

Toxic Body Positivity: Navigating the Controversial Debate between Fat Acceptance and Anti-Obesity

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In June 2013, the American Medical Association (AMA) officially classified obesity as a disease, despite the protests of its own Public Health and Science Committee (Stoner & Cornwall, 2014). Following this decision, mainly two responses would ensue. Lee Stoner and Jon Cornwall (2014) succinctly summarized the first position in their response article titled “Did the American Medical Association make the correct decision classifying obesity as a disease?”, published in the *Australian Medical Journal*. They analyzed the rationale behind the decision and predicted the physical and psychological ramifications, with their most daunting prediction being: “Arguably of utmost importance, labeling obesity as a disease may foster a culture of personal irresponsibility, whereby individuals are absolved from practicing healthy lifestyle behaviors... This shift away from personal responsibility may encourage a ‘hands-off’ approach to health behavior” (p. 463). The counter-response disagreed with labeling obesity as a disease, though for a completely different reason: they believed that labeling obesity as such is degrading and fatphobic, and would undo the progress that the body-positivity and fat acceptance movements had accomplished in the past decade.

As of today, the above-mentioned stances persist and continue to engage in ongoing debates about this issue. Countless Tweets and TikTok videos endlessly recycle the same arguments within this discourse, with no end in sight. The fat acceptance movement, otherwise known as Fat Pride, advocates for self-love and acceptance regardless of body shape and protests against any form of anti-fat bias, otherwise known as fatphobia. Anna Kirkland (2008, as cited in Severson, 2019), an associate professor of Women’s Studies and Political Science at the University of Michigan, defines fat acceptance as a “social justice movement aiming to make body culture more inclusive and diverse, in all its forms” (para. 3). Following the proliferation of social media activism, this movement has exponentially gained traction over the past few years and has become part of mainstream media culture. On the other hand, the health-critical stance, also known as the anti-obesity movement, argues for prioritizing health above all and challenges the acceptance of overweight bodies. It is mostly comprised of health specialists and previously overweight individuals who want to benefit others from their experiences. This stance has considerably less supporters than the fat acceptance movement, because it is often perceived as being fatphobic and biased. However, these two stances are not as polarized as they seem to be. There exists a middle-ground in which obese individuals do not have to live with perpetual self-loathing, but are also mindful and conscious of their health.

The main argument for fat acceptance is that this mindset promotes mental wellbeing, as it significantly raises self-esteem and body appreciation levels and therefore lowers the risk of mental illness. By challenging societal beauty standards rooted in unrealistic expectations, fat acceptance aims to undo the damage and brainwashing done by the media and to normalize common body types.

Avalos et al. (2005) prove the healing attributes of body-positivity in a study published by *Body Image*, a peer-reviewed journal that analyzes body perception, which reports that “women with a positive body image had higher levels of optimism, self-esteem, and coping via positive rational acceptance and lower levels of self-presentational perfectionism and coping by avoidance and appearance fixing” (“Introduction,” para. 2). Conversely, according to a study published in the *International Journal of Environmental Research and Public Health*, body dissatisfaction is strongly correlated with low self-esteem, substance use, and depression (Satghare et al., 2019), which emphasizes the need for body positivity.

