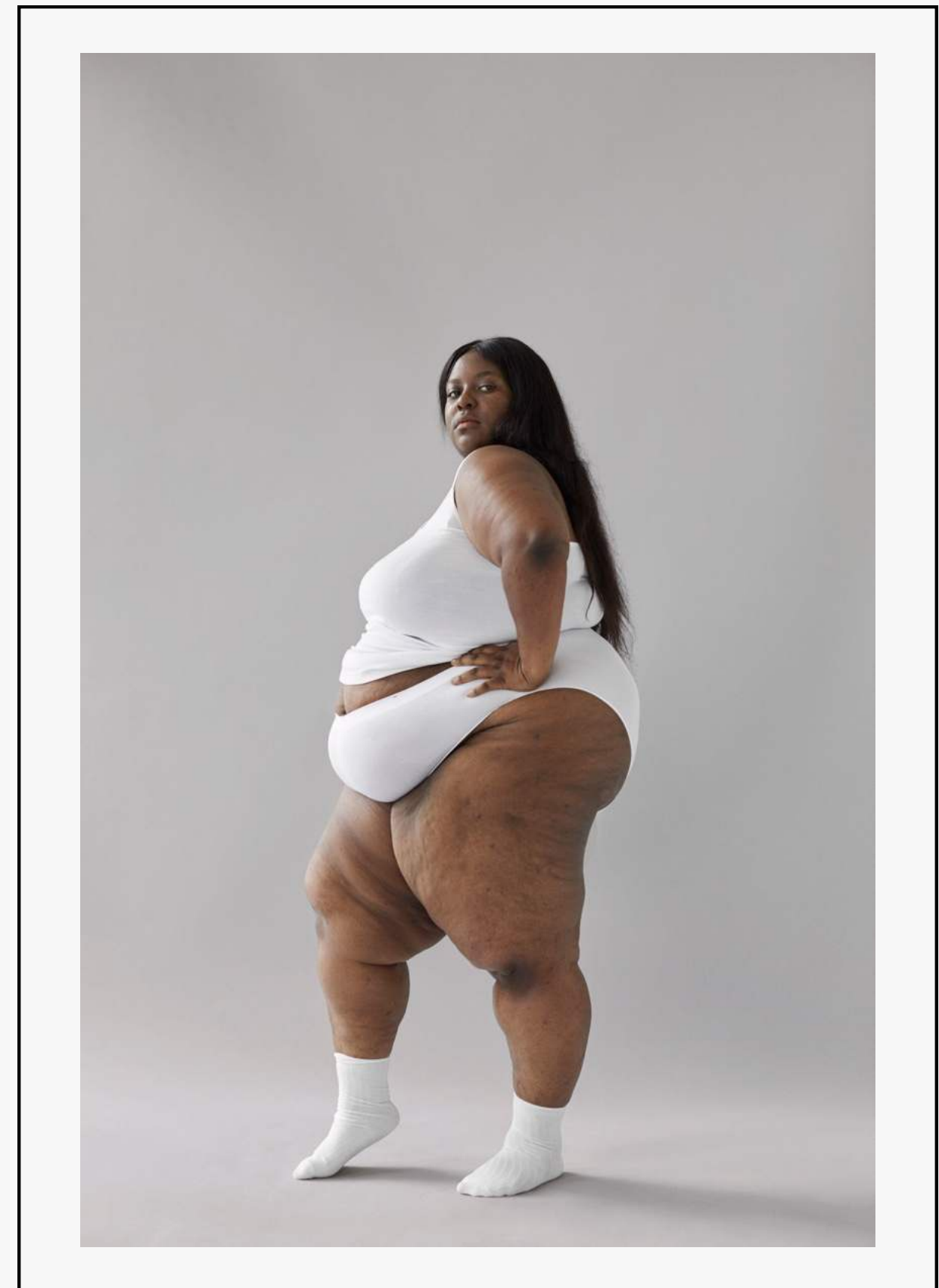
VISUAL DIET VERSUS ASSOCIATIVE LEARNING MECHANISMS OF CHANGE IN BODY SIZE PREFERENCES (BOOTHROYD ET AL., 2012)

WEIGHT STIGMA

“Weight stigma, also known as weight bias or weight-based discrimination, is discrimination or stereotyping based on a person’s weight.

Weight stigma can increase body dissatisfaction, a leading risk factor in the development of eating disorders. The best-known environmental contributor to the development of eating disorders is the sociocultural idealization of thinness.”

NATIONAL EATING DISORDER ASSOCIATION



FAT PHOBIA

Fear and dislike of fatness.

“Also known as anti-fat, is the implicit and explicit bias of overweight individuals that is rooted in a sense of blame and presumed moral failing. Being overweight and/or fat is highly stigmatized in Western Culture. Anti-fatness is intrinsically linked to anti-blackness, racism, classism, misogyny, and many other systems of oppression.”



RESEARCHED EFFECTS

WEIGHT STIGMA &

increased stress when multiple
margenalized identities

FAT PHOBIA

heightened cortisol due
to visual diet

employment & wage
discrimination

hypervigilance to
discrimination

stereotyped threat

chronic stress effects
on immune system

unhelpful coping
strategies

guilt due to "not doing life right"

1.65 times more likely to be undiagnosed
with medical illness due to bias

hotel/spa/gym
equipment & amenities

burdensomeness
in all areas of life

medical equipment

fear to enjoy
food in public
settings

increased anxiety in
various scenarios

not included in
medical drug trials

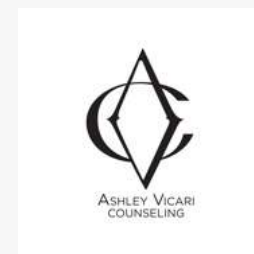
inadequate dose of
chemotherapy

fear of public
performance (job,
leisure, gym, etc)

