



Rethinking Fat Bodies in Counselling Education

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SheZehGraphy

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an Iranian Artist,
Shahrazad Haeri**

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Presentation Outline

- **Weight Bias & Discrimination**
- **Fat Bodies in Counselling & Psychotherapy**
- **Talking about Weight-stigma and Fat-phobia with Counsellor Students**
- **Body Inclusive Counselling Education Program**



What Is Weight Bias?



It describes a negative attitude toward (dislike of), belief about (stereotype) or behaviour against (discrimination) people perceived as being fat

(Haines, Neumark-Sztainer, et al., 2006)

Prevalence of Weight Bias

Weight bias has shown to be pervasive in all sectors including education, healthcare, employment and public settings

(Brownell, Puhl, et al., 2005; Harriger, Cologero, et al., 2010)

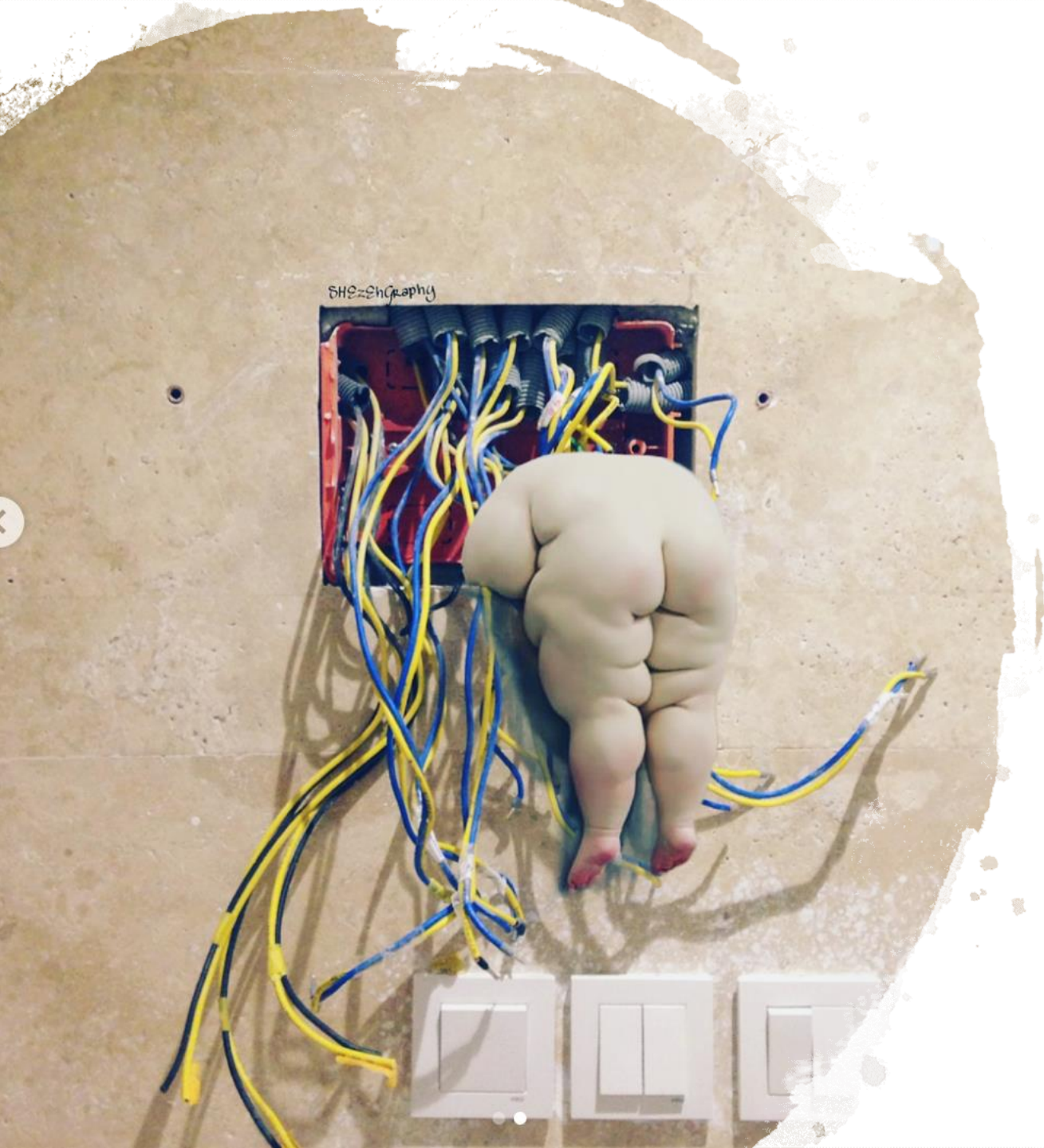
- **Weight bias has increased over time**

(Andreyeva, Puhl, & Brownell, 2008)

- **Weight bias impacts people across the weight spectrum**


(Puhl, Luedicke & Peterson, 2013; Puhl & Suh, 2015)

- **Hiring practices in the workforce** (Carles, Rossi, et al., 2015; Flint, Stuart, et al., 2016)
- **Interpersonal relationships of individuals** (Sheets & Ajmere, 2005; Chen & Brown, 2005; Brewis, Hruschka, & Wutich, 2011)
- **The influence of the media on weight bias** (Greenberg, Eastin, et.al, 2003; Robinson, Callister, & Jankoski, 2008; Yoo & Kim, 2013)
- **Success in education** (Kenney, Gortmaker,et al., 2015)
- **Weight bias in the attitudes of health care professionals** (Phelan, Burgess, et al., 2014)



