



Suggested citation: Aphramor, L. (2018) Preventing fat stigma and repairing harm: A practical, pragmatic, radical response for advancing weight justice through public health policy and everyday conversation. Keynote talk. 6th Annual Weight Stigma Conference, Leeds. June 18.

NB. I call my work **Well Now** (not Well Founded, this is an error in the conference programme).

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Fat stigma: what's a dietitian to do?

- **Diet**

- attempted weight-loss or weight-management as central to health

- **Non-diet**

- critiques weight-centred ('weight-cycling') approach; weight-neutral paradigm; focuses on health enhancement through behaviours and environments that promote size acceptance, intuitive eating, joyful physical activity, and reducing weight oppression; i.e. ² Health at Every Size

- **Health-justice**

- critiques weight-management as attempted weight-conversion or weight-correction; critiques weight-neutral paradigm re lack of praxis ; focuses on building a fairer society, weight justice/equity*, fat rights and the socio-economic and ecopolitical determinants of health and wellbeing, i.e. Well Now.

**I previously used weight-equity, but then I realised weight-justice was a more accessible phrase and I think it has more transformative potential too. To me it invited action because it feels more immediately relevant to people's lives now, more real-world/urgency, less abstract and conceptual.*

- ?????

Stakeholders

- What's at stake, for whom?
- Are we being invited to engage in colliberation for justice, respectability politics/polite sizism as a vehicle for neoliberal ideology, inadvertent healthism...?
- How we talk to and about each other and the problem is a useful indicator of what's actually at stake for us.
- What's at the centre: fat rights, a career, colleagues' comfort, brand management etc

Praxis: linking theory and practice

- Weight-management, weight-conversion, weight-correction, fat rights or something else . . . and why??
- These words envision different problems and different outcomes.
- NB Critiquing weight conversion/dieting is not the same as judging people for wanting to be thinner, or for finding comfort in the regimes of dieting, or having surgery .

When should I use an
approach, like
attempted weight
conversion, that
shames and oppresses?

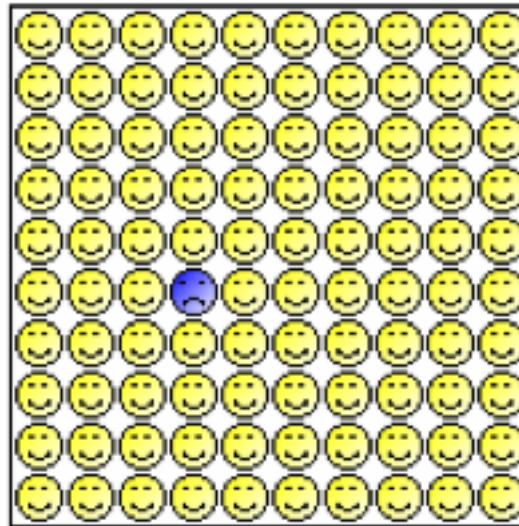
Never

Based on Politics of Health Group idea regarding healthcare for migrants

My risk of heart problems

1.1%

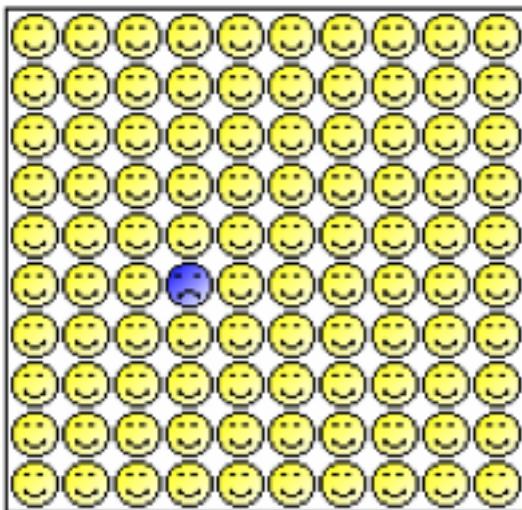
In a crowd of 100 people with the same risk factors as me, 1 is likely to have a heart attack or stroke within the next 10 years.



My weight doubles

1.1%

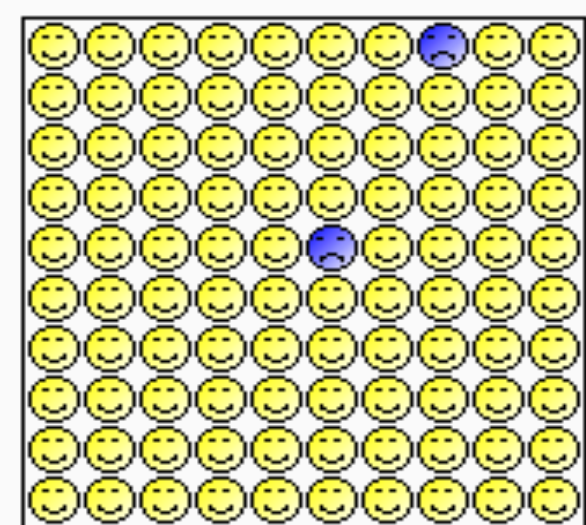
In a crowd of 100 people with the same risk factors as me, 1 is likely to have a heart attack or stroke within the next 10 years.



I move house

1.7%

In a crowd of 100 people with the same risk factors as me, 2 are likely to have a heart attack or stroke within the next 10 years.



Calsplaining

Someone is calsplaining (from 'calories') when they explain health outcomes as being primarily a result of 'lifestyle behaviours' and/or weight.

Among other problems, calsplaining is inherently racist as its deep assumptions are that experiences of racialised injustice do not count as relevant in the health conversation.

Calsplaining

- Calsplaining is useful if you want to promulgate a neoliberal ideology as it draws attention away from the profound manner in which structural injustice impacts our bodies, emotions, thinking, opportunities and health outcomes.
- The approach is widely supported (e.g. by Public Health England) and popular psychological models that endorse it are still routinely used by and taught to health practitioners.

When should I use an approach, like attempted weight conversion, that disregards biomedical science?

Never

Based on Politics of Health Group idea regarding healthcare for migrants

Obgobbing

- Obgobbing is a term that names the phenomenon in which fat people's bodies are described using words that foster oppression and/or impede justice, such as obese, obesity, and overweight. These words may be used thoughtlessly, inadvertently or intentionally.
- Where a fat body is diagnosed, this generally means a diagnosis of fat stigma and thin supremacy in the speaker/author.

Obgobbing

- Obgobbing is strongly prevalent in healthcare where it buttresses a neoliberal ideology by legitimising BMI-based healthcare, for there is no such thing as society in BMI.
- Hesitation around dropping words that impede fat justice is a barometer of what we gain and what is at stake.

- What are we saying if we won't say fat?

When should I use an approach, like attempted weight conversion, that ignores human rights?

