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Nothing to Lose: A Literature Review on Combating Anti-Fat Bias through Expressive Therapies

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Abstract

Anti-fat bias exists and is a pervasive and often overlooked form of oppression that significantly

harms the mental health of fat people. Similar to other forms of oppression, anti-fat bias remains

perpetuated through ideology, enforced institutionally through discriminatory practices, and

enacted through interpersonal harassment. There is growing interest in exploring not only the

mental health impacts of anti-fat bias, but also the development of effective therapeutic

interventions to support fat people impacted by it. However, research on therapeutic strategies

for combating this issue remains scarce. The field of Expressive Therapies, with its range of

creative modalities and focus on engaging the body in therapy, provides a unique opportunity for

supporting fat people in healing from anti-fat bias, cultivating positive body image, and

empowering themselves to advocate for body liberation. This literature review examines the

ideological, institutional, and interpersonal manifestations of anti-fat bias, its impact on the

mental health of fat people, and presents research exploring a range of therapeutic approaches

relevant to supporting fat people harmed by anti-fat bias.

Keywords: anti-fat bias, weight stigma, fatphobia, body image, body positivity, fat positivity,

weight bias, body liberation

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Introduction

Despite the growing popularity of body acceptance and body positivity movements, most people remain impacted by socio-cultural norms of body ideals. Fat bodies in particular remain highly stigmatized. The stigmatization of fatness generates anti-fat bias, which expresses itself in common attitudes, assumptions, policies, and practices that cause significant physical and mental harm to fat people. This thesis explored the phenomenon of anti-fat bias, the harm of anti-fat bias on mental health, and the role of Expressive Therapies in supporting individuals impacted by anti-fat bias.

 For the purpose of this paper, the term "fat" will be used to describe larger body individuals. The term "fat" often elicits discomfort due to its common use as a stigmatizing slur. Like many derogatory terms applied to marginalized bodies, "fat" has become a reclaimed term for those targeted by anti-fat bias. Beyond mere description, more people now claim "fat" as a significant social identity legitimized through patterns of experiences, including discrimination (McHugh & Chrisler, 2019, p. 8). Commonly used medical terms, such as "obese" or "overweight", will only be used when referencing the language of other researchers. These terms are rooted in medical conceptualizations of fat bodies and carry the historical baggage of conflating fat bodies with disease and death.

Stoll (2019) unraveled the history of the medicalization of fatness, posing the question, "What happens when a condition is medicalized?" (p. 426). The medicalization of bodies establishes and legitimizes a power differential between medical providers and the marginalized, asserting that "the condition can only be treated within a biomedical model and only medical

experts can speak authoritatively about the condition" (Stoll, 2019, p. 426). In order to combat

the harm caused by anti-fat bias, it is essential to resist the ideological framework that shapes

common perception of fatness as disease and fat people as lacking insight and expertise on their

own experiences. Author and fat activist, Gordon (2020), emphasized the importance of

centering the voices of fat people, stating, "What would become of us if we sat quietly with our

own misconceptions, examined them, and looked at the effects they created? What if, for once,

we spoke *with* fat people instead of *about* fat people?" (p. 32).

Literature Review

The following literature review begins with a thorough overview of the ideological,

institutional, and interpersonal forms of anti-fat bias and its impact on mental health for fat

people. Various therapeutic approaches are reviewed for their effectiveness in supporting fat

people impacted by weight bias, with particular attention given to Expressive Therapy modalities

including Art Therapy, Drama Therapy, and Dance/Movement Therapy. Therapeutic approaches

focusing on empowerment, social justice, and self-compassion are also explored. Due to the

scarcity of research on anti-fat bias in a therapeutic context, much of the research exploring

therapeutic interventions focuses on body image, eating disorders, and empowerment for

marginalized communities. While not directly focused on anti-fat bias, these resources provide

relevant insight on effective ways to support fat people impacted by weight bias and serve as an

adequate starting point for further research on the topic.

Understanding Anti-Fat Bias

McHugh and Kasardo (2012) defined anti-fat bias as negative attitudes, stereotypes, and

discriminatory behaviors enacted onto people perceived as fat (p. 618). Anti-fat bias comprises

many negative perceptions of larger body individuals, including projections of fat people as lazy, unintelligent, unkempt, and lacking self-discipline (Puhl et al, 2013, p. 65). Research shows that anti-fat bias has increased by 66% in the past decade (McHugh & Kasardo, 2012, p. 618). Similar data is found in the Harvard Implicit Association Tests, which use images, text, and fast-paced engagement to assess a participant's subconscious bias regarding race, age, sexuality, disability, and several other categories (Project Implicit, 2011). In 2019, Harvard released participant data showing that, despite an overall decrease or stagnation in rates of bias for all other categories, anti-fat bias increased by 40% over a nine year period with upwards of 80% of participants reporting anti-fat bias (Gordon, 2020, p. 26).

When examining issues of fat experience and anti-fat bias, one must consider the larger structural influences. Anti-fat bias must not be reduced to a matter of body image that only engages with self-esteem and self-acceptance. Even the concept of body image cannot be removed from the ideological and institutional forces that shape each person's relationship to their body. Dance/Movement Therapist, Pylvänäinen (2003), defined body image as more than socially influenced values on appearance, but an accumulation of relational experiences and sensations that culminate in identity, body memories, patterns of relating to others, and an emotional core self. The development of positive body image relies significantly on viewing body image as a relational rather than individual experience. Taylor (2018) addressed the critical difference between body "acceptance" and a more radical self-love that "elevates the reality that our society requires a drastic political, economic, and social reformation in the ways in which we deal with bodies and body difference" (p. 4). Fatness, like many other social identities, is an intersectional issue. Just as fatness is associated with layers of negative connotations, thinness is positively associated with other aspects of desirability that reflect values on race, ability,

socio-economic status, and gender. Kinavey and Cool (2019) stated, "Diet culture is predicated on the fear of fatness; it asserts that some bodies, particularly thin, White, and able bodies, matter more than others" (p. 118). If bodies experience politicization, marginalization, and prioritization based on their proximity to power, then body image and anti-fat bias must be addressed as more than a matter of self-esteem.

