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Fat and Furious: Interrogating Fat Phobia and Nurturing Resistance in Medical Framings of Fat Bodies

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ABSTRACT

This is a commentary on Ward and McPhail's (2019) article "Fat Shame and Blame in Reproductive Care: Implications for Ethical Health Care Interactions." Here I examine three aspects of fatness and health care that deserve more attention by researchers and clinical practitioners. First is the nature of fat phobia and the ways that hatred of fatness permeates the world, including health care. Second is the ways that fat studies scholars and fat activists can work together to reduce fat phobia and improve fat women's lives and health. Third is training and promotion of fat-affirmative psychotherapy to provide supportive space for healing from the effects of fat phobia and stigmatization of fat bodies.

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Fat studies; fat phobia; fat stigma; fat-affirmative psychotherapy; fat talk

In my multiple roles as a teacher, researcher, and practicing clinical psychologist, I have rarely encountered anything as frankly destructive and grotesquely unreflective as the way that people enact fat shaming and fat phobia in their mundane practices. The systematic mistreatment of fat people, particularly fat women, exists within a widespread network of institutions that reinforces fat stigma so consistently that it is often difficult to step back and see the extent of this as *remarkable*. Ward and McPhail (2019) provided an excellent, lucid overview not only of the high stakes of fat stigma for pregnant women (including unnecessary C-sections, recommendations for gaining less weight and even losing weight during pregnancy, humiliating interactions with doctors, and the constant message that fat women have placed their babies at risk) but also of the insidious ways that stigma, fat shaming, and the health care system work in tandem to disparage and disempower fat women in all aspects of their lives. Ward and McPhail recommended a "kinder, more just approach" (p. 226) to caring for fat women, and they also vividly outlined the ways that medical blind spots and misinformation continue to harm fat women seeking maternity care and health care in general.

I want to extend these arguments by examining three aspects of fatness and health care that deserve more attention, especially in light of Ward and McPhail's excellent review of gender, fatness, and health care. First, I want to think more deeply about the nature of fat phobia and the ways that an actual hatred of fatness permeates both the world of health care and the broader contexts in which women make health care decisions with their doctors. Second, I want to imagine more ways to draw in angry,

emotional, and activist responses to fat stigma, particularly as a more radical wing of fat activism springs up. Third, I want to make a call for more fat-affirmative psychotherapy work, as much of the existing literature on fatness and health care focuses on physical health without considering the role of (better) training psychotherapists to assess their own fat biases and to provide quality mental health care to fat patients. These points are meant as an extension of Ward and McPhail's robust work, with hopes that we can make room for the more furious face of fat studies.

Fat phobia

I recently coauthored an article about the results of a study in which I asked women to imagine gaining 100 pounds (Fahs & Swank, 2017). This piece was both a methodological article (use of imagined hypothetical identities or “possible selves” to access deep-seated feelings that women rarely disclose when asked in other ways; see also Dalley, Pollet, & Vidal, 2013; Fahs, 2017a) and a report of women's feelings of fat phobia and fat hatred. Indeed, the results of the study were stark: Women imagined gaining 100 pounds as life-ending, suicidal-ideation-inducing, and debilitating. They anticipated shame, dysphoria, profound isolation, loneliness, and social disruption. (Remember, too, that they told these feelings to me, a fat interviewer, which raises questions about whether they would have expressed even more hateful and phobic reactions to a thin interviewer.) I felt surprised then, and continue to feel surprised now, at the intensity of their responses. Of course, as a fat studies researcher, I understand that women fear fatness or imagine it as scary. However, I had until then underestimated the intense feelings of dread, disgust, fear, anxiety, and hatred that women folded into imagined fatness, especially their own imagined fatness. These data validated for me the importance of better understanding the insidious workings of fat phobia and the ways that many women (even well-intentioned, feminist-minded, or body-conscious women) might hold deeply fearful and negative views about fatness.

The goal for better training of medical professionals cannot be fully achieved until we more seriously confront the framing of fat bodies as dreaded and despised. How much people hate fatness—or imagine it as disastrous—is, I think, quite understudied. We understand more about discrimination against and stigmatization of fat people, unease and discomfort in talking about fatness, and the practices of “fat talk” (whereby women talk negatively with others about weight; Afful & Ricciardelli, 2015; O'Brien, Latner, Ebneter, & Hunter, 2013; Salk & Engeln-Maddox, 2011) than we do about the more sinister workings of fat hatred and fat phobia. Too often, fat phobia and “discomfort” with fatness or the harboring of anti-fat attitudes are blurred together, leaving actual hatred and dread of fatness underexamined.