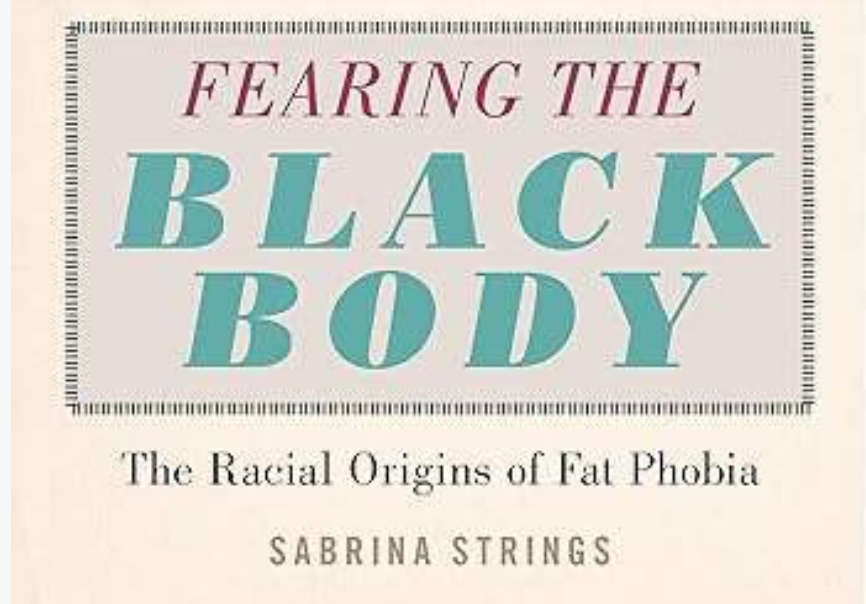
weight cycling (more harmful
than heavier weight)

thwarted sense of belonging

increased
suicide risk



IMPLICATIONS OF BIAS ON RACE



- Traces history of fatphobia, particularly in European and American cultures to the transatlantic slave trade and anti-blackness
- “Race science” defines that act of placing larger Black bodies as less than white thin bodies. Springs details the evolution of this in her book
- Connects the dots between the idealization of thinness, self-control, and superiority
- Those with multiple oppressed identities “face a greater burden of cumulative discrimination” (Chrisler & Barney, 2017)

STRINGS, 2019; TAYLOR, 2021

THE AMERICAN MEDICAL MODEL AND THE OUTCOMES OF THIS WEIGHT-CENTRIC APPROACH

“Just lose weight is deeply dismissive, incuriously judgmental. It assumes that fat people have neither considered nor attempted weight loss and, more than that, that thin experts need to teach us about the wrongness of our bodies and how to make them right.”

Aubrey Gordon

BODY MASS INDEX

Late 1800's Adolph Quetelet was a Belgium statistician & astronomer who first looked at weight divided by height squared. Wanted to find the bell shaped curve for the "normal man."

"BMI" was coined in 1972 by Ancel Keys. "Keys did not intend on implementing BMI for medical use; he was a physiologist intrigued by the human body and its statistical analysis."

Present criteria:

- less than 18.5 is "underweight,"
- "healthy weight" is up to 24.9,
- "overweight" is 25 to 29.9, and
- "obx" is a BMI of 30 and above
- Released in 1998

Easy to calculate and costs nothing, which makes it very hard to replace.

Both Keys and Quetelet were NOT medical professionals



STANDARD MEDICAL CARE

- Traditional healthcare / The “Standard American Model” in health care is a **weight-centric approach** that frames weight loss as the primary determinant of health. It is reactive, focusing on diagnosing and treating diseases after symptoms appear, which can lead to higher healthcare costs and a greater burden on the healthcare system.
 - Relies heavily on BMI (weight to height ratio)
 - Direct relationship between weight and disease
 - Weight loss is the key to improving disease and health outcomes
 - It is the responsibility of the individual
- In June 2013, the AMA voted to recognize obx as a disease
- In December 2022, FDA approved weight loss medications for children as young as 12



STRONG4LIFE OBX CAMPAIGN



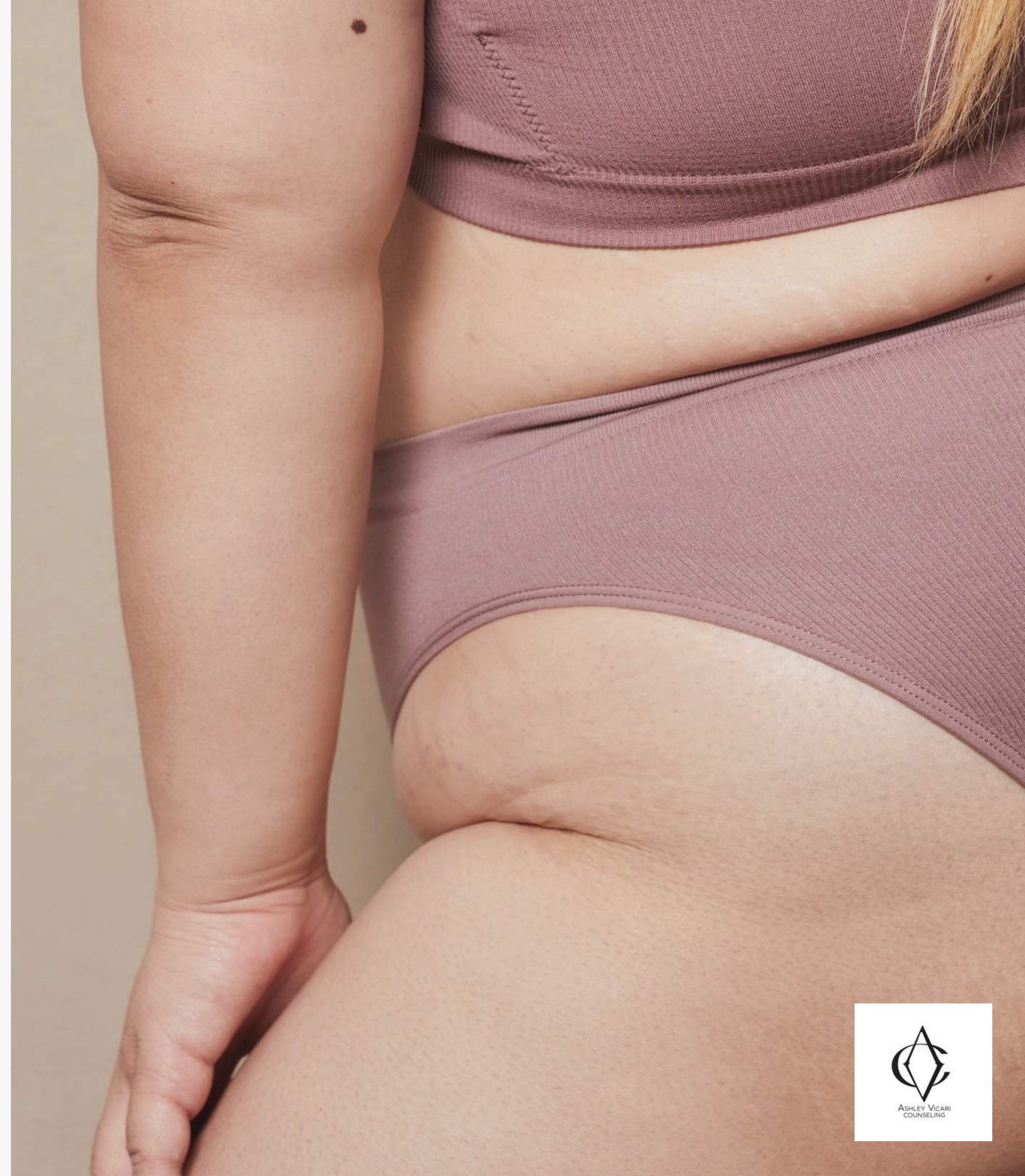
<https://www.youtube.com/watch?v=lnKtWVw73gE>



