

Fatphobia, a pervasive and socially accepted discrimination

by **Camille Cottais, Jeanne Pavard & Marion Sanchez**

published by **Generation for Rights Over the World**

July 2021

contact@growthinktank.org



Abstract

Diet culture is at the root of fatphobia, a system of oppression that promotes hate speech towards fat people and feeds a real fear of fatness. Fatphobia occurs in a society where the diktat of thinness is omnipresent, thinness being considered as aesthetic and fatness as pejorative, unattractive, pathological, and even shameful. Medical fatphobia is particularly widespread, discouraging or even preventing fat people from accessing health care. They also find it very difficult to dress, or more generally, to exist in the public space, in the face of a society that does not think about their body. It is therefore essential to fight against acts of fatphobia, that are both daily and institutionalized acts and have disastrous consequences on more than a third of the world population.

Acknowledgements

We would like to thank Megan Blanche, Anna Kuhn, Marie Chapot, Romane Piechota and Elvire Alexandrowicz for their proofreading.

TABLES OF CONTENTS

What is diet culture?	3
The omnipresence of diet culture	4
The irrelevance of BMI	6
Ineffective and even harmful diets	7
The demonization of fat bodies	10
Medical fatphobia and institutional violences	13
Neoliberal injunctions	16
A sexist phenomenon	18
A struggle to find clothes	19
Conclusion	21
Recommendations	21
REFERENCES	23

What is diet culture?

Diet culture is defined by Christy Harrison, anti-diet dietitian, as a “*belief system*:

- *promoting thinness and associating it with health, happiness and moral virtue*
- *encouraging weight loss, so that we waste time, energy and money trying to lose weight*
- *idealizing an unattainable model of beauty*
- *demonizing and shaming certain ways of eating and certain bodies while advocating others*
- *oppressing and discriminating against people who do not fit the standards of thinness and the supposed image of “health”, specifically women, which harms both their mental and physical health”*.¹

Diet culture and its physical or dietary injunctions often try to justify itself “in the name of health”, but are really about weight and appearance. They can even be harmful to our health, both physically and mentally. Examples of diet culture include labelling food as good or bad, promoting various kinds of restrictive diets (ketogenic, paleo, intermittent fasting, etc.), praising weight loss or eating, not allowing oneself to eat more than a certain number of calories, feeling guilty for eating “too much”, or exercising to punish oneself or to compensate for eating. These so-called healthy habits are in fact dangerous and affect our relationship with food and with our body, and can even lead to the development of eating disorders such as binge-eating disorder² or anorexia nervosa³, the psychiatric illness with the highest mortality rate (5 to 20% depending on the duration⁴).

Diet culture can also be found in constant discussions about weight, food, diets, macronutrients or physical exercise. Despite its paradoxical omnipresence, diet culture is sometimes difficult to see because it is hardly questioned and because the extreme majority of people reproduce its discourse without ever problematizing it. We all live in this diet culture and we have almost all been dissatisfied with our bodies, thus considering weight loss as a solution. Furthermore, there is a social cost to stopping talking about weight and dieting when these topics are so widely discussed. Given the strength and pervasiveness of the injunctions of diet culture, trying to get out of the dieting world and loving one's body is a radical activism act. Moreover, it remains difficult to challenge diet culture and fatphobia because they are socially accepted and promoted, not only by the general population but also by instances of authority and power such as the medical one.

Beyond the concrete diet culture manifestations, it also has a symbolic dimension. Diet culture hierarchizes bodies, advocating thinness and weight loss and thus denigrating its opposite. It glorifies thinness or even skinniness, while associating it with health, happiness and even moral superiority. This promise of attaining a higher status by losing weight pushes many of us, women in particular, to spend

¹ HARRISON, C. (2018). What Is Diet Culture ? *Christyharrison.com*. [online] 10 Aug. Available at: <https://christyharrison.com/blog/what-is-diet-culture> [Accessed 17 Mar 2021].

² Binge eating disorder is characterized by episodes of bulimia (uncontrollable overeating) without compensatory behaviors (vomiting, laxatives, sports...) to eliminate the food ingested. People who suffer from it are not always "overweight".

³ Anorexia nervosa is a complex eating disorder that can be characterized by dietary restrictions, an inaccurate perception of one's body (dysmorphophobia), weight loss, lack of menstruation (amenorrhea), social isolation, physical and mental tiredness and suicidal thoughts. People who suffer from it are not always underweight, as anorexia can affect any body type.

⁴ PAPADOPOULOS, F.C. EKNOM, A. BRANDT, L. and EKSELIUS, L. (2009). Excess mortality, causes of death and prognostic factors in anorexia nervosa. *British Journal of Psychiatry*, 194(01), pp.10–17.

money, time and energy to try to lose weight, often in vain. It should also be noted that the diktat of thinness is not based on a majority standard to which we should correspond, since the ideals it promotes are exclusive and very far from the body of the overwhelming majority of the population.

Diet culture also categorizes food and ways of eating as either beneficial or harmful. It assigns them a moral and manichean value of good or bad. Some types of food (e.g. junk food) are demonized while others (natural, unprocessed) are deemed healthy. The consumption of these unhealthy foods is even more demonized when consumed by fat people, whereas junk food is not so much considered a problem if it is consumed by thin people. A link is made between food and the person who eats it: eating healthy food makes you a good person, while eating food considered unhealthy makes you blameworthy. Absurd and guilt-inducing terms such as clean or guilt-free appear on food packaging. The attribution of moral value to food does not make sense: it is a social construction, and a direct result of diet culture.

Dieting culture encourages people to deny their hunger, their sensations and their desires by forcing them to pay constant attention to their food choices. Dangerous or even pathological behaviours are trivialized, such as skipping meals, restricting oneself, not listening to one's body, or banning certain foods (such as carbohydrates or sugar). By trying to resist a need as vital as that of eating, these injunctions turn our body into an enemy.

Finally, diet culture is responsible for the oppression of people who do not conform to the ideal of thinness that it advocates: fat people. The latter are constantly stigmatized, in an openly fatphobic society. Diet culture propagates the myth that thinness equals health, thin people being considered as healthy while fat people are labelled as unhealthy, without taking into account other factors that also impact one's person health, sometimes much more than their weight. If thinness means happiness, then "obesity"⁵ means unhappiness. By associating well-being with the number on the scale, diet culture, which claims that its only interest is fat people's health, actually contributes to their harm, especially by increasing their self-hatred, and with it, the rates of depression and suicide⁶.

The omnipresence of diet culture

Diet culture is everywhere: in magazines, advertisements, discussions, and all society in general. It makes us hate our bodies and profits economically from the insecurities it creates. Many products or services are based on the idealization of thinness and seek to control bodies, such as diet recipe books, "detox" teas, appetite suppressant pills, slimming or anti-cellulite creams, fat camps, which are particularly popular in the United States, and even various "obesity" surgeries, all of which are more dangerous than the others. All of these products tend to suggest that thinness is the condition of self-esteem and

⁵ The medical terms "obesity" and "overweight" are used in this article in quotation marks. Like many anti-fatphobia activists, we do not support their use, which stigmatizes fat bodies by pathologizing and problematizing them.

⁶ LOCATELLI, L., BOULANOUAR, L., PATAKY, Z. & GOLAY, A. (2017). Quand le poids influence la santé mentale... et réciproquement. *Revue Médicale Suisse*. [online] 10 Jan. Available at: <https://www.revmed.ch/RMS/2017/RMS-N-555/Quand-le-poids-influence-la-sante-mentale-et-reciproquement> [Accessed 22 Mar 2021].

happiness. With advertisements featuring thin women laughing out loud while eating a 0% yogurt, the association between happiness and thinness is insidiously established.

According to a study by Ipsos and Metabolic Profil conducted in 2015 in France: 63% of French people declare that they watch their weight, 44% have already been on a diet to lose weight and those who have already been on a diet have done so four times on average⁷. Women are more likely to watch their weight or to be on a diet, even though men are more “obese” and “overweight”. Finally, 31% are considering going on a diet in the next few months, even though a quarter paradoxically know that it will fail. It is interesting to note that worries about weight and dieting concern people with a body mass index (BMI) considered high, but also those whose BMI is considered normal or even low.

Diet culture makes some very ordinary and natural phenomena troublesome, such as cellulite. The demonization of cellulite results in the sale of very expensive creams that are supposed to make it disappear, but which prove to be totally ineffective⁸. Cellulite is only a social construction produced by patriarchy and diet culture. It is neither a disease nor a condition, but a creation to sell false and expensive solutions. The history of cellulite demonstrates its absurdity: the term was first coined in 1968 when Vogue created this neologism in its magazine, which was then massively taken up by marketing as a money-making opportunity. Even though it is a completely normal physical characteristic that affects 80 to 90% of women⁹, cellulite is considered shameful and unaesthetic. Yet in reality, it is a perfectly natural part of the skin that has always existed and will always exist.

