

# BECOMING A WEIGHT-INCLUSIVE MENTAL HEALTH PROFESSIONAL AN EAT INTUIT WORKBOOK

## A Reflective Guide to Recognizing and Replacing Anti-Fat Bias in Clinical Practice

To practice from a truly weight-inclusive lens, we begin with self-examination. We look honestly and compassionately at the stories we've inherited about health, weight, food, and bodies.

Most of us were trained in systems that equate thinness with wellness and willpower. Even with the best intentions, those beliefs can seep into the therapy room. Becoming weight-inclusive isn't about blame or shame—it's about awareness. When we can see the bias, we can choose differently.

*"You don't have to have arrived to do this work well. There's no shame in the stories you once believed—only courage in choosing to see them more clearly now. There is no shame in what you once believed. You were raised in the same systems you now seek to heal. You have full permission to be a person on your own journey—learning, unlearning, and growing toward freedom alongside the people you help."*

This guide invites you to move through three stages:

- 1. Internal Work** – Recognizing and reflecting on your own beliefs and biases.
- 2. External Work** – Noticing how bias becomes stigma through language, assumptions, and practice.
- 3. Reclaiming Inclusion** – Replacing stigma with compassion, respect, and equity.

## PART 1: INTERNAL WORK

### Recognizing Your Own Anti-Fat Bias

The next two pages offer a self-assessment in the form of Client Scenarios and possible responses. Pay attention to which feel most natural to you to say and why. Look for any thoughts or feelings that come up for you when you consider the responses that are more weight-inclusive.

# SELF ASSESSMENT: SPOT THE BIAS

**Scenario 1:** *A client says, “I’ve been feeling sluggish and unhealthy. I think I need to lose weight.” Which of these feels most natural to say?*

- A. “That makes sense—you’ll probably feel better if you drop some pounds.”
- B. “That’s a common belief in our culture. We’re often taught to blame our bodies when we don’t feel our best. Can we explore what ‘healthy’ and ‘unhealthy’ feel like for you personally?”
- C. “Food can really affect how we feel. Have you tried cutting back on carbs or sugar? I’ve found that helps me have more energy.”
- D. “I hear that weight feels like the issue. I’m also learning about a weight-inclusive approach that questions some of those assumptions about health and size. Would you be open to exploring that together?”

## **Scenario 1 Reflection:**

- A and C reinforce weight loss as inherently positive and equate health with size.
- B and D invite curiosity and shift the focus away from size toward meaning and experience while introducing weight stigma and a weight inclusive approach.

**Scenario 2:** *A client says, “I wish I didn’t have this body. I see my thinner friends and I just feel so jealous that they don’t have to deal with this like I do. They can just eat whatever they want. They seem so confident and happy. Doors just open for them.” Which of these feels most natural to say?*

- A. “Maybe seeing their progress can be motivating for you.”
- B. “It sounds like you’re noticing a lot of comparison. What do you imagine being thin would give you?”
- C. “You could try joining a gym or changing your habits if that’s what you want.”
- D. “That sounds painful and unfair. And it makes a lot of sense in our Diet Culture where Thin Privilege does open doors for some and discriminates against others. You deserve access to all the same things as your friends - including feeling confident and happy without having to first shrink your body. How does it make you feel to hear me say that?”

## **Scenario 2 Reflection:**

- A and C reinforce the myth that thinness leads to happiness and worthiness.
- B opens up compassionate exploration, helping the client identify the cultural scripts behind envy and connect back to their inherent worth and belonging beyond size.
- D acknowledges their experience of being excluded from Thin Privilege. Your client isn’t imaging these inequalities or pulling these messages out of thin air

# SELF ASSESSMENT: SPOT THE BIAS

**Scenario 3:** *A client says, “My doctor keeps telling me to lose weight for my health. I’ve tried so hard, but it never seems to matter. He assumes I don’t care. I know the only thing to do is for me to try harder, but I just don’t have it in me. I’m exhausted. I just feel stuck.” Which of these feels most natural to say?*

A. “Did you tell him everything you’ve tried? Maybe he’ll have more ideas. I’ve heard those new weight-loss medications work well.”