Never

Based on Politics of Health Group slide regarding healthcare for migrants

→ Choose 1 from:

this is a moment of suffering

this sucks

this is really tough for me

I am having a hard time right now

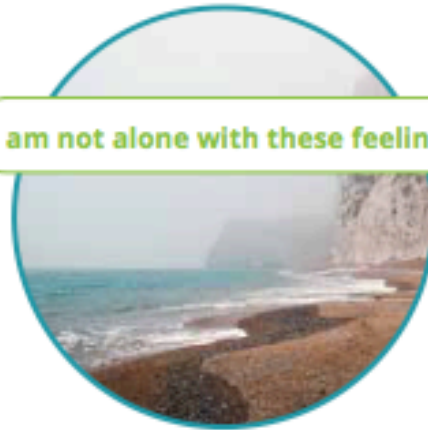


→ Choose 1 from:

Other people feel like this - and everyone matters

I am not alone with these feelings

It's human to feel this way



→ Choose any number from

May I find peace. May everyone find peace.

I love myself. I love others.

May I be well. May all people be well.

This too will pass.

I choose kindness. My feelings matter.

May I find ease. I respect my emotions.

I am worthy.

I accept myself as I am.

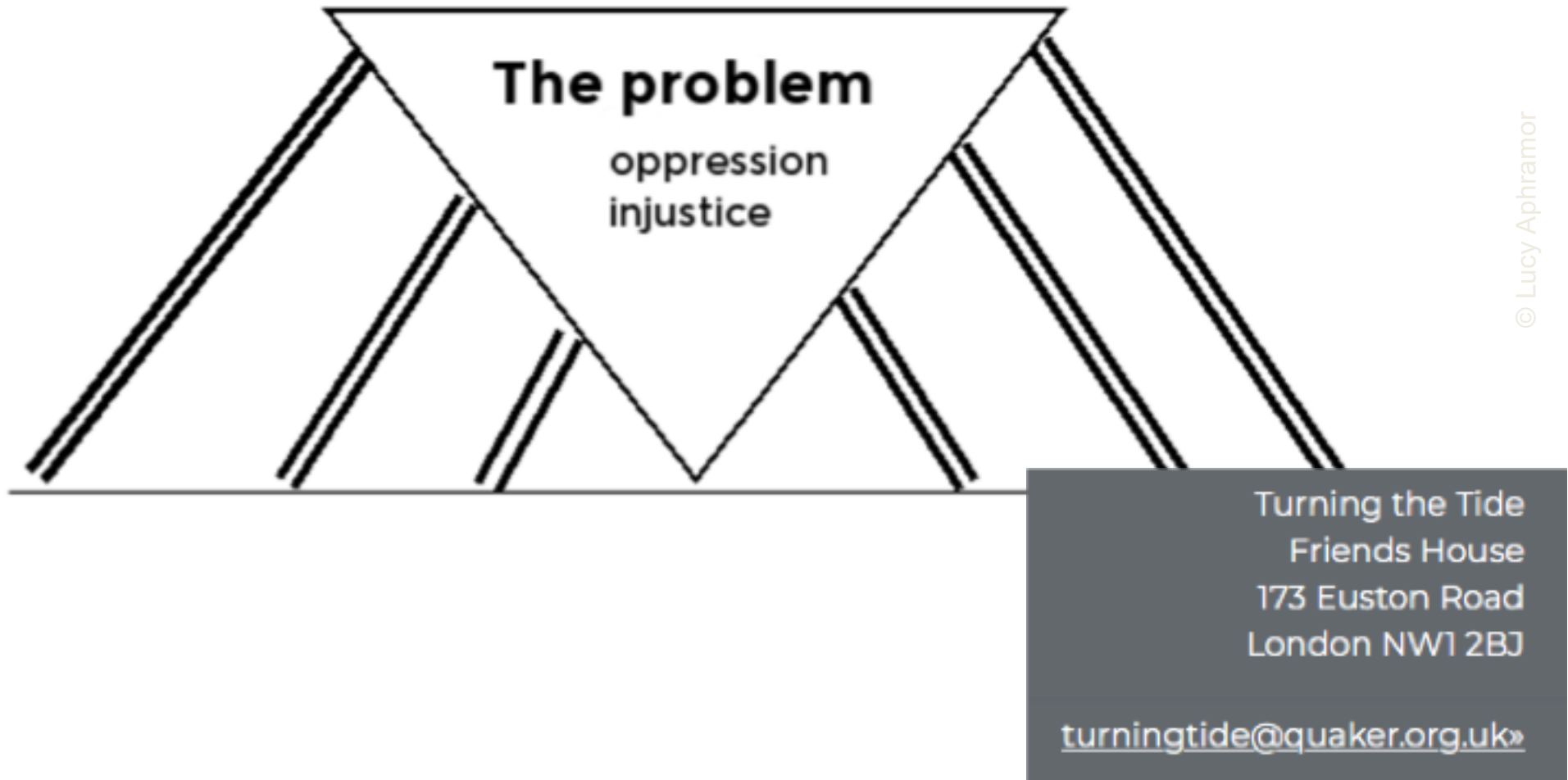


A Well Now worksheet: Strengthening the Compassion Muscle

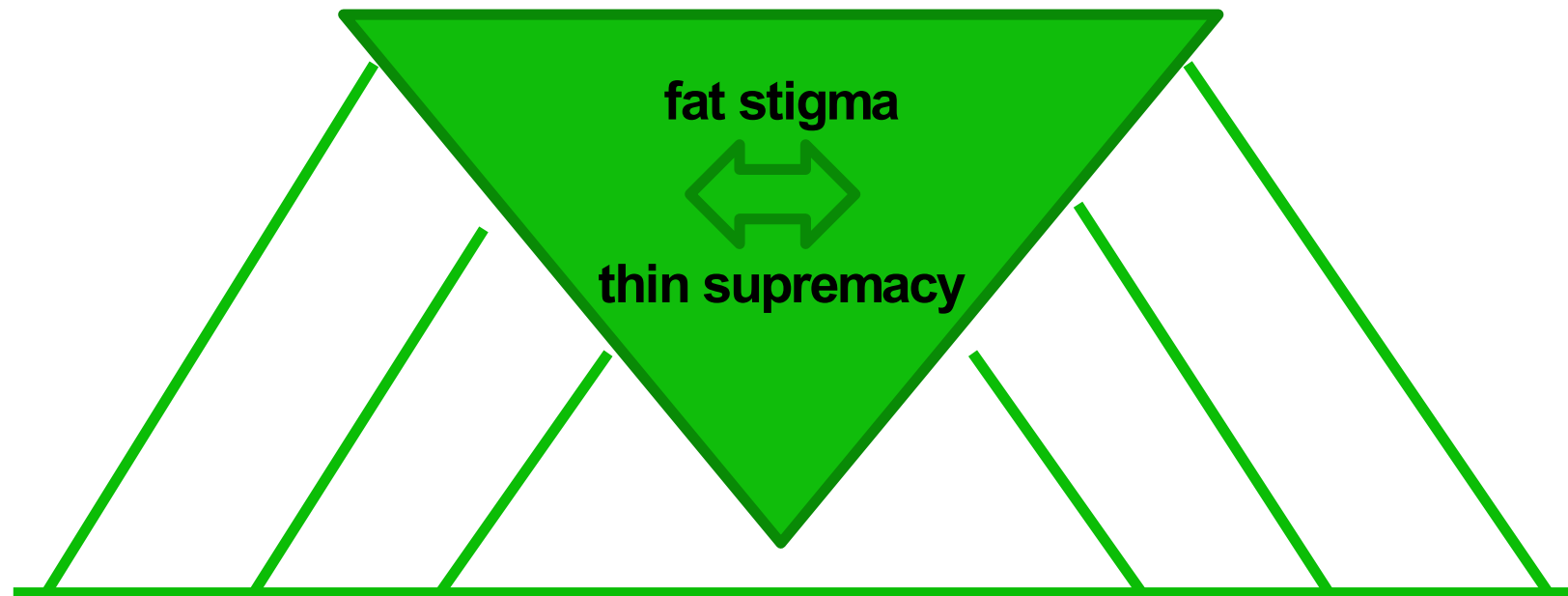
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Pillars of Power