Ideological influences. The tendency to frame fatness and anti-fat bias as an individual issue is not merely incidental. Viewing anti-fat bias as an individual issue effectively undermines any sense of collective responsibility to address ideological and institutional influences. It also further justifies the tendency to blame fat individuals for their experiences with bias, again reverting the issue back to a matter of self-esteem and individual choices. Gordon (2020) labeled this phenomenon as the "logic of abuse" that results in victim blaming, stating, "Regardless of the politics or life experience of the person I am talking to, the answer comes like clockwork. *I guess if you hate it that much, you should just lose weight*" (p. 31).

Fatness is perceived as a failure of willpower, a consequence of an individual's lack of effort to remain or become thin. This powerful misconception becomes complicated by various longitudinal studies demonstrating both the difficulty of weight loss and the frequency of weight cycling. Meta-analysis of long-term weight loss programs in the US reveals poor outcomes for weight maintenance, with approximately 70% of participants regaining most or all their weight five years after weight loss (Anderson et al., 2001, p. 583). Research associated with the National Weight Control Registry reports similar findings, with studies showing an approximate 20% success rate of weight loss maintenance after one year (Rothblum & Solovay, 2009, p. 40). In the narrative of easy weight loss, the minority are considered the standard.

An even more damaging aspect of anti-fat bias is the framing of fatness as a moral failure. In her essay on the moralization of fatness and weight loss, Herndon (2008) stated, "Contemporary American weight-loss narratives… emphasize choice and immorality as the causes of obesity, and willpower and necessary suffering as the cure" (p. 208). This "necessary suffering" reflects the common perception that anti-fat ridicule serves the goal of better health, that fat individuals will consequently motivate themselves toward thinness because of the critical feedback they receive from strangers and loved ones alike. Research on anti-fat stigma disproves this common misconception, as shaming fat people does not correlate with weight loss and often leads to disordered eating behaviors, many of which can lead to weight gain (Alberga et al., 2016, p. 2). The moralization of fatness overlooks the complexity of body size, reducing fat people to a series of bad food and exercises choices. Nutter et al., (2020) stated, " By labeling specific body sizes as good and bad, it becomes easy for people to experience justice reactions that presume individuals with large bodies are bad people who then ought to experience negative outcomes" (p. 109). Anti-fat bias operates as a "justification ideology," which essentially affirms "untested beliefs that promote and justify stigma while also removing feelings of guilt for discriminatory behaviour and biased attitudes" (Puhl & Brownell, 2003, p. 216). Through justification, anti-fat discrimination and harassment becomes not only acceptable, but reframed as morally necessary.

Institutional impact. Anti-fat bias creates barriers for fat people simply engaging in everyday life. In employment, a plethora of laboratory and field research shows that employers prefer thin applicants over fat applicants, regardless of qualifications, and will tend to rate fat employees as having lower job performance (Puhl & Brownell, 2003, p. 214). In education, anti-fat bias impacts teacher-student relationships, wrongful dismissals from schools, and may

even impact college admissions for fat students (Puhl & Brownell, 2003, p. 214). Additionally, fat experience overlaps significantly with issues of accessibility, especially for higher weight fat people. Medical offices remain consistently inaccessible, as fat individuals report issues with medical equipment, exam tables, and medical gowns not created with larger bodies in mind (Fikkan & Rothblum, 2011, p. 583). Everything from the size of a restroom stall, the structure of a restaurant chair, or the width of an airplane seat potentially brings issues of accessibility. Kinavey and Cool (2019) emphasized the importance of addressing accessibility, stating, "If we cannot see the limitations of our own office furniture, how will we learn to see the limitations in our own belief systems?" (p. 120). The lack of accommodation for larger bodied individuals implicitly communicates that fat people should not navigate or exist, even passively, in the world.

Medical providers still largely adopt a medical model view of fatness, which associates larger body sizes with disease and death and relies on outdated measures, such as the Body Mass Index (BMI) to determine health (McHugh & Chrisler, 2019, p. 10). The BMI remains especially problematic due to its development for Western European phenotypes that excludes body size differences for Black, Indigenous, and People of Color (BIPOC), rendering it a consistently ineffective tool for health assessment for BIPOC communities (Gordon, 2020, p. 10). McHugh and Chrisler (2019) stated that, through outdated and exclusionary approaches to treating "obesity", the field "medicalizes human diversity and inspires the search for a cure for something that is a naturally occurring phenomenon and not an illness" (p. 10-11).

Surveys of medical professionals and students demonstrate consistent anti-fat sentiments among healthcare providers, with respondents describing fat patients as lazy, unintelligent, ugly, and noncompliant (Fikkan & Rothblum, 2011, p. 583). Healthcare providers often perceive fat

patients as less motivated to engage in treatment recommendations, leading providers to

deprioritize rapport-building, perform fewer health screenings, and generally spend less time

with fat patients (Pearl, 2018, p. 150). As a result, fat people report more hesitancy in seeking

medical care of any kind due to fear of mistreatment and unsolicited weight loss advice

irrelevant to the primary purpose of their medical appointments (Fikkan & Rothblum, 2011, p.

583). Ironically, the impact of anti-fat bias among medical providers demotivates fat people from

engaging in their own healthcare, contributing to poorer health outcomes for fat people.