Many companies benefit from diet culture to be enriched. It is therefore a capitalist industry, which in the United States alone brought in 72 billion dollars in 2018¹⁰. The American non-profit organization The Global Wellness Institute has calculated that the profits of the “wellness economy” would amount to more than 3,700 billion dollars worldwide, including 648 billion for nutrition and weight loss¹¹. Indeed, not only are the products sold by the diet culture very expensive, but since the success rate of diets is almost nil in the long term, its clients, never satisfied, finance this industry again and again. By advertising and selling false promises and products that do not work, the diet industry ensures that consumers never escape this vicious cycle and continue to pay for the rest of their lives. However, when the product fails to produce the desired effects, it is not it that is questioned but the consumer who is

⁷ MERCIER, E. (2015). Les français, leur poids et leurs expériences des régimes. *Ipsos.com*. [online] 02 Apr. Available at: <https://www.ipsos.com/fr-fr/les-francais-leur-poids-et-leurs-experiences-des-regimes> [Accessed 17 Mar 2021].

⁸ LUEBBERDING, S. KRUEGER N. & SADICK NS. (2015.) Cellulite: an evidence-based review. *National Library of Medicine*. [online] Aug 16. Available at: <https://pubmed.ncbi.nlm.nih.gov/25940753/> [Accessed 22 Mar 2021].

⁹ MILLER, K. CHOUDER, M. (2020). La cellulite n'existe pas : rétrospective d'un complexe inventé. *Refinery29.com*. [online] 25 May. Available at: <https://www.refinery29.com/fr-fr/histoire-invention-de-la-cellulite> [Accessed 17 Mar 2021].

¹⁰ WOOD, L. (2019). The \$72 Billion Weight Loss & Diet Control Market in the United States, 2019-2023 - Why Meal Replacements are Still Booming, but Not OTC Diet Pills. *Businesswire.com*. [online] 25 Feb. Available at: <https://www.businesswire.com/news/home/20190225005455/en/72-Billion-Weight-Loss-Diet-Control-Market> [Accessed 17 Mar 2021].

¹¹ SOLE-SMITH, V. (2018). How the Eco-Food Movement Mass-Markets Eating Disorders. *Elemental.medium.com*. [online] 12 Nov. Available at: <https://elemental.medium.com/how-the-eco-food-movement-mass-markets-eating-disorders-do302e0e0b85> [Accessed 17 Mar 2021].

made to feel guilty. As dietitian Christy Harrison says, “That’s one of diet culture’s signature moves—to blame us for its failures”¹².

When we know that the long-term failure rate of diets is over 95%, it is appalling that we continue to fund these products and industries even though their success rate is under 5%. To quote anti-diet coach Kira Onysko, “*A bicycle company that sells bikes with holes in the tires so people have to come back and buy a new one would never be allowed to stay in business, yes this is exactly what’s happening with the diet industry*” If diets were really working, we would not have to keep on trying them: if we do, it is because they are designed to fail. Diet culture has thus managed the exploit of inventing a problem, and then of inventing a solution for it that does not work. The results have been the enrichment of companies, but also a constant preoccupation and dissatisfaction with our weight, the stigmatization of fat bodies and an unfortunate tendency to privilege a number on the scale or a size of clothing over our well-being.

In a nutshell, the diet industry's narratives convince us to spend all our time, money and energy trying to match a socially constructed ideal of beauty. They make diets the key to beauty, success and happiness, and weight loss a miracle cure for our insecurities and problems on which they base their pernicious enrichment. These companies exploit not only the desire to produce a body whose dimensions are socially valued, but also the (false) sense of personal fulfillment, mastery, empowerment and expertise that dieting can offer. The real problem is that all of this is promoted in the name of an aesthetic, rather than a true marker of health.

The irrelevance of BMI

This nonsense association between weight and health is based, for example, on the body mass index (BMI), whose medical and sometimes social use is omnipresent. However, this index is inadequate, stigmatizing, racist, and its history, from its creation in 1832 to its sudden change in 1998, illustrates to what extent the notions of fat and thin are social constructions.

Inadequate, first, because BMI is calculated by dividing weight by height. This simplistic calculation does not take into account muscle mass (although muscle weighs more than fat), bone structure, water, heart rate, genetics, body type, or any other real health factor. BMI and even weight in general are not reliable predictors of health, unlike lifestyle habits: physical activity, getting enough food and sleep, having a fulfilling job, etc. are much more reliable in determining health (both physical and mental) than weight, which is just a number. Moreover, BMI does not indicate where fat is located, which may or may not be a danger depending on its location. It also does not distinguish between the sexes, even though proportions between fat, muscle and bone are differently distributed between cisgender men and women.

A study conducted in the United States revealed that out of 47% of people diagnosed as “obese” (and therefore ill according to the World Health Organization's definition of “obesity”), only 4% were actually

¹² HARRISON, C. (2019). What you need to know about diet culture in 2019. *Christyharrison.com*. [online] 08 Jan. Available at: <https://christyharrison.com/blog/what-you-need-to-know-about-diet-culture-in-2019> [Accessed 17 Mar 2021].

unhealthy¹³. In the United States, BMI is frequently used by health insurers, with some employees being forced to take out insurance or pay more for it because their BMI categorizes them as “obese”.

In her memoir *Hunger*, Roxanne Gay reminds us that BMI is very arbitrary, as evidenced by the 1998 lowering of the BMI threshold for “normal” bodies from 27.8 to 25. Overnight, the number of Americans considered “obese” according to BMI has doubled, with 29 million Americans waking up “unhealthy”. This absurd situation shows how socially constructed it is to determine which bodies are conforming (thin) and which are non-conforming (fat). Besides, the reason given by the National Institutes of Health to justify this sudden decrease was anything but medical: a round number like 25 would be easier to remember...

It is a myth to believe that there is a weight that an individual should reach in order to be “healthy”. BMI has changed over time and even between countries for no medical reason, thus reflecting a measure of social acceptability rather than of health. BMI is a tool to normalize people: deviation from the weight range considered normal is then falsely pathologized and conformity is considered proof of good behavior. Weight is no more an indicator of our worth than it is of our health.

BMI was not created by a health professional, but by the Belgian mathematician Adolphe Quetelet in 1832. His goal was to calculate the “perfect weight of the average man”, which he believed represented a social ideal. His study was solely based on cisgender, white men (Scottish and French). It was nevertheless imposed as a so-called universal medical standard, although it applies particularly badly to women and racialized people. The index created by Quetelet was to be frequently used in the following century to justify eugenics or scientific racism. In fact, Adolphe Quetelet never created BMI to measure body fat or the health of individuals, but to measure populations, for statistical purposes. Yet the BMI is widely used by the medical community, and has even been included in the World Health Organization (WHO) definition of “obesity” since 1985.

Our excessive dependence on BMI therefore negatively impacts our physical and mental health by pathologizing “obesity”, stigmatizing those who do not fit arbitrary standards, and pushing us to try to meet them instead of trusting our bodies to determine our needs.

Ineffective and even harmful diets

If in 2014, 29 million Britons were on a diet, representing 55% of the population¹⁴, it is nevertheless proven that diets are the first causes of weight gain, with 95 to 98% of failure rate in the long term. Besides being counterproductive, most diets are even dangerous.

Dieting implies restrictions and caloric deficit, which places the body in a situation of deprivation and frustration, almost always leading to a long-term weight regain, sometimes more important than the

¹³ COHEN, J-M. (2016). Pourquoi l'IMC (Indicateur de masse corporelle) est un indicateur de santé complètement dépassé... *Atlantico.fr*. [online] 15 Feb. Available at:

<https://www.atlantico.fr/article/decryptage/pourquoi-l-imc-indicateur-de-masse-corporelle-est-un-indicateur-de-sante-completement-depasse-par-le-bon-vieux-rapport-taille-hanche-jean-michel-cohen-> [Accessed 17 Mar 2021].

¹⁴ BESTER, R. (2021). Robert Bester. Do or diet? The true cost of diet culture. *Moneyguru.com*. [online] 15 Mar. Available at: <https://www.moneyguru.com/insights/do-or-diet-the-true-cost-of-diet-culture> [Accessed 17 Mar 2021].

previous weight loss. These weight fluctuations, known as the “yo-yo effect”, are dangerous for our bodies.

The Minnesota Starvation Experiment¹⁵ studied physical and psychological effects of sustained food restriction by inducing a prolonged state of hunger in healthy men. For three months, they were fed 3600 kcal per day, then 1800 kcal for another three months, and finally 3600 kcal again for the last three months. Depriving their bodies of the energy necessary for its functioning caused the subjects to suffer severe physical and psychological damage. The observed physical effects were a loss of about 25% of their body mass (fat but also muscles), a significant slowing down of their basic metabolism, a failure of certain organs, teeth and hair weakness, dizziness, energy and strength loss, water retention, a decrease in body temperature, as well as a decrease in libido. Psychological effects included depression, stress, anxiety, loss of interest in daily activities or hobbies, irritability, difficulty concentrating, rigidity, loss of a social life, and obsessive thoughts about food and the body.