In this model the struts (or pillars) are the forces, beliefs or other factors you identify that sustain the problem.
The activity is freely available on line.

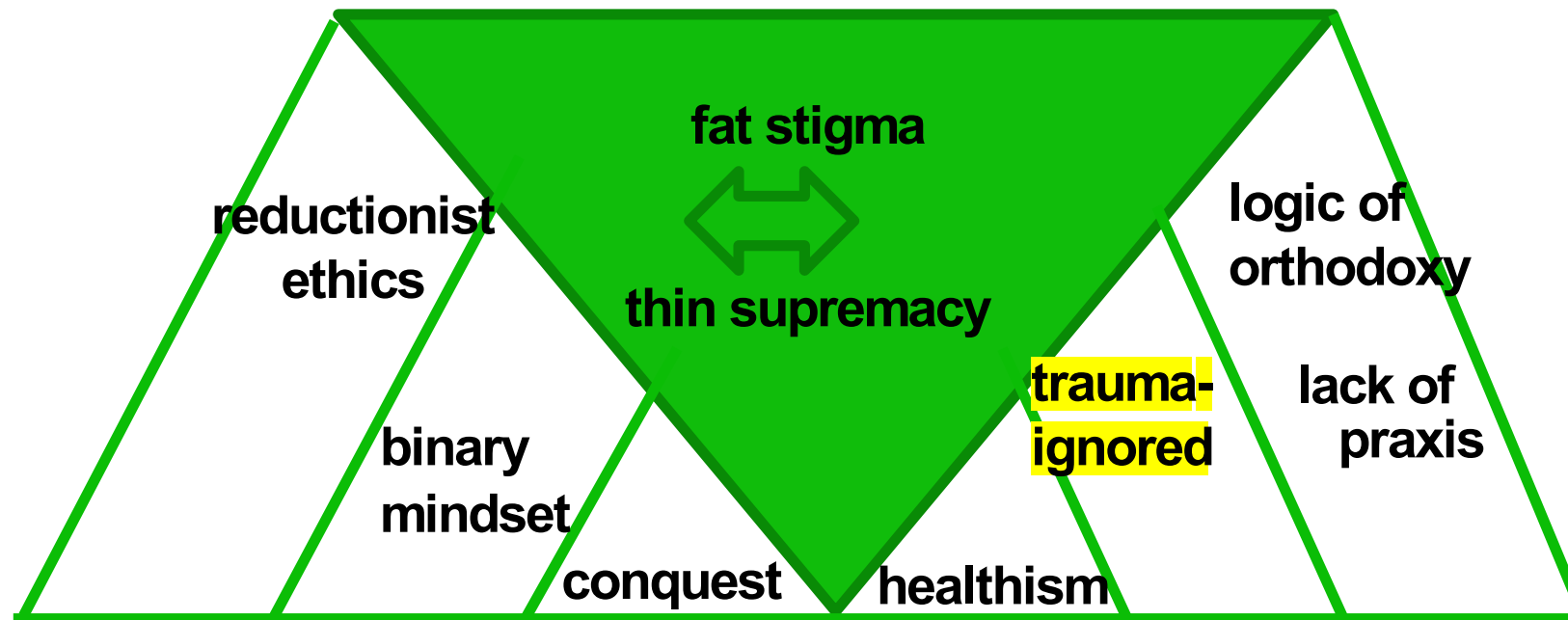


When does stigma thrive?



Supremacy thrives when we act as if we have the right to assert our will over another person's because we, and our ideas, beliefs and needs, are superior to them in some way. So we need to understand why people uphold supremacist thinking, plus we need to talk about trauma, if we want open mindedness and the real dialogue that precedes action.

Non-diet (HAES)



Weight-neutral

**“What would you do for a thin patient
with knee pain?”**

– fails to acknowledge the embodied reality of the encounter and the lead up to it, the bus ride home, the decades of insults, the whispering, the disgust, the self-loathing, the frustration, Roxane Gay collapsing at the steering wheel after one more ordinary verbal attack and deciding to have bariatric surgery

- It arises from a mechanistic and procedural model that fails to humanize - patient or medic - and obscures trauma. In this it self-seeds stigma and it normalises thin supremacy – not weight-neutral but thin privilege as if organizing healthcare around thin bodies is neutral.
- It sets the bar too low, expects fat people to accept second class care, and envisions a world of liberal accommodation – not a radical vision of disruption and fairness.

- It is not trauma-informed and it is not body aware.
- It erases the reality of being fat in a world that is not designed to accommodate fat bodies, or acknowledge the metabolic - including psychological - consequences of living with oppression.
- Therefore it is also neither compassion-centred nor justice-enhancing. It is not ok.
- This is a powerful example of the need for praxis in activism.

- Important to understand processes behind choice of weight-neutral i.e. a trauma ignored imagination, & why change has been resisted.
- Need to **reconfigure systems of thought and process of community knowledge-creation**, ‘find and replace’ approach misses the point.
- Diet mind-set cannot ‘evolve’ to non-diet, they are distinct paradigms. Is it helpful to think of weight-neutral ‘evolving’ to weight-justice?

Healthism – HAES/non-diet

Health Enhancement: “Support health policies that improve and equalize access to information and services, and personal practices that improve human well-being, including attention to individual physical, economic, social, spiritual, emotional, and other needs.” ASDAH

- While having the emotional, material, physical capacity for self-care absolutely has a role in wellbeing, I can't join the dots between prioritising health behaviour change and one grounded in social justice.
- By emphasising personal behaviours without integrating the body politic it erases the way that power imbalances operate on and through our bodies. It is neoliberal, not liberatory.

