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# THAT'S NOT NORMAL

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A Weight Stigma Unlearning

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*curriculum*



# That's Not Normal: A Weight Stigma Unlearning Curriculum

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## A Note on Language Usage Throughout this Curriculum

Throughout this curriculum, we will refer to different body sizes and shapes, and we want to provide some context on the language we use. You'll encounter terms like "larger bodied," "fat" (used as a neutral descriptor, similar to "tall" or "short"), "person of size," and others. Our intention is to use language that is respectful, inclusive, and non-judgmental.

It is important to acknowledge that the words we choose are significant and impactful. We consciously avoid using "fat" as a derogatory term and do not use the word "obese" because both have been historically weaponized against people in larger bodies. These terms often carry negative connotations and are linked to a history of medical and social biases that have marginalized and stigmatized individuals.

Instead, we aim to use terminology that promotes dignity and self-respect. By using descriptive language in a neutral and factual manner, we hope to shift the conversation away from stigmatizing perspectives and toward a more compassionate and understanding dialogue. We recognize the power of language in shaping societal attitudes and are committed to creating a space where all participants can engage in meaningful discussions without fear of judgment or discrimination.

We encourage you to approach this curriculum with an open mind and a willingness to reconsider preconceived notions. Our goal is to foster an environment where diverse body sizes and shapes are acknowledged and respected, and where the focus is on understanding and addressing the complexities of weight stigma. Together, we can work towards a more inclusive and supportive community for everyone.

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### Our Commitment to Addressing and Irradicating Weight Stigma Through Education, Conversation, and Collective Unlearning

As the world around us changes and grows, it's crucial that we remain open to examining our learned beliefs and systems of organization. At Eating Recovery Center and Pathlight Mood & Anxiety Center, we are deeply committed to consistently learning and evolving. Our dedication to this work includes uplifting marginalized voices and highlighting diverse lived experiences, particularly those often silenced or overlooked in discussions about weight and body image.

We recognize that weight stigma is a pervasive issue that affects individuals' mental and physical well-being. Therefore, our curriculum is designed to foster education, meaningful conversation, and collective unlearning. By challenging harmful stereotypes and biases, we aim to cultivate a more compassionate and supportive environment for all.

We invite you to join us on this journey with a curious mind, an open heart, and a commitment to lifelong learning. Together, we can dismantle weight stigma and build a more inclusive and understanding world, where every body is respected and valued.

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## Clinical Speaker Bios



Meredith Nisbet

MS, LMFT, CEDS-S

she / her

Meredith Nisbet, MS, LMFT, CEDS-S is a Licensed Marriage and Family Therapist, a Certified Eating Disorders Specialist Supervisor, and serves as the National Clinical Response Manager for Eating Recovery Center and Pathlight Mood & Anxiety Center. In addition to her work for ERC Pathlight, and in her private practice with Three Birds Counseling, Meredith provides education, training, and consultation on weight stigma and Health at Every Size®-informed care around the country. Meredith earned her bachelor's degree from the University of North Carolina at Chapel Hill and her master's degree in Marriage and Family Therapy from East Carolina University. Meredith lives in Raleigh, North Carolina where she spends her free time listening to true crime podcasts, practicing hot yoga, and snuggling with her dog, Mac.



Hannah Sharkey

RDN, LDN, CEDS

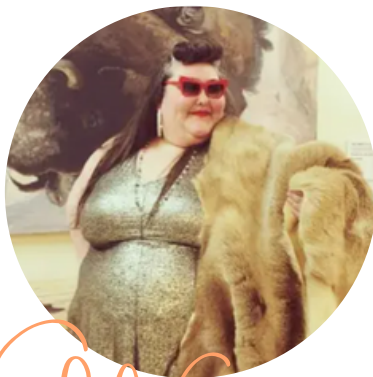
she / her

Hannah Sharkey is a Certified Eating Disorder Specialist and Clinical Dietitian Training Specialist with Eating Recovery Center and Pathlight Mood & Anxiety Center. She has experience working with folx with eating disorders and disordered eating patterns at multiple levels of care (inpatient, residential, partial hospitalization, and intensive outpatient). In addition, she provides outpatient care through her private practice, H. Sharkey Nutrition. Hannah utilizes a Health at Every Size® approach in her patient care. She believes fiercely in promoting and providing equal and quality care for folx of all ability levels, body shapes and sizes, genders, and race. When she is not debunking diet culture, you can find her playing board games, listening to live music, or snuggled up with her sassy cat, 'Honey Butter'.

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## Lived Experience Bios



Shilo George  
she / they



Shilo George is a Southern Cheyenne-Arapaho and Irish/Scottish international speaker and owner of Łush Kumtux Tumtum Consulting, which means “a great awakening of the heart and spirit” in the Chinuk Wawa trade language. Their consulting work covers trauma-informed practices and how those practices support anti-racist and anti-oppressive work within organizations and government systems. Shilo is a community educator with over twenty years of experience as a social worker, and their values are rooted in Native cultural and spiritual practices. They praise their communities as the sources of their inspiration, perseverance, and drive.

Shilo is committed to continued learning about the effects of trauma on children, adults, and communities of color, and how organizations and government systems can better support the most marginalized and vulnerable in our communities. They have created a number of trainings and presentations addressing systemic oppression, trauma-informed care, white supremacy within professional culture, weight stigma in medical systems, and Native American history and culture. Shilo believes it is imperative that organizations and institutions become aware of and accountable for the barriers and harm that relentlessly perpetuate against targeted communities. They encourage creative and courageous rethinking of policies, practices, and procedures to create truly welcoming, just, and healing spaces, programs, and organizational cultures.

Shilo received their Bachelor of Science in Art Practices in 2012 and a Master of Science in Educational Leadership and Policy with a Specialization in Postsecondary and Adult Continuing Education in 2017, both from Portland State University.

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Sharon Maxwell

she / they



Sharon Maxwell is an educator, speaker and fat activist. With compassion as a guiding principle, Sharon is a leading force in dismantling systemic anti-fat bias. She dedicates her work to eradicating weight stigma on both a social level and within healthcare settings. Drawing from her previous career in education, she combines her knowledge of curriculum development with her lived experience battling weight stigma to offer unique insights and practical tools that foster safe and accessible environments for people of size. Sharon's story has been featured in the [New York Times Magazine](#), on The Tamron Hall Show and numerous podcasts. Her activism work has been highlighted in news outlets including [60 Minutes](#), the Wall Street Journal, The Washington Post, The New York Times, NPR and more.



Chrissy King

she / her



Chrissy King writer, speaker, educator, and former strength coach with a passion for creating a diverse and inclusive wellness industry. She is also the author of The Body Liberation Project. Through her work, Chrissy empowers individuals to stop shrinking, start taking up space, and use their energy to create their specific magic in the world. With degrees in social justice and sociology from Marquette University, Chrissy merges her passion for social justice with her passion for wellness to inspire members of the fitness industry to create spaces that allow individuals from all backgrounds to feel seen, welcomed, affirmed, and celebrated.



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Nia Patterson  
they / them



Nia Patterson is a Black, Non-Binary, and Queer Energetics and Social Impact Coach. They are also well-known and well-respected for their work as a body liberation activist, artist, creative, podcast host, and published author. Nia is the multi-passionate force behind Nia Patterson LLC, @TheFriendINeverWanted, and Self Love Tool Chest. They are also the host and producer of three podcasts: Real Talk for the Soul, Body Trauma, and Everyone's A Little Fatphobic. Their work centers around energetics, human design, and entrepreneurship, as well as both Queer and body liberation. Nia is deeply passionate about advocating for all people in all bodies with a heavy emphasis on marginalized folx and, as a result of their work, seeks to bring resources and services to those who do not readily see the representation of themselves in the world.



Jen Ponton  
she / her



Most known as the fiercely feminist fat activist 'Rubi' on AMC's critical darling DIETLAND, Jen is an award-winning actress and body liberation activist. With a television resume that includes 30 ROCK, UNBREAKABLE KIMMY SCHMIDT, ORANGE IS THE NEW BLACK, LAW AND ORDER: SVU, THE BLACKLIST, and BLUE BLOODS, she also starred in the late Ash Christian's body-positive romantic comedy, LOVE ON THE RUN. In 2020, she delivered the TEDx Talk "Hollywood's Fatphobia Problem." She also hosts ALL THE FUCKS, a storytelling podcast about caring too much. Most recently, she has poured her heart into her one-woman show, Sugarcoated.

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Carly Compton

she / her



Carly Compton is an eating disorder survivor turned eating disorder therapist. Her lived experience has led her to the work she does today -- working with individuals all over the world to help give up dieting, recover from disordered eating or an eating disorder, and find genuine happiness and acceptance within themselves, no matter their size, race, gender, sexuality, or socioeconomic status. Carly is also a model and content creator based out of LA as well as the host of the Recover with Carly Podcast and the creator of Eating Disorder Education and Awareness: A Curriculum for Adolescents.