B. “That sounds really hard. It makes sense you’d feel frustrated and unseen. Many doctors rely on a weight-focused model of health, but you’re not alone in finding that approach exhausting. Most of us inevitably gain the weight back. Can you tell me more about what that’s been like for you?”

C. “Maybe you could ask for a referral to a nutritionist for more support.”

D. “Many providers still hold narrow ideas about health and weight. Would it be okay if we explored what health means to you, separate from your doctor’s expectations?”

## Scenario 3 Reflection:

- A and C reinforce external medical and nutritional authority and the assumptions that maintaining weight loss is both possible and improves health.
- B and D center the client’s lived experience, exploring the emotional and relational impact of medical stigma while validating their autonomy and right to define health for themselves. It opens up space to have a different conversation than the usual advice-shame patterns clients may come to expect

**Were you able to spot any weight bias in your natural response? What comes up for you when you consider these more weight-inclusive responses?**

**How could offering similarly weight-inclusive responses to your clients change things for you and your client?**

# THE FOUR DIET CULTURE MYTHS

“Before we can hold space for our clients’ body stories, we have to understand our own.”

These Diet Culture myths underlie much of our misconceptions about how God made food and bodies to work. These are narratives shaped by the weight loss industry in order to keep us striving against our design. In other words, when we believe these we feel personally responsible for achieving an impossible goal.

Myth	This Could Sound Like	Truth	Reflection Prompt
1. <i>Thinner is always better.</i>	<ul style="list-style-type: none"> <li>• “I know I’ll feel better once I drop these last few pounds.”</li> <li>• “Praising for weight lost.”</li> <li>• “I just want to be healthy” when explaining restriction</li> </ul>	Bodies come in diverse shapes and sizes; health is not synonymous with thinness. The biggest benefit of weight loss is often the lessening of weight stigma. The physiological benefits attributed to weight loss are generally temporary. They usually go away after we get discouraged by our weight plateau/gain and stop the health promoting behaviors.	<p>When have I equated health or discipline with thinness—in myself or others?</p> <p>Why do I think thinner is always better?</p>
2. <i>Food is good or bad.</i>	<ul style="list-style-type: none"> <li>• “No thanks, I’m trying to be good” when turning down offered food.</li> <li>• “All things in moderation, right?” or “I just try to eat a balance” [of good and bad foods]</li> <li>• “Oh those are the worst! I can’t keep them in the house.”</li> </ul>	Food has no moral value - that’s a Diet Culture moralization of our food. Nutritionism says that a food’s value lies in it’s nutritional make-up. The foods associated with thinness (i.e. low-calorie, nutrient-dense foods) are elevated, while foods associated with fatness (high-calorie, sugary, carb-rich foods) are demonized - even claiming that they aren’t <i>actually</i> food.	<p>Do I catch myself labeling food as “junk,” “clean,” or “guilty pleasure”?</p> <p>Do I associate my own goodness with the goodness of my food?</p>
3. <i>Weight is in our control.</i>	<ul style="list-style-type: none"> <li>• “I just need to try harder”, “She just isn’t trying”, “She’s a non-compliant patient”.</li> <li>• “It’s a simple matter of calorie in, over calorie out.”</li> <li>• “I’ve lost that much weight before, so I can do it again.”</li> <li>• Having a goal weight for myself.</li> </ul>	Genetics, Social Determinants of Health (including weight stigma), our Set-Point Range and our body’s protective safety measures that refill our depleted energy supply (fat stores) play a much bigger role in determining our weight than our eating and exercise choices do.	<p>How comfortable am I acknowledging that weight is not a reliable measure of health?</p> <p>Do I blame myself for my weight? Do I blame others for their weight?</p>
4. <i>My body is my enemy.</i>	<ul style="list-style-type: none"> <li>• Feeling like we have to fight against our body in order to eat and exercise right and weigh the right amount.</li> <li>• Distrusting our body’s hunger cues and cravings that tempt us to eat “bad” foods.</li> </ul>	The body is wise, adaptive, and worthy of care. God made our bodies to be our friends - we care for each other and meet each other’s needs. When my body gives me cravings for sugar and gains the weight back, that’s my body doing it’s best to get me what I need and ultimately to save my life.	In what ways does it feel like I have to fight against my own body or keep it from getting what it wants (i.e. rest, sleep, calories, sugar, etc.)?