. . . And what of the Black body. The insults it lives with and dies by? You think flesh forgets the sticks and stones of prejudicial sentences, police deaths?

Memory is a collective bones and chromosomes

Bouncing back is not innocent It is another ruthless tactic extracting the gun-shattered encumbrance of a people's history to suit white privilege whether or not I intend it . . .

Excerpt from 'Raise the Roof'

Healthism – Non-diet/HAES

“On a collective level, we support creating health-promoting environments and removing barriers to access. On an individual level, we seek to *empower* people to engage in those personal practices that best support health and wellbeing for the individual.”

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<https://www.sizediversityandhealth.org/content.asp?id=152>

Ampowerment

- Ampowerment refers to a meaningful sense of one's power-from-within.
- Lifestyle change falls under the rubric of ampowerment, which relates to self-care.
- Becoming aware of how stigma, trauma and structural factors shape lives (consciousness raising) can help people make sense of their experiences and increase feelings of ampowerment.

Empowerment

- A process that involves systemic social change, with action preceded by collective consciousness raising.
- It does not stop at self-esteem. It is not about compliance or coercion or tokenistic engagement.
- Empowerment fosters empowerment through links with a critical awareness of power-over, healing, and increased capacity to engage in and influence power-with relationships.

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Two Views on Health Enhancement

HAES (Non Diet)

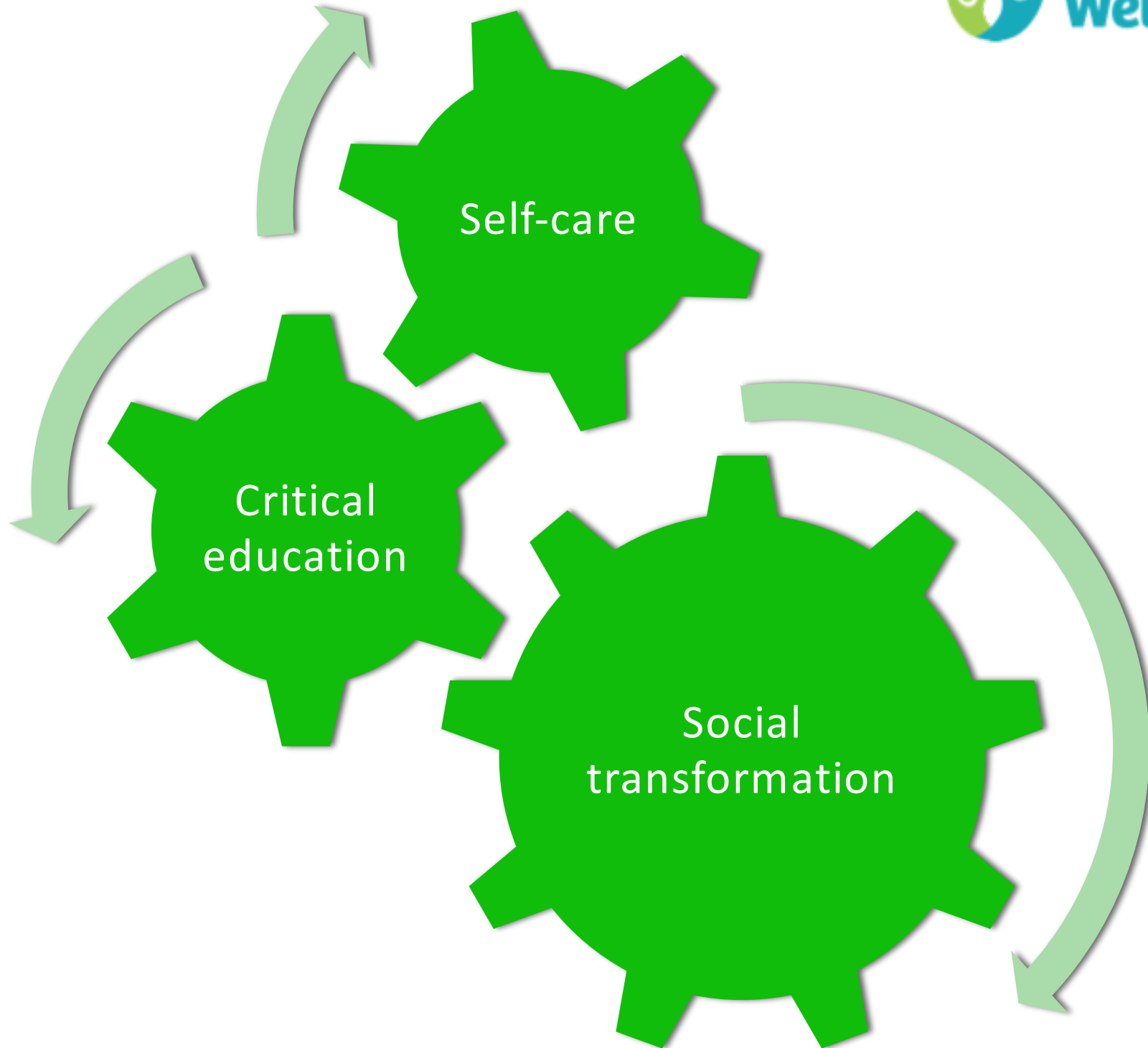
“Support health policies that improve and equalize access to information and services, and personal practices that improve human well-being, including attention to individual physical, economic, social, spiritual, emotional, and other needs” *ASDAH website*

Well Now (Health Justice)

“Build fair societies: support policies that recognise and address the fact that health is primarily determined by access to power, wealth and respect. Promote health policies and practises that foster dignity and compassionate self-care and that respond to the (material, relational, environmental) social determinants of health”

Lucy Aphramor

- Having health policies that improve and equalize access to information and services is a laudable goal, essential from a rights-based perspective, and it will barely touch health inequalities.
- Health requires change in systemic structures of domination and subordination.
- This requires new relationships to knowledge, each other, our bodies, history etc - not resource reallocation, not inviting marginalized people into unchanged power structures, but dismantling the structures, thought-processes, and habits of knowledge-creation that lead to 35 and maintain marginalization.



Non-diet: “health is not a moral obligation”

- ... whose health? ...health is untethered and free floating ... abstracted from power dynamics and devoid of context. It is manna to a thriving disembodied neoliberal health agenda. See how brilliantly it hides its atomistic nature and the assumption health=lifestyle in plain view and so tragically works against, not for, health equity and social justice.
- “Health status should never be used to judge, oppress, or determine the value of an individual.” (ASDAH) I agree. Tying our human worth to our health and behaviours is a cultural narrative that supports supremacist views, stigma and shame. Enacted in individual lives, it can be (simultaneously) a source of profound personal distress and a means of managing our distress. I also believe that lifestyle-change-for-personal-health-gain is neither moral imperative nor individual obligation.