The experiment subjects became obsessed with food, sometimes to the point of dreaming about it. They developed common eating disorders symptoms. Weight loss can be a symptom of an eating disorder, but it can also be the cause. Food restriction also increases the risk of developing a binge-eating disorder. The experiment also underlined how a starving brain becomes unable to do many essential things such as concentrating, regulating emotions, maintaining a good state of mind, etc.

Periods of food restriction can be traumatic for the body, which remembers these periods of “starvation” and will therefore store more for fear of being deprived again. Diets push us to stop listening to our sensations, our hunger, and thus destroy our intuitive relationship with food by making a natural system mechanical. Before being perverted by diet culture and/or eating disorders, our body knows instinctively what it needs. But when dieting, not getting what it needs, the body reacts in starvation mode and becomes obsessed with food. Dieting can also cut off vital nutrients, and restricting caloric intake lowers metabolism and serotonin levels¹⁶, which can trigger or worsen depression, anxiety, or other mental health problems.

Our bodies need calories simply to keep our organs working. According to anti-diet dietitian Emily Murray¹⁷, it is estimated that the body needs an average of: 485 calories per day for the liver, 340 calories per day for the brain, 125 for the heart, 185 for the kidneys and 325 for the muscles. Our organs, including vital ones, and our tissues, therefore require calories to function properly. Moreover, it should be noted that these figures do not include the calories necessary for other organs or simply to accomplish our daily activities (working, driving, cooking, washing, etc.) or sports. Calories are often demonized when in fact they are just units of energy, an energy that is necessary for our body to function. We often need many more calories than we think. It is therefore absurd and dangerous to promote 1200 calorie diets, which represents the caloric needs of a child! Regardless of our weight, our brain and body need energy from food (calories) as well as a sufficient amount of macronutrients (carbohydrates, fat, protein).

¹⁵ GIL, C. (n.d). The Starvation Experiment. *Dukehealth.org*. [online]. Available at: <https://eatingdisorders.dukehealth.org/education/resources/starvation-experiment> [Accessed 22 Mar 2021].

¹⁶ Serotonin, sometimes referred to as the happy hormone, is a neurotransmitter that is involved, among other things, in the regulation of mood and anxiety.

¹⁷ MURRAY, E. (2020) *instagram.com* [online]. Available at: <https://www.instagram.com/p/CHDRVy3FA13/> [Accessed 6 Feb 2021].

Many people go on unsuccessful multiple diets and as a result develop an unhealthy relationship with food and their bodies, coupled with internalized fat-phobia. While eating should be a source of pleasure and satisfaction, dieting almost always associates food with guilt. Even though it is a major source of the development of eating disorders, it is not the only cause, as these diseases are complex and multifactorial. Dieting is a highly normalized behavior in our society and drawing the line between the pathological and the socially acceptable can therefore be complex. It is not always easy to distinguish between dieting, which is encouraged and rewarded by society, and eating disorders, which are generally socially recognized as pathological and harmful to health. A study conducted by the American Academy of Pediatrics in 2016¹⁸ showed that 14 to 15 year olds on a “moderate” diet were four to five times more likely to develop an eating disorder, and those on a “restrictive” diet were up to 18 times more likely to develop an eating disorder than those who were not.

Losing weight is in fact extremely difficult, and it is neither the key to happiness nor to success, health or self-confidence. Diets are only a false answer to an artificial malaise, created and maintained by society. “A diet is a cure that doesn’t work, for a disease that doesn’t exist” summarize Sara Fishman and Judy Freespirit in *The Fat Underground*. Far from being good for health, food restriction can have dramatic consequences on health, not only physical but also mental. Diet culture makes problematic and even pathological behaviors with food (which may be related to eating disorders) seem like the norm. This supports the absurd idea that having an unhealthy relationship with food and one's body is something normal and even good. In addition, dieting often has disabling social consequences: worrying about what others think of our food, comparing our portions or body to others, cancelling social events because of the food that will be served, not sharing meals with family or friends, etc.

Contrary to what ambient fatphobia would have us believe, more children die each year from childhood anorexia than from childhood “obesity”¹⁹. Yet, the dangers of restrictive eating, binge-eating and dieting are rarely discussed, while the so-called dangers of “obesity” are constantly highlighted. Contrary to what WHO public health messages suggest, the “childhood obesity epidemic” is a myth: the average weight of children in North America has not increased since 1990²⁰. Diet culture does not want our health at all, but uses it as a pretext to justify the diktats it imposes. Under the guise of “good health”, children are put on diets, patients are ordered to starve themselves, eating disorders are triggered and ineffective and dangerous diets are promoted.

Today, we are increasingly led to believe that diets are not restrictions, that we could be on a diet and not suffer from it, or even that it would be possible to be on a diet while eating what we want. We are being sold a false sense of freedom, even though “diet” is synonymous with deprivation and restriction. As more and more people admit that diets do not work, linguistic conventions have adapted to refer to “lifestyle changes” or “eating programs” to avoid using the word “diet”. As Roxanne Gay summarizes in

¹⁸ GOLDEN, N-H., SCHNEIDER, M., & WOOD, C. (2016). Preventing Obesity and Eating Disorders in Adolescents. *Pediatrics.org*. [online] 1 Sept. Available at: <https://pediatrics.aappublications.org/content/138/3/e20161649> [Accessed 6 Feb 2021].

¹⁹ PINHAS, L., MORRIS, A., CROSBY., RD, & KATZMAN, DK. (2011). Incidence and Age-Specific Presentation of Restrictive Eating Disorders in Children: A Canadian Paediatric Surveillance Program Study. *Arch Pediatr Adolesc Med*. 165(10):895–899 [online]. Available at: <https://jamanetwork.com/journals/jamapediatrics/fullarticle/1107607>. [Accessed 1 Mar, 2021].

²⁰ WABITCH, M., MOSS, A., & KROMEYER-HAUSCHILD, K. (2014). Unexpected plateauing of childhood obesity rates in developed countries. *BMC medicine*, 12, 17. [online]. Available at: <https://doi.org/10.1186/1741-7015-12-17> [Accessed 1 Mar, 2021].

Hunger, “*We are expected to restrict our diets while living under the illusion that we can enjoy them*”. Instead of engaging in costly and ineffective diets, why not work on our self-esteem and acceptance of our bodies as they are?

The demonization of fat bodies

Diet culture is at the root of fatphobia, a system of oppression that produces hate speech towards fat people and feeds a real fear of fatness. It is constructed as something to be avoided, something horrible, the worst thing that can happen to us. According to the dictionary Petit Robert, fatphobia is the “*attitude of stigmatization or discrimination towards obese or overweight people*”²¹.

Fatphobia occurs in a society where the diktat of thinness is omnipresent, thinness being considered as aesthetic and fatness as pejorative, unattractive and even shameful. However, this is only a social norm which, far from being immutable, changes depending on the times and the cultures. If in contemporary societies of abundance, fatness is devalued, this is not the case in some other cultures that consider it as a sign of wealth, power and health. During the Renaissance, curves were magnified and valued, and it is only after the Second World War that the injunction to be thin or even to be skinny has increased so much in France and in other Western countries²². Fatness was constructed as a synonym of weakness of mind, laziness, and even immorality. The body and its norms are thus the products of both biological and social norms.

Fatphobia can be internalized by fat people themselves, who will be pushed to feel guilty, to denigrate themselves and finally to hate themselves. It is therefore a collective but also an individual phenomenon. In addition, many thin people despise and openly disrespect fat people out of repulsion, out of fear of looking like them. They condemn fatness morally, making the person feel guilty by judging them responsible for their weight. It would seem that grossophobia is the only system of oppression that is truly based on a phobic aspect, unlike homophobia or transphobia, for example, which are etymologically inaccurate because they are generally not motivated by fear but by hate. In the case of fatphobia, it seems that a genuine fear of becoming fat fuels hatred and discrimination against fat people. For example, according to a study cited in Jes Baker's 2014²³ Ted Talk, 81% of ten-year-old children are more afraid of becoming fat than they are of nuclear war, cancer, or losing both of their parents.

This real phobia of weight gain and fat people have been particularly explicit during the lockdown of last March, where jokes and fatphobic memes²⁴ have multiplied. For example, we saw a lot of memes “before and after” the lockdown, the first image representing a thin person and the second the same person with

²¹ « attitude de stigmatisation, de discrimination envers les personnes obèses ou en surpoids » (free translation). DESCHENAUX, N. (2019). Mais qu'est-ce que la grossophobie en 2019? *Canalvie*. [online]. Available at: <https://www.canalvie.com/sante-beaute/bien-etre/grossophobie-2019-1.9750885>. [Accessed 9 Mar, 2021].

²² SAUBABER, D. (2014). Régimes: “La minceur est devenue une névrose collective”. *L'express*. [online]. Available at: https://www.lexpress.fr/styles/psycho/regimes-detox-la-minceur-est-devenue-une-nevrose-collective_1499901.html. [Accessed 2 Mar, 2021].