- **Fasting, extreme dieting, frequent episodes of binge eating, and compulsive exercise** (Puhl, Avdreyera, et al., 2005; Latner & Stunkard, 2003)
- **Exercise avoidance** (Vartanian & Novak, 2011; Pearl, Dovidio, & Puhl, 2015)
- **Maladaptive eating habits: binge eating related to the emotional stress of experiencing bias** (Almeida, Savoy, & Boxer, 2011; Durso, Latner, & Hayashi, 2012)

Weight Bias Negative health consequences



Internalized weight bias is strongly associated with psychological maladjustment and eating pathology:

- **Depression** (Kuk, Ardern, et al, 2011)
- **Poor body image** (Kuk, Ardern, et al, 2011)
- **Low self-esteem** (Puhl & Heuer, 2009)
- **Avoidance of preventive health care** (Puhl & Heuer, 2009)
- **Lack of engagement in primary health care settings** (Forhan, Risdon, & Solomon, 2013)

Weight-Based Health Paradigm

- Weight is under individual control
- Weight gain is caused by an imbalance in caloric intake and energy usage
- Health status can be predicted by weight
- Excess body weight causes disease and early death
- Losing weight will result in better health

(O'hara & Gregg, 2010;2012; Bacon, Aphramor, & Nutr, 2011)



“Obesity Epidemic” vs. “Shadow Epidemic”

(Daghofer, 2013)

Weight Bias in Counselling

Mental health professionals:

- Are overly focused on weight (Akourya, Schaferb, & Warrena, 2019; Schwartz, Chambliss, et al., 2003; Teachman & Brownell, 2001; Teachman, Gapinski, et. al., 2003)
- Appeared to be less interested in clients because of their weight (Akourya, Schaferb, & Warrena, 2019)
- Ascribe more pathology, more negative and severe symptoms, and worse prognosis to obese patients (Adam, 2000; Hassel, Amici, et al., 2001; Hassel & Lynn, 2002; Amici, 2000; Young & Powell, 1985)

Mental health professionals tended to:

- **Ascribe more negative personal attributes to fictional fat clients**
(Hassel, Amici, et. al., 2001)
- **Rate fictional fat clients as having more severe symptoms than fictional lower weight clients** (Hassel, Amici, et. al., 2001)
- **Predict worse treatment prognoses for, and contribute less effort in treatment of, fictional fat clients**
(Davis-Coelho, et. al., 2000)
- **Mental health professionals in training tend to exhibit similar patterns when rating fictional clients**
(Pascal & Kurpius, 2012)



“Discussions about what causes homosexuality or obesity are driven by the assumption that it would be better if these phenomena did not exist at all.”
(Saguy, 2012, p. 70)

Integrating body inclusivity into Multicultural Education and Clinical Training

Including body size as an issue relevant to a multicultural curriculum

(Bergen & Mollen, 2019; McHugh, 2019)

Week Eight

Discussion: Class
and Status

Week Nine

Discussion: Ability

Week Ten

Discussion: First
Nations People

Week Eleven

Discussion: Health,
Spirituality and Age

Week Twelve


Discussion:

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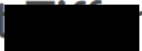
celebrates slim as healthy, fit and perfect beauty. As stated by Shea, Beausoleil (2012). Discourses of health and fitness are tied to ideals of self-improvement or self-work. As such, those individuals who are fit and healthy are constructed as those who have earned their 'healthy' status through individual commitment and hard work. Today's society categorizes any perceived imperfection as a sign of laziness or failure.

Discriminatory attitudes as powerful and consistent as these belie fundamental stigma, bias, and prejudice. These in turn are determined by beliefs that individuals and society have about obese people. These beliefs, it seems, are the confluence of several factors. First, overweight people are assumed to have multiple negative characteristics, ranging from flaws in personal effort (being lazy), to more core matters such as intelligence and being a good or bad person. Second, overweight individuals are believed to be responsible for their condition and that an imperfect body reflects an imperfect person. Finally, whatever bad comes from the bias and discrimination is acceptable, even merited, based on the common belief that people get what they deserve and deserve what they get. (Puhl, Brownell. 2001)

Due to the increasing prevalence and seriousness of obesity in the adults, adolescents and children of today, Counselors will need to address obese adolescents suffering from symptoms of depression and low self-esteem and perhaps refers these individuals for further mental health evaluation and treatment. Another way counselling can deal with obesity is to create awareness of the epidemic. Counselors should collaborate with school staff, faculty and administrators to increase awareness of obesity and its associated problems as well and work with school staff to devise a curriculum or plan to help adolescents eat a healthier diet, engage in more physical activity and increase the mental health stability of the adolescents of today. Lindsay C. Daniel. (2010)

Olumofemi Alenika 

Nov 6, 2018 12:48 AM

Great post ny, I wrote on the same topic, but really like the context of your writing. in addition to counsellor advocating for the obese individual, I believe a counsellor should relate with other agencies to create awareness of the danger in obesity, as well as actively encouraging the obese client seek help.

 [Reply](#)

Nov 6, 2018 10:15 AM

100%, I actually could not agree more with you!! Thanks for adding some great suggestions :)

 [Reply](#)

Questions &
feedbacks



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