- However, the assertion that ‘health is neither a moral imperative nor an individual obligation’ succinctly naturalises the neoliberal assumption that lifestyle primarily explains health so there is no door left open for talking about power or rape or shame or immigration policy.
- Repeating ‘health is not a moral obligation’ functions to reinforce a system of thought that denies the corporal reality of our inter-relationality. By denying inter-relationality it denies the role of power relations in shaping our sense of self, our life opportunities, and our health outcomes. In a terrible irony, it chips away at its own bones while denouncing the bone whittlers.

- Outside of healthism, health is understood as a function of our circumstances and histories: the dynamic sum of oppression, privilege, trauma, luck, in/access to clean water, green spaces, community etc.
- **‘Pursuing health’ then involves tackling racism and building a safe and sustainable world. If this isn’t a moral obligation, I’m wondering what is?**
- Healthism ignores the direct and indirect roles of power in determining health. We have an epidemic of PRDs (power-related diseases) and healthism hides toxic power and secures privilege by calling them NCDs (non-communicable diseases).

- Healthist beliefs are maintained when we use language and metaphor that excise the messy, breathing, feeling, minded bodyself, and obscure the dynamic porosity of the body-society dyad.
- Any real alternative will emerge from and nurture a system of thought that is **intentionally political, body aware and relational**. It will also then be **compassion-centred, trauma-informed and justice enhancing**. This is how I frame **Well Now theory**.

Research in Support of HAES[®]

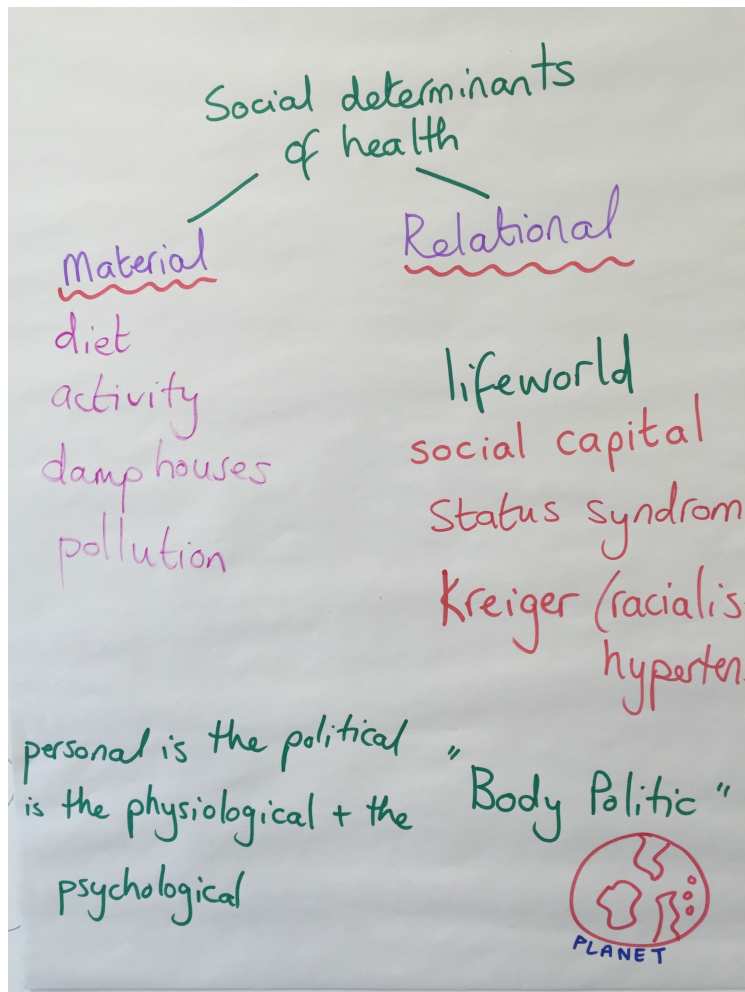
Intervention

Diet Group	Non-Diet
<ul style="list-style-type: none">• Calorie restriction and food diaries• Read food labels/fat grams• Exchanges• Benefits of exercise• Encouraged to walk at certain intensity	<ul style="list-style-type: none">• Body acceptance/self-worth• Techniques to focus on internal cues vs. external cues• Nutrition- effects of food choices on well-being• Activity that allowed them to enjoy their bodies