Can you spot the assumptions and weight stigma in the examples of what these Myths could sound like?

# PERSONAL REFLECTION PROMPTS

## ***If You Live in a Larger Body:***

- In what ways has weight stigma impacted my professional confidence or safety?
- How do I navigate environments that reinforce the very bias I'm working to dismantle?
- How do I protect my own body story while helping others explore theirs?

## ***If You Live in a Larger Body (and are new to weight-inclusive practice):***

- What feels hard or scary about accepting that my body might not need to change? (What emotions come up when I imagine not trying to shrink it—loss, fear, powerlessness, confusion, grief, anger in recognizing the injustice done against you?)
- In what ways have I been taught that my body's size says something about my credibility or worth as a professional?
- How might that belief have shaped how I show up with clients, colleagues, or myself?
- What would it mean for me to offer my body the same compassion, patience, and respect I want to extend to my clients?
- What would "caring for" my body look like if weight loss were no longer the goal?

## ***If You Live in a Smaller Body***

- How might my body privilege show up in my sessions—through comfort, assumptions, or invisibility?
- Do I ever assume that my experience of food or movement is "universal"?
- What might I be missing in my understanding of clients who live in larger bodies?

## **PART 2: EXTERNAL WORK**

### **Recognizing How Anti-Fat Bias Becomes Stigma**

*Anti-fat bias doesn't always sound cruel or obvious. It often comes disguised as "concern," "motivation," or "health." A necessary sacrifice and something beyond our control. In clinical settings, even subtle cues can reinforce shame.*

On the next page are some **DOs** and **DON'Ts** that may help you to reduce unintentional weight stigma in your practice and in your interactions with those around you.

## DON'T DON'T DON'T DON'T DON'T DON'T DON'T

- Don't **ASSUME WEIGHT = HEALTH**, effort, or morality.
- Don't **ASSUME YOU CAN TELL HOW A PERSON EATS AND EXERCISES SIMPLY BY LOOKING AT THEM.**
- Don't **OFFER UNSOLICITED ADVICE** about diet, exercise, or weight.
- Don't **AGREE WITH THE PREMISE THAT THE PERSON'S BODY IS A PROBLEM TO FIX.**
- Don't **ASSUME THAT SOMEBODY IN A SMALLER BODY IS HEALTHY** and has a healthy relationship with their food, body and exercise.
- Don't **ACT LIKE THEY SHOULD HAVE BEEN ABLE TO KEEP THE WEIGHT OFF.**  
Humans have not found a single way to maintain intentional weight loss.
- Don't **ELEVATE WEIGHT LOSS AS PRAISEWORTHY.** This sets your client up for shame when they inevitably gain the weight back.

## DO DO DO DO DO DO DO DO DO

- Do **BE CURIOUS.** “What does health mean to you right now?”
- Do **OBSERVE YOUR LANGUAGE.** Be on the lookout for any reference towards what you think is healthy or “better” food or unhealthy or “junk” food.
- Do **VALIDATE THE PAIN WITHOUT AFFIRMING THE BIAS.** “It makes sense that you'd feel this way in a culture that prizes thinness.”
- Do **EXAMINE SYSTEMS.** Help clients recognize the unrealistic expectations that come from external oppression, not internal failure.
- Do **QUESTION ANY WEIGHT SCIENCE THAT PATHOLOGIZES BEING HIGHER WEIGHT WITHOUT TAKING INTO ACCOUNT THE NEGATIVE EFFECTS OF WEIGHT STIGMA.**  
Diet Culture is built on narrative, not science. Learn to recognize the bias built into our science.
- Do **AFFIRM AUTONOMY.** Your client has the right to make choices about their body—including pursuing weight loss if they choose. You can offer information and perspective (in the spirit of informed consent if they accept it), but it's not your role to convince or correct. Support their decision without adopting their worldview as your own.

