What We’re Doing Today…

1. My story
2. Critically examine approaches to the conversation of body size
3. Define and examine fatphobia/anti-fatness
4. A brief history of Fat Activism & Models of fat joy & embodiment
5. Some best practices & frameworks
6. Q & A
1. My story
2. Critically examine approaches to the conversation of body size
The current prevailing question - “But isn’t being fat just unhealthy?” - leads to victim-blaming, the invisiblization of discrimination, and the depoliticization of what is actually a pressing human rights/social justice issue.

Individuals who are experiencing discrimination should not be asked to change their bodies/appearance. Individuals and entities who practice discrimination should be asked to stop practicing discrimination. Furthermore, health outcomes always improve when individuals experience less stigma.
Better Questions:

Q: Why do we use the BMI - a tool created in the 1800s by a European man whose work went onto become the basis of eugenics - as a measure of health?

Q: What would it look like to truly accept what the data are telling us: a fat person cannot become a thin person?

Q: How can we accept that stigma worsens health outcomes and shortens life expectancy when it comes to BIPOC, LGBTQ*, and other marginalized communities, but not accept that those same outcomes are likely caused by weight stigma, which is blatantly practiced socially and is legal in 48 states?

Q: Why do doctors prescribe weight-loss, a treatment with a very high failure rate and that is correlated with anxiety, depression and an increased likelihood of developing an eating disorder?

Q: What if we stopped seeing thinness as the baseline for all bodies, and accepted that fatness is a perfectly legitimate baseline for many bodies? What would it look like to approach fatness with curiosity, inquiry and the spirit of science rather than the stigma-based lens of failure, pathology, and bias?

Q: Why do we believe we’re promoting someone’s health by othering them when we know that stigma shortens life expectancy and leads to poor cardiovascular health?

Q: What is the word “health” hiding about my own internalized views about people in larger bodies?
Instead our culture teaches us to be suspicious of these embodied feelings & encourages an intellectual ("enlightened"), anti-human relationship to food & body:

- Binaries - good vs. "junk" food, wrong vs. right bodies
- Restriction/Control
- Assimilation
- Utility - food is primarily seen as something that "should" promote health
- Fear - the "wrong" relationship to food & body could lead to disease and death

We could live in a culture that affirms a pro-human relationship to food & body rooted in:

- Instinct (hunger)
- Intuition
- Pleasure
- Connection
- Care
- Cultural affirmation
- Play
- Fun
- Comfort
- Self-trust
As a culture we’ve been taught to see our bodies (and food) through a carceral, colonial, and neoliberal lens.

Carceral: The belief that our bodies are dangerous and always on-the-verge of rebellion (rebellion = fatness) justifies the need to punish, ostracize and dehumanize people with “unlawful” bodies.

Colonial: The body becomes the “savage” (or racialized other) that must be tamed, disciplined, and governed by the the more “civilized” (coded as white) mind.

Neoliberal: The individual is responsible for controlling their body as private property in order to prevent social punishment.
3. Define and examine fatphobia/anti-fatness
what is fatphobia or anti-fatness?

a socially acceptable form of bigotry against higher weight people justified through the language of health & morality.

Common fatphobic tropes/beliefs:
- Sexually insatiable
- Gluttonous
- Asexual
- Aberration/Unnatural
- Desperate
- Lazy
- Selfish
- Gender imposter

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Some Facts:

5
The age most children learn fatphobia in the US

$9000
How much income fat women lose per year in income according to a 2014 Guardian article

68%
The percentage of US women who are plus-size: a size 14 & above
Fatphobia manifests in 3 dimensions:
- Intrapersonal
- Interpersonal
- Institutional
Here are examples of fatphobic attitudes or beliefs:

“Higher weight people...”
● Can become thin people
● Are sick or have an emotional eating problem
● Are “struggling” with their weight
● Want to be thin people
● Are less healthy than thin people
● Need help, advice or medical attention
● Are less disciplined than thin people
● Need to be on a diet
● Can’t possibly have anorexia or bulimia
● Are less capable or desirable as a colleague or candidate
● Will die young because of their weight
● Should accept the prevailing public health approach to weight
● Should uncritically obey the medical field’s advice despite its history of harming people in larger bodies
“Health policies routinely emphasize weight loss as a target for health promotion. These policies rest upon the assumptions: (1) that higher body weight equals poorer health, (2) that long-term weight loss is widely achievable, and (3) that weight loss results in consistent improvements in physical health. Our review of the literature suggests that these three assumptions underlying the current weight-focused approach are not supported empirically.”

“An Evidence-Based Rationale for Adopting Weight-Inclusive Health Policy” in Social Issues & Policy Review 2020

“Fat people should accept the prevailing public health approach to weight.”