From ASDAH's HAES Curriculum

Social justice

Well Now

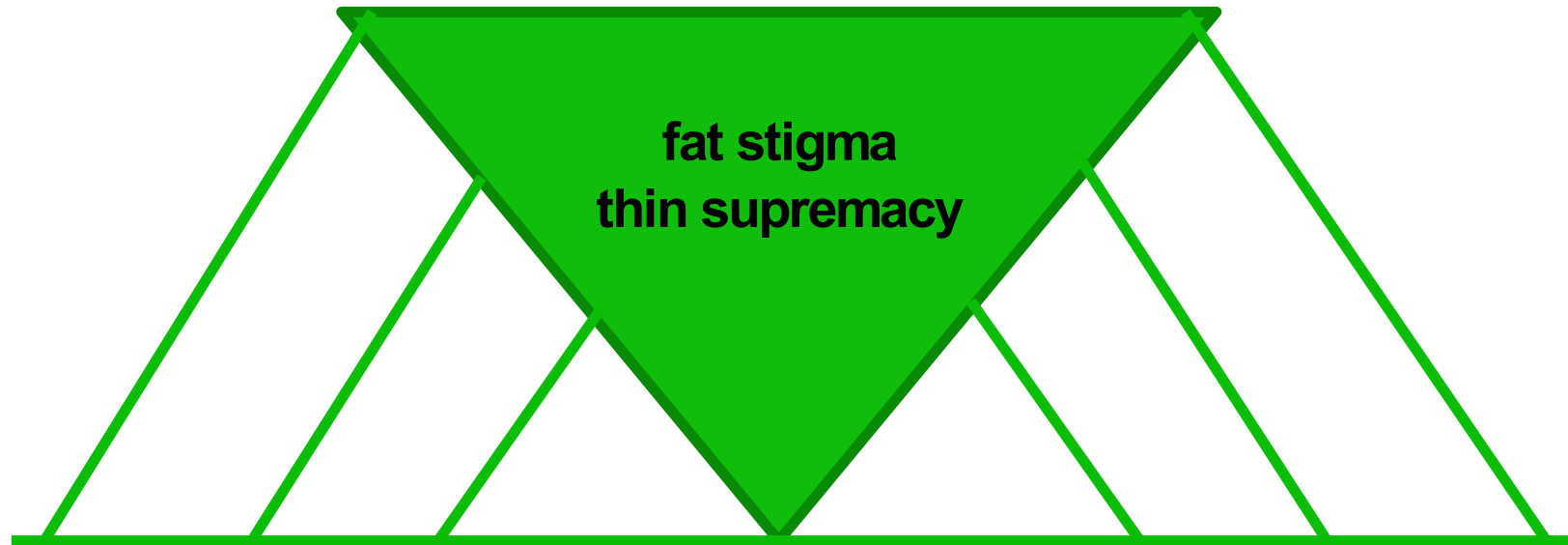


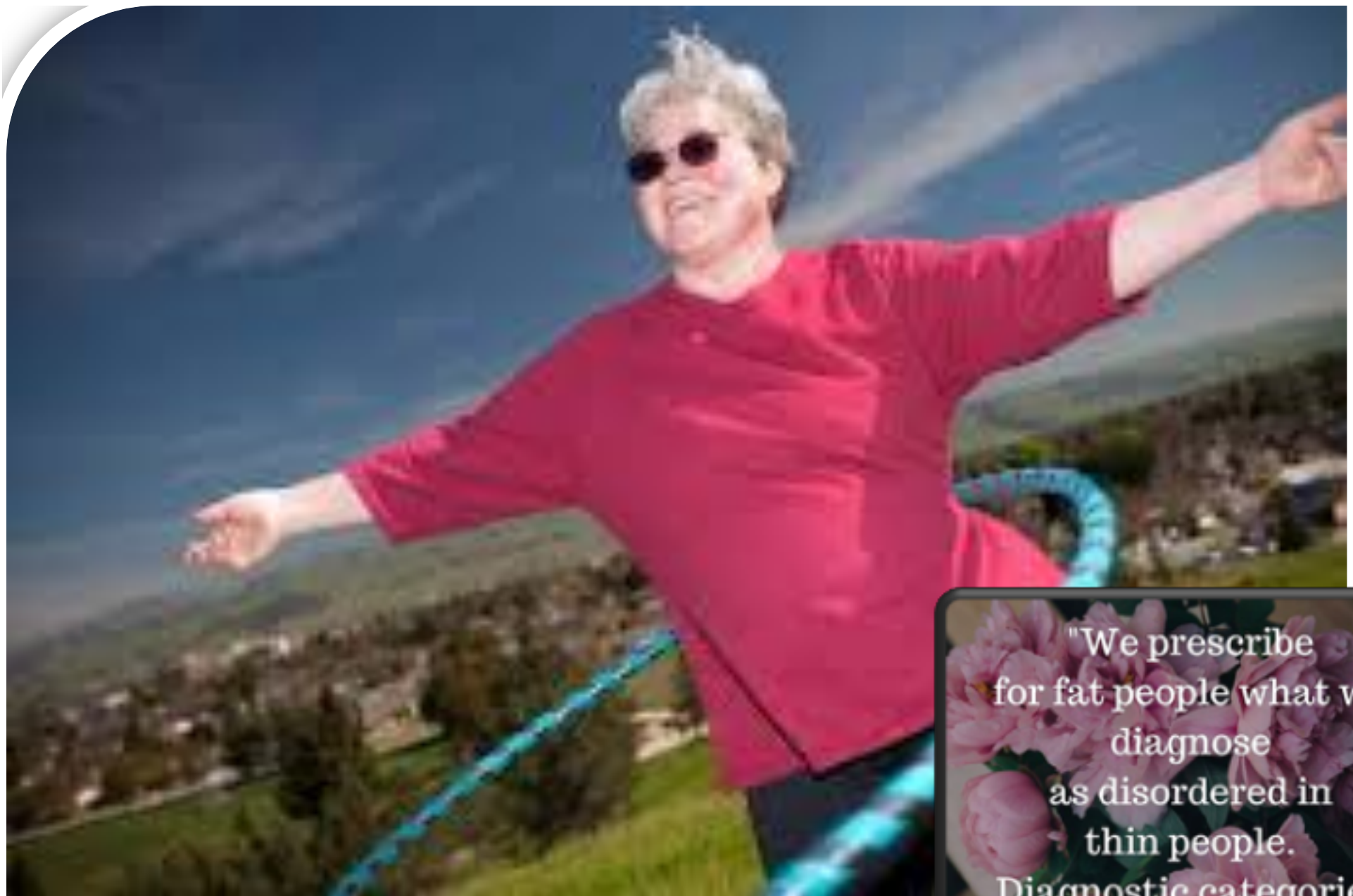
HAES

- The study used by ASDAH is described as HAES . . .? is attention to structural factors optional in a HAES approach ?
- Either an approach is grounded in social justice, or it isn't. Equity arises from our ways of being in relationship, it can't be grafted on. What do you think?

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Health-justice (Well Now)





"We prescribe
for fat people what we
diagnose
as disordered in
thin people.
Diagnostic categories
should not be tied to
weight."

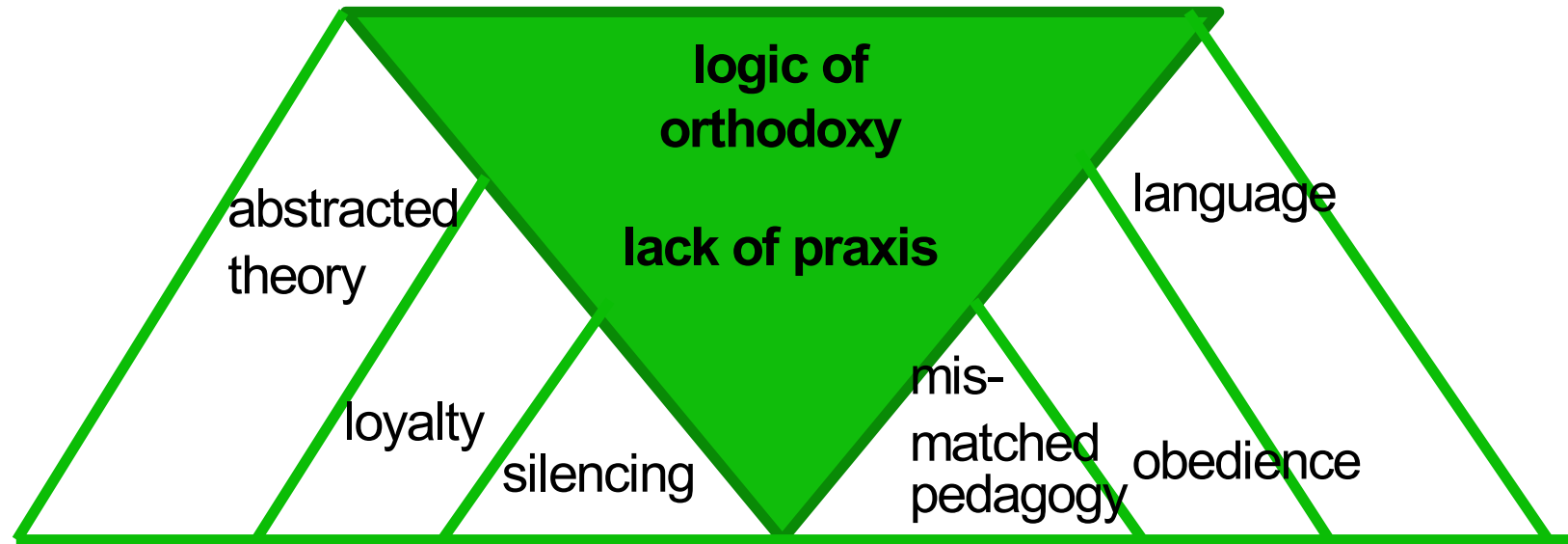
- Deb Burgard

Not Simplifying the Story

- The story is always complicated until we work to simplify it
- Deb co-authored a paper where healthism was implicitly woven in to a rhetoric that explicitly sought to address healthism.
- I critiqued this, and the impossibility of weight-neutral practice as a liberatory strategy.