Mental health services similarly demonstrate misconceptions of fatness and historically

lack a lens on anti-fat bias. Similar to findings on anti-fat sentiments among medical providers,

mental health providers commonly disclose negative perceptions of fat clients as lazy,

unmotivated, and not compliant with treatment (Puhl et al., 2013, p. 65). Research on anti-fat

microaggressions in therapeutic spaces found that therapists commonly identify fatness as the

cause of a client's presenting mental health problem and commonly recommend weight loss as

treatment (Kinavey & Cool, 2019, p. 120). While ultimately not included in the final version, the

task force developing the Diagnostic and Statistical Manual of Mental Disorders, fifth edition

(DSM-5) originally considered adding obesity as a mental illness diagnosis, demonstrating the

field's power to and interest in pathologizing fatness (McHugh & Kasardo, 2012, p. 620).

Internalization: impact on mental health. Research shows that anti-fat bias and

discrimination correlate with higher rates of depression, anxiety, body image issues, and

contribute to the development of disordered eating behaviors (Alberga et al., 2016, p. 2). For fat

children and adolescents, anti-fat bullying positively correlates with symptoms of depression and

anxiety, social disconnection, negative body image, and a range of externalizing behaviors meant

to defend against bullying or divert attention away from one's body to minimize bullying

experiences (Storch et al., 2007, p. 84). Large population-based research shows that anti-fat bullying leads to higher rates of suicide ideation and disordered eating, such as binge eating, purging, chronic dieting, and abuse of diet supplements (Puhl & Latner, 2007, p. 568). Adolescents experiencing anti-fat bullying often avoid sports or any physical activity where anti-fat harassment is probable and anticipated (Storch et al., 2007, p. 86). Fat people often develop avoidance patterns for movement-based activities due to repeated harassment, further demonstrating how anti-fat bias contributes to poorer health outcomes for fat people. Forbes et al., (2020) stated, "... there is evidence that the diminished health and well-being of individuals with overweight and obesity is due in part to the impact of weight stigma, rather than the physical aspects of obesity alone" (p. 337). Beginning in critical stages of development in childhood, fat people receive extensive feedback that devalues their personhood, increases their likelihood to develop eating disorders and other mental health issues, and even discourages them from engaging in activities that benefit their health.

Beyond the ideological, institutional, and interpersonal aspects of weight stigma, anti-fat bias often becomes internalized by fat people. Research on the internalization of anti-fat bias, which is measured through the Weight Bias Internalization Scale (WBIS), reveals a high rate of internalized blame and negative self-perception that correlates with depressive symptoms and lower self-esteem (Durso et al., 2015, p. 106). Compared to other marginalized communities, fat people are the least likely to develop the "in-group identification" that serves to cultivate solidarity and resiliency among people with a common experience with oppression (Forbes et al., 2020, p. 337). As a result, anti-fat bias becomes an isolating experience rife with self blame.

Pervasive anti-fat bias generates a common fear of weight gain for all people, regardless of size, which can lead to dangerous behaviors that aid in achieving and maintaining thinness.

Puhl et al. (2013) stated, "... weight stigmatization, in itself, is a risk factor for maladaptive

eating behaviors and eating disorder symptoms" (p. 66). The framing of thinness as the ideal,

healthy body type normalizes self-surveillance efforts, such as calorie restriction, and often leads

to the development of eating disorders (Butryn, 2014, p. 280). Research on weight-gain

avoidance shows that people often express contentment at reducing their lifespans if it allows

them to maintain a thin body type, with individuals willing to engage in risky behavior, such as

smoking cigarettes, to suppress appetite and avoid weight gain (Puhl & Brownell, 2003, p. 213).

Therapeutic approaches to combating anti-fat bias

While healing from anti-fat bias may occur in any therapeutic setting, the range of

modalities under the Expressive Therapies umbrella provide unique and powerful opportunities

for fat individuals to process their experiences and develop self-empowerment. Butryn (2014)

states, "Unlike verbal therapy where the body is treated as mostly passive, the concrete,

kinesthetic, and tangible aspects of art therapy make possible a more active role of the body" (p.

283). The essential role of body engagement in non-talk therapies not only reveals the potential

for effective therapeutic intervention, but further demonstrates the importance of creative arts

therapists understanding the impact of, and addressing their own, anti-fat bias.

Despite growing interest in exploring the impact of anti-fat bias on mental health,

research on effective therapeutic interventions for this issue remains scarce. Psychology students

rarely receive education addressing mental health impacts of weight bias or interventions for

clients impacted by it. A review of psychology textbooks published after the year 2000 shows

that mental health education has made some progress in acknowledging anti-fat bias, while still

relying on medical model approaches, utilizing the BMI to determine health, and continuing to

problematize fatness rather than anti-fat bias (McHugh & Kasardo, 2012, p. 621). Matacin and

Simone (2019) critiqued "inside out" approaches to addressing internalized anti-fat bias that

overlook external factors and render the client solely responsible for unlearning negative body

image (p. 201). Addressing anti-fat bias in a therapeutic setting requires a socio-cultural lens of

weight bias as an issue of oppression. Kinavey and Cool (2019) stated,

> "We believe that body liberation is a vital concept for all therapy, not simply an abstract
>
> ideal attached to the area of eating disorders and body image concerns. There is no
>
> reasonable ethical argument against advocating for body liberation, which includes
>
> supporting weight-inclusive communities and approaches, encouraging fat acceptance,
>
> and addressing the deep familial, cultural, and systems-based perpetuation of anti-fat
>
> bias."