### A Note of Recognition

We want to extend our heartfelt gratitude to the individuals who generously shared their personal stories and perspectives with us. Their willingness to open up and share their journeys is a profound gift, one that enriches our understanding and helps us unlearn weight stigma.

These individuals have offered us invaluable insights into the realities of living in a world where body size is often judged and stigmatized. Their stories remind us of the humanity behind the statistics and stereotypes and challenge us to confront our own biases.

We are deeply honored to have had the opportunity to listen to their experiences and learn from them. Their voices are crucial in shaping a more compassionate and inclusive narrative around body diversity.

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## How to use this curriculum

This curriculum is designed to guide you through a journey of understanding and unlearning weight stigma. As you engage with the content, we encourage you to approach it with an open and reflective mindset. Here are some guidelines to help you navigate this curriculum effectively:

### Mindset and Approach

1. Open Mind and Willingness to Learn: Approach the material with curiosity and a readiness to question long-held beliefs and assumptions
2. Reflective Engagement: Take time to reflect on how societal norms and personal experiences have shaped your perceptions. Consider how these perceptions might affect your interactions and attitudes toward yourself and others.

### Utilizing Attached and Embedded Materials

1. Diverse Formats: The curriculum includes a variety of resources, including PowerPoint presentations, videos, personal narratives, and interactive activities. Engage with each format fully, as they offer different perspectives and insights.
2. Lived Experience Stories: Pay special attention to the stories shared by individuals with lived experiences. These narratives provide invaluable context and highlight the real-world impact of weight stigma.
3. Supplementary Resources: Use the provided readings, worksheets and other activities to deepen your understanding. Take notes, ask questions, and participate in discussions to enrich your learning experience.

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## Self-Care and Personal Reflection

1. **Acknowledge Your Feelings:** It's normal to experience a range of emotions, from discomfort to empathy, as you explore this sensitive topic. Allow yourself to feel and process these emotions.
2. **Set Boundaries:** If the content becomes overwhelming, take breaks as needed. Prioritize your well-being and give yourself permission to step back and reflect.
3. **Seek Support:** If the material brings up challenging emotions or personal experiences, consider reaching out to a trusted friend, therapist, or support group.

## Applying What You Learn

1. **Active Application:** Consider how the concepts and insights gained can be applied in your daily life. Think about ways to challenge weight stigma in your own thoughts, actions, and conversations.
2. **Continual Growth:** Unlearning weight stigma is an ongoing process. Use this curriculum as a starting point, and remain committed to continued learning and growth.
3. **Spread the Unlearning:** We invite you to share your learning, thoughts, and this curriculum with anyone you think may be ready to dive into unlearning.

By engaging with this curriculum thoughtfully and compassionately, you are taking an important step toward creating a more inclusive and empathetic society.

**Thank you for your commitment to this journey.**

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## Module 1: Foundations of Weight Stigma + A Framework for Unlearning

### Module Overview

This foundation module is designed to help participants understand the key concepts surrounding weight stigma, diet culture, and anti-fat bias. The goal is to provide a comprehensive introduction that sets the stage for deeper exploration and unlearning of harmful beliefs and practices.

### Foundations of Weight Stigma

#### Diet Culture

Diet culture is a societal framework that prioritizes and idolizes thinness, often equating it with health, success, and moral superiority. It is rooted in the belief that weight loss is inherently positive and that those who are thin are more disciplined, attractive, and worthy. This culture perpetuates the notion that body size is a direct reflection of one's character and value, promoting the idea that weight is a controllable trait that determines a person's health and worth.

Diet culture is deeply embedded in multiple facets of society, including:

- **Family and Friends:** From a young age, individuals may receive messages about dieting, body shape, and food choices from those closest to them. This can include parents who diet, comments about weight, or encouragement to change eating habits to conform to societal norms.
- **Media:** Television, movies, social media, and advertising are rife with messages that glorify thinness and promote dieting as a path to happiness and success. Celebrities and influencers often endorse diets, detoxes, and weight loss products, further reinforcing these ideals.

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- **Cultural Norms:** Societal standards often dictate that certain body types are preferable, with thinness being idealized across many cultures. This is reinforced through clothing sizes, beauty standards, and societal expectations around appearance.
- **Healthcare:** Medical professionals can perpetuate diet culture by emphasizing weight loss as a primary health goal, often overlooking other aspects of health. This can lead to weight-centric advice that prioritizes body size over overall well-being.
- **Societal Expectations:** Society at large often values thinness, associating it with success, attractiveness, and self-control. This can result in social pressure to conform to a specific body type, leading to widespread dieting and body dissatisfaction.

**The pervasive nature of diet culture has significant, far-reaching consequences, including:**

- **Disordered Eating:** Diet culture encourages restrictive eating, food guilt, and a preoccupation with food and body image, which can contribute to the development of disordered eating behaviors such as chronic dieting, binge eating, or eating disorders.
- **Poor Body Image:** Constant exposure to diet culture can lead to body dissatisfaction, as individuals are pressured to conform to unrealistic beauty standards. This dissatisfaction can result in negative self-perception and a distorted view of one's body.
- **Mental Health Issues:** The relentless pursuit of thinness, driven by diet culture, can take a toll on mental health. Individuals may experience anxiety, depression, and low self-esteem as they struggle to meet society's unattainable standards.
- **Physical Health Risks:** Diet culture often promotes extreme or unhealthy behaviors, such as restrictive diets, dysfunctional movement/exercise, and the use of weight loss supplements, which can lead to physical health issues, including nutritional deficiencies, fatigue, and a weakened immune system.

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## Weight Stigma

Weight stigma refers to the negative biases, stereotypes, and discriminatory behaviors directed at individuals based on their body size, particularly those who are in larger bodies. This stigma is rooted in the belief that thinness is superior, while being in a larger body is undesirable, unhealthy, or a result of personal failure. Weight stigma manifests in various forms, from overt discrimination to subtle microaggressions, and affects many aspects of life, including healthcare, employment, and social interactions.

## Externalized Weight Stigma

Externalized weight stigma encompasses the actions, beliefs, and biases of others that target individuals based on their body size. It can manifest in various ways, including:

- **Healthcare Discrimination:** Medical professionals may focus disproportionately on a patient's weight, attributing all health issues to body size while ignoring other symptoms or underlying conditions. This can result in delayed or inadequate treatment.
- **Employment Discrimination:** Individuals in larger bodies may face biases in hiring, promotions, and workplace interactions. They may be unfairly judged as less capable, lazy, or lacking self-control, leading to unequal opportunities and treatment.
- **Social Exclusion:** People in larger bodies may experience social isolation, bullying, or exclusion from activities based on their weight. This can occur in both personal relationships and broader social settings, leading to feelings of loneliness and rejection.
- **Media Representation:** Media often perpetuates weight stigma by portraying larger bodies in a negative light, using harmful stereotypes, or excluding them from representation altogether. When larger bodies are represented, they are often depicted in demeaning or comedic roles, reinforcing societal biases.

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## Internalized Weight Stigma

Internalized weight stigma occurs when individuals absorb the negative societal messages about body size and turn them inward, leading to self-criticism and a reduced sense of self-worth. This internalization can manifest in several ways:

- **Self-Blame:** Individuals may blame themselves for their body size, believing they are personally responsible for not conforming to societal standards. This can lead to feelings of guilt, shame, and failure.
- **Body Dissatisfaction:** Internalized stigma can result in chronic dissatisfaction with one's body, regardless of actual body size or health. This dissatisfaction often drives disordered eating, unhealthy behaviors, and a persistent desire to change one's appearance.
- **Mental Health Impacts:** The internalization of weight stigma can contribute to mental health issues, such as depression, anxiety, and low self-esteem. Individuals may struggle with feelings of inadequacy and worthlessness, exacerbating their emotional distress.

## Anti-fat Bias

Anti-fat bias is the prejudiced belief that fatness is inherently negative and that individuals in larger bodies are less worthy of respect, dignity, and fair treatment. This bias is deeply ingrained in society and often goes unchallenged, leading to widespread discrimination and marginalization of people who live in larger bodies.

Anti-fat bias manifests in a variety of ways, including:

- **Negative Attitudes:** Individuals may hold and express derogatory views about people in larger bodies, viewing them as lazy, unhealthy, or lacking willpower. These attitudes can be expressed openly or subtly through jokes, comments, or microaggressions.



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- **Healthcare Disparities:** Anti-fat bias in healthcare can lead to differential treatment, where patients in larger bodies are not given the same level of care or are subjected to weight loss as a prerequisite for receiving treatment. This bias can result in poorer health outcomes and mistrust of medical professionals.
- **Employment Discrimination:** People in larger bodies often face discrimination in the workplace, including biased hiring practices, lack of promotions, and unequal pay. Anti-fat bias can lead to the assumption that larger individuals are less competent or capable, impacting their career advancement.
- **Social Exclusion:** Anti-fat bias can lead to social isolation, where individuals in larger bodies are excluded from social activities, marginalized in public spaces, or subject to bullying and harassment. This exclusion can reinforce feelings of worthlessness and contribute to mental health challenges.