- Difference between **intent** and **enacted intentionality**
 - 1. Does Deb Burgard intend kick ass justice?
 - Yes. No doubt about this.
 - 2. Is there an enacted intentionality e.g. in weight-neutral ?
 - No, I don't think justice can be achieved through the theory or practice of HAES where HAES is a weight-neutral, non-diet approach.
- I don't think so. It seems Deb does at the moment.
- The reviewers took issue with me critiquing something Deb was involved in; Deb supported me and encouraged critique and welcomed dialogue.

Barriers to Liberatory Knowledge Creation in HAES



Logic of Orthodoxy

- Trauma, and supremacy, stop us hearing each other.
- The logic of orthodoxy – habit without reflection – deference to power – leads to lack of praxis and kills creativity.
- When fear knocks we need to sit with it and find ways to unfreeze, to stop attacking, to become present.
- I want the sort of conversation that allows me to develop and cross-fertilise ideas, test things out, and recognise my own woolly thinking or obstinacy for what it is.

*... right now I am on fire gut-busting
for an exodus from stasis so almighty it
incites the gods in each of us to hurl up
everything they worship sacred
secular profane inflame a new way of
doing being praying grieving growing
speaking thinking longing loving
listening fucking that does justice
justice*

- *Excerpt from Raise the Roof*

*We can best help you to prevent war
not by repeating your words and
following your methods but by finding
new words and creating new methods.*

Virginia Woolf, *Three Guineas*

*Do not let the desire to be sociable, or
the fear of seeming peculiar, determine
your decisions.*

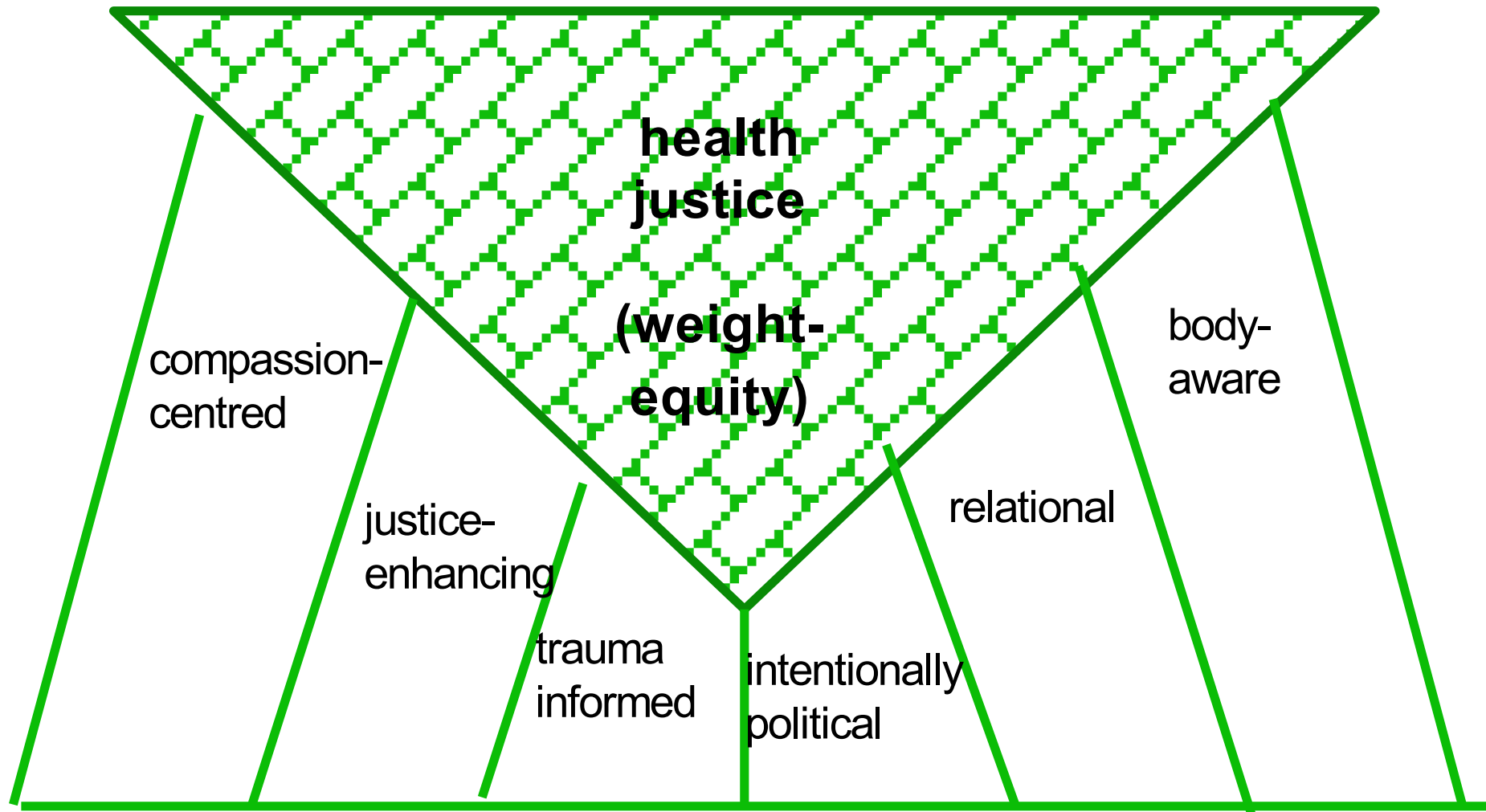
QF&P, 5th edition, 1.02



Hard graft ...?

- 14 years ago I had just started working as a community dietitian in Coventry. I changed my BMI-based practice to incorporate data on SDH, promote body respect, and reflect the truth of weight-science. Then I found HAES and believed my practice to be from the same tree species.
- I watered and fed and mulched, discussed, I trimmed and pruned and harvested, increasingly I worked to saw off old wood, graft on new branches, change how I spoke ideas into being. Then I realized the tree that I wanted was not this one.
- There were indeed surface similarities, but what the last 14 years has shown me is that I want something that grows from a different root stock, one that draws on a deep well of radical, impassioned praxis. So I no longer advocate a HAES approach.