Another argument commonly invoked by fat acceptance activists is that obesity is the result of obesogenic factors rather than individual choices. They claim that these factors make obesity uncontrollable and irreversible, and therefore it is better to accept it rather than fight it. This argument aims to erase all the unconscious negative connotations that are associated with obesity by reframing it as a symptom of unalterable factors rather than a choice that individuals actively make. These factors include not only genetic factors but also the availability of food options. For example, in the United States, at least 95% of shoppers actively seek out healthy food, yet only 28% are able to find healthy options, and 11% have no idea where healthy options can even be found (IFIC, 2019). This is due to the fact that the most accessible food options are generally unhealthy since some governments subsidize foods that are not nutritious for the human body when processed and converted into other forms. A study conducted by researchers from the Centers for Disease Control and Prevention (CDC) and other institutions discovered that more than half of the calories consumed by citizens of the US come from subsidized goods, such as corn, soybeans, wheat, rice, sorghum, dairy and livestock (Siegel R. et al., 2016), all of which are, ironically, foods that the government itself discourages eating in its dietary guidelines (USDHHS, 2015). Siegel R. et al. also found that people who ate the largest amount of subsidized foods had a 37% higher risk of being obese, a 41% greater risk of having belly fat, a 34% higher risk for having signs of elevated inflammation and a 14% higher risk of having abnormal cholesterol. Moreover, they observed that individuals of lower socioeconomic status and younger persons have diets high in subsidized food and are therefore the most at risk for the abovementioned health issues. Another claim to support this argument is that behavior, environment, and genetic factors all contribute to the weight of an individual (CDC, 2018), and therefore, even for individuals who are able to maintain a relatively healthy lifestyle, the possibility of being overweight is still very present. By citing all this evidence, fat acceptance activists assert that for many people, losing weight is simply not as easy as it is commonly thought to be. Therefore, they believe that becoming accepting of overweight bodies is much better for the psyche than thinking of obesity as a matter of individual choice and striving for a result that might not be attainable.

On the other hand, the health hazards that come with being overweight indicate that a healthier body is worth struggling for, no matter how difficult it is to achieve. Normalizing overweight bodies carries the risk of normalizing the risks that come with them, which would call forth an epidemic of ensuing health issues. The CDC (2022) lists heart diseases, high blood pressure, diabetes, various types of cancer, and death as just a few examples of the effects of obesity. Moreover, individuals with obesity are 55% more likely to develop depression (Luppino et al., 2010) and 25% more likely to develop mood or personality disorders such as bipolar disorders and panic disorders (Simon et al., 2006). Health experts (Nicholls, n.d., as cited in Worth, 2010) say that developing complacency about obesity “could suggest that we underestimate what its implications might be” (“Is body image as important as health?”, para. 12). This is further supported by a study which found that there was a 5% drop in overweight people trying to lose

weight throughout 26 years (Snook et al., 2017). The lead author Dr. Jian Zhang (n.d., as cited in “Fewer Overweight”, 2017), who is a public health researcher at Georgia Southern University, said the following: “Socially accepted normal body weight is shifting toward heavier weight. As more people around us are getting heavier, we simply believe we are fine, and no need to do anything with it” (para. 3). Unfortunately, this perception has been proven in a study that discovered that 8% of its participants did not think they were obese whatsoever, 50% thought they were healthier than most people their age, and 44% had not seen a doctor at all in the past year (Victor et al., 2004). With the rise of fat acceptance comes a concerning form of dissociation from the health issues that encompass being overweight, which is all the more reason for this movement to be resisted.

Additionally, the rising obesity epidemic has taken a damaging toll on nearly all economies. Wang et al. (2009) estimate that the United States spent \$147 billion on obesity alone in 2008, with Medicare and Medicaid, two insurance programs backed by taxpayer money, covering roughly half of the cost. This means that in 2008, the cost of obesity alone was covered by \$73.5 billion of taxpayer funds. This amount increased to \$210 billion in 2018, of which about \$105 billion was funded by taxes (Cawley & Meyerhoefer, 2012). Additionally, in comparison to those of average weight, obese people spent 42% more on medical care overall in 2006 (Finkelstein et al., 2006, as cited in Harvard, 2016). Furthermore, according to a study done by the World Obesity Federation and RTI International, obesity is estimated to cost the GDP of 161 countries around 3.3% by 2060 (World Obesity, 2022). In addition to increasing healthcare expenses, obesity imposes costs in the form of lost productivity and postponed economic growth due to missed work days, poorer job productivity, mortality, and permanent disability (Tremmel et al., 2017). Accordingly, there is an urgent need for governments and individuals all around the globe to push back against fat acceptance and invest resources in preventing obesity in order to avoid future economic losses.