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0.8% the chances a woman classified as “obese” could achieve a “normal” weight

2015 paper in the American Journal of Public Health

“Fat people can become thin people.”
Set point theory states that the human body tries to maintain its weight within a preferred range. Many people stay within a more or less small range of body weight throughout their adult life.

In set point theory, if you suddenly start eating fewer calories, the way your body burns fuel (your metabolism) will slow down. You will burn fewer calories even if your activity level does not change. Your body may also change the way it absorbs nutrients. Your hormones could change and make you hungrier.

“Fat people can become thin people.”
“Dieters often experience physical consequences such as:
loss of muscular strength and endurance, decreased oxygen utilization, thinning hair, loss of coordination, dehydration and electrolyte imbalances, fainting, weakness, and slowed heart rates. Medical studies indicate that people on diets have slower reaction times and a lesser ability to concentrate than people not on a diet. Numerous studies link chronic dieting with feelings of depression, low-self-esteem and increased stress. Health professionals note that patients with eating disorders were dieting at the time of the development of their eating disorder.”

University Health Services, UC Berkeley
Food restriction (aka dieting) is **NOT** correlated with long-term weight-loss but is correlated with:

- Depression
- Anxiety
- Bingeing
- Disconnection from hunger cues
- Delaying of important life moments
- Increased likelihood of eating disorder
- Hunger
- Worse long-term decision making
“Using BMI categories as the main indicator of health, an estimated 74,936,678 (approx. 25%) US adults are misclassified as cardiometabolically unhealthy or cardiometabolically healthy.”


“Fat people are less healthy than thin people.”
“Higher BMI was associated with less frequent receipt of preventive services among middle-aged White women and elderly White women and men.”

American Journal of Public Health 2005

“Fat people are less healthy than thin people.”

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“Rebecca Hiles, 28, said she was told by doctors that her health problems were related to her weight. But it turns out that Hiles was suffering from cancer.”

Good Morning America 2018

“Fat people live shorter lives than thin people.”
“Weight discrimination was associated with an increase in mortality risk of nearly 60% in participants. This increased risk was not accounted for by common physical and psychological risk factors... In addition to its association with poor health outcomes, weight discrimination may shorten life expectancy.”

“Weight Discrimination and Risk of Mortality” 2016, Sutin et al.
Adolphe Quetelet

The Belgian mathematician who invented the BMI & the “Ideal Man” in the 1830s, using only white men. The BMI is still used as the ultimate measure of health in the U.S.
Fatphobia/anti-fatness is connected to histories of slavery, colonialism & anti-Blackness. Fat bodies become racially coded (BIPOC bodies also “don’t matter” = necropolitics.)

Dr. Sabrina Strings

From Fearing the Black Body: The Racial Origins of Fat Phobia

“Two critical historical developments contributed to a fetish for svelteness and a phobia about fatness: the rise of the transatlantic slave trade and the spread of Protestantism. Racial scientific rhetoric about slavery linked fatness to “greedy” Africans. And religious discourse suggested that overeating was ungodly.”
Neoliberalism x Healthism

the belief system that sees health as the property and responsibility of the individual and ranks the personal pursuit of health above anything else.

This belief isn’t based in data. It’s based in a complex, problematic history and the myth of rugged self-sufficiency that denies the realities of (1) how much America benefitted from slavery, genocide, and colonialism, and (2) how laws and structures have been set up to artificially bolster some at the expense of others.
Our overall health is determined by a combination of social and individual determinants of health.

Individual Determinants of Health
- Food/Diet
- Movement/Exercise
- Genetics

Social Determinants of Health
- Childhood Trauma
- Access to Clean Water
- Access to Medical Care
- Access to Public Transportation
- Whether You Experience Oppression
How much do individual determinants of health impact our overall health (as compared to social determinants)?

A. 90-100%
B. 80-90%
C. 70-80%
D. 60-70%
E. 50-60%
F. 40-50%
G. 30-40%
H. 20-30%
I. 10-20%

NB: 30% = CDC, 40% = Kaiser
Within that 30-40% is genetics

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This doesn't mean that individual behaviors don't matter and aren't part of creating a meaningful life, but why are we more determined to shift the 30-40% figure than the 60-70% figure?
4. A brief history of Fat Activism & Models of fat joy & embodiment
Fat-In
organized in
Central Park by
Steve Post
New York Times
June 1967
fat liberation manifesto

