

## Loosening the Straitjacket of Fatphobia

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Kate Manne. *Unshrinking: How to Face Fatphobia*. New York: Crown, 2024. Pp. 297. \$29.00, hardcover. ISBN: 9780593593837.

*Content note:* This article contains discussions of dieting and disordered eating that might be triggering.

Fat (in)justice is still a relatively new concept in philosophy that merits attention. Although various philosophers have discussed certain features and harms of this kind of injustice,<sup>1</sup> Kate Manne is one of the first<sup>2</sup> to write a detailed and comprehensive overview of fat injustice in her book, *Unshrinking: How to Face Fatphobia*. Manne's book is not merely a pioneering work in the field of philosophy, but one executed with exceptional skill and insight. By expertly blending personal anecdotes, insights from fat activists, pertinent empirical data, and philosophical arguments, Manne crafts a compelling argument about the significance of fatphobia and why we must challenge it as a form of oppression.

To begin, Manne defines fatphobia as “a feature of social systems that unjustly rank fatter bodies as inferior to thinner bodies, in terms of not only our health but also our moral, sexual, and intellectual status” (11). She tackles these inferiority biases one at a time, demonstrating that fat people are *not* inherently unhealthy (chapter 2), morally blameworthy (chapter 4), sexually undesirable (chapter 5), or intellectually deficient (chapter 6). In chapters 7 and 8, Manne explores the epistemic, emotional, and physical harms of diet culture and dieting itself, arguing that the social practice of dieting is immoral due to it probably causing “serious pain and suffering” with “no significant upside” (170).

From the first chapter, Manne effectively captures the pervasive, influential, and damaging nature of fatphobia. Most of us, if not all, have felt some degree of pressure and discomfort in our bodies due to their actual or potential size. We watch what we eat, eat less, and exercise longer and more frequently to ensure our bodies are socially accepted. This pressure and discomfort produced by what Manne calls the “straitjacket of fatphobia” are felt far more intensely in fat people in virtually every aspect of their lives. For instance, Manne’s first chapter employs empirical data to reveal the presence of fatphobia in children and early education, employment, public spaces, the healthcare system, and how its “straitjacket” effects are even more pernicious for people with intersecting marginalized identities (17-34).

For the purposes of this review, I will restrict my attention to what I regard as the book’s most significant chapters and ideas. This will mean overlooking many of the book’s valuable insights and cogent arguments.

### The Concern for Health

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<sup>1</sup> Eller [Ward], “On Fat Oppression”; Reiheld, “With All Due Caution”; Reiheld, “Microaggressions”; Eaton, “Taste in Bodies”; Nath, “The Injustice of Fat Stigma.”

<sup>2</sup> See also: Nath, *Why It’s OK to Be Fat*.

Many believe that pressure produced by the straitjacket of fatphobia is warranted, viewing it as a means to cultivate “healthy” bodies. However, as Manne demonstrates in chapter 2, the relationship between fatness and health is far more complicated than is typically understood. Using statistical data and peer-reviewed studies, Manne persuasively dismantles many deeply-held misconceptions about fatness. First, carrying “excess” weight is far less fatal than we’ve been led to believe (37-40). Citing the work of epidemiologist Katherine Flegal, Manne explains how being “mildly obese” is not associated with a greater risk of death than being of “normal weight,” and in fact that being “overweight” is associated with a *lower* mortality rate than being “normal weight” (37). Second, Manne cites psychologist Traci Mann’s research to challenge the common misconception that people control their weight, showing that significant weight loss is rarely sustained and often leads to a cycle of losing and regaining weight (i.e., weight cycling). Third, the link between poor health and fatness is unclear. Fitness is what truly matters, mitigating most health risks for larger bodies (48-49). Fourth and finally, Manne explains how the link between fatness and poor health is muddied by confounding factors such as weight stigma. Emerging research reveals that stigma-related stress raises inflammation and cortisol levels, leading to adverse health outcomes. While this research on weight stigma is incredibly important, it should also be emphasized that other social determinants of health like economic stability, healthcare access, and geographic location further complicate the relationship between weight and health.<sup>3</sup>

Manne confesses her topical discomfort with writing chapter 2, worrying that readers might interpret her to mean that only *healthy* fat people deserve respect. While that is an understandable concern, Manne’s second chapter presents an incredibly important challenge to the view that health is a legitimate reason to contest the fat justice movement. As Manne points out, health functions as a *dog whistle* to subtly reinforce fatphobia (55). The purported concern about fat people’s health may sound reasonable and beneficent to the broader public and even to medical researchers and practitioners, but many fat people interpret such concern as masking underlying fatphobia and ultimately reinforcing weight stigma. Health also functions as a *weapon* when personal responsibility and moral blame are attributed to one’s weight, suggesting fat people are less deserving of respect and support because they are responsible for any and all adversities they face (56-57). It is for this reason that we must afford extra protections for those who are unhealthy *because of* their weight/size, due to the increased stigma and shame they experience. As Manne so aptly writes, “[A] person’s good health should never be a prerequisite for their being treated with empathy and kindness and respect” (58).

### **The Racist History of Fatphobia**

Manne concludes chapter 2 claiming that health functions as a *smoke screen*, obscuring the historical roots of fatphobia. She picks this point back up in chapter 3, drawing on the work of sociologist Sabrina Strings to demonstrate that contrary to popular belief, our cultural aversion for fatness and preference for thinness has not primarily or historically been motivated by concerns for health.<sup>4</sup> To illustrate the point, Manne traces the geographical and historical evolution of the ideal

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<sup>3</sup> Ray, *Black Health*.