Learning and unlearning for therapists. While therapists may encourage their clients to unlearn

anti-fat bias, therapists must similarly engage in a process of unlearning bias and better

understanding the complexity of fat experience. Therapists may seek out theory, writing,

artmaking, and activism related to anti-fat bias to expand their own understanding of the issue

and better prepare their clinical work for clients. Through personal narrative and social critique,

Murray (2005) reflected on the complicated process of addressing internalized anti-fat bias as a

fat person. Discourse on body positivity often conceptualizes body acceptance as a destination,

suggesting that one may achieve a permanent state of body acceptance. Murray's narrative

presented a more realistic and complex look at body positivity as a process that embodies both

self-acceptance and the chronic influence of external bias (2005, p. 159). Murray (2005) stated,

"Fat politics talks about the fat body in terms of its possibility for resistance… But even for the

activist, this moment of resistance is an ongoing internal conflict rather than a moment of

discursive rupture" (p. 159). Through personal narrative, research, and social critique, Murray (2005) graciously revealed an emotional glimpse into the physical and mental pain of anti-fat bias, achieving a rare and vulnerable piece of literature that effectively engages the reader in the experience of unlearning internalized bias. For therapists, this article provides an in-depth look at body acceptance as a complicated process rather than a singular goal to achieve, making it relevant to clinical practice with clients impacted by anti-fat bias.

    Empowerment and social justice approaches. Integrating activism and empowerment theory, McHugh and Chrisler (2019) provided a thorough introduction to anti-fat bias for mental health professionals that frames weight bias as both a mental health and social justice issue. The authors asserted the importance of mental health practitioners unlearning anti-fat bias and developing and size acceptance lense in therapy, advocating for more active integration of weight bias issues in psychology education and continuing education (McHugh & Chrisler, 2019). The authors encourage mental health providers "to stop locating the problem of fat shame inside of people's bodies and to place it outside in society and popular culture, where it belongs" (McHugh & Chrisler, 2019, p. 17).

    McHugh and Chrisler (2019) presented a history of fat activism to ground the reader in a social justice lens of the issue, emphasizing size acceptance, fat liberation, and body positivity as "organized movements" rather than mere buzzwords (p. 9). The inclusion of fat activist history not only centered the perspective of fat people on the topic of anti-fat bias, but it included a plethora of creative modalities used in fat activism, including poetry, creative writing, and performance (McHugh & Chrisler, 2019, p. 9). This article provided both an efficient yet broad overview of many aspects of anti-fat bias, making it an excellent educational tool for therapists seeking a comprehensive introduction to the topic. The inclusion of creative strategies for

combating anti-fat bias, both in clinical and social movement spaces, provided an introduction on how therapists may begin to engage in this work.

Matacin and Simone (2019) advocated for an "outside in" approach that utilizes the therapeutic benefits of social activism, presenting a plethora of therapeutic intervention options that are accessible and effectively "bridge the gap between therapeutic work and activism" (p. 204). Utilizing a feminist theoretical lens, Matacin and Simone (2019) offered a range of approaches to support the client in reconstructing and strengthening personal narratives, with an emphasis on finding and creating images that subvert body ideals presented in mainstream media. With attention to accessibility and respect for a client's capacity to engage in various interventions, the researchers emphasized the impact of simply encouraging clients to seek out fat activist theory, expose themselves to different body types on social media, or create personal art projects that center the client's body (Matacin & Simone, 2019, p. 205). Matacin and Simone (2019) spotlighted effective community art-based projects designed for students, such as public performance and photo activism projects that focus on body diversity and resisting weight stigma (p. 206-208).

Misluk-Gervase (2020) argued that Art Therapists provide a unique skill set relevant to combating the impact of anti-fat bias, supporting clients in addressing their individual trauma while also providing the tools to engage in arts-based advocacy (p. 195). Grounded in an empowerment-based approach with a specific attention paid to media representation of body types, Misluk-Gervase (2020) considered the possibilities of mental health clinicians supporting clients in cultivating internal strengths, identifying external influences on body image, and engaging clients in systemic issues (p. 194). The researcher facilitated a group in a community-based art therapy project for the purpose of engaging the public on media's influence

on idealized body image. Group participants collaboratively decorated life-size mannequins using a mix of unconventional and traditional art materials, then submitted their completed works to art competition created by the International Association for Eating Disorder Professionals (IAEDP) (Misluk-Gervase, 2020). Qualitative data from participants demonstrated strengthened self-esteem, body acceptance, and understanding of the influence of body idealism on thought processes (Misluk-Gervase, 2020, p. 198-199). Misluk-Gervase (2020) stated, "The foundation of advocacy has three components: know yourself, know your needs, and know how to get your needs met" (p. 198). While participant feedback reflected improvement in knowing self and needs, Misluk-Gervase (2020) recommended further intervention and research on the role of cultivating a skillset in getting needs met (p. 199).

Compassion Focused Treatment. Forbes et al., (2020) explored the effectiveness of Compassion Focused Treatment (CFT) in reducing the impact of weight stigma and strengthening positive body image. The researchers developed a two-day intensive for women to process experiences with weight stigma, learn theory of CFT, and practice self-compassion through writing and artmaking (Forbes et al., 2020, p. 340). Forbes et al., (2020) proposed a group-based approach to supporting women impacted by weight stigma. In addition to a CFT approach, the researchers examined how group therapy settings provide unique opportunity for fat people to form "affiliative experiences" with each other, minimize isolation through commonalities, and build internal resources for compassion by giving and receiving feedback to their peers (Forbes et al., 2020, p. 344). The research process was primarily grounded in theory related to the empathetic and welcoming presence of the therapist, as well as the deliberate creation of a size-inclusive space. Forbes et al., (2020) stated,

"For weight stigmatized individuals, a non-stigmatizing and compassionate environment

is essential, and is achieved through an encouraging, reassuring, and non-judgmental

impersonal approach, and ensuring that environmental factors such as adequately sized

seating are considered" (p. 344)

Participants completed assessments for the Weight Bias Internalization Scale (WBIS),

Stigmatizing Situations Inventory-Brief (SSI-B), Self-Compassion Scale, and various secondary

assessments used to measure psychological distress, life satisfaction, loneliness, body shame,

body dissatisfaction, and eating self-efficacy (Forbes et al., 2020, p. 340-342). Participants

completed assessment during pre-intervention, post-intervention, and at three months following

the completion of the study. Participant measures demonstrated a significant increase in

self-compassion and decrease in internalized weight stigma following the study, with a continued

reduction of internalized weight stigma at the three-month assessment (Forbes et al., 2020, p.