Perhaps most importantly, the fat acceptance movement is antithetic to many other forms of activism. The emphasis on loving one’s physical attributes above all can reinforce the notion that beauty and appearance should be of utmost importance in society. Webb et al. (2017) conducted a study published by *Body Image* in which they compare 400 image-based fat acceptance posts on Instagram based on various criteria. They note that the core strategy of promoting fat acceptance in these posts “involves intentionally augmenting the visibility of higher weight individuals (e.g., in selfie poses) and exemplifying how beauty and style are attainable and not privileges reserved only for thin women” (p. 60). They hypothesize that “while these images could be expressions of body positivity”, they also “could be conceptualized as constituting body objectification and reflecting a high degree of appearance orientation and investment, which are all well-established factors for negatively impacting women’s experiences of embodiment” (Webb et. al, 2017, p. 61). Moreover, Swami & Smith (2017) compared the mood of three groups of women: i) a group who watched a show aiming at promoting body positivity through the usage of normal-sized actors, ii) a group who watched a modeling competition with abnormally skinny bodies, iii) a group who watched a nature series with no human body related content whatsoever. Interestingly, both group (i) and group (ii) experienced “negative body-focused anxiety and body weight dissatisfaction in the post-test session” (para. 1). This is due to the fact that all body-related content, even the positive examples, focus on the beauty of a body, therefore inadvertently exacerbating issues of body perception and image.

To conclude, some advocate for the unconditional acceptance and love of overweight bodies, while others believe that health should be prioritized over comfort and sedentary satisfaction. Fat acceptance activists argue that fat acceptance preserves

mental health and even boosts it. They also believe that it is sometimes the only option for some people, especially marginalized communities, who are unable to do much about their weight. On the other side, anti-obesity advocates argue that overweight bodies are much more prone to a wide range of life-threatening health issues, and therefore being complacent to fatness would increase the rate of diseases and lead to higher mortality. They also insist that the economic repercussions of obesity are too drastic, and therefore supporting fat acceptance would have dire consequences on global economies. Lastly, they stress the fact that the foundation of the fat acceptance movement contradicts other forms of activism by supporting a form of objectification of bodies and prioritizing appearance. Nonetheless, there is a factor that unites these two sides: the fact that they may both be acting in the best interest of overweight individuals even if they have vastly different approaches.

Dr. Tiffany M. Powell (n.d., as cited in Harding, 2010), a researcher and chief of the Social Determinants of Obesity at the National Heart, Lung, and Blood Institute at the National Institutes of Health, talked about how difficult it is to bring awareness to the issue of obesity: “You walk a fine line, because you don’t want people to necessarily have an unhealthy body image, but you also want people to understand that they need to lose weight.” (para. 4). This does not mean that there is no hope of actualizing a society where overweight people strive for better bodies without any emotional or mental burden. One of the proposed solutions is to encourage healthier lifestyles and habits in general, rather than encouraging weight loss. Shana Spence (n.d., as cited in Hosie, 2021), a registered dietician who runs the blog *The Nutrition Tea*, said the following: “Focusing on a number, whether on the scale or your clothing size, leads to being obsessive with eating and exercise and losing the enjoyment” (“How to lose weight in a healthy, positive way,” para. 2). Dr. Natasha Larmie (n.d., as cited in Hosie, 2021), a general practitioner who operates *The Fat Doctor*, a blog about her own weight issues, advocates against intentional weight loss. Instead, she advises people to concentrate on developing healthy behaviors rather than trying to lose weight. By advising people in general and not just overweight individuals to strive for healthier lifestyles, two goals are accomplished: a) overweight people will be encouraged to lose their excess fat without feeling shame or pressure, because the message is not just directed at them, and therefore will not come across as an attack, and b) average-weighted people will have substantially richer and better lives, because they too will be inspired to adopt healthier habits.