²³ BAKER, J. (2014). Change your world, not your body--the social impact of body love | Jes Baker | TEDxTucsonSalon. TEDxTalks. *Youtube*. Available at: <https://www.youtube.com/watch?v=iSjwdNqvWog>. [Accessed 2 Feb, 2021].

²⁴ A meme is a concept (text, image, video) massively taken up, declined and diverted on Internet in an often parodic way and which spreads very quickly.

extra pounds. These jokes have often been experienced very violently by fat people, making their body an object of ridicule and perpetuating the idea that our value decreases when we get fat, that getting fat is a failure. They were added to the many articles “how to keep your line while confined?”, “fitness program at home to not let yourself go” or others “how not to get fat while staying at home”. In short, it was as if, in the middle of a global pandemic, the worst thing that could happen to us was to get fat. These guilt-tripping speeches have not been without consequences for people suffering from fatphobia, but also for those suffering from eating disorders. France Assos Santé underlines that the lockdown could have disrupted eating habits and therefore exacerbated certain pathological behaviours of people with eating disorders, such as hyperphagia or more general anxiety related to food²⁵.

Fatphobia is one of the last systems of oppression that, in Western countries, is not socially (nor legally) condemned by the majority of the population. While racism or homophobia are mostly disapproved of, fatphobia is rarely condemned except for its most explicit and violent manifestations (bullying, for example). This social acceptance of discrimination against fat people could be linked to the scientific legitimization that people attempt to make of it (being fat would be bad for one's health, so one could allow oneself to stigmatize fat people “for their own good”).

In reality, the injunctions of Diet Culture are about weight, rather than wellness. And yet, the definition of health is constructed as analogous to that of weight: losing weight would necessarily mean being healthier. To achieve this goal of weight loss, we are, however, using dangerous and unhealthy methods. Stories of people who have lost weight are widely promoted, presenting weight loss as a solution that solves all problems and brings success and happiness. This perpetuates the idea that everyone should lose weight to be healthier and improve their lives. On the contrary, there is very little emphasis on stories of people who have gained weight, even though weight gain can have a highly beneficial meaning, such as recovery from an eating disorder or after taking antidepressants. Weight loss is automatically associated with an achievement, while weight gain is perceived as necessarily resulting from laziness or a lack of willpower; discourses marked by guilt, shame and disgust. If weight gains are mostly socially reprimanded regardless of their cause, weight losses are on the contrary almost systematically congratulated. However, congratulating a weight loss is sometimes congratulating (and therefore potentially reinforcing) an eating disorder. People with depression or cancer who have lost 10 kilos have also been complimented. Not all weight losses are good things, just as not all weight gains are necessarily bad things. One simple and effective solution is to stop commenting on other people's weight and accept that weight gain is not the end of the world. Our bodies fluctuate throughout our lives, adapting and changing according to circumstances (old age, mental health, pregnancy, stress levels, pandemic, etc.).

Believing that thinness equals good health and overweight equals bad health is a misconception. Similarly, it is a mistake to systematically associate fatness with certain diseases or conditions such as blood pressure, diabetes or heart problems, which in fact occur in all body types. Many fat people are very healthy, active and happy, just as many thin people are in very poor physical and mental health. This thin-health association also reinforces the idea that thin people, since they are already healthy, would not have or would have less need to take care of their health (diet, exercise, sleep, stress, etc.). The pressure to conform to beauty ideals is coupled with the actions of the diet and food industry, which funds research, lobbies medical providers and advertises to sell this idea that weight loss would necessarily

²⁵ N.D (2020). Confinement et troubles alimentaires. *France Assos Santé*. [online] 16 Apr. Available at: <https://www.france-assos-sante.org/2020/04/16/confinement-troubles-alimentaires/#:~:text=Qu'il%20s'agisse%20d.perturbe%20leurs%20habitudes%20alimentaires%20quotidiennes> [Accessed 22 Mar, 2021].

improve health. We are sold the idea that almost all of us are too fat and that losing weight will, with the exception of a few anorexics, have positive health consequences. Losing weight would solve health problems while gaining weight would automatically create them.

If indeed some people could improve their health by losing weight, many others seek to lose weight only to meet our society's fatphobic standards, and the promotion of healthy lifestyle habits offers much higher health benefits than weight loss. Being "overweight" does contribute to some diseases, but it also protects against other serious diseases, for which being overweight improves the prognosis compared to being underweight or "normal". Many studies²⁶ have shown that excess weight could actually increase life expectancy, particularly by serving as an energy reserve. What is dangerous for health is not the weight itself but the living conditions (inactivity, unbalanced diet) that are falsely associated with it, even though they can affect any body type. It is also important to underline that the optimal weight is not the same for each individual: for example, it is higher for women, elderly people and black populations than for white adult men. The problem is therefore primarily fatphobia, not fatness.

We must not ignore the fact that "obesity" is often the direct cause of fatphobia itself, in a vicious circle that is difficult to break: the stigma experienced by fat people first pushes them to lose weight. Since 98% of diets fail, they do not succeed and put on even more weight. They are then pressured to go back on a diet and start again, hoping in vain to obtain a different result. As a result, they end up weighing more than before their very first diet.

The term "fat" itself is very frequently used as an insult when it is simply a word describing the reality of a body. Many fat people report that when they describe themselves as fat, well-intentioned people have told them not to say that about themselves, or denied their reality by saying that they are not fat. This indicates how insulting and shameful this adjective is for them. "Fat" is not a dirty word or an insult, but describes reality. To prevent fat people from using the word is to deny their reality, to deny their bodies, and thus to deny the fatphobia that comes with it. Many fat people themselves may still view the term "fat" pejoratively, while others, including anti-fat activists, have reappropriated it in the hope of removing its negative connotation. They also tend to avoid medical terms such as "overweight" or "obesity" which pathologize and therefore stigmatize fat bodies by making them a problem to be solved, a disease to be cured, or even an epidemic to be eradicated. This discourse is that of the WHO²⁷, which also links weight and health by considering "obesity" as the 21st century pandemic, thus problematizing and pathologizing the so-called "sick" fat bodies. Why not then report on an epidemic of eating disorders, the second leading cause of death among 15-24 year olds after road accidents²⁸?

²⁶ See for example: FLEGAL, KM. KIT, BK. ORPANA, H. GRAUBARD, BI. Association of all-Cause mortality with overweight and obesity using standard Body Mass Index categories, *JAMA*, 2013, vol. 309, no.1: 71-82. ou encore HAINER, V. ALDHOON-HAINEROVA, I. Obesity paradox does exist, *Diabetes Care*, 2013, vol. 36: S276-S281.

²⁷ N.D. (2017). 10 faits sur l'obésité. *Organisation mondiale de la Santé*. [online]. Available at: <https://www.who.int/features/factfiles/obesity/fr/> [Accessed 22 Mar 2021].

²⁸ N.D. (n.d). Les TCA en chiffres. *Anorexie Boulimie Ouest*. [online]. Available at: <https://association-anorexie-boulimie-ouest.com/les-tca-en-chiffres/> [Accessed 6 Feb, 2021].

Medical fatphobia and institutional violences

Fatphobia is omnipresent in society, so much so that it is also found in the medical field, at the expense of patients. Medical fatphobia manifests itself in various ways, ranging from micro-aggressions to weight loss injunctions, to misdiagnoses and unequal treatment. *“There is a lack of knowledge and understanding of obesity in the medical community, which leads to prejudices and stereotypes according to which an obese person eats too much and/or badly and does not exercise. But obesity is a very complex pathology, which cannot be summed up on a plate”*²⁹, explains Dr. Gauthier, a nutritionist and member of the collège scientifique de la Fondation Ramsay Générale de Santé. In the medical field, “obesity” is invariably associated with a disability, a situation of suffering and/or a serious illness. However, there is no evidence that a fat person automatically falls into one of these cases, especially when they have no pathology associated with “overweight” (diabetes, hypertension, etc.).

In a 2012 study on the attitudes of general practitioners in France, it was found that about 57% of respondents, all doctors, considered “obesity” as a disease. About 30% even considered that fat people were more lazy and complacent than others³⁰. The systematic association between “obesity”/“overweight” and poor health is not medically correct, but is in reality related to social representations of the body, which consider thin bodies to be the only healthy ones. This link between body shape and health is in line with the idea of the physician and philosopher Georges Canguilhem who stated in *Le normal et le pathologique* (1966) that the role of medicine was “physiological normalization”. Any body that deviates from the societal norm is thus considered sick and unacceptable.

It appears that the influence of beliefs, the media and the entourage have an impact on medical personnel who internalize the prejudices that portray fat people as lazy and negligent, and perceive them as symbols of poor choices and lack of willpower. This is why it is necessary that weight begins to occupy a central place in the analysis of the relationships between caregivers and patients, in order to understand the discriminatory dynamics at play and to address them.

Many fat people report stereotypical and guilt-inducing comments from health professionals, who generally focus on their weight before anything else. “You will die at fifty”, “You will never have children”, “You need to lose weight”... These are all hurtful and unjustified comments that prevent fat people from accessing health care, for fear of being mocked and/or mistreated. These same discriminations can be found in all specialties: gynecologists, endocrinologists, nutritionists, etc. These comments are all the more hurtful as health professionals are holders of an important form of authority. People trust them to maintain medical confidentiality and treat them without judgment. With these fatphobic comments, trust is broken and the role of the caregiver is misused.

²⁹ « Il y a une méconnaissance et une incompréhension de l'obésité dans le milieu médical, qui engendrent des préjugés et des stéréotypes selon lesquels une personne obèse mange trop et/ou mal et ne fait pas d'activité physique. Or l'obésité est une pathologie très complexe, que l'on ne peut pas résumer à l'assiette » (free translation).

N.D. (2019). Grossophobie: « Il y a une méconnaissance et une incompréhension de l'obésité dans le milieu médical ». *rtbf.be*. [online]. Available at: https://www.rtbf.be/tendance/bien-etre/psycho/detail_grossophobie-il-y-a-une-meconnaissance-et-une-incomprehension-de-l-obesite-dans-le-milieu-medical?id=10224071 [Accessed 12 Feb, 2021].

³⁰ BOCQUIER, A. & VERGER, P. (2005). Overweight and Obesity: Knowledge, Attitudes, and Practices of General Practitioners in France. [online]. Available at: <https://onlinelibrary.wiley.com/doi/full/10.1038/oby.2005.89> [Accessed 12 Feb, 2021].

For example, when a fat patient complains of fatigue, back pain, or digestive problems, doctors immediately refer to “obesity” as a comorbidity, and usually prescribe weight loss. Because of this tendency to analyze all symptoms through the weight, many fat people leave their medical appointments with undiagnosed illnesses or with drastic and ineffective prescriptions, unrelated to the problem they came for. This common phenomenon can lead to senseless and hurtful situations. For example, Daria, the co-founder of the Gras Politique collective, explains that one day she went to the doctor for angina and was advised to have a bypass, which is an extremely risky surgical operation to reduce the stomach³¹. The president of Allegro Fortissimo, an association supporting fat people, recalls the time she had to undergo a pelvic ultrasound and the radiologist asked her to insert the probe herself because he did not want to “interfere in the fat layers”³². In addition to the obvious disrespect suffered by patients in these situations, it is interesting to note how unthinkable it seems to caregivers that fat people can have everyday pain that is not related to their weight.

It is the very way in which weight is analyzed that poses a problem, particularly through the use of the BMI. Parents are often blamed, their way of educating their children and/or their food choices are questioned. Through this vision and these practices, doctors ignore the multifactorial causes (hormones, stress, metabolism, standard of living, etc.) of “overweight”, and systematically prescribe dietary guidelines that are not necessarily appropriate. This is what the journalist Marie de Brauer denounces in her documentary *La grosse vie de Marie* when she talks about her experience with her doctor: “*the solutions advocated, with more or less kindness, are to eat less, do sports, eat five fruits and vegetables a day, etc*”³³.

For fat women, these experiences are often combined with a form of medical paternalism. They are told that they will never be fertile, that no pill is suitable for their weight, or that they must lose weight if they want a fulfilling sex life. The consequences of these constant injunctions and insults are serious: many people no longer dare to come to the consulting room, for fear of being treated in this way. This phenomenon is proven and demonstrated by numerous statistics, such as in the article “Everything You Know About Obesity Is Wrong”, in which journalist Michael Hobbes writes: “*Three separate studies have found that fat women are more likely to die from breast and cervical cancers than non-fat women, a result partially attributed to their reluctance to see doctors and get screenings.*”³⁴

As a result, fat people are frequently the victims of misdiagnosis, inadequate dosing or denial of care. They are also prescribed other dangerous practices, such as surgery or a stay in weight loss clinics.

³¹ LAMBERT, E. (2021). GRAND FORMAT. “Je ne me soigne plus à cause des médecins” : des patientes dénoncent la “grossophobie médicale”. [francetvinfo.fr](https://www.francetvinfo.fr). [online]. Available at: https://www.francetvinfo.fr/societe/grand-format-je-ne-me-soigne-plus-a-cause-des-medecins-des-patientes-denoncent-la-grossophobie-medicale_2551559.html [Accessed 8 Mar. 2021].

³² *Ibid.*

³³ « les solutions prônées, avec plus ou moins de bienveillance, sont de se nourrir moins, faire du sport, manger cinq fruits et légumes par jour, etc » (free translation)

N.D. (2020). Le combat continue. - *La grosse vie de Marie*. [francetv slash/causes](https://www.youtube.com/watch?v=aZu9Zlk4pCY). [online]. Available at: <https://www.youtube.com/watch?v=aZu9Zlk4pCY> [Accessed 5 Feb. 2021].

³⁴ HOBBS, M. (2018). Everything you know about obesity is wrong. [Huffingtonpost.com](https://highline.huffingtonpost.com/articles/en/everything-you-know-about-obesity-is-wrong/). [online] 19 Sept. Available at: <https://highline.huffingtonpost.com/articles/en/everything-you-know-about-obesity-is-wrong/> [Accessed 5 Feb. 2021].

The recourse to surgery is indeed more and more widespread nowadays, to the point of not being perceived as shocking at all. Bariatric surgery, for instance, which is the best known and most practiced, is aimed at modifying the amount of food absorbed. Different procedures can be proposed: gastroplasty (sleeve or ring: separation of the stomach into two pouches), gastric ballooning (slowing down the digestion of food), or bypass surgery (bringing food directly into the small intestine without going through the stomach). All these “solutions”, which lead to a drastic loss of weight, are certainly effective in the short term by making it possible to lose weight, but they also create numerous undesirable effects, and their long-term effectiveness is limited. While gastric banding is reversible and has fewer complications, sleeve surgery causes complications in about 5% of patients and can lead to gastric fistula and/or hemorrhages³⁵. As for bypass surgery, the overall complication rate is 10%: fistulas, abscesses, hemorrhages, hernia occlusions, ulcers, and even neurological complications³⁶. These operations therefore require lifelong monitoring, as well as psychological and dietary support. Yet, cosmetic surgery is more and more trivialized as a miracle solution for fat people, despite the fact that there is little hindsight on these practices and the dangers that can result from them. There are many examples of very significant weight regain a few years after surgery, which proves that these operations are not a miracle solution. The french program “Operation Renaissance”, in which the public follows fat people in their weight loss and their path towards “a better life” (weight loss being seen as the *sine qua non*), has revolted the activists who are advocating body acceptance. Among promoting severe diets, excessive sport and “life-saving” surgery, the show perpetuates crude and dangerous clichés on a voyeuristic background. This type of representation is extremely questionable since it contributes to trivializing invasive surgeries by obliterating the risks which are related to it.

As for weight loss clinics, also known as “bariatric centers”, they are also rather well known by the general population, without really knowing what they are. These clinics are generally recommended for “overweight” children and teenagers, from the age of eight, although camps also exist for adults, especially in the United States. Their objective is to remove patients from their environment and to “rehabilitate” them. Clinics come in many forms: camps, cruises, intensive sports stays, etc. The quality of these centers varies greatly; if some combine a psychological aspect, a reflection on diet and work on oneself which can be beneficial, others focus solely on weight loss and are therefore ineffective in the long term, and even dangerous for both physical and mental health. Most children do not go to these programs of their own free will, but are forced to do so by their parents and/or doctor. They are subjected to strict and humiliating rules, and the stays often look like a competition between who will lose the most weight.

Finally, there are forms of medical mistreatment that are prevalent and yet largely unknown to those not concerned. These include inadequate equipment, whether in a doctor's office or a hospital. Armchairs and wheelchairs that are too narrow, cuffs that are too small, scales that do not support the weight... All these instruments are necessary for good medical care but they are not adapted to a significant part of the population. Some hospitals do not have MRI machines that fit, and some fat patients are sent to veterinary clinics, where they can be treated, despite the humiliation that results.

³⁵ ROBERT, M. (2016). Chirurgie de l'obésité : risques et gestion des complications. *fmcgastro.org*. [online]. Available at: <https://www.fmcgastro.org/textes-postus/postu-2016-paris/chirurgie-de-lobesite-risques-et-gestion-des-complications/> [Accessed 5 Fev. 2021].

³⁶ *Ibid.*

Numerous testimonies from hospital employees admit that they place fat patients in situations of abuse, due to a lack of resources, time and manpower. A nurse said in a survey conducted by France tv: “Some are placed in beds with bars that are too small. Their bodies stick out, the mattress deflates, the bed collapses, and they end up lying on a wooden board. When we have to give injections, we don't always have long enough needles, so we don't give them properly”³⁷. Similarly, washing fat people is not always done because it usually takes longer, and some operations result in complications because doctors are not trained to handle the organs under a mass of fat cells.

During medical school, very little time is devoted to education and training on “obesity”, whether it is about the causes, the reality experienced by patients, or how to manage them. It is this lack of knowledge, combined with the social stereotypes to which doctors are inevitably exposed, that leads to medical fatphobia and its disastrous consequences.

Neoliberal injunctions

If capitalism takes advantage of the diet industry to enrich itself, diet culture and fatphobia are also based on the dominant neoliberal values of our society. Neoliberalism insists on the power of the consumer, which is expressed in the idea that being overweight is an individual choice. Weight, just like health, is considered in our neoliberal society as an individual responsibility, and “obesity” is thus assimilated to a behavior, to a personal failure. The person is therefore made to feel guilty, by making people believe that being fat is the result of overeating and a lack of physical activity, and that it is very easy to lose weight thanks to a diet and/or a sports program. This false ease of losing weight also justifies mockery, prejudice, discrimination in employment, social isolation or even medical violence against fat people, under the pretext that they would deserved it.

Several studies have demonstrated that being fat, far from being a choice, is primarily the result of genetical and socio-economic factors³⁸. We only have an illusion of control over our body, entertained by diet culture. Yet, the control of one’s weight is perceived as a matter of self control in our neoliberal society, which values performance, independance, self-surpassing, willpower and discipline. Fat bodies are therefore excluded because they are undisciplined in regard to social norms, but also because they are not useful for the capitalist economic society that values production. While neoliberal society usually pushes us to over-consume, it sends the contradictory injunction that we should discipline ourselves

³⁷ « Certains sont placés dans des lits à barreaux trop petits. Leur corps dépasse, le matelas se dégonfle, le lit s'effondre, on finit par les allonger sur une planche de bois. Lorsqu'on doit faire des piqûres, on n'a pas toujours d'aiguilles suffisamment longues, donc on pique mal » (free translation)

LAMBERT, E. (2021). Grand format : “Je ne me soigne plus à cause des médecins” : des patientes dénoncent la “grossophobie médicale”. [francetvinfo.fr](https://www.francetvinfo.fr). [online]. Available at: https://www.francetvinfo.fr/societe/grand-format-je-ne-me-soigne-plus-a-cause-des-medecins-des-patientes-denoncent-la-grossophobie-medicale_2551559.html [Accessed 8 Mar. 2021].

³⁸ DE LAUZON, B. & CHARLES, M-A. Dossier : Obésité de l'enfant : rôle des facteurs socio-économiques. *Institut Danone*. [online]. Available at: <https://institutdanone.org/objectif-nutrition/obesite-de-lenfant-role-des-facteurs-socio-economiques/dossier-obesite-de-lenfant-role-des-facteurs-socio-economiques/> [Accessed 22 Mar 2021].

regard food: “*You should consume a lot, but never should that consumption cause your body to grow in size*” summarizes researcher Shawna Felkins³⁹.

We continue to view weight loss as simply an effort to be made, which allows us to give a moral value to food and bodies, labeled as good or bad. We link “healthy” food and thin bodies with being a good person, and vice versa. Moral judgments are attributed to our control of our food desire and weight. Disciplined bodies and the people who inhabit them are thus considered as morally superior to those with non-standard bodies. Thinness is rewarded, seen as a personal accomplishment and a sign of self-discipline and determination, while fatness would mean laziness and illness.

We often admit that some thin people can eat whatever they want without gaining weight, and therefore that their weight is not a choice but a result of biological characteristics. Why is it that this idea that there are naturally thin people is not applicable to fat people? Why not recognize that there are also naturally fat women, unable to lose weight no matter what they do and eat? Similarly, just like we accept that there are small people and tall ones, why not also accept that some are thin and others fat as part of body diversity, that is to say as a result of genetics and social determinants rather than a choice? Our bodies are all different, and there is nothing wrong about it. Even if we all ate and exercised the same, our bodies would still differ.

When we live in a marginalized body, it is easy to think that the discriminations we experience are our fault, and that it is our body which should be changed in order to fit the norm and solve the problem. That is exactly what diet culture and neoliberal society promotes: being fat would be a personal responsibility, and therefore it is people who should adapt and not society that should change to include them. Diet culture provides tools (diets, drugs, surgeries, physical activity) to push individuals to self-punish and self-discipline in order to conform to social and medical norms.

Even if there were a proven link between fatness and bad health, why would people in poor health not deserve respect or be worth less than others? This malevolence towards non-standard bodies (sick, fat or disabled, for example) is rooted in capitalism, which reinforces the ableist idea that people’s value lies in their ability to work, to produce and to contribute economically to society. Non-conforming bodies are thus labelled as non-useful, and fat, sick and disabled people as not being worthy of respect or human dignity. Since people’s bodies are the tools of capitalism, being able-bodied and healthy, that is to say having a body able to produce, is crucial to maintaining the capitalist system.

Fatphobia is also present in the work field, far from being spared from prejudices related to health and physical appearance. Some employers may for instance refuse to hire a fat person, seen as less able to “seduce” customers. In 2001, the french law on the fight against discrimination⁴⁰ added physical appearance to the list of forbidden discriminations. Yet, it is clear that weight is still a criterion for recruitment, especially in the reception and sales professions. According to the International Labor Organization (ILO) and the Human Rights Defender, “Obese” women are eight times, and “obese” men three times, more discriminated against in hiring. Physical appearance is the second most important

³⁹ FELKINS, S. (2019). The Weight I Carry: Intersections of Fatphobia, Gender and Capitalism. *Frontiers*, 40 (3), 181.

⁴⁰ The full article: <https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000000588617>

criterion, after age and before origin, gender and disability, for the perception of discrimination in the professional world. Appearance can also have an impact on career development or salary⁴¹.

Finally, the infrastructures of our neoliberal society are also particularly unsuitable for fat people: transport, leisure parks, cinemas, etc. Those who have the misfortune to take up more space than the arbitrarily established norm are handicapped in their daily lives. They can regularly find themselves in a situation where their body restricts them or prevents them from accomplishing something, for lack of adapted infrastructures or equipment.

A sexist phenomenon

The diktat of thinness is one of the many absurd and unrealistic norms imposed on women so that their bodies are considered desirable, among other diktats such as those of hair removal, youth or make-up. If fatphobia and diet culture can also affect men, it particularly impacts women, who are stigmatized all the more if they are fat, who are more affected by eating disorders and who are generally more preoccupied by their weight. Fatphobia is therefore a feminist issue.

Women are constantly taught implicitly that to be feminine is to not take up any space, and especially not more than a man. We are expected to reduce ourselves more and more, almost to the point of disappearing. To be fat is to break this informal rule, to disturb the patriarchal norms of beauty. Women must be slim, never bigger or fatter than a man, under penalty of endangering their virility. In addition to staying slim, women should stay eternally young and have no body hair. In the end, these beauty diktats seem to take as their model a child's body, beardless, with smooth and shapeless skin. Likewise, women are encouraged not to like themselves and not to decide for themselves. Loving one's body or valuing oneself seems to be a sign of boasting, not very feminine, although it is accepted for men. Instead, women should always remain modest and humble, almost apologizing for existing; they should let themselves be sexualized by men but never sexualize themselves or put themselves forward. In this context, to love oneself and to claim it is therefore a radical political act of resistance. If women were to find themselves beautiful or even understand that their value lies elsewhere than in their appearance, many industries would be ruined (cosmetics, plastic surgery, dieting, etc.), as they need us to hate our bodies to sell their products.

In addition to this injunction made to women not to take place in the public space and to this fallacious association thinness-femininity, is added the construction of certain foods as feminine (the most telling example being salad) and others as masculine (fatty foods, in particular meat and junk food). This gendering of food is obviously done according to the stereotypical binarity between the delicate woman and the powerful and virile man. As a result, women are more likely than men to be called to order if their food portions are deemed too large or if they do not conform to body discipline. Thus, diet culture

⁴¹ « les femmes « obèses » sont huit fois, et les hommes « obèses » trois fois, plus discriminé.e.s à l'embauche. L'apparence physique est le deuxième critère, après l'âge et avant l'origine, le sexe, le handicap, sur la perception des discriminations dans le monde professionnel. L'apparence peut également avoir un impact sur l'évolution de la carrière ou sur le salaire » (free translation).

N.D. (2016). 9e édition du Baromètre du Défenseur des droits et de l'OIT sur la perception des discriminations dans l'emploi « Le physique de l'emploi ». Available at: https://www.defenseurdesdroits.fr/sites/default/files/atoms/files/etudes_et_resultats_barometre_ap_vf-v4.pdf [Accessed 14 Mar. 2021].

perfectly predisposes women to eating disorders, of which they are affected in 90% of cases. While men are expected to be muscular and strong, women are asked to be slim and firm, that is to say to be athletic but never to build muscle “like a man”. This is a boundary that should not be crossed: to do sports, yes, but be careful not to look like a man, which would not be feminine.