### A Framework for Unlearning

As we conclude this foundational module, it's important to recognize that unlearning weight stigma, diet culture, and anti-fat bias is a continuous and deeply personal journey. The beliefs and biases ingrained in us by society are pervasive, affecting how we view ourselves and others. This curriculum is designed not just to inform but to serve as a starting point for meaningful change in how we think, act, and interact with the world around us.

### Understanding the Process of Unlearning

Unlearning is a deliberate and ongoing process of challenging and dismantling the harmful beliefs and practices we've internalized over time. It involves:

- **Awareness:** The first step in unlearning is becoming aware of the existence of weight stigma, diet culture, and anti-fat bias in our lives. This includes recognizing how these concepts have shaped our attitudes, behaviors, and self-perception.

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- **Reflection:** Once aware, it's crucial to reflect on how these biases have impacted us personally and how they may have influenced our interactions with others. Reflection allows us to identify the areas where change is needed.
- **Education:** Unlearning requires continuous education, seeking out resources, and engaging in conversations that challenge the status quo. This curriculum will provide you with the knowledge and tools necessary to critically examine and question the societal norms that perpetuate weight stigma.
- **Action:** The ultimate goal of unlearning is to change behavior. This involves making conscious efforts to reject diet culture, advocate against weight stigma, and combat anti-fat bias in your own life and within your community.
- **Support:** Unlearning is not a solitary journey. Building a supportive community of like-minded individuals who are also committed to challenging these harmful beliefs can provide encouragement, accountability, and a space for shared growth.

### Beginning Your Unlearning

The journey of unlearning weight stigma and diet culture is transformative. It's about reclaiming your autonomy, rejecting harmful societal standards, and fostering a culture of acceptance and respect for all bodies. As you progress through this curriculum, you'll be equipped not only with knowledge but with actionable steps to create positive change in your life and the lives of others.

This is your starting point. By engaging fully with the materials, reflecting on your own experiences, and committing to the process of unlearning, you are taking the first steps toward a more just and compassionate world.

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## Personal Permission Slip

Most of us grew up learning that following rules made us “good” and breaking them made us “bad”. The result? In adulthood, we may have realized that many of “the rules” were made to be broken, but our bodies and nervous system are still programmed to wait until we have permission to do something.

This simple exercise can be used anytime you find yourself longing to do, or say something but an old program is holding you back. Need permission? Give it to yourself!

### Examples

- I, Kate, give permission to Kate to rest and be “non-productive” today.
- I, Kate, give permission to Kate to speak up and say something when she feels uncomfortable even if she’s not sure what to say or doesn’t know how it will land.
- I, Kate, give permission to Kate to walk away from relationships she no longer finds joyful or nourishing.

## PERMISSION SLIP

Date: \_\_\_\_\_

I, [YOUR NAME HERE] \_\_\_\_\_ give permission to

[YOUR NAME HERE] \_\_\_\_\_ to

[FILL IN THE BLANK WITH SAFE, SANE, NON-HARMFUL DESIRE OF SELF] \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_



Contributed by Kate McCracken. Founder of Cincifatty Body Liberation  
Learn more about Kate’s work at [ledbykate.com](http://ledbykate.com)

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## Module 2: Family Systems + Generational Anti-Fat Bias

### Module Overview

In this module, we delve into the complex dynamics of family systems and the transmission of anti-fat bias across generations. We explore how familial beliefs, attitudes, and behaviors regarding body size and weight can shape individual perspectives and perpetuate stigmatizing narratives.

This session provides a framework for understanding the impact of family history and cultural contexts on one's relationship with food, body image, and self-worth. Participants will examine the ways in which anti-fat bias may be passed down and internalized, often unconsciously, and discuss strategies for breaking the cycle.

By fostering awareness and empathy, this module aims to equip participants with tools to challenge and reframe harmful beliefs, promoting a more inclusive and compassionate approach to diverse body sizes within family and community settings.

### Clinical Slides

Clinical Slides for Module 2: Family Systems + Generational Anti-Fat Bias

[ACCESS SLIDES HERE](#)

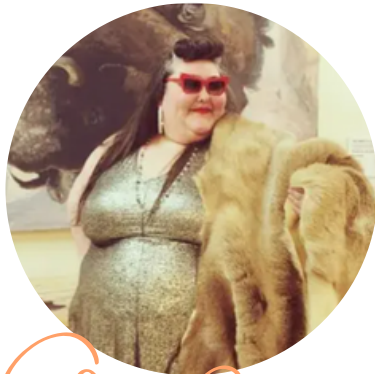
### Virtual Presentation

Virtual Presentation for Module 2: Family Systems + Generational Anti-Fat Bias

[VIEW PRESENTATION HERE](#)

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Shilo George

### Shilo's Story

I'm Southern Cheyenne and Arapaho. I'm also Scottish and Irish. I'm light-skinned, and that's a very important aspect of race to talk about or for me to definitely mention.

I'm also queer, and I identify as Two-Spirit, which are two different concepts. I have disabilities. I am neurodivergent. I also have physical disabilities. I use a cane, a walker, and I'm in the process of getting a scooter for longer walks, but that takes time.

I am also a superfat activist. I have binge eating disorder. It has gotten much better over the years, but apparently, my therapist and I just went through the criteria again, and I still qualify. But, you know, it's just a label. I have complex trauma from childhood, complex PTSD. I'm going to talk a little bit about attachment and things like that, just to make some connections with what was shared previously in this presentation.

One of the interesting things about my family is that my parents got divorced when I was one, and then my mom married a man named Owen, who is still my dad and who I consider my dad. He's an amazing person. I would say that in my childhood, he was the most emotionally mature person. Everybody else was very young and did not have a developed brain.

But going back and forth from family to family was really detrimental to me. Some kids, maybe it wouldn't have bothered them, but for me, it really impacted my attachments and my ideas of family. There was a lot of conflicting information around food, which was mentioned earlier, and also around the two family systems. They were very different, religiously and spiritually, and around food, which for one family was very impacted by their religion. Different in how children were viewed. There was just a lot of conflict. Also, I went by different names with different families. My biological father's family called me

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Shiloh, and my mom's family called me Mandy, which is my middle name. When I graduated from high school, I decided to just go by Shiloh because it was too confusing going back and forth.

I think the other really big thing about my childhood was in fourth grade. My biological father gave up custody of me, and I didn't really see him very often after that. I was mostly with my mom's family, and my name legally became George, and Owen adopted me, which was both really wonderful but also really terrible to not have your biological father as your father anymore. I don't think that situation was handled very well. Looking back on it, a therapist actually said that was kind of messed up, and I realized how impactful that was for me. But I was not a fat kid. I think fat kids are beautiful—nothing wrong with fat kids. I was not a fat kid. But my mom started putting me on diets when I was in fifth grade. There was a lot of worry about me becoming fat. There are a lot of fat women on both sides of my family, so there was a lot of talk about genetics and the prevention of being fat, and being put on diets as a prevention for that, which we know is not good and was not helpful. Instead of making me a thin person, it actually contributed to me developing an eating disorder. First, I started with disordered eating, and then it became an eating disorder, which I still battle.

One of the things I've been talking with my therapist about recently is the idea of having an insecure attachment, which made me more vulnerable to the pressures of diet culture and anti-fat bias within my family and others. We know that insecure attachment and difficulties with relational aspects of our upbringing can make us more vulnerable to abusers, narcissists, and cults. Maybe this is controversial, but I believe diet culture is a cult. It's very cultish, and I think it meets a lot of the criteria. I was looking it up the other day, and it sounded familiar. I also think that insecure attachment with my family, particularly my mom, played a role. My mom was really motivating me and wanting me to diet. She was also dieting, and her mom, my grandmother, was also dieting throughout my childhood. So, intergenerational dieting—most of the women around me that were close to me were all dieting together. It was like a big kind of community, right? How you build community amongst women—still happening to this day.

I think I wanted to please my mom. I wanted my mom to love me. Even though I didn't agree with the dieting, I didn't want to diet. I think some part of me knew it wasn't good

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or helpful, but I did it because my mom wanted me to. My mom was like, "This is the best decision for you." I know this because I found letters and cards that I wrote her, apologizing for arguing with her about going on a diet and saying, "I'm sorry I was disrespectful. I now see that you were right."

When I was growing up, I think I was probably in junior high. My grandmother, my mom's mom, was on one of those liquid diets, which apparently still exist, and I'm horrified by that. She could only drink the liquid diet packets she got from her doctor. I think she could eat Jell-O and drink coffee, tea, and water, and that was it, from my memory. I remember as a child being absolutely horrified that that was what she had to go through to lose weight, and I felt really terrible for her. I felt guilty eating in front of her. It was very much like, "I have to do this, or else I'm going to die," or "My doctor says I have to do this." There was talk in junior high, while my grandmother was on this diet, of having me go on that diet, and I think my doctor said no to that. But my mom really wanted me to be on that liquid diet.