1. We believe that fat people are fully entitled to human respect and recognition.
2. We are angry at mistreatment by commercial and sexist interests. These have exploited our bodies as objects of ridicule, thereby creating an immensely profitable market selling the false promise of avoidance of, or relief from, that ridicule.
3. We see our struggle as allied with the struggles of other oppressed groups, against classism, sexism, ageism, capitalism, imperialism, and the like.
4. We demand equal rights for fat people in all aspects of life, as promised in the Constitution of the United States. We demand equal access to goods and services in the public domain, and an end to discrimination against us in the areas of employment, education, public facilities and health services.
5. We single out as our special enemies the so-called “reducing” industries. These include diet clubs, reducing salons, fat farms, diet doctors, diet books, diet foods and food supplements, surgical procedures, appetite suppressants, drugs and gadgetry such as wraps and “reducing machines.” We demand that they take responsibility for their false claims, acknowledge that their products are harmful to the public health, and publish long-term studies proving any statistical efficacy of their products. We make this demand knowing that over 99% of all weight loss programs, when evaluated over a 5-year period, fail utterly, and also knowing the extreme, proven harmfulness of repeated large changes in weight.

6. We repudiate the mystified “science” which falsely claims that we are unfit. It is as both caused and upheld discrimination against us, in collusion with the financial interests of insurance companies, the fashion and garment industries, reducing industries, the food and drug establishments.
7. We refuse to be subjected to the interests of our enemies. We fully intend to reclaim power over our bodies and lives. We commit ourselves to pursue these goals together.

FAT PEOPLE OF THE WORLD, UNITE!
YOU HAVE NOTHING TO LOSE.....

--Judy FreeSpirit and Aldebaran
November, 1973
For more info write Fat Underground, P.O. Box 5621, Santa Monica, CA 90405

Figure 19. 1973 Fat Liberation Manifesto, Courtesy of UCLA
FaT GiRL

A Zine for Fat Dykes and the Women Who Want Them

Dorothy Allison
On Fat

Fat
Thin
together

TABOO
SUBJECTS!

The F Word
Fat & Healthy
Racism & Fat Hatred
Dirty Pictures
Big Clean Fun
No Apologies

stories, reviews, smut, comics,
resources & more!!!
5. Some best practices & frameworks
How do we shift the focus of food/body away from the fear of disease and death, and toward joy, positivity & ALIVENESS?
Food Positivity & Fat Positivity Are About Creating Spaces (Cultures!) Where Our Relationship to Food & Bodies Is Characterized By:

- Intuition
- Pleasure
- Celebration
- Connection
- Care
- Ease
- Comfort
- Safety
- Cultural affirmation
Adopt Fat Positivity

- Seeing fat bodies as a natural, beautiful part of body diversity
- Understanding that weight gain or weight restoration can be a very positive and important part of healing for people of all sizes
- Not seeing fat people as “failed” thin people
- Seeing fatphobia as the problem that needs to be fixed, not fat bodies
- Not having weight-dependent policies/ideologies
- Understanding that fatness is not merely adipose tissue, but is connected to emotion, memory, identity, culture and often trauma
- Not asking/pondering invasive questions (e.g., How did you get this way?)
- Creating access for fat people in 3 dimensions
- Imagining fat joy, love, thriving, and futurity
Adopt Anti-Diet, Food Positive Principles

- All food is good food. Adopting a positive and non-judgmental attitude toward all foods (yes, even food that is labeled as “junk food”)
- Food restriction is correlated with worse health outcomes
- Intuitive Eating isn’t for everyone
- Healthy eating can include all kinds of foods, as well as periods of making up for a history of restriction
- Lowering the stakes of food and eating
- Understanding that food is not just fuel, but is connected to emotion, memory, identity, comfort and culture
- Letting go of categorizing foods into binaries, like “good”/”bad” or “healthy”/”unhealthy”
- Not presuming someone eats a certain way based on their body size
- Trust our appetites and food desires
- Having fun with & enjoying food matters
Some useful practices

- Not talking about how you or others eat
- Hire fat people
- Not talking about food restriction, or your or others’ weight at work or with clients
- Not having weight-dependent team-building activities
- Not asking invasive questions about someone’s weight, eating habits or body size
- Not offering unsolicited advice
- Creating access for fat people in 3 dimensions
Some more useful practices

- Planning: Anti-oppression work often requires a longer timeline, more feedback & inquiry
- Creating access: Size of chairs, medical equipment, do potential clients know you’re invested in this work? How? Is it on your website? Do you have language that indicates you are anti-diet or practice weight neutrality? Do you have body diverse imagery?
- Knowledge: What is fatphobia/fat positivity? How does it manifest? What work is already out there?
- Flexibility/Curiosity/Self-compassion
- Practice
5. Thank you! Time for Q&A