347). Secondary assessments also showed several areas of improvement, with the most

significant and sustained reduction in body shame and body dissatisfaction (Forbes et al., 2020,

p. 347). The researchers noted that the outcomes fared similarly to the outcomes of an

eight-week Cognitive Behavioral Therapy (CBT) group for reducing weight stigma, presenting a

promising alternative intervention that is more efficient and just as effective as interventions that

require longer-term participation (Forbes et al., 2020, p. 350). The researchers also noted that

group engagement and dialogue allowed participants to further synthesize a self-compassion

practice, allowing individual learning to become an opportunity for sharing skills and

experiences (Forbes et al., 2020, p. 340).While results of the study appear overall successful, the

researchers do not provide satisfactory details on the specifics of the two-day intensive, the

interventions used for artmaking and creative writing, or qualitative data from group participants.

Image and metaphor. Butryn (2014) examined the role of Art Therapy in treatment for eating disorders. Butryn did not overtly discuss "anti-fat bias," but rather emphasized the consequences of a weight obsessed culture; the development of the "thin ideal" and its gendered associations that disproportionately impact women (2014, p. 280). Butryn (2014) argued that eating disorder treatment typically replicates power dynamics between medical providers as experts and patients as passive and dependent, and wrongly conceptualizes client resistance to treatment as an extension of pathology rather than evidence of client empowerment to control their own narrative (p. 281). Art Therapy provides more effective strategies for reframing and working with client "resistance," viewing resistance as an opportunity for empowerment and the client's ability to differentiate personal identity from pathology (Butryn, 2014, p. 282). Butryn (2014) emphasized the use of metaphor and image making in Art Therapy, asserting that these elements center client language further dissolve power dynamics between provider and client (p. 282). Client image making and metaphor minimizes the likelihood of therapist "invasiveness" in defining the client's experience, alleviates the pressure to present a specific verbal narrative, and even allows the client a level of privacy (and autonomy) that the client has the right to maintain, even in treatment (Butryn, 2014, p. 282).

The process of image making in therapy also more effectively addresses the impact of idealized images on the creation of the thin ideal. Clients experiencing disordered eating as a result of body dysmorphia not only internalize narratives of body ideals, but more often develop these narratives as a result of images (Butryn, 2014, p. 282). Butryn (2014) asserted that by placing the body as the focus of image making, the client can better track discrepancies between actual body image versus distortions placed on the body through external influences (p. 283). Through this process, the client better understands their body as it actually exists.

Drawing the body. Swami (2016) explored the potential for cultivating positive body

image through the practice of human life drawing. Swami (2016) assessed the effectiveness of

life drawing as an embodiment activity that strengthens positive connections to one's body and

challenges external influences that promote harmful perceptions of self (p. 6-7). Through the

assessment of three drawing workshops, the research identified the particular qualities of life

drawing that nurture body-focused positivity and empowerment. In order to truly assess what

aspects of life drawing impact body image, the research examined the difference between object

and human life drawing, the impact of nudity in life drawing, and also explored the potential

impact of gender congruence between model and artist (Swami, 2016, p. 66). The research gave

additional consideration to how the length of life drawing participation impacted body image,

exploring the potential benefits for both short-term and long-term participation in life drawing

sessions.

Swami (2016) utilized various measures to assess each participant's relationship to body

image, including the Body Image States Scale (BISS), the Body Appreciation Scale (BAS-2),

and the Social Physique Anxiety Scale (SPAS) (Swami, 2016, p. 69-70). The research also

applied body image measures based on gender. Women completed the Drive for Thinness

subscale of the Eating Disorders Inventory-3 (EDI-3-DT) and men completed the

Muscularity-Oriented Body Image Attitudes subscale of the Drive for Muscularity Scale

(DMS-A) (Swami, 2016, p. 70). The inclusion of these two measures assessed whether an overall

increase in positive body image simultaneously decreased negative body associations influenced

by gendered body ideals.

Qualitative data from the three drawing sessions found that participants reported the most

significant change in body image perception after engaging in human life drawing sessions, with

more significant improvement in positive body image following nude life drawing versus clothed life drawing (Swami, 2016, p. 67) . Drawing sessions that focused on objects, rather than humans, resulted in no reported change, suggesting that general drawing activities do not provide the embodiment elements necessary to shift body image. Additionally, the measures demonstrated that cisgender men and cisgender women reported increased positive body image following human life drawing "irrespective of whether participants were exposed to a sex-congruent or -incongruent model" (Swami, 2016, p. 69). Interestingly, the measures from the final study demonstrated that while positive body images increased, specific measures for negative body image, such as the Drive for Thinness or Drive for Muscularity, did not show any change. Swami (2016) stated, "... this would be consistent with the argument that positive and negative body [image] are not polar opposites and that interventions may have different effects on positive and negative body image" (p. 71).