In high school, there was a program with Kaiser where the whole family had to come and be a part of it. Talking about that sort of conflict, once a week, my mom and I would drive an hour into Portland to go to Kaiser, where I had to be weighed and measured and keep a food journal. I believe I was in eighth grade at the time. I think it's a lot of documentation for an eighth grader to do—a lot of data collection. It's a lot of calorie counting at a young age.

No wonder I hate math! But also, that's messed up. I feel both ways about that.

So, I would go to those sessions. We kids would have our weight loss session with the counselor, and then the parents would have their own session. Then, on the way home, my mom would take us to Dairy Queen to get shakes. I was thinking when I was writing these notes that maybe the process really stressed my mom out as well, and that was one of her ways of coping or rewarding us for going through that. I do remember her being like, "Oh, this is a reward. We'll go to Dairy Queen." So, talk about conflicting information, right? That carrot-and-stick strategy, which we know doesn't actually work for motivation for people.

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I think one of the things that's really helped me as an adult with internalized anti-fat bias and weight stigma, and also that I deal with all the time, is thinking about family versus kinship. Kinship systems make me think directly about the indigenous community. You have this nuclear family in the colonial thought around that, but I recently thought about this: "I'm likely never going to be safe as a queer or fat person in my biological family." And that hurts; that's hard, right? My family knows not to talk to me about dieting, but they all diet themselves, and it's something that everybody kind of walks on eggshells around me about. I'm definitely the fattest person in my family. I struggle with being disabled, physically disabled, and superfat. When I go to family events, I often have panic attacks on my way there. So, I'm trying to work with my therapist on that.

Thinking about kinship—support from queer community, support from indigenous community, indigenous family members, and support from fat activists—has been absolutely life-saving for me.

My dad, Owen, is definitely one of those protective factors in my childhood. He is someone who really supported me growing up. Queer family, fat family, indigenous family—they've all been crucial to my survival.

One thing I just want to leave with you is a quote from my friend Deb Burgard. Some of you might be familiar with her work. She's a fat activist and an academic badass who does work within the eating disorder community. One of the things we were talking about the other day was how **"preventing eating disorders is about making it safe to be fat"**. I really love this quote, and it's something that stuck with me when we talked last week.

I'm curious for you to ask yourselves some reflection questions: What is my initial gut reaction to this quote? Am I like, "Yes," or am I like, "Whoa, I don't know about that. That seems a little bit too much."

What are those feelings? What does safety around being fat mean for you and your family?



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## Leaning into Your Emotions Worksheet

Conversations around family and our first experiences with weight stigma can, and often do bring up heavy emotions. Throughout your life, you may have been taught that there are “good emotions” to be celebrated, and “bad emotions” to be distracted from. While feelings like happy, and excited can be more pleasant to experience, feels such as anger, sadness, and grief often have far more to teach us. In this worksheet, we encourage you to spend a little time wondering what some of the more difficult feelings that this module has brought up are trying to teach you.

Within the frame of the 6 basic emotions, consider which emotion you would like to focus on during this exercise (note: you can go through this exercise again if you want to dive into more than one!)

Take a moment to check in with your body. Consider using a mindful technique that allows you to tune out the world and tune into the spaces in your body where your selected emotion is felt.

Describe what you are feeling, and where you are feeling it in your body:

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Take a moment to reflect on the content shared in this module. What memories or experience is the shared content bringing up for you?

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As you reflect on your memories and experiences triggered by this module, wonder how these early experiences have shaped you - your self image, your beliefs about yourself and your body, and how these beliefs have impacted your life.

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Spend a little time leaning into these memories, experiences, and the feels that are being brought up alongside them. Allow yourself to express your feelings - yell, cry, journal. Anything to get those feelings out of your body.

Take a moment to synopsize this exercise. What did you learn? Did anything surprise you? Did you walk away with a different perspective, or a deeper understanding of yourself?

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REMINDER: The purpose of this exercise is not to find resolution, but rather to gain a deeper understanding of your self and your experiences. However you felt during this exercise is OKAY. You are allowed to feel angry, resentful, or sad about how these early life experiences shaped you and your relationship with food and your body.



Contributed by Kaylee Kron. LMSW Certified Grief Counselor  
founder of The Grief Coach and Author of [Charlie Sue and Marmaduke:  
A story of grief for parents and children](#)

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## Module 3: Community / Social / Friends / School + Education Systems

### Module Overview

In this module, we delve into the complex dynamics of family systems and the transmission of anti-fat bias across generations. We explore how familial beliefs, attitudes, and behaviors regarding body size and weight can shape individual perspectives and perpetuate stigmatizing narratives.

This session provides a framework for understanding the impact of family history and cultural contexts on one's relationship with food, body image, and self-worth. Participants will examine the ways in which anti-fat bias may be passed down and internalized, often unconsciously, and discuss strategies for breaking the cycle.

By fostering awareness and empathy, this module aims to equip participants with tools to challenge and reframe harmful beliefs, promoting a more inclusive and compassionate approach to diverse body sizes within family and community settings.

### Clinical Slides

Clinical Slides for Module 3: Community / Social / Friends / School + Education Systems

[ACCESS SLIDES HERE](#)

### Virtual Presentation

Virtual Presentation for Module 3: Community / Social / Friends / School + Education Systems

[VIEW PRESENTATION HERE](#)

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Chrissy King

### Chrissy's Story

I live in Brooklyn, New York now, which is a very diverse place, but I grew up in the Midwest, in Wisconsin. It wasn't nearly as diverse as it is here. I was also homeschooled until I was in the third grade, so my classmates were my brother and sister. When I started school in the third grade, my parents sent me to a private Christian school in the suburbs. On my first day, I felt like I was in culture shock. I felt immediately out of place. I was 5'8" in the third grade—taller than many people are even now. I was 9 years old, almost 10, and I was really

tall. The school required us to wear skirts that reached the middle of our knees, and as you can imagine, there weren't many kids' clothes made for someone 5'8" at 9 years old. I wasn't a tiny 9-year-old either; I literally wore adult-sized clothing.

When I walked into school, I already felt out of place because everyone was dressed like a child, and I looked more like the teachers. I was also the only Black girl in my class and the only person of color in my class. To make it even more evident, my brother, sister, and I were the only Black kids in the whole school. Most of my peers had never interacted with a Black person before, as they lived in the suburbs surrounded by people who looked like themselves. From the beginning, I felt really out of place, and that lack of belonging influenced how I felt about my body and my weight. I knew I couldn't be small, petite, and blonde like the other girls, but I thought maybe I could try to be skinny—that seemed like something I could control. It was my way of trying to fit in.

My response was to try to be as smart as I could be and as skinny as I could be—those were the two things I thought I could control to feel like I belonged. I don't feel like I experienced explicit bullying. I don't think my peers intended to bully me because I was tall, bigger than them, and Black, but when you're young and encounter someone different from you, things happen that make you feel "othered" or like you don't belong. I remember one of the first stories from that time: I went to a small school that had only about 300 kids from K4 to 12th grade, and my class had around 20 people. It was small enough that you could have a

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bunch of friends over for sleepovers. I had never been to a sleepover before, so I was really excited.

At that sleepover, two things happened that made me feel out of place and like I didn't belong. The first thing was that we were playing dress-up with my friends' clothes, but I couldn't fit into any of the clothes—not even my arms could fit. My friend suggested using her mom's clothes, but even those didn't fit. So I ended up just watching and eventually became the judge in a beauty pageant we were pretending to have because I couldn't participate. It felt really sad because I was 9 or 10, and I just wanted to play dress-up like everyone else.

The second thing that happened was when we were playing with each other's hair. My hair texture was different from everyone else's. I used to wear braids, and when one of the girls took my hair down to play with it, her immediate response was, "Ew, gross, why does it feel like that?" It was because Black hair is moisturized with hair oil and other products. I didn't know how to respond—I felt so embarrassed and ashamed. I told them, "It's okay, my hair just feels different; let's not play with it." I was so embarrassed and ashamed about both of those experiences.

When I went home, I never told my parents what happened. I'm not sure why. But I remember thinking that I needed to lose weight so I wouldn't ever be in a situation where I couldn't fit into my peers' clothes. I also wanted to have straight, flowing hair that didn't feel oily or greasy. I asked my mom if I could start straightening my hair, and she let me. But then I stopped adding moisture to my hair, which is important for the health of Black hair. My hair got so dry and brittle. I remember brushing it and seeing little flakes, thinking it was dandruff, but it was actually my hair breaking off because it was so dry.

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I also vividly remember being at the grocery store and seeing a magazine with a picture of Pamela Anderson. I didn't watch Baywatch because we were very sheltered; to this day, I've never seen an episode of The Simpsons because it was banned in our house. But I remember seeing that magazine and thinking, "Wow, Pamela Anderson is lauded as the most beautiful woman in the world." And I thought, "Well, I'm never going to have fair skin, blonde hair, or blue eyes, but I can try to be skinny." That became my driving force. I have journal entries from when I was 10 or 11, writing down how much I was allowed to eat for breakfast. I have an entry where I limited myself to 3 grams of fat for breakfast—this was the '90s when low-fat diets were a big thing. I also had a plan not to eat junk food, not to snack during the day, and to follow an exercise plan.