FLIPPING THE SCRIPT

"I always wondered: Why do I have to work so hard just because I was born with a bigger body? It's not fair."

Virginia Sole-Smith



JOHNS HOPKINS UNIVERSITY

“There are many reasons why society should reassess the weight-centric approach such as:

- It perpetuates the weight stigma and diet culture;
- It can lead to faddish and unhealthy dieting practices;
- It can lead to weight cycling, which is an independent risk factor for disease;
- It can misalign the body’s natural “set-point,” which is the body’s specific and natural weight that it wants to maintain based on genetics;
- It poses a threat to psychological and physical health; and
- It can increase the risk of disordered eating and eating disorders.”

After the BMI shift in 1998 research from the National Eating Disorder Association found that

- Hospitalization for men increased by 53% over the next ten years due to disordered eating issues
- 89% of teen girls reporting being on a diet by age 17
- 81% of 10-year-old girls are afraid of being fat
- 65% of women aged 25-45 had some variation of disordered eating

AMERICAN MEDICAL ASSOCIATION

In June 2023: American Medical Association adopted a new policy on the index, noting “significant limitations associated with widespread use of BMI in clinical settings” and citing its “historical harm” and “use for racist exclusion.”

- “The current BMI classification system is misleading about the effects of body fat mass on mortality rates”
- Alone it is an imperfect clinical tool
- Normed on non-Hispanic, white individuals
- “loses predictability when applied on the individual level”
- Negates location of where body fat is carried

[HTTPS://WWW.CNN.COM/2023/06/19/HEALTH/BMI-DOCTORS-HEALTH-MEASURE-WELLNESS/INDEX.HTML](https://www.cnn.com/2023/06/19/health/bmi-doctors-health-measure-wellness/index.html)

[HTTPS://WWW.AMA-ASSN.ORG/PUBLIC-HEALTH/CHRONIC-DISEASES/AMA-USE-BMI-ALONE-IMPERFECT-CLINICAL-MEASURE](https://www.ama-assn.org/public-health/chronic-diseases/ama-use-bmi-alone-imperfect-clinical-measure)



AMERICAN MEDICAL ASSOCIATION

“Numerous comorbidities, lifestyle issues, gender, ethnicities, medically significant familial-determined mortality effectors, duration of time one spends in certain BMI categories and the expected accumulation of fat with aging are likely to significantly affect interpretation of BMI data, particularly in regard to morbidity and mortality rates,” says the council’s report. “Further, the use of BMI is problematic when used to diagnose and treat individuals with eating disorders because it does not capture the full range of abnormal eating disorders.”

[HTTPS://WWW.CNN.COM/2023/06/19/HEALTH/BMI-DOCTORS-HEALTH-MEASURE-WELLNESS/INDEX.HTML](https://www.cnn.com/2023/06/19/health/bmi-doctors-health-measure-wellness/index.html)

[HTTPS://WWW.AMA-ASSN.ORG/PUBLIC-HEALTH/CHRONIC-DISEASES/AMA-USE-BMI-ALONE-IMPERFECT-CLINICAL-MEASURE](https://www.ama-assn.org/public-health/chronic-diseases/ama-use-bmi-alone-imperfect-clinical-measure)



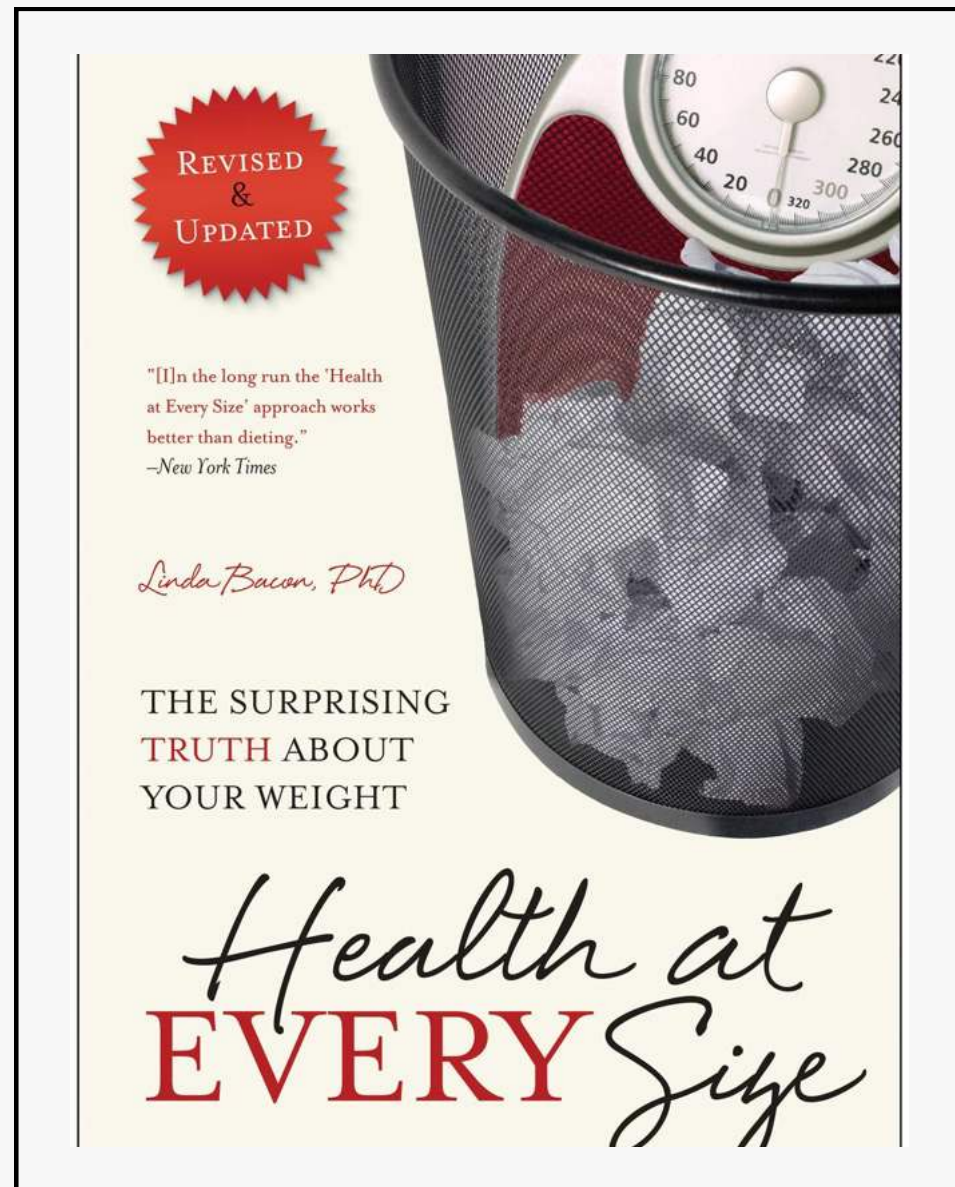
HEALTH AT EVERY SIZE

“More than 400,000 Americans die of overweight and obx every year so much so that it surpasses the leading cause of preventable death.” - CDC, Journal of American Medical Association, Published in 2004

“

An updated federal report acknowledged that the calculations suffered from **computational errors**. Using better methodology and newer data, CDC epidemiologists reduced the estimate fifteen fold, determining that obx and overweight were only associated with an excess of **26,000 annual deaths, far fewer than guns, alcohol, or car crashes...Most striking is that the CDC did not publicize the new results, nor change their public health message.” page 124**

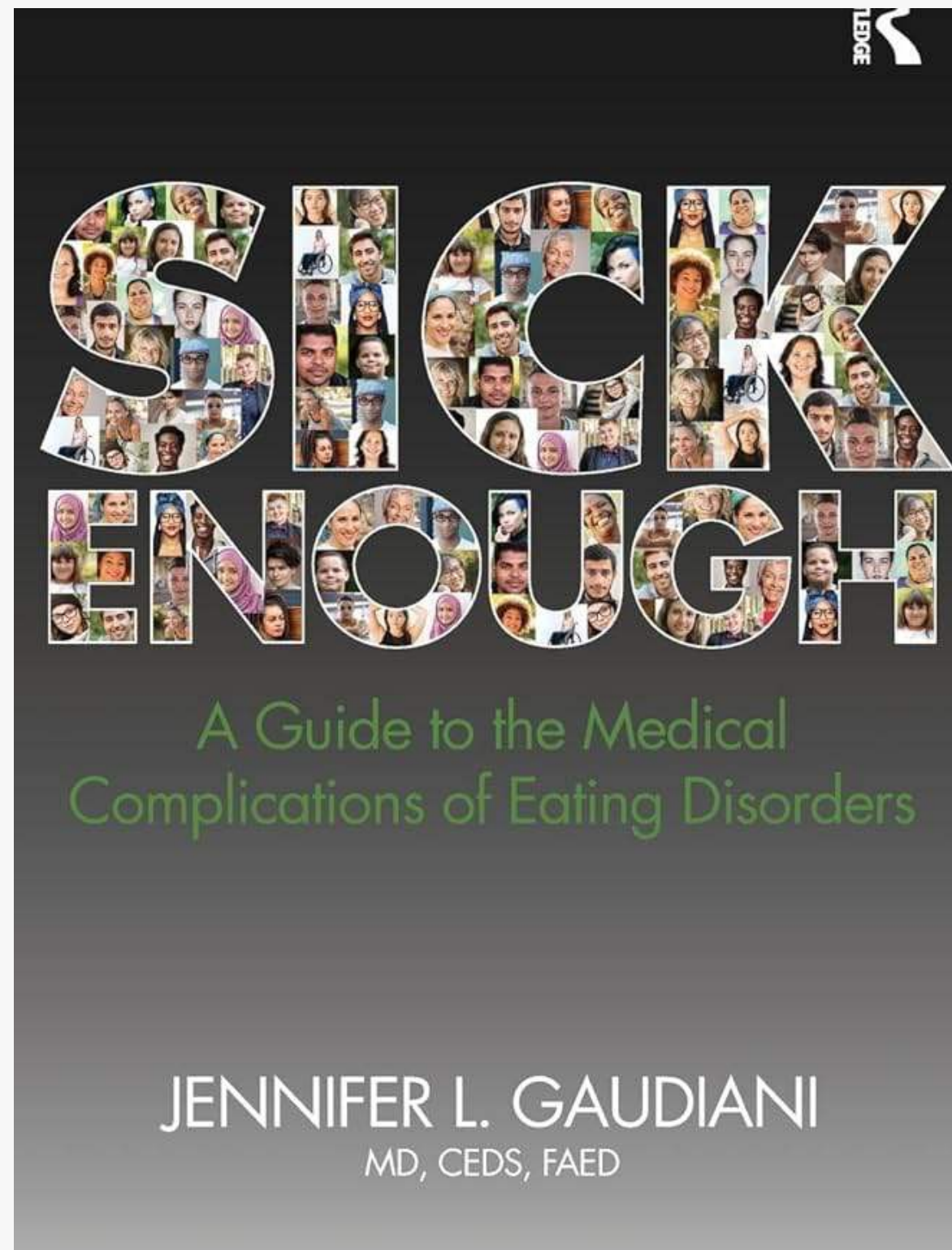
Additionally, the same study found “slightly more total annual; U.S. deaths in the “underweight” category than in the two heavier BMI categories of overweight and obx, suggestion a strong case for shifting public health attention to the dangers of thinner weights. The theory here is that “weight cycling.”