Swami's research provided insight on the effectiveness of life drawing for cultivating positive body image. While Swami's focus did not settle primarily on the influence of anti-fat bias, the integration of measures on body image and drive for thinness make the research findings relevant to the issue of anti-fat bias. The mostly unchanged measures for negative body image, such as drive for thinness and muscularity, demonstrate that elevating body image does not necessarily address specific body ideals. Both thinness and muscularity can be viewed as ideals devoid of fatness, suggesting that positive body image does not negate the influence of anti-fatness on body ideals. A more focused intervention addressing these particular ideals is needed to assess their potential for change.

Stanhope (2013) similarly explored the impact of nude life drawing on body image, further using the life drawing session as a space for participants to dialogue about ideological

and institutional influences on body image and marginalization. The researcher's process focused on the narratives and experiences of adolescent girls, between fifteen and sixteen years of age, as they engaged in life drawing classes that expanded their exposure to diverse bodies (Stanhope, 2013). This research process and summary was markedly different from Swami, as Stanhope (2013) focused more on the dialogue that occurred within the group before and during life drawing sessions (p. 354-355). The qualitative information provided a rich, in-depth look at how adolescent girls discuss, challenge, and make sense of the messages they receive about normal body type. Stanhope's research revealed important questions on the benefits of life drawing courses; how does the actual process of life drawing contribute to changes in body image, and what are the limits of artmaking on this issue? Stanhope (2013) presented the important element of group dialogue, suggesting that participant interaction and processing also aids in the unlearning of imposed body ideals (p. 355).

Cockle (1994) similarly examined the use of drawing intervention in developing self-empowerment, with a focus on the therapeutic potential for self-portraiture for children. Cockle (1994) stated that drawing "is a natural mode of expression for children" where conscious and subconscious thoughts and desires become materialized (p. 37). Through the evaluation of case study, the research explored the use of self-portraiture as a method for understanding identity, experience, body image, fears, and therapeutic goals (Cockle, 1994, p. 38). Cockle (1994) outlined a case study of a child who is described as being "overweight and poorly groomed" and exhibiting poor social skills, symptoms of depression, poor academic performance, and routinely experiencing bullying (p. 41). The case study presented a series of therapy sessions where the child explored conscious and subconscious aspects of self through self-portraits, followed by narrative description of the drawing provided by the child (Cockle,

1994). The researcher's interpretation of artwork emphasized a humanistic approach, allowing the child's expressed narrative, language, and meaning to lead analysis (Cocke, 1994, p. 39). Cockle (1994) offered some interpretation while simultaneously asserting caution against therapists projecting analysis that is not offered by the child (p. 39).

The approach by Cockle (1994) to center client language and narrative over therapist analysis connects significantly to the issue of centering the experiences of clients impacted by anti-fat bias. It also relates to the common experience of fat people receiving unsolicited external feedback about their experiences rather than being trusted to define their own experience. In addition to providing a potentially successful art therapy intervention for children's empowerment, Cockle (1994) also provided a blueprint for establishing a person-centered approach that trusts the client's expertise.

Self-drawing provides many potential elements for shifting self-perception and cultivating a more positive view of self. Wallace (1997) facilitated therapeutic self-portraiture, emphasizing the significance of "seeing and being seen" (p. 18). This language on seeing embodies both literal and metaphorical meaning. Wallace (1997) asserted that, through the consistent creation of self-portraits, the client is invited to study their physical form in a more intentional way that ultimately allows the client to also recognize their essence and aliveness (p. 19). Similar to Cockle (1994), Wallace (1997) presented a case study of a client engaging in self-portraiture. While the client's primary issues did not relate to body size or weight, Wallace (1997) presented a relevant perspective about self-portraiture and body image.

Similar to Swami (2016), Wallace's research emphasized the benefits of longer-term participation in drawing sessions, asserting that the time commitment allows for a "more integrated and grounded self-image" developed by the client (Wallace, 1997, p. 18-19). It should

be noted that the research only addressed internalized aspects of self, without attention to how self-perception stems from external influences. Wallace (1997) instead emphasized the impact of self-acceptance, stating, "Acceptance of the totality of self seems enhanced by the studied visual observations of one's facial expressions, imperfections and significant contours" (p. 18). Through the narrative reflections of the case study, the clients described the consistent act of drawing one's self as a meditation that brought a sense of calm and revealed deeper aspects of self (Wallace, 1997, p. 19). Wallace (1997) encouraged clients to replicate the body in its literal form, inviting the client to focus on the shapes, contours, colors, and depth of form (p. 18-19). For fat individuals, this approach offers the opportunity to view the body self in a neutral context, which is rarely experienced due to external critique and influence.

Many drawing-based interventions for body image utilize representational approaches to drawing the body, often using the client or another person as reference for drawing the human form with the goal of normalizing diverse body types. However, these approaches lack an emotional and somatic lens to processing body-related experiences. Lubbers (2019) presented the Body Map Protocol, a drawing intervention that focused on abstract representation of emotions, sensations, and memories associated with the client's body experience. The Body Map Protocol did not aim for representational drawing style, instead revealing the implicit and subconscious associations of the body through color, texture, shape, and symbols created with drawing materials (Lubbers, 2019, p. 92). Lubbers (2019) emphasized the approach as a trauma intervention, supporting the client in developing a "bodily felt sense" that helps the client better connect to their body and understand how their body maintains the memories, sensations, and emotions of lived experiences (p. 88).