Well Now



The Masters' Tools as Ploughshares

- Difference between offended ego and power abuse
- The point is not (just) whether what I said upset someone . . .
- Stopping here acts as smokescreen for systemic violence

Why praxis matters

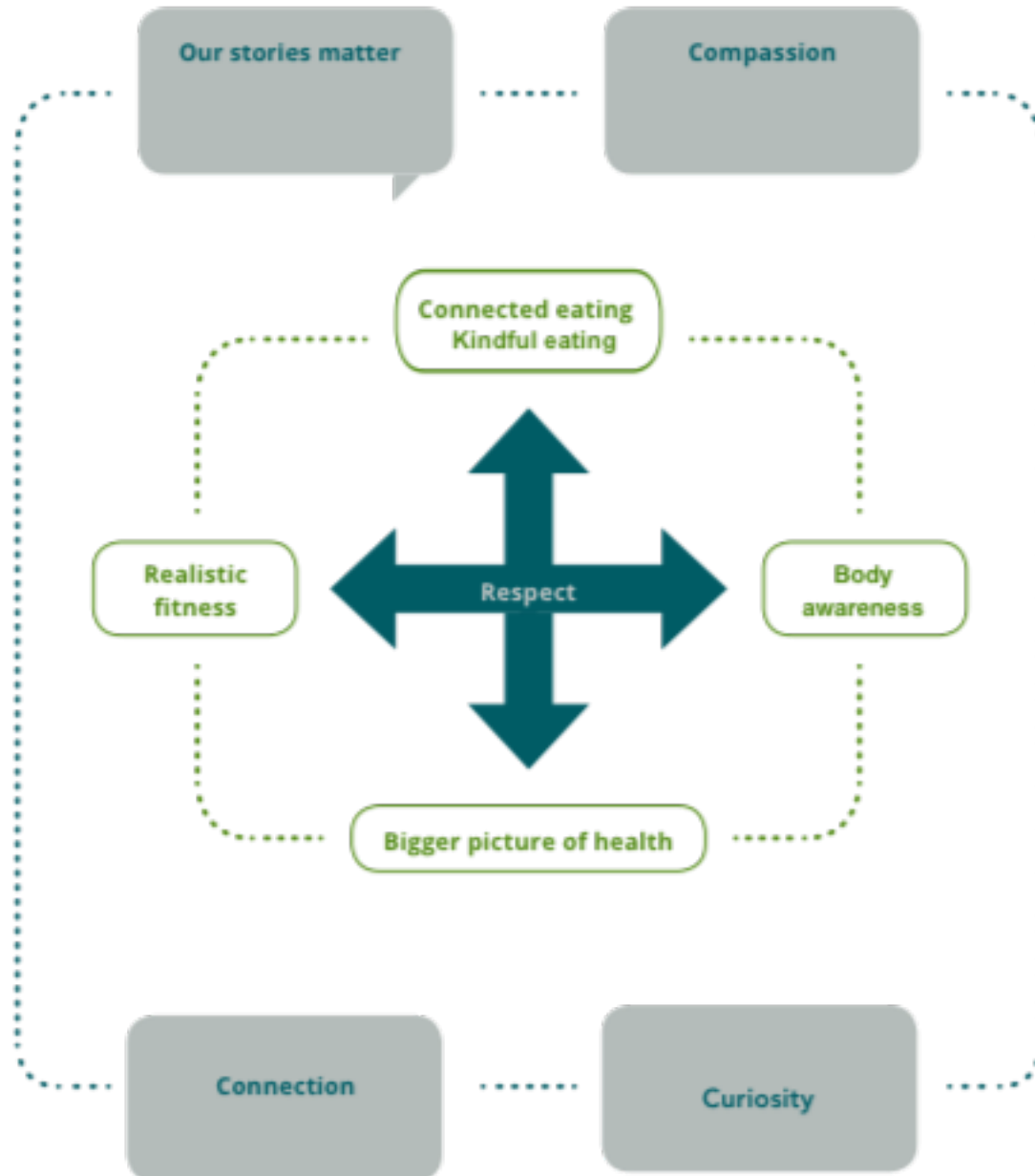
“How does this impact justice?”

- E.g. March this year Boris Johnson was reprimanded by the Speaker for sexist comments directed at Emily Thornberry, and ‘apologised’ to the Speaker and Emily “ ... And I apologise unreservedly to her if I have offended the feelings of the right honourable lady.”
- Chances are the RHLady did not give a RH flying f*** about BJs opinion of her.
- The point is that he felt entitled to be misogynist and completely misses the point of this in his faux-apology.

Language and Praxis

- The point is not only whether I am offended when people use guys as a collective term and so exclude me, the point is that it normalises misogyny and patriarchy and impedes justice.
- See **Sarah Schulman's book "Conflict is Not Abuse"**

- ➔ **A**dd a third example
- ➔ **B**eware paired value judgements
- ➔ **C**onsider 'non' choices carefully
- ➔ **D**ivest from conquest
- ➔ **E**manicipation needs passion and praxis



Well Now Waymarkers

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Well Now: health-justice

- Well Now promotes health-gain (health-justice) and body respect for all.
- It does this by fostering **compassionate self-care**, integrating the **bigger picture of health**, and using a **teaching style** that enhances deep change.

- We come to this work with our own histories around food, eating, bodies – which may be embattled histories. We are shaped by our experiences of trauma, privilege and more.
- We bring our investments in knowledge and ideas and expertise and learning hours and professional identity and self-construct as good people, safe, supportive, credible, working for the common good.
- We urgently need to find ways to build knowledge differently, using praxis and creativity, we need to talk about trauma and power, and be humble and fallible.



- What made Grenfell Towers a tragedy is decisions people made.
- The mindset that enables this power abuse is the same mindset that leads to fat stigma, thin supremacy, any stigma, any supremacy, fascism.

baa baa orange sheep is cosmetic unless it is systemic all this jingoistic thinking synchronises minds entrains in place a docile league of moderates who even now committedly unwittingly cement the next Grenfell

Excerpt from Enough by The Naked Dietitian

Kimberly Dark



Deb Burgard



Quakers

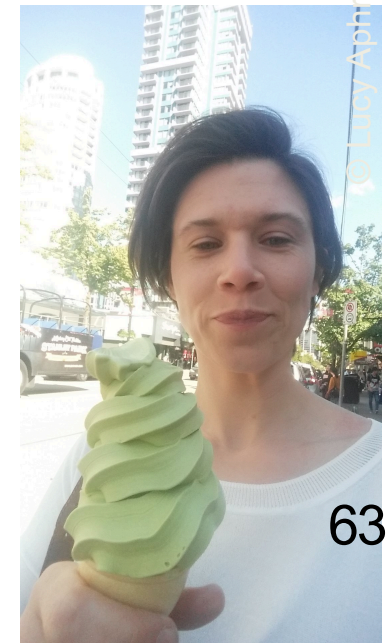
Acknowledgements – with thanks for support to ~



Shrewsbury poetry group



Fiona Clarke



Jennifer Brady

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