Additionally, a more psychologically reformative measure can be taken. At the core of this dilemma is a dire need for a rebirth of the definition of body love and body positivity. For the past few decades, most activists have been defining body love as loving the aesthetics of the body. They have been advocating for perceiving any body shape as beautiful, and therefore, they have focused exclusively on the outer shell of the body. Contemporary perspectives have suggested that body love should be more intrinsic and inherent than loving the outline of the body. They have urged for loving the body wholly as an embodiment of the soul rather than an expression of beauty, and consequently, loving the body genuinely and wholeheartedly. Such a perception will put this issue into a new perspective: loving a body means making the best decisions for it possible. Zoe Morosini (n.d.), a senior nutritionist at Food Standards Australia New Zealand, said the following: “When weight loss is an act of love and care for your body, the results can be transformational for your identity and your views on life and health - a notion that is missed by many in the body positivity movement” (para. 11). By implementing these solutions concurrently, obesity will be fought in a manner that is inoffensive to overweight people, and fat acceptance activists will no longer feel like they are betraying their self-love principles by aiming for changing the form of their bodies.

References

- Avalos, L., Tylka, T. L., & Wood-Barcalow, N. (2005). The body appreciation scale: Development and psychometric evaluation. *Body Image, 2*(3), 285–297. <https://doi.org/10.1016/j.bodyim.2005.06.002>
- Cawley, J., & Meyerhoefer, C. (2012). The medical care costs of obesity: an instrumental variables approach. *Journal of Health Economics, 31*(1), 219–230. <https://doi.org/10.1016/j.jhealeco.2011.10.003>
- CDC. (2018, January 19). *Behavior, environment, and genetic factors all have a role in causing people to be overweight and obese*. Centers for Disease Control and Prevention. <https://www.cdc.gov/genomics/resources/diseases/obesity/index.htm>
- CDC. (2022, September 24). *The health effects of overweight and obesity*. Centers for Disease Control and Prevention. <https://www.cdc.gov/healthyweight/effects/index.html>
- CBS News. (2017, March 7). *Fewer overweight Americans trying to shed pounds*. www.cbsnews.com. <https://www.cbsnews.com/texas/news/fewer-overweight-americans-trying-to-shed-pounds/>
- Hampton, R. (2018, April 11). *The Fat Pride movement promotes dignity, not a “lifestyle.”* Slate Magazine. <https://slate.com/human-interest/2018/04/fat-pride-movement-is-for-dignity-not-recruitment.html>
- Harding, A., & Reuters Health. (2010, October 16). *Many obese people see no need to lose weight*. Reuters. <https://www.reuters.com/article/idUSTRE69F1AN20101016>
- Harvard T.H. Chan School of Public Health. (2016, April 8). *Economic Costs*. Obesity Prevention Source. <https://www.hsph.harvard.edu/obesity-prevention-source/obesity-consequences/economic/>
- Hosie, R. (2021, January 22). *Health professionals are divided over whether obese people should be encouraged to lose weight or not*. Insider. <https://www.insider.com/body-positivity-obesity-weight-loss-taboo-can-overweight-be-healthy-2021-1>
- International Food Information Council (IFIC) Foundation, & American Heart Association. (2019, January). *Food labeling survey* [Data set]. International Food Information Council (IFIC) Foundation. <https://foodinsight.org/wp-content/uploads/2019/01/IFIC-FDN-AHA-Report.pdf>
- Luppino, F. S., de Wit, L. M., Bouvy, P. F., Stijnen, T., Cuijpers, P., Penninx, B. W. J. H., & Zitman, F. G. (2010). Overweight, obesity, and depression. *Archives of General Psychiatry, 67*(3), 220. <https://doi.org/10.1001/archgenpsychiatry.2010.2>
- Mastroianni, B. (2019, February 6). *Only 28% of Americans Say They Have Easy Access to Healthy Foods*. Healthline; Healthline Media. <https://www.healthline.com/health-news/most-people-want-to-eat-healthy-but-only-30-have-easy-access-to-healthy-meals>
- Morosini, Z. (n.d.). *How to love yourself enough to lose weight: The self love weight loss method*. Zoe Morosini Nutrition. <https://www.zoemorosini.com/blog/love-yourself-enough-to-lose-weight>
- Satghare, P., Mahesh, M. V., Abdin, E., Chong, S. A., & Subramaniam, M. (2019). The Relative Associations of Body Image Dissatisfaction among Psychiatric Out-Patients in Singapore. *International Journal of Environmental Research and Public Health, 16*(24), 5162. <https://doi.org/10.3390/ijerph16245162>
- Severson, A. (2019, June 6). *Why I’m Trading Body Positivity for Fat Acceptance*. Healthline; Healthline Media. <https://www>