Thinness would also be, according to the patriarchal discourse, what makes us desirable, i.e. beautiful in the eyes of men. To be fat is the opposite of attractive according to society. We are supposed to understand that it is a woman's duty to constantly make her body attractive to men. Wanting to lose weight is considered the norm so much so that it has become a default trait for women, while loving and accepting oneself seems like a foolish idea. In a Foucauldian logic⁴², the fact that women are constantly on a diet, a real disciplinary practice, creates docile, submissive bodies, serves the patriarchal logic, and even diverts their attention and energy from other issues such as fighting for their rights.

A struggle to find clothes

According to a study by the World Health Organization, 39% of the world’s population aged over 18 was “overweight” in 2016. This percentage equates to more than 1.9 billion people, among whom 650 millions (13%) were “obese”.

Despite the constantly increasing figures, with the number of people considered “obese” having tripled in less than 50 years, the fashion industry does not seem in a hurry to adapt to the new needs of the world population. “Obesity”, and “overweight” in general, still seem to be seen as transitory states of the body, in people whose only objective would be to lose weight. What would then be the point of enlarging the size catalog since fat people only have to lose weight to find clothes in their size?

Some brands are even making fatphobia a line of conduct. Ready-to-wear retailer Abercrombie & Fitch is a good example, as it was criticized in May 2013 for removing women's XL and XXL (42 to 44) sizes from its shelves. The brand's CEO, Mike Jeffries, later said in an interview that his brand was aimed at “*young hipsters who have lots of friends. There are a lot of people who don't fit into that and won't be able to fit into that. Is that exclusion? Completely*”⁴³. This assumed fatphobia eventually led to Jeffries' resignation in December 2014, and items up to 46 can now be found on the brand's website.

However, the battle is not won yet. Although the figures vary slightly according to studies, the most common size for French women is 40, followed closely by 42. More than 40% of women wear a size 44 or larger in France⁴⁴, which represents nearly 14 million people, not counting men. In spite of these statistics, still too few brands offer sizes above 42, and few go beyond 46.

⁴² FOUCAULT, M. (1975). *Surveiller et punir*, Gallimard, Paris.

⁴³ N.D. (2013). Abercrombie and Fitch refuse d’habiller les « gros » : polémique. *La Voix du Nord.fr*. [online] 13 June. Available at: <https://www.lavoixdunord.fr/art/femmes/abercrombie-and-fitch-refuse-d-habiller-les-gros-iaobon1246683> [Accessed 14 Mar. 2021].

⁴⁴ LE GALL, E. (2016). Vêtements : quelles sont les mensurations des Françaises ? *femmeactuelle.fr*. [online]. 07 Jul. Available at: <https://www.femmeactuelle.fr/mode/news-mode/quelles-sont-les-mensurations-des-francaises-31244> [Accessed 29 Mar, 2021].

In fast fashion, Kiabi is probably the most popular brand in terms of large sizes, since one can find clothes up to size 60. It also has the advantage of having 450 stores in the world, including more than 350 in France, which makes it accessible to a widespread public. Other major brands such as H&M also offer large size collections, albeit smaller. By searching by size on the brand's website, we notice that the choices are limited. From size 52, there are about thirty items per size, mainly pants. For size 62, there are only about ten items, only jeans. This large size collection is also limited to women, since the items available beyond size 44 for men are two per size, up to 58.

Most of the brands that dare to be inclusive, however, are mostly available only online, further limiting the choices fat people have in how they dress. Asos, an online-only clothing brand, launched its plus size collection in 2010 with sizes up to 58. The brand Forever 21, whose last stores in France closed in 2019 but which remains available online, goes up to 56, as does Zalando. If these initiatives are perfectly commendable and allow many fat people to develop their self-confidence, it is still unfortunate that most brands maintain a fatphobic policy.

The same phenomenon can also be found in luxury fashion. In the women's section of Dior, the size catalog often only extends from XS to L. Even though sizes 44 and 46 seem to exist on the website for some items, they are actually unavailable, both online and in store. The same applies to most of the most famous luxury brands such as Louis Vuitton, Gucci, Hermès, etc. While some brands like Dolce Gabbana, which has extended the size of some of its clothes to 50, are beginning to realize that not everyone is a size 36, inclusivity in luxury remains minor.

In the last few years, people's awareness of the realities of the fashion industry is growing. More and more people are turning to more ethical consumption such as second hand and many eco-responsible brands are starting to emerge. While it is of course up to each individual to decide whether or not to contribute to fast fashion, fat people face a new obstacle. Large size clothes are indeed even rarer in ethical fashion. In an article in *The Telegraph*, journalist Rose Stokes notes that eco-responsible brands generally stop at size 44⁴⁵. Fatphobia in the eco-responsible fashion world seems to be quite contradictory with the promotion of ethical values. Many models and influencers of larger size also report on this injunction. As activists, their public often expects them to be more sensitive to ethical issues, and some even criticize their collaborations with fast fashion brands. Once again, the blame is put on the fat people who are not able to consume ethically, while it is the brands themselves that practice a policy of exclusion towards almost half of the population, offering them very little choice in the matter.

Ethical branded clothing, most of which is independent, also tends to have a much higher cost, linked to sustainable production methods, which represents a real investment. For example, French influencer Louise Aubery, MyBetterSelf on Instagram, launched her ethical lingerie brand in late 2020. If the panties indeed go up to size 54, they cost 24€ each, a price obviously justified by the eco-responsible and ethical commitment of the brand, relatively correct compared to products with the same promises, but still high for many people.

This leaves fat people with only one option for ethical consumption, online home shopping sites like Depop, Vestiaire Collective, or Vinted. As author and influencer Stephanie Yeboah said, "*we won't make*

⁴⁵ STOKES, R. (2020). Why is it so hard to shop for sustainable fashion when you're plus size ? *thetelegraph.co.uk*. [online] 21 Oct. Available at: <https://www.telegraph.co.uk/fashion/style/hard-shop-sustainable-fashion-plus-size/> [Accessed 14 Mar. 2021].

progress in the field of sustainable fashion if certain segments of the population do not have the necessary tools to evolve”⁴⁶.

Conclusion

Thus, diet culture and fatphobia are omnipresent in our society, from our eating and dressing habits to our prejudices associating fatness with laziness, illness or unattractiveness. Fatphobia is still a rarely questioned discrimination, and is not recongnized as such as it is so deeply rooted in our ways of acting and thinking, whether conscious or unconscious. If diets are more and more recognized as ineffective and dangerous, especially by scientific studies and nutritionists, their promotion remains omnipresent in the social and medical environment. This is reinforced by our neoliberal and ableist societies that demand more and more conformity and performativity from the bodies.

If fat people are still undoubtedly stigmatized and disadvantaged in our societies, more and more resistance is emerging to reverse the trend. The “health at every size”, “body positive” or “body acceptance” movements are now more visible, thanks to social networks and the work of many activists. Activists engaged against grossophobia are fighting to put an end to institutional violence, discrimination and prejudices, and to finally dissociate fatness from bad health and ugliness. They also highlight the dramatic consequences of fatphobia on the mental health of those concerned.

Finally, we must not forget that fatphobia does not affect everyone in the same way, particularly women. Fighting against fatphobia therefore necessarily implies fighting against sexism and patriarchy which impose unrealistic and harmful diktats on women to discipline their bodies, telling them to occupy as little space as possible.

Recommendations

In order to encourage individuals and social actors to fight against fatphobia, we make some recommendations.

First of all, it is the responsibility of each and every one of us to learn about fatphobia and to listen to the people concerned in order to deconstruct prejudices. Many of our statements, often unconsciously, contribute to the stigmatization of fat people and the spread of diet culture. Everyone should therefore make the effort not to laugh at fatphobic jokes, to stop systematically congratulating weight loss, or to not judge or comment on the diet or body of the people around us. More generally, it is important not to make fat people feel guilty because of their weight, for example by implying that losing weight would be easy or that slimming down would be only a matter of diet or sports. It is also important to destigmatize the term “fat” and not be afraid to use it, since it only describes the reality of a body, unlike the terms “obese” or “overweight” which tend to pathologize and stigmatize fat bodies. Furthermore, it is necessary

⁴⁶ YEBOAH, S. (2019). Dressing Sustainably is almost impossible as a plus size woman. *Metro.co.uk*. [online] 09 Dec. Available at: <https://metro.co.uk/2019/12/09/dressing-sustainably-is-almost-impossible-as-a-plus-size-woman-11453091/> [Accessed 14 Mar. 2021].

not to estimate the seriousness of eating disorders according to weight, since these diseases are above all mental.

However, individuals are not the only ones to blame for fatphobic discrimination. The medical community plays a crucial role in the treatment of fat people, and therefore needs to be trained on fatphobia in order to ensure non-discriminatory treatment of all patients. The use of the BMI must be challenged because of its racist, stigmatizing history and lack of medical relevance. Doctors also need to stop looking at the health problems of fat people solely through the lens of weight.

It is also the duty of companies and states to change the arbitrary and inappropriate standards that prevail when building infrastructures. Cinemas, airplanes, hospitals, etc., must be able to accommodate any body type. In order to do so, a certain number of wider seats or beds may be required.