SICK ENOUGH

Routinely, doctors everywhere believe that in order to lose weight, people just need to eat less and move more. They often speak from thin privilege or white privilege. The problem with this classic medical perspective is that it does not work. It shames patients who have been told, not only by doctors but also by society, that if they are in larger bodies, there is something dangerous and something shamefully wrong with them. We need a new method of understanding food, movement, size, and health.

Dr. jennifer Guadianni



PUTTING IT INTO PRACTICE

Isn't it wonderful that our
bodies can all be different
shapes and sizes?

TRANSFERENCE

The act of the client unknowingly transferring feelings about someone from their past onto the therapist

It is common for this to show up in a therapy space when discussing body image, self esteem, eating habits, and even emotional health.

The client may even become aware of past power dynamics they have experienced in their lives based on their body size

It is ok to lean into it with clients and encourage them to bring their thoughts, without judgement of self, into the room





COUNTER- TRANSFERENCE

Countertransference: the therapist's reaction to projections of the client onto the therapist.

It is common for this to show up in a therapy space when discussing body image, self esteem, eating habits, and even emotional health.

There may be a noted felt sense of power dynamic due to the varying body sizes that are in the room.

It is ok to notice it and process it outside of the therapy space with your supervisor, your own therapist, or a trusted system of support. It is also ok to lean into learning more about weight bias and the epidemiology of it.

AREAS TO CONSIDER REGARDING COUNTERTRANSFERENCE



1. Body Bias, Lived Experience and Diet Culture
2. Food, Healthism, Nutrition Moralism
3. Perspective on Movement
4. Weight Inclusivity

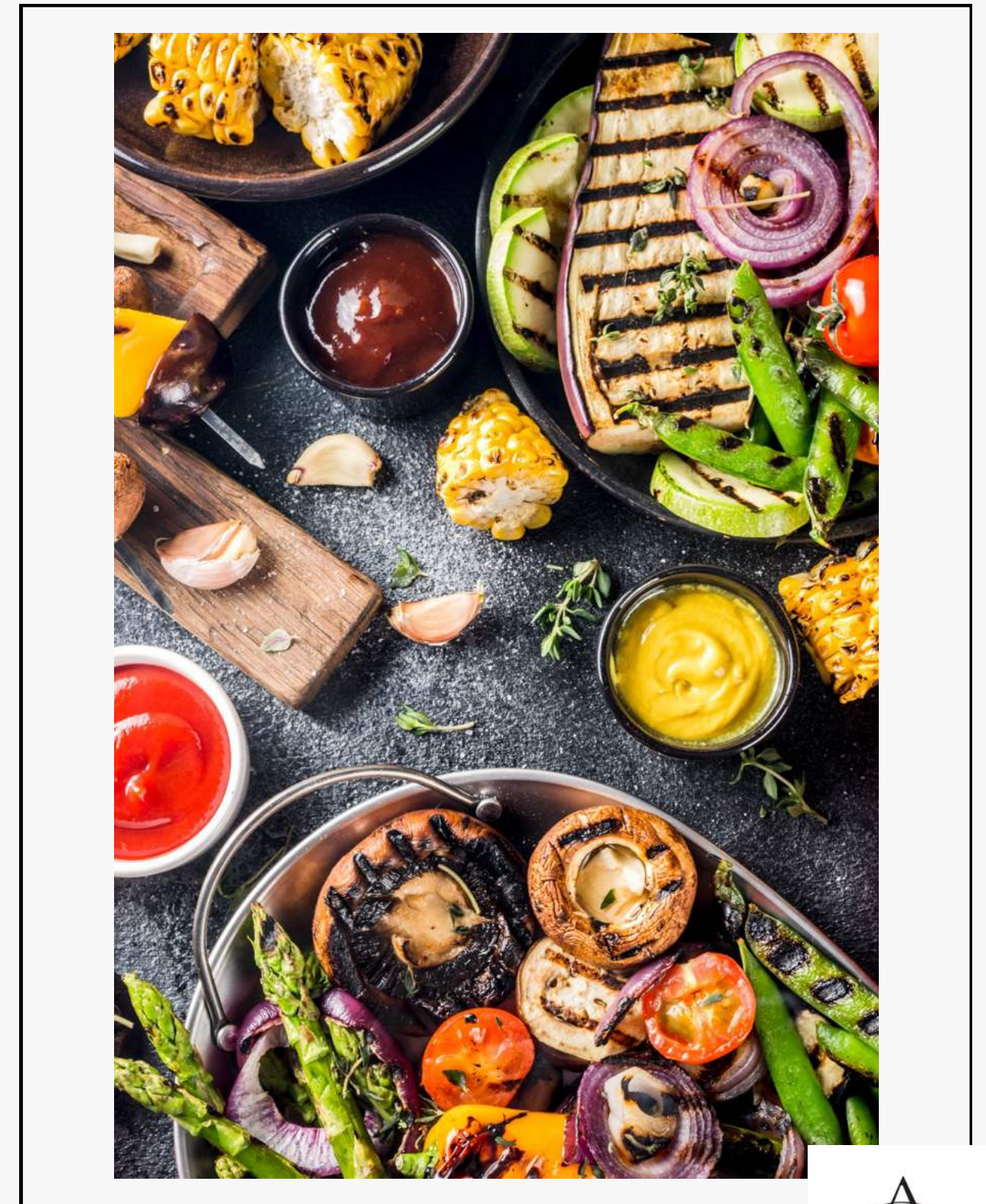
BODY BIAS, LIVED EXPERIENCE AND DIET CULTURE