Looking back, it breaks my heart to think about focusing on those things at such a young age, but that was the reality of the time and my experiences. In high school, I grew even taller—by the time I graduated, I was 5'11". I remember thinking I still needed to be skinnier, but when I look back at pictures from high school, I was really tall and lanky. I didn't have hips yet or any real figure, but in my mind, it was never enough. During my junior year, my parents went through a tough time, including a divorce, and my body changed. I noticed, but it didn't bother me.

One day, during a lunch break, one of my peers made a joke in front of everyone, alluding to the fact that I had gained weight. I was so embarrassed. I didn't know much about dieting, but the internet was starting to be a thing, and I overheard one of my mom's friends talking about losing weight on the Atkins diet. That day, after school, I drove myself to the bookstore, bought the Atkins diet book, read it in one day, and thought, "I

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can do this." The diet was simple: no carbs. I stuck to it religiously and started walking 5 or 6 miles a day.

I ended up losing a ton of weight. I was probably at my lowest weight ever during my senior year of high school. And I remember people, like peers and adults, praising me for how good I looked. And I think, like, that was really the thing that started to solidify in my mind, like, "Oh, when I'm skinnier, I'm getting praised." People are noticing that I'm looking better. And so it started to reinforce that idea that smaller is better, and smaller means I belong. Smaller means I look good. And I think that was really the catalyst for me to continue to be on this dieting, weight-loss journey for a very long time.

And then when I got to college, you know, I gained some weight, as many people do during that time. But it didn't really bother me, and I didn't really think about it. I just kind of lived my life. But I always kind of had that in the back of my mind, like, "Okay, I'm gonna lose weight again. I just need to buckle down." And so I was always on this rollercoaster of trying to lose weight and then gaining it back, and then trying to lose weight again.

It wasn't until years later that I realized how damaging that cycle was. But at the time, it felt like what I had to do to be accepted, to feel good about myself, to feel like I belonged. And that was just kind of the pattern I was in for many years, chasing that validation that I had received when I was smaller.

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### Journal Prompt

Throughout our lives, comments about bodies can often surface and are difficult to avoid, shaping our reflections and interactions. This journal prompt invites you to reflect on comments you have heard and find thoughtful ways to respond.

Write out comments about bodies (your own and/or others) you've heard when in social settings such as school hallways, neighborhood coffee shops, or get together with friends.

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Write out recovery focused ways to respond to the comments you wrote in the righthand column.

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Write out ways to show yourself self-compassion if you feel unable to use the identified recovery-focused comments.

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## Module 4: Intersectionality and Weight Stigma

### Module Overview

This module explores the complex and interconnected nature of intersectionality and its impact on weight stigma. Participants will examine how various social identities, including race, gender, socioeconomic status, and ability, intersect to shape individual experiences of weight stigma. Through this lens, the module will address how systemic inequalities and cultural biases amplify the effects of weight stigma for marginalized communities.

Key topics will include the historical context of intersectionality, the role of power dynamics in perpetuating weight-based discrimination, and strategies for creating more inclusive and equitable practices in both clinical and community settings. By the end of this module, participants will gain a deeper understanding of how intersectional identities influence the experience of weight stigma and will be equipped with tools to address these issues in their work and personal lives.

### Clinical Slides

Clinical Slides for Module 4: Intersectionality and Weight Stigma

[ACCESS SLIDES HERE](#)

### Virtual Presentation

Virtual Presentation for Module 4: Intersectionality and Weight Stigma

[VIEW PRESENTATION HERE](#)

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Nia Patterson

### Nia's Story

I'm in recovery from an eating disorder. I'm an author, college-educated, and I identify as bisexual, queer, and gay. I'm self-employed, identify as being disabled and having limited mobility, creative, agnostic, and spiritual. All of these words describe me.

Just a quick timeline of my recovery: I had an eating disorder for about 15 years, but my recovery—and my eating disorder—has never been linear. Even though I may have developed the eating disorder when I was about 9 or

10, it wasn't just all downhill, uphill, or plateau. I've been through the gamut—up, down, and all around.

I developed the eating disorder when I was 9 or 10 due to various traumas in my life at the time. My eating disorder worsened, but it wasn't bad every day. I don't have memories of life being only bad or only good when I had my eating disorder. However, over time, it did worsen because I was coping with a lot of trauma.

In 2016, I eventually sought support outside of just talking to friends. If you've followed me for a while, you know I started on Instagram in 2017 to chronicle my recovery. I needed accountability in my life and didn't have anyone to lean on when I left treatment, so I turned to the Internet. It may have sounded ridiculous at the time, but I needed to post what I was eating and feeling because I didn't have anyone else to share that with. The people on Instagram held me accountable, liked my content, and made me feel less alone.

I went to formal treatment in 2017, and I continued my recovery on my own. That year, I found body positivity, self-love, and learned so much more than just the need to eat. I learned about my body, my relationship with it, and had many important conversations

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that still resonate with me today.

I did relapse back into my eating disorder in 2018 when I moved across the country to live alone, which was rough. However, I recognized the warning signs and knew that something wasn't right, so I sought help from a therapist and dietitian, getting back into recovery. Since 2019, I identify as being in what I call "strong recovery," which for me means not engaging in harmful behaviors and actively working on my body image and relationship with myself.

That's not to say everything's perfect. I still sometimes have doubts, like when I see a flimsy chair, but I'm okay with myself and know that I'm better than the crap society tries to put on me. Living in my fat, disabled body and being happy with it is more important to me than anything society expects of me.

Some things that have had a lasting impact on my recovery include finding new ways to accommodate my body's needs, from food to furniture that supports me. Learning about body acceptance and body neutrality was also crucial. When I entered recovery, I didn't even know those terms. Learning what they meant for me, defining them, and sticking with them has been significant.

I've received support from both long-distance and close-distance friends and family, with my chosen family being particularly supportive. I've also had to radically accept the way the world perceives my body, knowing that while the world may not fully accept me, I do, and that's what matters most.

A big part of my recovery has involved challenging outdated beliefs about what I'm capable of. There were times I thought, "That's just the way it is," or "I'm not capable of changing that," but I've learned that I am capable of change. Why not pursue feeling better every day if you can?

To accommodate my body's needs, I stay involved in the community, work with HAES-aligned doctors, curate my social media feed, eat breakfast (which is sometimes hard), stay close with friends, eat out, go to therapy, meal plan, find different ADA accommodations, practice gratitude, stay away from scales, stay true to myself, and accept help when it's

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offered. Organizational apps have also been amazing for my ADHD brain.

Lastly, I wanted to talk briefly about the intersection of my identities and how that has shown up in my recovery and life in general. Initially, I thought I could work on one identity at a time, compartmentalizing them, but I realized that it's more like a ball of spaghetti—pull on one string, and another comes with it.

For example, I may feel triggered because of my race, but it's not just because I'm Black; it's because I'm a Black, fat, nonbinary, queer person. It's exhausting, but it informs all my journaling, therapy, and coaching. It's exhausting, to be honest, but it has informed all of my journaling, all of my therapy, all of my coaching, and having those different identities has made me who I am today. It's hard to separate them out, but I wouldn't be the person I am without all of them together.

So, yeah, that's just a bit about me and my recovery. I hope that it helps you understand where I'm coming from and the journey I've been on. Recovery isn't linear, and it's okay to have ups and downs. It's okay to not be perfect all the time because perfection isn't the goal—living your life as fully and authentically as you can is.

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### **Weight Stigma Self-Reflection:** Unpacking our biases & thinking about next steps

Directions: Write your answers to the questions as honestly as possible.

Where do you identify on the spectrum of this to Fat to Superfat?

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What biases do you bring to this conversation? Keep in mind biases regarding: size, race, age, health, sex, gender, sexual orientation, ability, etc.

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How do you act around Fat people? Does it change based on if the person is a small-fat person or a larger fat person?

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Is it important for Fat people to have allies (specifically, thin allies)?

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What are some things you can do today from where you are, to be a better ally? What will you do today? What will you do next week?

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What steps can you take as an individual to be more intersectional?

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## Module 5: Medical/Lack of Nutritional Education and Fake Beliefs/Advice

### Module Overview

In Module 5, we delve into the critical issues surrounding the medical community's lack of comprehensive nutritional education and the widespread dissemination of misinformation and pseudoscience related to nutrition. We will explore how these gaps in education and the proliferation of fake beliefs contribute to harmful practices, such as the endorsement of fad diets, stigmatization of certain body types, and the perpetuation of unhealthy weight management advice.

Participants will examine the historical and systemic factors that have led to insufficient nutritional training in medical schools, and how this deficiency impacts patient care and public health. We will also critically analyze common myths and misconceptions around nutrition and weight, discussing their origins and the societal consequences of accepting these false narratives. By the end of this module, participants will be equipped to identify and challenge misleading nutritional advice, advocate for evidence-based practices, and better support individuals in navigating the complex landscape of diet and health.