I want to know how fat phobia drives friendships, behaviors, parenting practices, and life choices. Certainly, as a practicing psychologist, I hear about all sorts of experiences and encounters that fat people have that suggest that fat hatred and fat phobia are much worse than the fat studies literature currently suggests. The distance between anti-fat prejudice (on the more mild end) and believing that fatness would create suicidal ideation (on the more extreme end) is vast. Ward and McPhail (2019) described the difference between conscious and unconscious prejudices and how fat stigma

operates consciously compared to those related to other social identities. What are the implications of this finding for the hatred of fatness? How conscious are people of the ways that they encode disdain not only for others who are fat, but also the idea of becoming fat themselves? How deeply held are these beliefs, and how do these beliefs bleed into the daily practices and interactions around fatness?

Fat—which should be a neutral descriptor of a body—has instead become synonymous with concepts of hatred and self-hatred. One only need reflect on how the word *fat* is so deeply encoded with loathing that self-identifying as fat is seen as a form of self-loathing. I recently called myself fat at a Southwest Airlines counter when checking in for a flight, and the desk agent said, “You are NOT FAT! STOP saying that!” I politely explained that fat is not a negative term; it is merely an accurate descriptor of my body (and I felt fine identifying as fat). He repeated, “I will not let you say that about yourself!” This is the whiplash that most fat people live within. We receive messages that fatness is synonymous with risk-taking, laziness, moral failing, and self-loathing, yet any attempt to counter this (e.g., embracing the word *fat*, working on body positivity, pushing back against self-loathing, calling out negative fat talk, resisting fat phobia) is met with strongly negative and/or hostile responses from others. It seems that fat people (fat women, in particular) are fundamentally not allowed even to identify as fat, let alone embrace, accept, or celebrate fatness. Even existing as fat poses a threat to the status quo.

Radical fat studies?

Last year, the conservative group Turning Point USA put me on the so-called Professor Watchlist for writing the article about imagining weight gain (Fahs & Swank, 2017). While perusing the list of professors conservatives deem “risky” and “scary,” I found that women who do fat studies work are disproportionately targeted. I also find it mildly amusing that of all the topics I have written about, body hair (e.g., Fahs, 2011) and fatness (e.g., Fahs & Swank, 2017) seem to elicit more anger from the right-wing attack dogs than my far scarier work on Valerie Solanas and *SCUM Manifesto* (Fahs, 2014a) or my work on women faking orgasms (e.g., Fahs, 2014b) or resisting rape (e.g., Fahs, 2016a). Why is fat studies so problematic and threatening to these political conservatives? Why does critical feminist fat studies work seem to elicit disproportionately angry and panicky responses from them?

It seems that we in the field of fat studies are at our own turning point: Do we move more toward institutionalization/scholarly respectability, or do we embrace the more scrappy, angry, radical, and perhaps even militant wing of the field/movement (Fahs, 2017b; Wann, 2009)? Perhaps more pointedly, I want to ask: Can we best change the horrors of how the medical world treats fat people via our scholarly work as it gains interest and visibility, or via feisty activist work? Of course, I want the answer to be: Both! I believe wholeheartedly that scholarly work can interact with activist work, but only if both of these orientations are recognized as valuable to each other, as two wings of the same overall movement. Fat studies is working to establish itself as a field and to gain scholarly momentum, but it also needs to work better with those already doing activist work and those who want to do activist work. A non-assimilation model of fat

rebellion and resistance embodies this fusion of scholarship and activism (Kwan, 2009; Maor, 2012; McPhail & Bombak, 2015; Meleo-Erwin, 2012).

In reading Ward and McPhail's (2019) article, I could imagine a number of activist interventions (some that already exist, some that do not) that could make an impact on the medical world: activist work that publicly protests or refuses to use the services of doctors with reputations for fat shaming; interventions for raising awareness about fat pregnancy and critical issues of risk; blogs that catalogue the lived experiences of fat phobia and the reactions people can have to those things; interventions for fat adolescents and how to cultivate a positive body image; radical pedagogies of fat "disobedience"; anti-BMI protests; a satirical campaign that takes the "war on obesity" to new (absurdist) heights; subversive art that celebrates fat bodies; and many more. I want fat studies to engage with the work of radical feminism, particularly as it digs into the roots of fat phobia and fat shaming, where misogyny, patriarchal control over women's bodies, fear of women's power, and the shaming of "excess," emotionality, maternity, and non-normative gender practices reside.