- Clinicians need to do their own body image, food, and emotional work and exploration.
- WHAT DOES YOUR VISUAL DIET LOOK LIKE?
- Identify what your own lived experience in your body has taught you - We all have a past. We need to acknowledge it without shame and judgement
- Identify unearned advantages and disadvantages that may impact the therapeutic relationship and bring it “into the room” if necessary
- YOU WILL NOT HAVE ALL THE ANSWERS. YOU WILL HAVE TO LEARN, GROW, AND STRETCH YOURSELF TOO
- Tailor social media & critically evaluate toxic diet culture



FOOD, HEALTHISM, NUTRITION MORALISM

- What does “healthy” mean?
- How much time do I spend talking about food and weight related topics?
- Can I subscribe to “All Foods Fit?” What does that mean to me?
- What does Intuitive Eating mean?
- Can I agree that ALL bodies deserve ALL foods?
- Can I eat when hungry and stop when full?
- Can I eat a “treat” without guilt?
- Can I make food choices based on what I like?
- Can I find a balance with all foods?
- Do I use compensatory behaviors after eating?
- Can I take the focus off size, food, and weight
- Can I subscribe to there are no good or bad foods?



ASK YOURSELF:
“WOULD I STILL DO
THIS
IF IT ALSO MEANT I
DON'T LOSE
WEIGHT?”



IS THIS ACTIVITY
ENJOYABLE FOR ME?
WHAT DO I ENJOY
ABOUT THIS?



IS IT THE ONLY
THING I RELY ON TO
MAKE ME FEEL
GOOD?

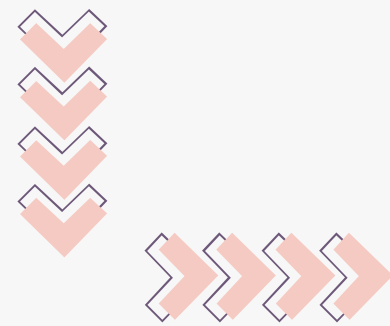


HOW DOES IT MAKE
ME FEEL?
IF I AM PHYSICALLY
HURT, WOULD I
STILL DO THIS
ACTIVITY?

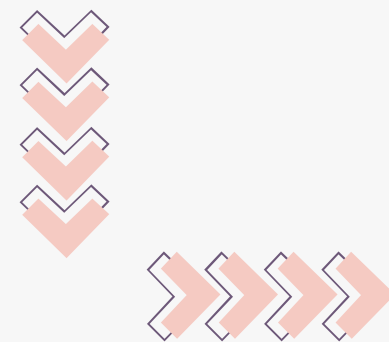
FUNDAMENTAL
PERSPECTIVE
ON MOVEMENT

TENETS OF A WEIGHT- INCLUSIVE APPROACH

“TENET #1: BODY DIVERSITY IS A NATURAL PART OF HUMAN EXISTENCE, AND PEOPLE HAVE THE RIGHT TO BE FAT WITHOUT PREJUDICE, PERIOD.”



“TENET #2: HEALTH AND WELLNESS CAN BE FOSTERED INDEPENDENT OF WEIGHT—WITH SOCIAL DETERMINANTS OF HEALTH RECOGNIZED AS PRIMARY DRIVERS OF POPULATION HEALTH.”



“TENET #3: PUBLIC HEALTH AND MEDICAL INTERVENTIONS SHOULD DO NO HARM—THEY SHOULD CREATE LIVING CONDITIONS AND PROVIDE TOOLS THAT SUSTAIN HEALTH AND WELLNESS FOR PEOPLE ACROSS THE WEIGHT SPECTRUM.”

REFLECTIONS

What does this mean for the Therapeutic Relationship?

“Fat hasn’t become a bad word because fatness is somehow inherently undesirable but because of what we attach to it. We take “fat” to mean unlovable, unwanted, unattractive, unintelligent, unhealthy. But fatness itself is simply one aspect of our bodies—and a very small part of who each of us is. It deserves to be described as a simple fact, bearing little relevance to our worth or worthiness but a great deal of relevance to how we’re treated by individuals and institutions.”

— Aubrey Gordon, “You Just Need to Lose Weight”: And 19 Other Myths About Fat People

CURRENT STUDIES / ARTICLES

- The Acute Inflammatory Effects of Weight Stigma: An Experimental Pilot Study
 - Ragen Chastain: The Weight & Healthcare Newsletter, Feb 2026
- Longitudinal associations between adolescent body dissatisfaction, eating disorder and depressive symptoms, and BMI: a UK twin cohort study
 - National Library of Medicine, Jan 2026
- The Allurion Weight Loss Balloon - at 48 weeks only 3% (160 participants) lost 5% or more lbs. Being marketed as alternative to GLP-1s and Bariatric Surgery
 - Ragen Chastain: The Weight & Healthcare Newsletter, March 2026
- Fifty Years of Eating Disorder Research: Growth, Gaps, and Global Challenges, - cross-disciplinary team is most effective
 - International Journal of Eating Disorders July 2025

CURRENT STUDIES / ARTICLES

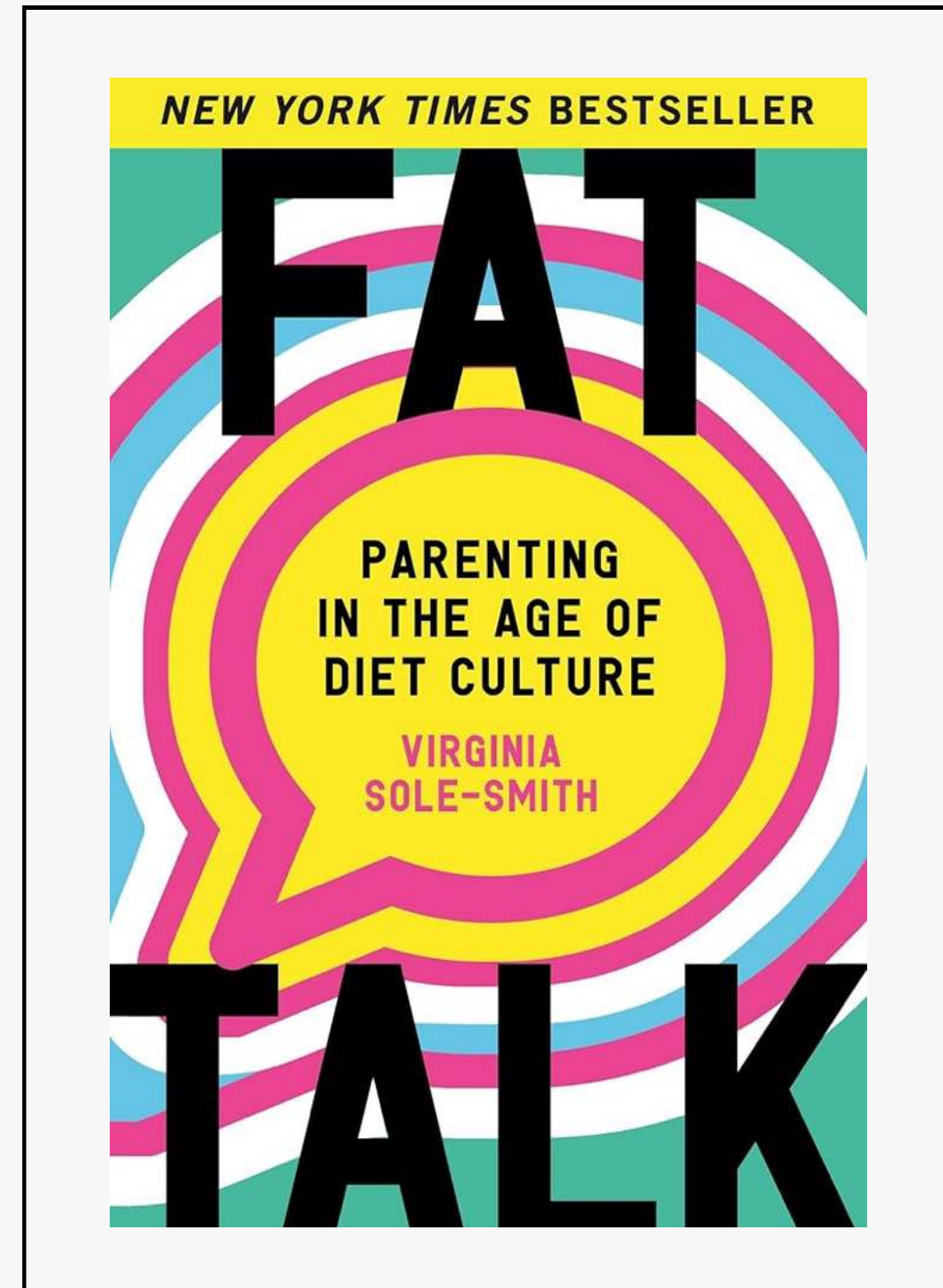
- Meta and YouTube Found Negligent in Landmark Social Media Addiction Case; for designing social media platforms that contributed to significant mental health harms among children and adolescents. Plaintiffs argued that features such as infinite scrolling, algorithm-driven content, push notifications, and appearance-focused feeds were intentionally addictive and prioritized engagement over user safety.
 - New York time Press, March 2026
- Associations of Problematic Smartphone Use and Smartphone Screen Time With Eating Disorder Psychopathology in Non-Clinical Samples: A Systematic Review
 - National Library of Medicine, March 2026

BOOKS, PODCASTS, & ORGANIZATIONAL RESOURCES

Books:

- Adulthood; The Body Image Book For Life (2024) Dr. Charlotte Markey
- Anti Diet: Reclaim Your Time, Money, Well-Being and Happiness Through Intuitive Eating (2020) Christy Harrison; MPH, RD, CEDS
- Body Respect: What Conventional Health Books get wrong, Leave Out, and Just plain fail to understand about Weight (2018) Lindo Bacon
- Decolonizing the Body: Healing, Body-Centered Practices for Women of Color to Reclaim Confidence, Dignity, and Self-Worth (2023) Kelsey Blackwell
- Decolonizing Wellness: A QTBIPOC-Centered Guide to Escape the Diet Trap, Heal Your Self-Image, and Achieve Body Liberation (2022) Dalia Kinsey
- Fearing the Black Body (2019) Sabrina Strings
- Fat Talk ((2023) Virginia Sole-Smith
- Health at Every Size: The Surprising Truth about your weight (2010) Lindo Bacon
- Reclaiming Body Trust A Path To Healing and Liberation (2022) Hilary Kinavey and Dana Sturtevant
- Sick Enough: A Guide to the Medical Complications of Eating Disorders (2018) Dr. Jennifer Guadianni
- The Body is Not an Apology: The Power of Radical Self-Love (2018) Sonya Renee Taylor
- The Self-Love Revolution: Radical Body Positivity for Girls of Color (2020) Virgie Tovar
- What We Don't Talk About When We Talk About Fat (2020) Aubrey Gordon
- You Just Need To Lose Weight; and 19 other myths about fat people (2019) Aubrey Gordon
- Your Body is Not an Apology Workbook: Tools for Radical Self-Love (2021) Sonya Renee Taylor

- World Obesity Federation “Formed to alert the world to the growing health crisis threatened by soaring levels of obesity.”
- Sole-Smith: “Many of the academic researches [who made up the members of the Taskforce], including the organizations founder, Philip James, were paid by pharmaceutical companies to conduct clinical trials on weight loss drugs.”
- In 2006 an unidentified senior member of the taskforce told a reporter from the British Medical Journal that the organization’s sponsorship from drug companies ‘is likely to have amounted to millions.’
- In the years around the first shift of the BMI cutoff [1998] – the one that resulted in placing 29million more Americans in the categories of overweight and obx – the Food and Drug Administration approved a flurry of weight loss drugs... More overweight and obx Americans meant a larger potential market for the makers of those drugs.”