### Clinical Slides

Clinical Slides for Module 5: Medical/Lack of Nutritional Education and Fake Beliefs/Advice

[ACCESS SLIDES HERE](#)

### Virtual Presentation

Virtual Presentation for Module 5: Medical/Lack of Nutritional Education and Fake Beliefs/Advice

[VIEW PRESENTATION HERE](#)

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Sharon Maxwell

### Sharon's Story

I was born in a fat body and have been fat my entire life, since childhood. The focus was always on shrinking my body for supposed "health". An example: In third grade, I had recurrent tonsillitis, as did a thin classmate who got her tonsils removed. When I went to the doctor, mine blamed my body size, claiming I wouldn't have these issues if I were thinner. This persisted from age 8 to 23, with frequent bouts and countless antibiotics, until a severe episode nearly closed my airway at 23, leading to an 8-day hospitalization.

Doctors often saw my size instead of my medical needs, perpetuating my eating disorder. They prescribed weight loss without asking about my behaviors around food or movement. This worsened my disorder, undiagnosed for 19 years, leading to a decade without a period and, eventually, a hysterectomy last October due to metabolic issues blamed on my size.

Weight stigma in healthcare isn't a secret; it's devastating and pervasive, especially for those in larger or Black bodies. Despite this, I found a compassionate doctor in Arizona at 26 who saw me as a person, not a body size. She wasn't familiar with "Health at Every Size®" but practiced with care, diagnosing an eating disorder I'd denied.

This positive experience contrasted sharply with others. In San Diego, a self-proclaimed "Health at Every Size®" provider gave harmful, stigmatizing care. I confronted them, but they didn't grasp their harmful approach, highlighting systemic gaps in medical education on treating larger bodies without harm.

To navigate these encounters, I plan what to say, sometimes bringing a supportive friend.



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I remind myself that I'm the expert on my body and don't have to accept harmful care. This advocacy isn't always easy, but it's crucial for receiving the respectful treatment we all deserve.

Medical trauma isn't just a personal issue; it's systemic, rooted in societal biases. Knowing this empowers me to stand up for myself and seek better care, even when it means challenging medical professionals. You don't have to put yourself through an appointment where someone is being harmful to you. You can walk out. This is a service that's being provided to you, and you don't have to put yourself through it.

I also want to acknowledge that sometimes we need to stay in that appointment. If you are experiencing something that needs to be addressed medically, you can stay, but you can also decide to not take in everything that's being said to you. So, if you feel that you need the care but it's coming with a lot of harm, you can choose to only take in the parts of the conversation that are necessary for your medical care.

Additionally, you can ask your provider for a pause. I think this is important—if your doctor is starting to say something harmful, you can say, “I need a moment to process what you just said.” Taking a pause can be very empowering. It gives you a moment to breathe, and it also shifts the dynamic in the room, making it clear that you are not just a passive recipient of whatever the doctor is saying.

I also recommend asking for things in writing. Sometimes, in the moment, it's difficult to remember everything that was said, especially if you're feeling stressed or triggered. If a doctor makes a recommendation, you can ask them to write it down or give you printed information about what they're suggesting.

Finally, something that has been very helpful for me is to find support outside of the medical system. This could be a therapist who is size-inclusive, a support group, or a community of folks who understand and validate your experiences. Having that external support can make it easier to navigate the medical system and advocate for yourself. I want to close by reiterating that you are the expert on your body. You have the right to advocate for the care you deserve, and you don't have to accept harmful treatment. I hope that the stories and tips I've shared today empower you to take control of your healthcare and find providers who respect and support you.

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## Quick Reference Health Card

This downloadable resource was developed by Eating Recovery Center to provide individuals with a tool to support them in developing boundaries around their experiences with healthcare providers. Download this resource, complete it for yourself, and keep it in your wallet to utilize during your next doctor visit.

### Quick Reference Health Card



Preferences & Accommodations

☐ Do not weigh me\* | ☐ Blind weigh me\* | ☐ Do not discuss my weight\*

\*Unless medically necessary

Pronouns: \_\_\_\_\_

I need assistance with:	Care provider preference:
<input type="checkbox"/> Reading documents	<input type="checkbox"/> Male/male identifying
<input type="checkbox"/> Filling out forms	<input type="checkbox"/> Female/female identifying
<input type="checkbox"/> Translation	<input type="checkbox"/> Nonbinary
<input type="checkbox"/> Accessing weight-inclusive equipment (i.e., seating, gowns, blood pressure cuffs)	<input type="checkbox"/> LGBTQ+ affirming provider
<input type="checkbox"/> _____	<input type="checkbox"/> _____



### Quick Reference Health Card

History

The following items are important to my care. I have a history of:

☐ Eating disorder



☐ Addiction (specify): \_\_\_\_\_

☐ Trauma (circle if applicable): sexual | physical | mental | spiritual

☐ Mental health condition

☐ \_\_\_\_\_

☐ \_\_\_\_\_



DOWNLOAD THIS RESOURCE

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## Module 6: Media – TV, Commercials, Movies, Magazines

### Module Overview

This module examines the pervasive influence of weight stigma in media, including television, commercials, movies, and magazines. Participants will explore how media representations shape societal attitudes toward body size and perpetuate harmful stereotypes about weight. Through an analysis of both historical and contemporary examples, the module will highlight how media often reinforces diet culture, glorifies thinness, and marginalizes individuals in larger bodies.

Key topics will include the impact of media portrayals on public perception, the role of advertising in promoting unrealistic body standards, and the psychological effects of weight stigma as portrayed in entertainment and popular culture. The module will also address how diverse media representation can challenge weight-based discrimination and support more inclusive narratives.

By the end of this module, participants will have a deeper understanding of how media contributes to weight stigma and will be equipped with strategies to critically engage with media content and advocate for change.

### Clinical Slides

Clinical Slides for Module 6: Media – TV, Commercials, Movies, Magazines

[ACCESS SLIDES HERE](#)

### Virtual Presentation

Virtual Presentation for Module 6: Media – TV, Commercials, Movies, Magazines

[VIEW PRESENTATION HERE](#)

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### Jen's Story

I've always wanted to be an actor my whole life. I'm a fat liberationist. I've always been a fat kid. By the time I was 6 or 7, all the messaging I got, from my parents, kids around me who weren't my friends, but antagonists, and teachers, was reiterative of the belief that I could never be on TV, in a movie, or on stage. No one wanted to watch a body like mine attempt things.

My first real liberation was found in speech and debate in high school. Being the theater kid doing speech events

I allowed me to perform, play all the characters, and have rooms of people laugh at my talent, timing, and jokes. I built confidence and skill not based on real-world roles, where I was typecast as old Grandma number 4 for having a baby face.

In college, being a fat femme meant I could never play the star or lead romantic roles. These messages infiltrated my self-worth, affecting my romantic life and happiness. My eating disorder began at 11 and intensified in college, convincing me I couldn't succeed without conforming to a thin body.

After graduating and auditioning for Broadway roles on the East Coast, I found only children's theater roles available to me. However, film and TV auditions offered a breakthrough; they sought real bodies, allowing me to perform without my body being the focus or subject of ridicule.

My mental health improved, aligning with the Health at Every Size® movement, intuitive eating, and healing my body and eating disorder. My career became an affirmation of this journey. However, auditions for fat girl roles were often demeaning, and I had to reject many, advocating against media's fatphobic portrayal. With the support of my agents, I refused roles reducing fatness to stereotypes or jokes.

I starred in a 2011 movie, the first fat-positive heroine since *Hairspray*. She refused to internalize the world's fatphobia, a radical stance. Today, actors like Aidy Bryant and

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Gabby Sidibe are celebrated, yet it remains harder for women and femmes to have their bodies and stories taken seriously in media. We're turning a corner, but industry-wide strikes and risk aversion threaten this progress. Media moguls perceive fat bodies as risky, mirroring broader cultural trends influenced by social media and the GLP-1 craze. This contraction may impact representation across marginalized identities.

Despite challenges, cultural shifts are possible, particularly as AI-generated content loses appeal and authenticity gains value. Don't lose heart; we can navigate these changes and continue advocating for diverse, authentic representation in media which is tied to how our culture continues to do exactly what it has done over and over, which is, they find something that seemingly corrects what they see as a moral wrong and everyone gloms on to it, right? And so, what is being upheld as the gold standard of value in culture right now is being a small person. So, the pressures on our marginalized identities are insane right now. And that's also been very hard as an actor. I'm personally going through this process of auditioning, and I've said no to a lot of things this year that I would have said yes to a year ago, and I'm lucky enough to be in a place where I can say no, but that doesn't mean it's easy. It's very, very hard.