The embrace of a more radical vision of fat studies can also have positive outcomes for teaching and research. As teachers of fat studies, we can better link fat studies with its other (radical) cousins: disability studies, "freak" studies, critical embodiment studies, queer studies, race and ethnic studies, and critical/feminist studies (Fahs, 2016b; Mollow, 2015). As researchers, we can better and more meaningfully include size when thinking about intersectionality and oppression, seeing it as a code for raced and classed bodies (Pausé, 2014). By forging these alliances more directly, we can better tackle the ways that fat oppression disorients and degrades people, at both the micro and macro levels. We can see, for example, that doctors not having the correctly sized blood pressure cuffs or speculum instruments for fat people connects to the ways that the health care system ignores trans bodies and erases the gender spectrum. We can link the shaming of fat people as individually responsible for their bodies to the oppression of lesbians seeking breast care treatments (who are often accused of getting breast cancer more often because they have less often breastfed infants; see Zaritsky & Dibble, 2010), poor women not getting preventative care (see Sambamoorthi & McAlpine, 2003), and women of color refusing to comply with doctor's "orders" (Suite, La Bril, Primm, & Harrison-Ross, 2007). The further we go into the root of something, the closer we come to seeing connections and commonalities between bodies and identities and between diverse people's experiences with a biased health care system.

Fat-affirmative psychotherapy

As a final reflection on Ward and McPhail's (2019) work, I want to argue for the value of fat-affirmative psychotherapies. Feminist therapy has long advocated for body positivity, the disruption of the hierarchy between therapists and patients, and the engagement of person-centered work (Brown, 2018; Enns, 1997), yet almost no psychotherapy training programs include anything on working in affirmative ways with fat clients (Rothblum & Gartrell, 2019). If fatness is discussed at all, it often gets lumped in with other "medical problems" (itself a problematic conflation) or with disability. Some of the most rewarding and impactful work I have done as a therapist has been with fat

clients, often because fat people lack access to any medicalized spaces where they feel affirmed, seen, or validated about their bodies. This absence is sometimes felt so keenly that therapy clients admit that they have never even imagined their bodies as anything other than purely problematic or bothersome.

Fat-affirmative psychotherapists could work well with medical doctors to lessen the negative impact of fat stigma (e.g., not assuming that all medical complaints are a result of fatness) by doing a number of impactful interventions. First, in therapies where patients report distress about fatness or experiences with fat oppression and fat stigma, therapists should (1) not talk about fatness in a negative way and check their own biases about fatness and size; (2) therapists should make space for fat patients to express anger and outrage at how they are treated, especially by medical professionals; (3) therapists should, to a certain extent and where appropriate, affirm fat patients' embodied experiences by allowing room for them to discuss their own and the therapist's body openly ("Have you ever felt that way too?"); (4) patients should be told directly that living in a fat body does not necessarily prevent them from certain sorts of life experiences that patients may see as out of reach (e.g., parenting, romantic relationships, travel, sexual explorations, aspirational jobs) because fat patients often imagine limitations to their lives and need to work with a therapist to process this internalized fat phobia; and (5) fat-affirmative therapies can also make room for other kinds of explicit conversations about the body, as both therapist and patient imagine that there are two bodies in the room and that this matters. I have recently written about the importance of explicitly situating the body in the therapy room, particularly as patients think about menstruation, fatness, illness, cancer, and exercise (and more; see Fahs, 2019).

Ultimately, the more we can humanize, complicate, and embrace fat people and fat bodies, the better medical treatments will be for fat people and for anyone who does not fit the imagined idea of the "perfect" medical patient. We have an obligation to first understand the deep-seated qualities of fat phobia and hatred, just as we can (and should) embrace the more radical and activist parts of the fat studies field and the fat acceptance movement. Finally, psychotherapies that focus on fat-affirmation can better situate fatness not as a liability but as another piece in the puzzle of the human condition, one that is both ordinary and mundane, and the basis for growth, exploration, and resistance.

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No potential conflict of interest was reported by the author.

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