healthline.com/health/fat-acceptance-vs-body-positivity

- Siegel, K. R., McKeever Bullard, K., Imperatore, G., Kahn, H. S., Stein, A. D., Ali, M. K., & Narayan, K. M. (2016). Association of Higher Consumption of Foods Derived From Subsidized Commodities With Adverse Cardiometabolic Risk Among US Adults. *JAMA Internal Medicine*, *176*(8), 1124. <https://doi.org/10.1001/jamainternmed.2016.2410>
- Simon, G. E., Von Korff, M., Saunders, K., Miglioretti, D. L., Crane, P. K., van Belle, G., & Kessler, R. C. (2006). Association Between Obesity and Psychiatric Disorders in the US Adult Population. *Archives of General Psychiatry*, *63*(7), 824. <https://doi.org/10.1001/archpsyc.63.7.824>
- Snook, K. R., Hansen, A. R., Duke, C. H., Finch, K. C., Hackney, A. A., & Jian Zhang. (2017). Change in Percentages of Adults With Overweight or Obesity Trying to Lose Weight, 1988-2014. *JAMA*, *317*(9), 971–973. <https://doi.org/10.1001/jama.2016.20036>
- Stoner, L., & Cornwall, J. (2014). Did the American Medical Association make the correct decision classifying obesity as a disease? *Australasian Medical Journal*, *7*(11), 462–464. <https://doi.org/10.4066/amj.2014.2281>
- Swami, V., & Smith, J.-M. (2012). How not to feel good naked? The effects of television programs that use “real women” on female viewers’ body image and mood. *Journal of Social and Clinical Psychology*, *31*(2), 151–168. <https://doi.org/10.1521/jscp.2012.31.2.151>
- Tremmel, M., Gerdtham, Ulf-G., Nilsson, P., & Saha, S. (2017). Economic Burden of Obesity: A Systematic Literature Review. *International Journal of Environmental Research and Public Health*, *14*(4), 435. <https://doi.org/10.3390/ijerph14040435>
- U.S. Department of Health and Human Services, & U.S. Department of Agriculture. (2015, December). *2015–2020 Dietary Guidelines for Americans*. 8th Edition. <http://Health.gov/Dietaryguidelines/2015/Guidelines/>
- Victor, R. G., Haley, R. W., Willett, D. L., Peshock, R. M., Vaeth, P. C., Leonard, D., Basit, M., Cooper, R. S., Iannacchione, V. G., Visscher, W. A., Staab, J. M., & Hobbs, H. H. (2004). The Dallas Heart Study: a population-based probability sample for the multidisciplinary study of ethnic differences in cardiovascular health. *The American Journal of Cardiology*, *93*(12), 1473–1480. <https://doi.org/10.1016/j.amjcard.2004.02.058>
- Wang, Y. C., Pamplin, J., Long, M. W., Ward, Z. J., Gortmaker, S. L., & Andreyeva, T. (2015). Severe obesity in adults cost state medicaid programs nearly \$8 billion in 2013. *Health Affairs*, *34*(11), 1923–1931. <https://doi.org/10.1377/hlthaff.2015.0633>
- Webb, J. B., Vinoski, E. R., Bonar, A. S., Davies, A. E., & Etzel, L. (2017). Fat is fashionable and fit: A comparative content analysis of Fatspiration and Health at Every Size ® Instagram images. *Body Image*, *22*, 53–64. <https://doi.org/10.1016/j.bodyim.2017.05.003>
- World Obesity. (2022, September 21). *Economic impact of overweight and obesity set to reach 3.3% of global GDP by 2060*. World Obesity Federation. <https://www.worldobesity.org/news/economic-cost-of-overweight-and-obesity-set-to-reach-3.3-of-global-gdp-by-2060#:~:text=GDP%20by%202060->
- Worth, T. (2010, January 6). *Is the fat acceptance movement bad for our health?* www.cnn.com. <http://edition.cnn.com/2010/HEALTH/01/06/fat.acceptance/index.html>