Lubbers (2019) provided a sequential process for orienting and guiding participants through the Body Map process, beginning with a series of mindfulness exercises that grounded participants in the present moment, cultivated emotional safety, and brought awareness to body sensations (p. 91). The process was further scaffolded by guided questions and instructions for the body mapping process, allowing participants to concentrate on replicating body sensations through drawing while minimizing creative blocks or anxieties (Lubbers, 2019, p. 91). The research process presented a prime example of balancing instruction and participant choice, allowing the most novice artists to engage fully in their own unique creative process while relying on the support of guided instruction. Following the drawing process, participants engaged in writing reflections and one-on-one interviews to reflect on the full experience of grounding, drawing, and writing (Lubbers, 2019, p. 92).

Through qualitative data collection and analysis, Lubbers (2019) outlined key themes presented by the participants, such as establishing the body as a "safe container" for emotions and sensations, developing greater insight by making the unconscious conscious, strengthening connections to physiological sensations, improving emotion regulation, creating meaningful symbols for healing, and experiencing a more thorough integration of thought, emotion, sensation, and memory (Lubbers, 2019, p. 93).

Dance/Movement Therapy. Pylvänäinen and Lappalainen (2018) explored the relationship between depression, body image, and movement-based modalities for shifting client experiences with the body. Pylvänäinen and Lappalainen (2018) defined depression as a kinesthetic, habitual, and relational experience that significantly connects to "social pain" and "social exclusion," asserting that depression is a deeply embodied phenomenon solidified through patterns of interaction, arousal, and expression (p. 35). Pylvänäinen and Lappalainen

(2018) utilized a three pronged definition of body image often found in DMT, identifying body image as involving image-properties (socio-cultural values of physical appearance), body-self (kinesthetic presence and awareness), and body memory (stored information and habits of the body) (p. 35). The researchers asserted that depression is developed and maintained through implicit body memory and chronic body dysphoria, which often leads to dissatisfaction with one's body (p. 35). DMT is presented as a uniquely effective strategy to address body image and depression, as DMT utilizes movement to strengthen "emotional, cognitive, physical, spiritual, and social integration of the individual" (Pylvänäinen and Lappalainen, 2018, p. 36). The researchers proposed that when clients engage in movement, spontaneity, playfulness, creativity, and mindfulness in an therapeutically safe space, body awareness and satisfaction strengthens and therefore minimizes poor body image and depression symptoms (Pylvänäinen and Lappalainen, 2018, p. 36).

The researchers engaged participants (n=21) in a twelve-week structured DMT group focused on strengthening body safety, mindfulness, agency, awareness to body responses, and willingness to interact with others and one's environment (Pylvänäinen and Lappalainen, 2018, p. 37). During pre- and post-treatment, Pylvänäinen and Lappalainen (2018) used the Body Image Assessment (BIA) measure, in addition to depression and anxiety measures and creative writing prompts to further assess the impact of DMT intervention on depression and body image (p. 37-38). The combined measures and creative writing prompts allowed for both quantitative and qualitative data collection. In addition to a significant reduction in depression symptoms, data analysis showed a range of improvements in positive body image, with attention given to strengthened kinesthetic awareness, reduction in somatic disturbances (tension, sleep issues),

increased desire for social interaction, and an overall increase in body satisfaction (Pylvänäinen and Lappalainen, 2018, p. 41-42).

Meekums et al. (2012) similarly explored the benefits of DMT for elevating body image, with a focus on working with "obese" women experiencing emotinal eating. However, Meekums et al. (2012) differed significantly in their theoretical approach and hypothesis, as the researchers framed the issue of fatness as a medical issue and centered weight loss as a potential goal for the intervention (p. 126). Interestingly, the researchers simultaneously presented obesity as a disease to be cured while integrating information on the impact of anti-fat harassment on the mental health of fat people (Meekums et al., 2012, p. 127). Separate from the weight loss goal, the researchers assessed the impact of DMT in reducing psychological distress and self-esteem issues for women experiencing emotional eating, as well as the use of DMT in reducing body image distress (p. 127). Meekums et al. (2012) utilized a treatment group (n=24) engaged in a weight loss program and DMT sessions, and two control groups (n=28, n=27) engaged only in weight loss programs without access to DMT (p. 128). Participants in the treatment group attended twice weekly DMT sessions for a total of ten weeks. Following the study, the treatment group demonstrated a significant reduction in psychological distress, a reduction in body dysphoria, and increase in self-esteem, with none of these changes shown in the control groups (Meekums et al., 2012, p. 131). Interestingly, the research did not demonstrate any correlation between DMT and weight loss, but the researchers noted that the "results of this study do not support previous research linking weight loss to psychological well-being" (p. 131). Meekums et al., (2012) inadvertently demonstrated that clients impacted by chronic body dissatisfaction can develop positive body image without weight loss (p. 131).

Drama Therapy. Sajnani (2013) explored the use of performance ethnography in drama therapy and performance research. Sajnani (2013) centered drama therapy work that addresses the everyday stories and desires of participants and applies a "cross-cultural process of reflection-in-action that encourages a sociocultural shift in attitudes, values and actions" (p. 384). Performance ethnography provides opportunity for participants to perform their lives with a focus on social identity, reenacting and reimagining "stories about when, where, how, and with whom our identities took/take shape" (Sajnani, 2013, p. 384). Sajnani (2013) advocated for an intersectional lens when facilitating performative work on social identity, noting that emotional safety is essential for exploring personal suffering in relation to interlocking oppressions (p. 384). Sajnani (2013) stated that therapeutic performance exploring identity not only generates self-affirmation and expression, but also involves "the ability to see one's individual challenges as a reflection of socially-constructed and politically-reinforced norms" (p. 384). Similar to the narrative provided by Murray (2005) on the complexity of unlearning internalized fat bias, Sajnani (2013) emphasized Drama Therapy's capacity to embrace a complex range of experiences with identity. Sajnani (2013) asserted that performance can "permit one to inhabit contradictions, call deeply held ideas about our roles into question, while remaining in relationship to the ensemble and to one's audience " (p. 385). Drama Therapy provides interesting avenues for fat people to engage in the complexity of their experiences and identity, while situating their experiences within the context of socio-cultural influence.