BOOKS, PODCASTS, & ORGANIZATIONAL RESOURCES

Podcasts:

- All Bodies. All Foods. Ashley Vicari, LPCC-S, NCC & Sam DeCaro, PsyD
- Food Psych. Christy Harrison, MPH, RD, CEDS
- Maintenance Phase, Aubrey Gordon & Michael Hobbes
- Men Unscripted, Aaron Flores, RDN

Substacks:

- RAGEN CHASTAIN: Speaker, writer, researcher, multi-certified health and fitness pro, and thought leader in weight science, weight stigma, and healthcare. Reach out at www.weightandhealthcare.com and on Instagram @RagenChastain
- Food Psych. Christy Harrison, MPH, RD, CEDS
- Maintenance Phase, Aubrey Gordon & Michael Hobbes
- Men Unscripted, Aaron Flores, RDN

Organizational Support

- NEDA, <https://www.nationaleatingdisorders.org> (basic knowledge of eating disorders)
- FEAST, <https://feast-ed.org/> (family support)
- ANAD, <https://anad.org/> (peer support resources)
- MEDA, <https://www.medainc.org/> (Association & education for clients and clinicians)
- National Alliance for ED, <https://www.allianceforeatingdisorders.com/> (education, referrals, and support for clients)
- Project Heal, <https://www.theprojectheal.org/> (financial support and equity created for anyone with an ED)
- AED, <https://www.aedweb.org/home> (Academy for Eating Disorders, trainings for professionals)
- Renfrew Center, <https://www.renfrewcenter.com> (multi-level of care treatment center)
- Eating Recovery Center in Denver, <https://www.eatingrecoverycenter.com/recovery-centers/denver> (Hospital for adults with Eating Disorders)



EATING DISORDER INDEX

Anorexia Nervosa

- Restriction of energy needed
- Weight is significantly below “normal” range
- Intense fear of gaining weight or becoming fat & behaviors that interfere with gaining weight
- Undue influence of body weight of shape on self-evaluation; lack of recognition on low body weight

Bulimia Nervosa

- Binge episodes coupled with compensatory behaviors (self-induced vomiting, over exercise, laxative use, restriction)
- Weight often appears “normal”
- Intense fear of gaining weight or becoming fat & behaviors that interfere with gaining weight
- Undue influence of body weight of shape on self-evaluation; lack of recognition on low body weight

OSFED

- Everything in between

Binge Eating Disorder

- Binge episodes (more than “typical” in a 2 hour period)
- 3 or more of the following: lack of control, rapid eating, secret eating, eating while uncomfortably full, eating when not hungry, feeling disgusted with self
- Marked distress about bingeing behaviors
- Undue influence of body weight of shape on self-evaluation
- No compensatory behaviors

ARFID

- Restriction of energy needed
- Weight is significantly below “normal” range
- Perceived as a “picky eater”
- Significant Nutrition deficiencies
- Dependence on enteral feeding or supplements
- Marked interference with psychosocial functioning
- Not explained by lack of food
- Not explained by another ED
- Not explained by another medical condition

IMPLICATIONS OF BIAS ON MENTAL HEALTH

Weight Stigma and Suicide Risk; Douglas, Kwan, & Gordon, 2021

- Studied the INTERPERSONAL theory of suicide which highlights a thwarted sense of belonging, perceived burdensomeness, and capability
- Found a positive correlation between weight stigma and perceived BURDENSOMENESS as well as thwarted belonging
- Found connections between campaigns casting body size as burdensome to our health system which reinforces these messages on an individual level

IMPLICATIONS OF BIAS ON MENTAL HEALTH

Social Identity Threat; Nolan & Eshleman 2016; Chrisler & Barney, 2017

- When a stigmatized identity is notable this causes **hypervigilance to threat of discrimination** → Increased stress response and anxiety, decreased executive control
- **Stereotype Threat:** when one is fearful of proving or confirming a negative stereotype (e.g. Fat student not wanting to run the mile at school for fear they'll be the last one to finish)
- Mental cost of hypervigilance
- Doctor's offices have environmental cues (scales, blood pressure cuff not fitting)
- Increased anxiety during medical visits leads to higher vitals readings, potentially reinforcing weight bias.

THE HARM OF WS AND FP

- Weight prejudice (negative attitudes toward fat people)
- Weight stereotypes (beliefs about the attributes and traits of fat people)
- Weight discrimination (negative, unfair, or unequal behavior or treatment of fat people)

WEIGHT BIAS (BROCHU, 2020)

- Employment discrimination, wage discrimination, promotion inequality, compounding existing inequalities
- Medical discrimination
- Chronic stress impacts immune system functioning; hostility also detrimental to health
- Physical impact of oppression demonstrated in studies of sexism, racism
- Experiences of weight stigma can reduce physical activity and increase self-soothing coping mechanism that are unhelpful such as bingeing
- Fear of public exercise and further discriminatory treatment
- Weight cycling through dieting and regain predicts chronic illness more than maintaining heavy weight
- Women across the weight spectrum showed elevated cortisol after watching weight stigmatizing content
- Increased risk of suicide
- Increased risk of death
- Disproportionately affecting poor, disabled, multiply oppressed group

CHRISLER & BARNEY, 2017; HUNGER ET AL., 2015; BROCHU 20

IMPLICATIONS OF BIAS ON PHYSICAL HEALTH

- Medicalization of fatness - obx disease model is standard despite the AMA's position
- Implicit Association Tests;
 - High rates of bias and microaggressions amongst "obesity experts" such as physicians, dietitians, pharmacists (fatness means lazy, unmotivated, noncompliant)
 - More frequent negative attitudes toward clients of size on explicit measures
- Frequent experiences of microaggressions activates stress response, chronic stress leading to ill health-effects. This is especially so for multiply marginalized folks
- Health settings being physically inaccessible, wrong size equipment or denied care without first getting weight loss surgery
- Fat people not included in medication trials could limit efficacy, under-prescribing medication
- Estimate that 40% of fat patients received inadequate doses of chemotherapy
- Fat patients 1.65 times more likely to have significant undiagnosed medical conditions (via autopsy study)
- Clients fearful of encountering bias, less likely to return for routine screenings

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THANK YOU!

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And I said to my body, softly,
"I want to be your friend. It
took a long breath and replied,
"I've been waiting my whole
life for this."

-Nayyirah Waheed



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