# PART 3: REPLACING WEIGHT STIGMA WITH WEIGHT INCLUSION

## A New Posture of Practice

*“Health is not an obligation, a barometer of our worthiness, nor entirely within our control.”—Ragen Chastain*

*Weight Inclusion is about honoring autonomy, dignity, and humanity.*

## AFFIRMATIONS For A Weight-Inclusive Practice

- Every person holds inherent value, regardless of size, ability, or health.
- I can support behavior change without prescribing weight change.
- My client’s autonomy is sacred; I don’t need to be their food or body authority.
- I honor that body diversity is natural and that the pursuit of thinness often causes harm.
- I commit to curiosity when defensiveness arises.
- I respect those who navigate daily hostility toward their existence—and I stand with them.

## A Note On THE LANGUAGE WE USE

Many people don’t know that the “Obesity” and “Overweight” language was created by the weight loss industry as a way to medicalize and pathologize larger bodies.

It doesn’t actually have any medical meaning. It’s just a size measurement. Yet, it has set the stage for the “Obesity is a disease” narrative. Something that science doesn’t support. Not to mention, many people that the BMI would call “Obese” don’t have any health issues.

For that reason, please do your best to not use this stigmatizing language. I recommend putting “quotes” around the word, or an Asteriks (Ob\*sity, Overw\*eight) if you must use it. Many Fat Activists prefer the term “fat” as a way to reclaim the neutrally descriptive word which has been weaponized against their bodies. However, for people outside of the Fat Activist space, that term may only be heard as a slur. A good rule of thumb, is to use the person’s preferred term when talking with them about their own body.

Figure out what you are comfortable with at this point. That may change over time as you continue moving towards weight-inclusivity in your work.

## NEXT STEPS TO KEEP GROWING IN YOUR WEIGHT-INCLUSIVE PRACTICE

You've already begun the most important part of this work—seeing. Seeing the stories you were taught about bodies, health, and worth. Seeing how those stories shape both you and the people you serve.

From here, the invitation is simple: keep learning, keep reflecting, and keep practicing compassion—for your clients, and for yourself.

### FOR ONGOING LEARNING & REFLECTION **SUBSCRIBE TO MY MONTHLY NEWSLETTER FOR MENTAL HEALTH PROFESSIONALS**

Where we go deeper into topics like weight stigma in the therapy room, narrative reframes you can use with clients, and tools to help you practice from a truly weight-inclusive lens. Each issue includes encouragement, reflection prompts, tools and resources to help you become a safer more effective support for your clients.

**SUBSCRIBE**

### FOR CONTINUED GROWTH & INSPIRATION **SUBSCRIBE TO EAT INTUIT'S YOUTUBE CHANNEL**

Where I share short, story-based videos about Anti-Diet, Intuitive Eating, weight-inclusive care, and what it looks like to integrate these ideas into both professional practice and personal life.

**SUBSCRIBE**

### FOR YOUR OWN SUPPORT & HEALING **SCHEDULE YOUR FREE 15-MIN PHONE CONSULTATION WITH ME TO GET STARTED**

If reading this has stirred something deeper—your own longing for peace with food, body, or health—I'd love to walk with you as you begin that healing. You can schedule a free 15-minute phone consultation to explore how we might work together toward freedom and gentleness with your own body.

**SCHEDULE**

## A CLOSING REFLECTION

When we let go of the idea that thinness equals goodness, we free ourselves and our clients to reconnect with their bodies as partners, not projects. As friends, not enemies.

Wherever you find yourself in this process of unlearning and reimagining, know that your body and your becoming are both worthy of compassion and care.



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