

ANTI-FAT BIAS IN THE THERAPY ROOM

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AIMS & PURPOSES

Through our own lived experience we recognised anti-fat bias still appears to be socially acceptable. We wanted to explore how this potentially impacts the therapeutic alliance.

RESEARCH QUESTION

How do clients who identify themselves as fat experience the therapeutic alliance when their weight is introduced into the therapeutic frame; and how can this further inform psychotherapy?

SOCIETAL PREJUDICE & MEDICAL AGENDAS

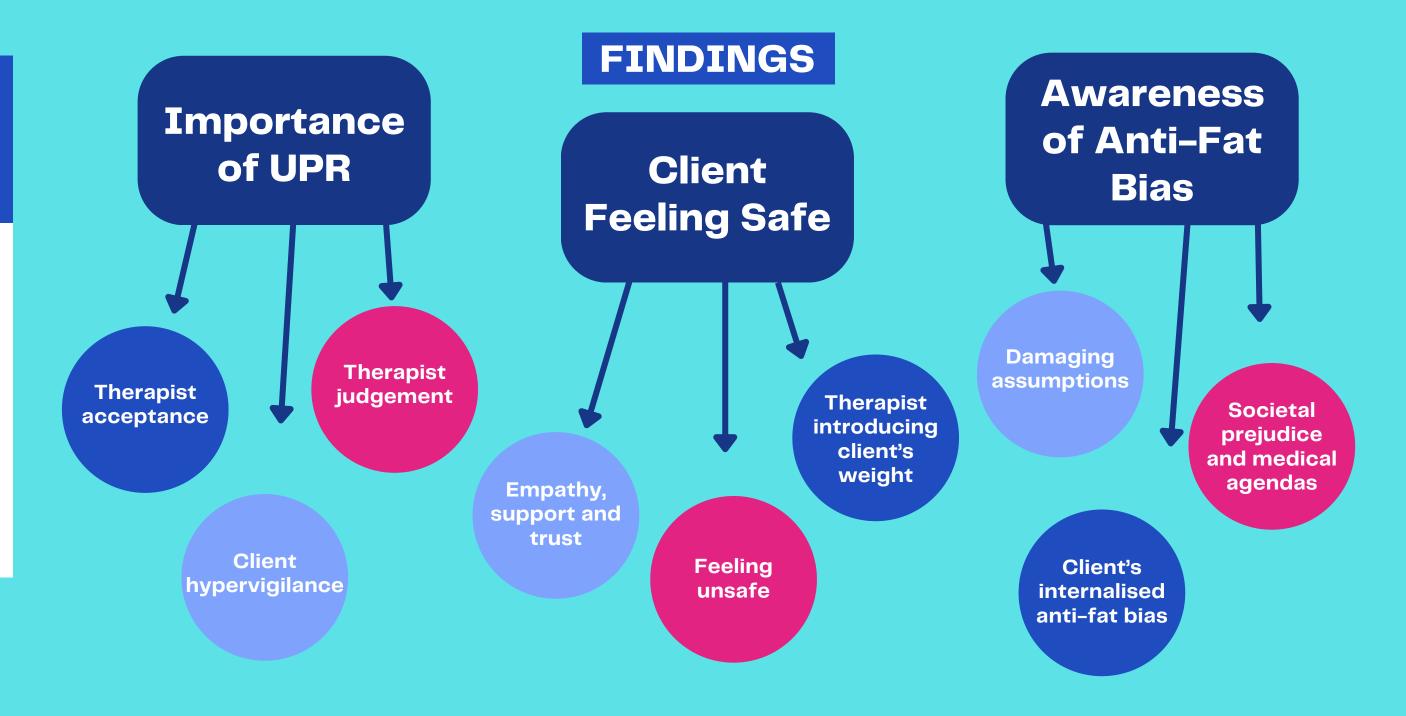
Experiencing discrimination led to participants feeling pressured to conform to society's health standards. Our data indicated medical preconceptions surrounding diets/healthy eating perpetrated by the therapist destroyed trust in the therapeutic relationship.

CONSIDERATIONS GIVEN TO ISSUES OF EQUALITY, DIVERSITY AND INCLUSION

Participants self-selected via social media/open forum platforms. Inclusion requirements asked only for participants who had engaged in therapy while identifying as fat, whose weight had been introduced into the therapeutic frame, therefore research participation was otherwise inclusive.

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• Importance of Unconditional Positive Regard (UPR)

Common themes raised by three out of four participants were judgement, or feeling judged, and/or the importance of feeling accepted by their therapist. Being shown UPR was an essential part of a successful therapeutic alliance.

Client Feeling Safe

Evidenced in all our participants experiences was that feeling safe with their therapist was central to the strength of the therapeutic alliance.

Awareness of Anti-Fat Bias

Therapists need to be aware of their anti-fat bias in order to offer the core conditions to clients.

ETHICAL APPROVAL

Ethical Research Proposal presented to our institution's Ethics Board who granted approval for our research before participants were recruited. Participants were offered six no-fee counselling sessions if any issues arose in relation to their participation in our research.

DESIGN METHODOLOGY

We used a qualitative research process and followed the 'BACP's Ethical Guidelines for Research in Counselling/Psychotherapy' (Mitchels, 2019). We followed a semistructured interview process with four participants recorded on Zoom and our data was thematically analysed (McLeod, 2003).

LITERATURE REVIEW

31 articles were reviewed via traditional paper media and online.

RESEARCH LIMITATIONS

The small participation sample may restrict generalisation of our findings, and limit representation of the client group as a whole (McLeod, 2003).

CONCLUSIONS

It appears clients experiencing a therapist's conscious/unconscious weight bias feel unsafe and unable to fully embrace the therapeutic alliance.

Extension of unconditional positive regard appears vital for clients to trust in the therapeutic alliance. And therapists need to avoid offering any intervention that brings clients' weight into the therapeutic frame before the client does.

Our findings also indicate therapists can improve their practitioner–effectiveness when working with clients by being aware of their own anti–fat bias and addressing it.

REFERENCES: