

naafa<sup>TM</sup>



## Guidelines for therapists who treat fat clients

## GUIDELINES FOR THERAPISTS WHO TREAT FAT CLIENTS

There are several assumptions, based on myth and prejudice rather than fact, which many members of our culture--including psychotherapists--believe to be true about fat people. These assumptions affect how therapists view and work with fat people in their practices. It is imperative that therapists recognize and clear out misinformation and bias in order to be most supportive and effective with their clients. We recommend that psychotherapists practice weight neutrality – i.e., make no assumptions based on a person’s weight, and not tie goals of treatment to weight outcomes. The following stereotypes are common perceptions that should be challenged.

### **ASSUMPTION #1: You can determine what people are doing about eating and exercise, just by looking at them.**

People naturally come in all sizes and shapes. Many fat people eat no more than thin people. Some fat people are extremely active; some thin people are extremely inactive. Therapists must get to know each individual and his or her unique life.

### **ASSUMPTION #2: Emotional issues cause “excess weight,” and once the issues are resolved, the person will lose weight.**

Humans come in a range of weights, just as they come in a range of heights. There is no evidence that emotional problems are more often the cause of higher weight. The idea that one has to explain why someone is at a higher weight is as nonsensical as trying to explain why someone is tall. There are fat people with emotional problems just as there are thin people with emotional problems, and the problems do not necessarily have anything to do with weight.

### **ASSUMPTION #2A: Large body size indicates sexual abuse, or a defense against sexuality.**

Some people who have been sexually abused may be fat; however, we cannot draw any conclusions about a person’s psyche based on body size. Many fat people are comfortable with their sexuality and are sexually active.

### **ASSUMPTION #2B: Fat people must be binge eaters.**

A small minority of fat people meet the criteria for Binge Eating Disorder (BED), as do a minority of thin people. There are also fat people who are malnourished, restricting, purging, and below their “healthy” weight. People with eating disorders deserve effective treatment and are often able to recover; however, their weight may or may not change in that process. An arbitrarily chosen weight should not be a goal of treatment, since weight is not under direct control. The focus should be on a sustainable, high quality of life, and on helping the person to accept the resulting body size.

### **ASSUMPTION #3: If a person is distressed and fat, weight loss is the solution.**

Being the target of weight prejudice can be cause for profound distress; however, the solution to prejudice is to address the prejudice, not the stigmatized characteristic. What would we do for a thin person in similar distress? The quality of support the person is able to give herself, and the quality of support available to her in the world, are key areas of focus. We do not have interventions that lead to lasting weight change, but we do have interventions that free people to be kinder to themselves and mobilize their energy to make their lives better.

**ASSUMPTION #4: Fat children must have been abused or neglected. Their problems can be fixed by restrictive dieting and rigorous exercise.**

Fat children and their parents have been increasingly ostracized in a culture that equates a thin body size with personal value and appropriate parenting. Children often gain extra weight before a growth spurt. Enforcing weight-loss dieting and competitive exercise can lead to rebellion against both, as well as disordered eating. Children need to be supported in using hunger and satiety cues to make decisions about eating, and in valuing their bodies and the variety of bodies in the world. (1)

**ASSUMPTION #5: I am not biased against fat people.**

Research consistently shows that most people, including most healthcare professionals and even those who work closely with fat people, hold negative beliefs about fat people. Please investigate your own associations with weight and bodies of different sizes, including your own body, as essential preparation for working with fat people. (2) Therapists should be able to let go of any agenda to eliminate fatness, and see the beauty in fat bodies and the strengths of fat people living under oppression.

### **Stereotype Management Skills**

There are no personality characteristics that define all fat people; they are as varied as any other demographic group. However, within our extremely negative culture, the fatter the person, the more likely s/he has faced socially sanctioned abuse in daily life. The abuse may come in the form of insults from strangers, family, educators, and acquaintances; surcharges for or denial of insurance or medical treatment, or insistence by medical professionals that weight loss is required for good health and/or for healing any and all presenting complaints; restricted access to jobs, promotions, or advanced education; denial of opportunities to adopt a child; lack of access to adequate seating in theaters, public transportation, restaurants, and even restrooms. As with other survivors of stigma, the fat person may have blamed his or her own body for the poor treatment received at the hands of other people. S/he may have internalized the abuse, with possible consequences such as low self-esteem, depression, social isolation, passivity, or self-hatred. These can be vital areas for therapeutic intervention. As with other survivors of stigma, a fat person may also have used these experiences to develop resilience and powerful skills. Therapists must track both injury and resilience when working with people who face stigma. The skills that oppressed people have used throughout time to lead satisfying lives should be among the solutions used in psychotherapy. The therapist will also be called upon to do his/her part in changing the conditions in the broader world which create oppression in the first place.

## The Fat-Friendly Office

An office accessible to fat people includes:

- Handicapped accessibility
- Wide doors
- High, sturdy couches or armless chairs that are not already occupied
- Large restrooms
- Adequate air conditioning
- Fat-positive publications, such as *Fat!So?*, *The Diet Myth*, or *Health at Every Size*

### REFERENCES:

1. Ellyn Satter.com
2. Implicit Associations Test  
Test your associations to fat/thin:  
<https://implicit.harvard.edu/implicit/demo/selectatest.html>
3. Wann, M. 1998. *Fat!So?* Berkeley, CA: Ten Speed Press.
4. Campos, P. 2005. *The Diet Myth*. New York: Gotham Books.
5. Bacon, L. 2010. *Health at Every Size*. Dallas, TX: BenBella Books, Inc.

### WRITTEN BY:

Barbara Altman Bruno, Ph.D., ACSW, and Debora Burgard, Ph.D.