And it's heartbreaking because when you're saying no to things, what you're often saying no to is something that you've been trained to believe is your dream. And you're saying no to it because the representation and the respect for fat bodies just isn't there. So yeah, it's a struggle, but it's also empowering to be in a position where you can draw that line. I think a lot of us are in the middle of this great cultural shift, trying to figure out where to land. But I will say this: as much as this moment feels like a pullback and a resurgence of anti-fat bias, it's also the place where people are getting loud about it. We've had decades of people doing the radical work in fat activism and fat liberation. We're not going back.

And that's the part that keeps me hopeful, even when it feels like the industry is taking steps backward. There are more and more people in the community, across all kinds of media, standing up and calling out harmful tropes. It's a movement, and it's growing, and it's not going away. So yeah, there's a lot to be hopeful about, even when things feel tough.

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## Module 7: Social Media – Influencers, Fake Information, Before/After Photos, Models

### Module Overview

This module delves into the significant role social media plays in shaping perceptions of body image and perpetuating weight stigma. Participants will explore how social platforms contribute to the spread of misleading information about health, diet, and weight.

Key topics will include the influence of social media personalities and influencers in promoting unrealistic beauty standards, the dangers of comparing oneself to curated and often altered images, and the psychological impact of constant exposure to before-and-after transformations. The module will also address the proliferation of pseudoscientific health advice and diet trends, and how these can exacerbate weight stigma and contribute to unhealthy behaviors.

By the end of this module, participants will be equipped to critically assess the content they encounter on social media, recognize the influence of these platforms on body image and self-esteem, and advocate for more authentic and diverse representations of body size and health in digital spaces.

### Clinical Slides

Clinical Slides for Module 7: Social Media – Influencers, Fake Information, Before/After Photos, Models

[ACCESS SLIDES HERE](#)

### Virtual Presentation

Virtual Presentation for Module 7: Social Media – Influencers, Fake Information, Before/After Photos, Models

[VIEW PRESENTATION HERE](#)

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Carly Compton

### Carly's Story

I am a content creator and an eating disorder survivor turned eating disorder therapist. A lot of my content online focuses on weight stigma, anti-diet, eating disorders, body image, and social justice.

I create content around these topics because I never had a space like that growing up. One of the main motivations behind the work I do is to be someone I wish I would have had when I was younger.

A little backstory: growing up, I was always the bigger friend. I was an athlete and very active but existed in a larger body. I often compared myself to my friends. Social media wasn't as prevalent back then, but the comparisons were still there. I didn't have a space to talk about this, to get feedback or support, and it felt lonely and isolating.

As I got older, I started navigating social media while still heavily in my eating disorder and deep into diet culture. When I first began posting, my content was very fitness-focused. I shared workouts, meals, and all the things I now encourage people to avoid on social media. It was around 2014-2015, a time when everything was really diet-heavy.

Looking back, I'm thankful for the growth I've experienced, both personally and within social media. Something that Hannah really emphasized is the idea of community. Finding your people online can be life-changing. A big part of my recovery came from discovering creators who were also navigating or had navigated recovery. Their stories and resources were life-changing for me.

As a content creator who exists in a larger body, I experience a lot of what was shared earlier in this presentation: cyberbullying and censorship. It's exhausting but also motivating. It feels like a big middle finger to diet culture and social media censorship — like, you can try to quiet me, but I'm still going to show up.

Navigating censorship is tough. It's important to recognize when it's happening, especially

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when creators you follow aren't showing up in your feed. Often, you visit their page only to realize they've been posting regularly, but their content isn't being shown due to censorship. Our role as a community is to continue showing up for those creators by liking, sharing, and engaging with their content. I've experienced shadow banning on TikTok multiple times, and my account has been threatened solely for existing in a larger body. Once, I did a social experiment where I duetted a video of someone in a smaller body. We were wearing the same thing and doing the same activity. Their video got over 2 million views, while my duet was taken down in less than 3 minutes. That was a wake-up call that the censorship was about the size of my body, not what I was wearing or doing.

These experiences make the weight stigma and fatphobia so prevalent online. That's why community is so important. Navigating these experiences was hard at first, and I internalized a lot of rejection. But over time, I learned that the problem wasn't me or my body; the problem is social media, fatphobia, diet culture, and society's unrealistic expectations. If there's one thing you take away from today, it's this: your body is not the problem. You are not the problem. Society, social media, and diet culture are the problem. Don't change yourself to meet these impossible standards. It's not worth it.

I've been on both ends — obsessed with fitness and food in an unhealthy way, and where I am now. There's so much more joy, happiness, and freedom in being myself now than I ever experienced before. Social media and society constantly push the message that you'll be happier if you lose weight or do the next big diet. But true happiness comes from being authentically yourself and finding a lifestyle that works for you.

I'll end with this: As someone who has experienced censorship, I encourage you to engage with your favorite creators. Have conversations, message them, like their posts, and share their content. It really means the world to us, especially to me, knowing that people are learning, growing, and feeling seen through our content. It's incredibly important to feel seen and heard in spaces that offer safety. Find creators that you feel safe with. But also be mindful of parasocial relationships — have awareness of whether those relationships are becoming unhealthy. Navigating social media with that awareness is key. One of the best pieces of advice I ever heard was to take everything with a grain of salt. Do extra research before following someone.



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## Navigating Social Media

### Journal prompts:

- What am I taking away from my social media that is *helpful*?

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- What am I taking away from my social media that is *unhelpful*?

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### How to start creating a safer social media space

- **Unfollow accounts that are unhelpful**
  - Is the content you're observing or interacting with *in line with your values*?
    - No? Unfollow.
- **Assess content based on mental health needs**
  - How does this content make me feel?
- **Diversify your social media**
  - Who are you following? Can you diversify your social accounts? Follow more:
    - Creators that live in larger/fat bodies
    - BIPOC, AAPI creators
    - Creators with different ability levels
- **Search for content that interests you**
  - Hobbies
  - Music
  - Sports
  - Food and body neutrality

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- **Interact with posts that align with your values**
  - Like, share, follow
- **Find community**
  - Follow creators that have similar identities, values, lived experiences, etc.



Contributed by Hannah Sharkey. Founder of H. Sharkey Nutrition. Learn more about Hannah's work at [hsharkeynutrition.com](https://hsharkeynutrition.com).

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## Suggested Instagram Accounts to Follow

### Lifestyle + Clothing

- @yrfatfriend (Aubrey Gordon)
- @chubbydiaries or Jeff Jenkins (Nat Geo show called Never Say Never)
- @kelssjourney (in recovery from BED, shares life and recovery journey)
- @sass.and.cellulite
- @glitterandlazers
- @simonemariposa
- @chloe\_xandria
- @williamriker
- @jordallenhall
- @shooglet
- @baldiechi
- @fiercefatfemme
- @sassyconfetti
- @keepingitcaitlin
- @thegiannaschiller
- @juicybodygoddess2.0
- @plusbklyn

### Education + Activism

- @tiffanyima
- @intuitivefatty
- @fierce.fatty
- @fatpositivetherapist
- @drrachelmillner
- @hannahtalksbodies
- @drmolliyinprogress
- @thebodyactivists
- @kevindoesarfid
- @dr\_chairbreaker

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## Nutrition + Dieticians

- @thenutritiontea
- @your.latina.nutritionist
- @tumbleweed\_nutrition
- @yourdietitianbff
- @black.nutritionst
- @foodsciencebabe
- @theintuitive\_rd

## Moving Your Body

- @mynameisjessamyn
- @meg.boggs
- @fatgirlstraveling
- @fitragamuffin

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## Navigating Social Media Guide

Excerpt from ANAD's Navigating Social Media Guide

"Social media, today, is a million things. It's a place for creators to share their talents and for family and friends to share life updates. But most importantly, social media is a place for us to connect and interact with one another.

However, as we flock to online platforms as a way to consume, share, and interact with content, it's important that we take a step back the mindfully re-evaluate the ways in which we are doing so. For GENZ, young, creative, bright, but still growing minds, it's crucial to make sure that social media is a landscape that's navigated intentionally — and that young people know and understand that the ways in which we choose to use these platforms is completely under our control.

So today, we're so excited to have you join us in this little journey — a journey of self exploration online, but most of all, of a reimagination of the many positive ways in which we can integrate social media into our lives as young people today."

ACCESS THE GUIDE

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## Module 8: Self Study + Continuous Unlearning

### Module Overview

In this final module, participants will focus on the ongoing journey of unlearning weight stigma and expanding their understanding of body diversity. This module emphasizes that addressing weight stigma is not a one-time effort but a continuous process that requires consistent reflection, education, and action.

Participants will be provided with a wealth of resources, including books, articles, nonprofit organizations, podcasts, and online courses, to further their study beyond this course.

By the end of this module, participants will be equipped with the tools and mindset needed to continue their education and advocate for change, both personally and within their communities. This module serves as a powerful reminder that the work of unlearning weight stigma is an ongoing commitment to fostering a more inclusive and compassionate world.

### Module Outline

Online Courses

Nonprofit Resources

Support Groups + Communities

Reading List

Podcast List

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## Online Courses

### **Introduction to Health at Every Size® (HAES®) by ASDAH (Association for Size Diversity and Health)**

An introductory course on the HAES® principles, focusing on body acceptance and weight-neutral health care.