Narrative Therapy. Duba et al. (2010) explored the use of narrative therapy in addressing the impact of societal norms on body image development. Duba et al. (2010) presented a guide on narrative group therapy work, providing an outline of recruiting for and facilitating a narrative therapy group. The article does not include data collection of participant experience, but rather

references research on narrative and group therapy approaches that ground the authors in their approach (Duba et al., 2010). Duba et al. (2010) argued that socio-cultural factors of privilege and marginalization create body "norms" that muddle social perception of truth and power, asserting body ideals as fixed and unchangeable (p. 107). Duba et al. (2010) assessed the effectiveness of narrative therapy in cultivating new, personalized empowerment perspectives that challenge harmful social norms (p. 109). The authors cited previous research demonstrating the effectiveness of narrative therapy and group therapy in therapeutic body image work, leading to the development of a narrative group therapy approach for their research (Duba et al., 2010, p. 108). The narrative group process is outlined in detail, beginning with pre-group exercises to better prepare participants for in-group material (Duba et al., 2010, p. 108-109). Duba et al. (2010) then outlined the in-group process, beginning with a process of deconstructing fixed narratives followed by the construction of new, empowering narratives (p. 110-112). Deba et al. (2010) concluded that group narrative therapy " is advantageous in that it facilitates the formation of a united community… that can identify and question the subtle but influential values and ideals that exist within the dominant culture" (p. 115).

Intermodal approaches. Bechtel et al. (2020) presented a creative, intermodal intervention that addressed both the cultivation of positive body image and the potential for engaging the larger community on the topics of body image and marginalization. Applying an intermodal approach that utilizes drama therapy and art therapy, the researchers facilitated the creation of tape body sculptures, which were collaboratively constructed in a group setting and then installed in a public space (Bechtel et al, 2020). To scaffold the creation of the sculptures, participants engaged in drama therapy to inform the sculpting process (Bechtel et al., 2020, p. 2). Bechtel et al. (2020) stated, "...drama therapy is used as a warm-up to art making to aid participants in clarifying the

messages received about the body, and beginning to embody, explore, and construct new narratives" (p. 4). Participants engaged in body sculpture exercises, which involved the use of gesture, posture, movement, and other forms of embodiment for clients to express their desires, fears, and experiences with their bodies (Bechtel et al., 2020, p. 5). Participants then collaboratively created tape sculptures of each other's posed bodies, with each participant posing in their body sculpture while group members formed the body cast using packaging tape (Bechtel et al., 2020, p. 5-6). In addition to the intermodal exchange between drama and art therapy, the experiential invited participants to explore various layers of vulnerability and trust with their peers.

While this intervention did not focus exclusively on anti-fat bias and the experiences of fat people, the theoretical and material approaches are appropriate and can be effectively applied to unraveling the experiences of anti-fat bias. Participant feedback demonstrated increased insight on the relationship between weight bias, body oppression, and the development of body image issues (Bechtel et al., 2020, p. 6). Lastly, the final process of installing the sculptures in a public space allowed participants to view their creation as an opportunity for social engagement and change. Bechtel et al. (2020) stated, "The installation becomes an expression of arts-activism that raises awareness and engages the wider community in an open discussion related to body image, body ideals, and our own roles in perpetuating or altering the dominant social narrative" (p. 6).

Discussion

Limitations and gaps

Due to the scarcity of research on therapeutic interventions for fat people and anti-fat bias, the section of the literature review that focuses on therapeutic intervention relies

significantly on research for body image, eating disorders, and socio-cultural theories of empowerment. While relevant to the issue of anti-fat bias, these topics do not directly address the specific experiences of fat people and impact of anti-fat stigma.

The research articles presented share common issues with research samples. The majority of studies focus on cisgender women, who are often centered in topics of body image. While some research actively includes cisgender men, cisgender women remain the primary focus of body image and eating disorder research. Transgender, non-binary, and gender non-conforming people are not included. Additionally, most research overwhelmingly focuses on white participants, with BIPOC participation usually encompassing only a small portion of the sample sizes. Attention to socioeconomic status, sexual orientation, and disability (separate from eating disorder diagnosis) also appears nonexistent in the research.

Recommendations

In order to effectively support clients impacted by anti-fat bias, the field of mental health must actively integrate anti-fat bias into education and training programs. Psychology courses on multiculturalism, privilege, and oppression must also include fatness as a valid and marginalized social identity impacted by oppression. The integration of this topic into psychology education must also center the voices of fat people and take careful consideration to not replicate language and approaches that further stigmatize fat people. For example, curriculum should adopt an "outside in" approach to supporting fat clients, addressing ideological and institutional forms of anti-fat bias and how they impact mental health, body image, and development of eating disorders. The integration of fat issues into psychology education not only prepares therapists for supporting clients impacted by anti-fat bias, but also engages therapists in addressing their own biases around weight. Addressing the issue of sample size and representation, more research is

needed on the topic of fat experience and anti-fat bias. Research on the intersection of fatness

with race, disability, class, sexual orientation, and gender identity is especially needed.

Lastly, the field of Expressive Therapies must actively engage more in the issue of

anti-fat bias and its impact on body image, body awareness, identity, and body memory. Given

the active integration of the body in non-verbal, creative-based approaches, Expressive

Therapists who lack awareness of fat experience run the risk of missing opportunities to cultivate

therapeutic change for their fat clients.

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THESIS APPROVAL FORM

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