Overview: Fatphobia and the Problems with BMI

UNC Division of Occupational Science & Occupational Therapy
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“Our society requires a drastic political, economic, and social reformation in the ways in which we deal with bodies and body difference.”

Sonya Renee Taylor
https://thebodyisnotanapology.com

TERMS TO UNDERSTAND

Weight stigma: Societal devaluation of people living in larger bodies.

Weight bias: Negative beliefs or attitudes that cause prejudice, unfair treatment, and/or discrimination against those in larger bodies.

Obese: Typically refers to a Body Mass Index (BMI) of ≥ 30, but may be used more generally to mean “very fat.” Many fat people find this term negative or offensive.

Overweight: Typically refers to a BMI between 25 and 30. May also be used more generally.

Fat: When used to describe a person, the word “fat” generally means someone carrying more fatty tissue on their body than is considered the norm. The term itself is not inherently derogatory, although it often is used or interpreted in that way. Some Fat Studies scholars and people who identify as fat are encouraging its use to de-stigmatize its meaning. It is among the terms preferred by those who identify as fat (rather than “obese” or “overweight”).

Living in a larger body, person of size, plus-sized: Also among preferred terms.

So, what is “Fatphobia”? Fatphobia is the explicit and implicit bias toward people who are fat. It includes attitudes of blame and judgement, and often attributes moral insufficiency and general inferiority to the fat individual. Fatphobia may even include feelings of hatred or disgust toward fat people. This bias is held by children, adolescents, and adults in many countries and communities around the world. Especially notable for those entering healthcare fields is that healthcare professionals themselves may tend toward significant anti-fat bias.

Where did it come from? There are multiple factors that have created and that perpetuate fatphobia. Historical, societal, and cultural factors have significant impacts, as does the influence of the medical profession. In her book, Fearing the Black Body: The Racial Origins of Fat Phobia, Sabrina Strings traces the anti-fat, pro-thin agenda in the U.S. back to the mid-eighteenth century and connects it to the slave trade, religion (particularly Protestant Christianity), and the portrayal of women by the Renaissance elite a few centuries earlier. The fat Black woman became the representative of inferiority, sloth, and gluttony, and this image was contrasted with thinness as the ideal for Anglo-Saxon white women. In addition, thinness symbolized a form of asceticism that was consistent with Protestant values. Men were subjected to the same comparisons and judgements, but historically have been judged by appearance far less than women have been. But it doesn’t end there. The adoption of the thin ideal by society was well-established and heralded by media and advertising for multiple consumer goods by the mid-19th century. As this was happening, a Belgian mathematician named Adolphe Quetelet devised a relatively simple formula to establish a quantitative indicator of body size of populations (not individuals). This measure became what is now known as BMI, or body mass index. The medical profession soon adopted the idea of body size as an indicator of health. Insurance companies did the same, using weight-to-height measurements to determine health insurance premiums.

The Problem with BMI

There actually are multiple problems with BMI as a measure of body size or health, and these are only starting to be recognized within medicine and society at large.

- Among the arguments against the use of BMI to classify individual human bodies is that it was explicitly intended to characterize size within an entire population, not an individual. That is, it was designed to answer the question “Is Population A significantly larger or smaller than Population B?”
- Another clear argument is that the BMI is calculated based on only two body metrics: height and weight. It does not take into account the amount of muscle, fat, bone, organ, or connective tissue within the individual body,
each of which contributes variable amounts to the overall weight measure. Therefore, it is possible to weigh a lot (and have a high BMI) but have little fatty tissue, or to weigh little (and have a low BMI) but have a lot of fatty tissue.

- A third concern around use of the BMI to characterize individual size is the link drawn between BMI and health. There has long been the assumption that having a high BMI also is indicative of poor health, or at the very least, increased risk for health problems. However, alternative relationships between fatness and health problems have not yet been well explored in biomedical research. For instance, could health problems such as high blood pressure or diabetes simply co-exist with, rather than being caused by, fatness? That is, could fatness be a symptom of an underlying disorder, rather than the cause of specific health conditions? While it is unlikely that fatness fits into the healthy vs. unhealthy equation in a single way, there needs to be more investigation into the ways in which fatness and health can co-exist. One of the ways to move forward with this type of thinking is to move away from the use of the BMI as the primary characterizer of human body size and health.

...The discourse surrounding fatness that we’ve long accepted really is baseless and we can think about a new way of allowing people to have a positive relationship to their bodies and to cultivate health within themselves and their communities that does not rely on fat stigma.

Sabrina Strings, as heard on NPR’s ShortWave podcast, 7/21/2020

**Bottom Line**

As a result of fatphobia, people identifying as fat experience stigma, marginalization, and discrimination in work, school, community, and health care settings. These experiences are compounded for those who have additional minoritized identities, such as being BIPOC, a part of the LGBTQIA+ community, or disabled. Stigma and discrimination have significant effects on mental and physical health, interfere with seeking health care, and can influence the quality of home, work, school, and community life.

**What Can I Do to Be an Ally?**

- **Educate yourself.** Read about Fatphobia from different perspectives, and make sure that some of those perspectives are from fat people.
- **Be aware of your own self-talk** and what you say out loud. Commenting on your own body in negative ways, even in casual conversations, can be fatphobic. Comments that connect body size with negative qualities, or that reflect a desire to not be fat, are essentially microaggressions.
- Similarly, **be aware of your attitudes about food**, especially “good” and “bad” foods, and food consumption. Again, avoid comments that assign judgement or values on what or how much anyone eats, including your self.
- Make note of situations in your environments that may be unwelcoming or challenging for a fat person, and **advocate for change**. For instance, if there are only chairs with arms on them in your setting, advocate for getting larger chairs with no arms that allow fat people to be comfortable in that space.
- **Speak up** about fatphobia and microaggressions when you see them happen. Interrupt anti-fat behaviors and remarks, whether or not your fat friends are around.