Finally, the question of representation is crucial to changing mentalities. It is therefore necessary that media and cinematographic platforms put forward fat people, and more generally other types of bodies, in a trivialized way, that is to say without their story necessarily revolving around their appearance.

REFERENCES

- ABDOUN, E. (2019). Être gros nuit-il forcément à la santé ? *sciencesetvie.com*. [online] 12 Jul. Available at: <https://www.science-et-vie.com/questions-reponses/etre-gros-nuit-il-forcement-a-la-sante-50161> [Accessed 13 Feb. 2021].
- BERNIER, E. (n.d). C'est quoi, la grossophobie ? *grossophobie.ca*. [online]. Available at: <https://grossophobie.ca/cest-quoi-la-grossophobie/> [Accessed 16 Nov. 2020].
- BERNIER, E. (2019). Être gros n'est pas un choix. *lapresse.ca*. [online] 15 Dec. Available at: <https://www.lapresse.ca/debats/opinions/2019-12-15/etre-gros-n-est-pas-un-choix> [Accessed 13 Feb. 2021].
- BESTER, R. (n.d). Do or diet? The true cost of diet culture. *Moneyguru.com*. [online]. Available at: <https://www.moneyguru.com/insights/do-or-diet-the-true-cost-of-diet-culture> [Accessed 16 Nov. 2020].
- BOCQUIER, A., VERGER, P., BASDEVANT, A., ANDREOTTI, G., BARETGE, J., VILLANI, P. and PARAPONIS, A. (2005). Overweight and Obesity: Knowledge, Attitudes, and Practices of General Practitioners in France. *Obesity Research*, 13: 787-795. [online] Available at: <https://onlinelibrary.wiley.com/doi/full/10.1038/oby.2005.89> [Accessed 15 Feb. 2021].
- CHAILLOT, M. (2019). Mode équitable : et encore une fois, ce sont les gros qui trinquent. *neonmag.fr*. [online] 22 Oct. Available at: <https://www.neonmag.fr/mode-equitable-et-encore-une-fois-ce-sont-les-gros-qui-trinquent-539483.html> [Accessed 14 Mar. 2021].
- CHOUDEUR, M. & MILLER, K. (2020). La cellulite n'existe pas : rétrospective d'un complexe inventé. *refinery29.com*. [online] 25 May. Available at: <https://www.refinery29.com/fr-fr/histoire-invention-de-la-cellulite#:~:text=Ce%20qui%20est%20parfaitement%20logique,femmes%20de%20ha%C3%AFr%20leur%20corps> [Accessed 16 Nov. 2020].
- COHEN, J-M. (2016). Pourquoi l'IMC (Indicateur de masse corporelle) est un indicateur de santé complètement dépassé... *atlantico.fr*. [online] 15 Feb. Available at: <https://www.atlantico.fr/decryptage/2584612/pourquoi-l-imc-indicateur-de-masse-corporelle-est-un-indicateur-de-sante-completement-depasse-par-le-bon-vieux-rapport-taille-hanche-jean-michel-cohen-> [Accessed 16 Nov. 2020].
- DOMINGOS, J. (2020). Tribune : La culture du régime, ou l'idéal funeste d'une société grossophobe. *deuxiemepage.fr*. [online] 17 Jun. Available at: <https://www.deuxiemepage.fr/2020/06/17/tribune-la-culture-du-regime-societe-grossophobe/> [Accessed 14 Nov. 2020].
- BLANCHE, M. (2020). La discipline excessive du corps : le paradoxe du corps anorexique.
- GORDON, A. (2019). The Bizarre and Racist History of the BMI. *elemental.medium.com*. [online] 15 Oct. Available at:

<https://elemental.medium.com/the-bizarre-and-racist-history-of-the-bmi-7d8dc2aa33bb> [Accessed 05 Feb. 2021].

GRANGEARD, C. (2019). Pourquoi la grossophobie est encore si présente en 2019. *huffingtonpost.fr*. [online] 16 May. Available at: https://www.huffingtonpost.fr/entry/pourquoi-la-grossophobie-est-encore-si-presente-en-2019_fr_5cd04616e4b04e275d4dc54e [Accessed 12 Feb. 2021].

HARRISON, C. (2019). What You Need to Know About Diet Culture in 2019. *christyharrison.com*. [online] 8 Jan. Available at: <https://christyharrison.com/blog/what-you-need-to-know-about-diet-culture-in-2019> [Accessed 16 Nov. 2020].

HEYES, C. (2006). Foucault Goes to Weight Watcher. *Hypatia*, 21(2), 126-149.

LAMBERT E. (n.d). GRAND FORMAT. “Je ne me soigne plus à cause des médecins : des patientes dénoncent la “grossophobie médicale”. *francetvinfo.fr*. [online] Available at: https://www.francetvinfo.fr/societe/grand-format-je-ne-me-soigne-plus-a-cause-des-medecins-des-patientes-denoncent-la-grossophobie-medicale_2551559.html [Accessed 15 Nov. 2020].

MUNOZ, L. (2019). Why Diet Culture Is Toxic — Even for People Who Don’t Diet. *greatist.com*. [online] 21 Jun. Available at: <https://greatist.com/live/toxic-diet-culture#6> [Accessed 16 Nov. 2020].

MYRIAM, L. (2018). La culture du régime... Parlons-en ! *lavamyriam.com*. [online] 22 Oct. Available at: <https://lavamyriam.com/la-culture-du-regime-parlons-en> [Accessed 14 Nov. 2020].

O’MALLEY, B. (2019). What is ‘Diet Culture’? *alissarumsey.com*. [online] 11 Apr. Available at: <https://alissarumsey.com/intuitive-eating/what-is-diet-culture/> [Accessed 15 Nov. 2020].

ROBERT, M. (2016). Chirurgie de l’obésité : risques et gestion des complications. *fmcgastro.org*. [online]. Available at: <https://www.fmcgastro.org/textes-postus/postu-2016-paris/chirurgie-de-lobesite-risques-et-gestion-des-complications/> [Accessed 21 Feb. 2021].

SOLE-SMITH, V. (2018). How the Eco-Food Movement Mass-Markets Eating Disorders. *elemental.medium.com*. [online] 12 Nov. Available at: <https://elemental.medium.com/how-the-eco-food-movement-mass-markets-eating-disorders-do302e0e0b85> [Accessed 16 Nov. 2020].

SUPERTINO, G. (2016). Obésité : l’IMC est-il vraiment un bon indicateur ? *europa1.fr*. [online] 25 Oct. Available at: <https://www.europa1.fr/sante/obesite-limc-est-il-vraiment-un-bon-indicateur-2882216> [Accessed 16 Nov. 2020].

TONIC, G. and CHOUDER, M. (2020). Non, ce n’est pas aux plus-size de « résoudre » le problème de la fast-fashion. *refinery29.com*. [online] 09 Jul. Available at:

<https://www.refinery29.com/fr-fr/le-probleme-de-la-mode-durable-avec-les-plus-size> [Accessed 14 Mar. 2021].

UPSON, S. (n.d). It's Time To Drop Out of Diet Culture. *edrdpro.com*. [online]. Available at: <https://edrdpro.com/its-time-to-drop-out-of-diet-culture/> [Accessed 15 Nov. 2020].

VOLFSON, O. (2020). « Je suis grosse et je refuse d'être votre enfer de confinement ». *terrafemina.com*. [online] 09 Apr. Available at: https://www.terrafemina.com/article/grossophobie-je-suis-grosse-et-je-refuse-d-etre-votre-enfer-de-confinement_a353266/1 [Accessed 13 Feb. 2021].

J. M. (2013). Abercrombie and Fitch refuse d'habiller les « gros » : polémique. *lavoixdunord.fr*. [online] 13 Jun. Available at: <https://www.lavoixdunord.fr/art/femmes/abercrombie-and-fitch-refuse-d-habiller-les-gros-iaobon1246683> [Accessed 14 Mar. 2021].

N.D. (n.d.). Obésité. *Inserm*. [online] Available at: <https://www.inserm.fr/information-en-sante/dossiers-information/obesite> [Accessed 14 Mar. 2021].

Institut Français du Textile et de l'Habillement. (n.d.). *Les résultats de la Campagne de mensurations existent, et pourtant...* [online] Available at: <https://www.ifth.org/2019/02/06/les-resultats-de-la-campagne-de-mensurations-existent-et-pourtant-vetements-la-pagaille-des-tailles-reportage-tf1-4-fevrier-2019/> [Accessed 14 Mar. 2021].

Organisation Mondiale de la Santé. (2020). Principaux repères sur l'obésité et le surpoids. *who.int*. [online] Available at: <https://www.who.int/fr/news-room/fact-sheets/detail/obesity-and-overweight> [Accessed 14 Mar. 2021].

To quote the article:

COTTAIS, C. PAVARD, J. SANCHEZ, M. (2021). Fatphobia, a pervasive and socially accepted discrimination. Generation for Rights Over the World. *growthinktank.org*. [online] Jul. 2021.