### **The Body Positive Course by The Body Positive**

An online course that promotes self-acceptance and body positivity, addressing weight stigma and its impacts.

### **Rethinking Weight: The Science of Weight and Weight Loss by Coursera (University of Alberta)**

A course that explores the science behind weight, weight loss, and the implications of weight stigma.

### **Understanding Weight Stigma by The Center for Body Trust**

An in-depth course that provides tools and resources to address and unlearn weight stigma in both personal and professional settings.

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### Nonprofit Resources

We want to deeply thank our nonprofit partners who both supported the creation of this curriculum and contribute to the furthering of weight stigma unlearning across their communities.





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## Support Groups + Communities

### **The Body Positive**

The Body Positive offers support groups that focus on cultivating self-love, body acceptance, and resilience against weight stigma. These groups are designed to help individuals embrace their bodies and reject societal pressures.

### **Fat Acceptance and Fat Liberation Groups**

These groups are part of the broader fat acceptance movement, which seeks to challenge societal norms around weight and promote equality for people of all sizes. Support groups within this movement provide safe spaces for discussing issues related to weight stigma.

Examples:

- No Lose - A trans-inclusive, fat-positive organization that offers support and advocacy.
- Fat Positive Feminism - A feminist group focused on dismantling weight stigma through activism and support.

### **Body Trust Circles**

Offered by The Center for Body Trust, these circles are group programs that focus on healing from diet culture and weight stigma. They provide a space for individuals to connect and support each other in their journey toward body trust and acceptance.

### **Eating Disorder Recovery Support Groups**

Many eating disorder recovery groups also focus on issues related to weight stigma, particularly in the context of recovery from disordered eating. These groups provide support for individuals working to heal their relationship with food and their bodies.

Examples:

- Eating Recovery Center
- ANAD
- Eating Disorder Foundation

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## Support Groups + Communities

### Fat Activism and Advocacy Groups

These groups focus on advocacy and activism to combat weight stigma and promote body diversity. They often provide peer support and resources for individuals affected by weight discrimination.

Examples:

- Fat Acceptance Movement
- National Association to Advance Fat Acceptance (NAAFA)

### The Body Liberation Project

Description: This project provides a community space for those interested in body liberation and challenging weight stigma. It offers resources, support, and advocacy tools for individuals seeking to promote body diversity and acceptance.

### Fat Girls Traveling

Description: An inclusive community that supports fat women and non-binary individuals by promoting body positivity and challenging weight stigma. They offer both online support and in-person meetups focused on travel and lifestyle topics.

### Endangered Bodies

Description: A global initiative aimed at challenging the culture that promotes body insecurity. They provide resources and support for those affected by weight stigma and work to promote body diversity and acceptance.

### Cincifatty Body Liberation Community

Cincifatty is a local body liberation group based in Cincinnati, Ohio, that offers support for individuals dealing with weight stigma and fatphobia. The community provides a safe space for members to discuss their experiences, share resources, and advocate for body diversity and acceptance.

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### Support Groups + Communities

#### **Be Nourished Support Groups**

Be Nourished offers support groups that center on body respect, intuitive eating, and weight-neutral approaches to health. These groups are designed to help individuals break free from diet culture and heal from the effects of weight stigma.

#### **Health at Every Size® (HAES®) Community Groups**

HAES groups are dedicated to promoting weight-neutral health care and body acceptance. They offer a supportive environment for individuals to share experiences, learn about body diversity, and advocate against weight stigma.

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## Reading List

### **Fearing the Black Body: The Racial Origins of Fat Phobia by Sabrina Strings**

Explores the historical roots of fat phobia and its intersections with race and gender.

### **Anti-Diet: Reclaim Your Time, Money, Well-Being, and Happiness Through Intuitive Eating by Christy Harrison**

A comprehensive look at diet culture, weight stigma, and the benefits of intuitive eating.

### **The Body is Not an Apology: The Power of Radical Self-Love by Sonya Renee Taylor**

A transformative guide to embracing body diversity and combating weight stigma through self-love.

### **The Body Liberation Project by Chrissy King**

Provides a broader context of body liberation and weight stigma, combining personal experiences with actionable advice for promoting body diversity and acceptance.

### **Health at Every Size®: The Surprising Truth About Your Weight by Lindo Bacon**

Introduces the Health at Every Size (HAES®) philosophy, emphasizing body acceptance and weight-neutral health practices.

### **What We Don't Talk About When We Talk About Fat by Aubrey Gordon**

Examines the social, political, and cultural aspects of fatness and challenges common misconceptions about weight.

### **You Just Need to Lose Weight and 19 Other Myths About Fat People by Aubrey Gordon**

A critical look at the myths and stereotypes surrounding fat people, debunking harmful beliefs and advocating for more compassionate perspectives.

### **Reclaiming Body Trust by Hilary Kinavey & Dana Sturtevant**

Readers are invited to break free from the status quo and reject a diet culture that has taken advantage and profited from trauma, stigma, and disembodiment, and fully reclaim and embrace their bodies.

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### Podcast List

#### **Maintenance Phase**

Description: Michael Hobbes and Aubrey Gordon debunk the junk science behind health and wellness fads. This podcast dedicated to dismantling diet myths and nutrition ideologies that are centered around the “ideal” thin body.

#### **The Fat Lip Podcast**

Description: Focuses on fat liberation and the experiences of people living in fat bodies. The podcast features conversations about fat stigma, body positivity, and self-acceptance.

#### **Body Justice Podcast**

Description: Hosted by Dr. Nicole Avena, this podcast explores body positivity, weight stigma, and health at every size, featuring interviews with experts and advocates.

#### **Food Psych Podcast**

Hosted by Christy Harrison, this podcast addresses intuitive eating, body image, and diet culture. It features interviews with professionals and individuals sharing their experiences with food and body acceptance.

#### **The Body Positive Podcast**

Focuses on body positivity and self-acceptance. Hosted by the founders of The Body Positive, it includes conversations on overcoming body shame and embracing one's authentic self.

#### **The Unapologetic Podcast**

Hosted by Virgie Tovar, this podcast explores fat liberation, body positivity, and challenges to diet culture, featuring interviews with activists and thought leaders.

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### Podcast List

#### **The Joyful Fatty Podcast**

Hosted by Rachael Hartley, this podcast focuses on joyful eating, body positivity, and fat liberation, with discussions on dismantling diet culture and embracing body diversity.

#### **Body Liberation for All**

Hosted by Dr. Julie Duffy Dillon, this podcast focuses on body liberation, weight stigma, and the impact of diet culture on mental and physical health.

#### **Beyond Body Positivity Podcast**

This podcast delves into body positivity, fat acceptance, and the intersections of body image with other social justice issues. It features conversations with advocates and activists.

#### **You Do You Podcast**

Hosted by Megan Crabb, this podcast focuses on body positivity, self-acceptance, and the challenges of living in a fat body. It includes interviews with guests who share their personal stories and insights.

#### **Recover with Carly Podcast**

Hosted by Carly, this podcast explores topics related to recovery from eating disorders, body acceptance, and the impact of weight stigma. It features interviews with experts and individuals sharing their journeys toward healing and self-acceptance.

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### Find Support at Eating Recovery Center

Find personalized care for your eating disorder through Eating Recovery Center's diverse variety of specialized programs created with you in mind. Our expert care teams ensure people of all ages, races and gender identities get the exact support they need at each stage of their recovery.

With the right care, lasting healing is possible – and we have the data to show it.

[View Our Full Spectrum of Care](#)

### Special Offerings with Eating Recovery Center

#### Virtual Eating Disorder Treatment:

Eating Recovery At Home is the leading virtual intensive outpatient program (IOP) for eating disorders. As effective as in-person treatment, this online eating disorder therapy program fits seamlessly into your everyday life. Through ongoing connection and intensive support, you'll learn how to navigate life's stressors and build resilience.

[Learn More](#)

#### Binge Eating Disorder Treatment (Virtual + In-Person Options):

Binge eating treatment provides a safe, inclusive healing environment to help you break the binge eating cycle. Binge eating is about much more than food and weight. There are many components to BED, including emotional, physical, behavioral, medical and nutritional factors. And this is why BED treatment programs are so powerful.

[Learn More](#)

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### Start Your Journey

If you, or someone you love is struggling with an eating disorder, Eating Recovery Center has a free resource to gain clarity on where to start your healing journey. Having an assessment with an ERC mental health professional is more than just a call. It's the start of being truly heard, understood, and moving toward healing.

#### Here's what you'll get:

- A confidential conversation with a compassionate mental health professional
- The time and space to share your story and feel truly heard
- A recommendation for care that is right for you (because one size doesn't fit all)
- Clear next steps

There is no cost, commitment, pressure or judgement.

#### Schedule a Free Assessment

[eatingrecoverycenter.com/form/self-assessment-form](https://eatingrecoverycenter.com/form/self-assessment-form)