<sup>4</sup> Strings, *Fearing the Black Body*.

female body, highlighting how cultural, social, and economic factors, rather than health concerns, have shaped these ideals.

Two historical events in particular have been said to be instrumental in constructing fatphobia: the transatlantic slave trade and the rise of Protestantism.<sup>5</sup> Manne, echoing the insights of Strings, explains how the slave trade contributed to the Western European perception of larger body sizes, which were often associated with Black bodies, as undesirable, thus elevating thinness as the aesthetic ideal. This was compounded by Protestant values that linked self-discipline and thinness with virtue and laziness and fatness with vice. In this way, white Europeans' desire for thinness was not initially framed in terms of health, but rather was concerned with social distinctions between white men and women and racial Others.

Racialized social distinctions were further heavily informed by misogynistic tendencies that specifically targeted racial/ethnic Other women for bodily judgment and scrutiny. In the middle of the eighteenth century, Black women's bodies were being interpreted and portrayed as "savage" and "monstrous."<sup>6</sup> In addition to stigmatizing racial/ethnic Other women, the thin ideal also served to discipline white women's behaviors, police their bodies, and prove their racial superiority. It wasn't until the early 20th century, when slenderness became increasingly promoted in the media for white Anglo-Saxon Protestant women, that the medical establishment began to view excess fat as a public health concern.

After examining the racist origins of fatphobia, Manne proceeds to illustrate how fatphobia continues to uphold racism (74). This can be seen in the way that we continue to use Body Mass Index (BMI) – a calculation that was based on the metrics of predominantly white men (67-68) – to determine the appropriate size of a diverse range of bodies. Thanks to the widespread use of BMI, Black women continue to be targeted, as their subgroup has the highest average BMI. As a result, government health agencies and public health initiatives continue to target Black women and communities of color generally. For example, Manne explains how one could even argue that the public health focus on "food deserts," which is known to affect mostly communities of color, can serve as cover for fatphobia. Instead of focusing solely on improving access to the foods people want to eat, government interventions often impose patronizing restrictions on what SNAP beneficiaries can purchase (88).

### **A Moral Obligation to Not Be Fat**

The historical context of chapter 3 sets the stage for Manne's exploration of how contemporary societal norms continue to link fatness with immorality and thinness with virtue. In chapter 4, Manne explores the connection between fatness and perceived immorality, as well as thinness and perceived virtue, debunking the notion that there is a "moral obligation not to be fat" (94). Given the difficulties of weight loss (as Manne discusses in chapter 2), as well as social and genetic influences on weight, it is unreasonable to hold individuals accountable for not losing weight or for being or becoming fat in the first place. However, even if it were the case that getting and staying fat was within our control – i.e., "purely discretionary" – there still wouldn't be a moral problem (89). This is because data has not sufficiently supported commonly held beliefs that fatness itself

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<sup>5</sup> Strings, *Fearing the Black Body*.

<sup>6</sup> Strings, 64-65.

causes poor health or imposes a burden on the healthcare system (89-91). Even if one were to say that one shouldn't be fat because it makes life riskier than it otherwise would be, Manne counters that people frequently make such tradeoffs in other domains and are entitled to do so. We often choose to do things that are enjoyable and thrilling even at the expense of making life riskier, but we don't necessarily shame people for making these choices.

Take, for instance, the decision to participate in an extreme sport (e.g., boxing, skydiving, rock climbing). We don't shame people for choosing to participate in these sports or regard their decisions as morally reprehensible. Rather, efforts typically focus on promoting safety education, improving infrastructure, and implementing reasonable regulations to manage risks responsibly. What if this same approach was taken in the context of fatness? Imagine a world where fat individuals are accommodated and respected in public spaces, represented in the media with dignity and honor, protected by anti-discrimination policies, treated according to their concerning symptoms rather than their weight, and empowered by widespread education that challenges stereotypes and biases surrounding fatness.

### **The Harms of Dieting for Weight-Loss**

Even for those of us who recognize that these societal changes are essential, the relentless pursuit of dieting often persists. Why do so many people do this to themselves? Manne argues in chapter 7 that it is because diet culture gaslights them. She writes that "gaslighting can work to hamstring someone's mental life via prevalent cultural forces, practices, institutions, and whole groups of people in dominant social positions" (152). Gaslighting doesn't require a malevolent actor to occur. It is a systematic process that incapacitates people's mental processes through the influence of pervasive social and cultural influences. Diet culture gaslights us into not trusting our bodies to tell us how much food we want, what sounds appetizing, or when we're hungry. This manipulation leads many people to ignore their bodily signals, encouraging people to endure chronic hunger.

Chronic hunger is something many people experience vis-à-vis dieting. In chapter 8, Manne likens feelings of hunger to pain, suggesting that just as our body signals us to seek safety when in pain, it similarly signals the need to eat when we are hungry. Hunger cues are signals from our bodies, urging us to take action for our well-being and survival. Indeed, Manne takes chronic hunger to be a kind of torment (175). Moreover, since dieting "has no significant upside," as Manne demonstrated in chapters 2 and 4, she argues that the social practice of dieting is "morally problematic" (170). Even when people aren't chronically hungry, restricting food for the sole purpose of weight loss is concerning because food should be enjoyable; often has familial, cultural, or religious significance; and unnecessary restrictions tend to foster bodily dissatisfaction in children, particularly girls (178-181).

Just as there is no obligation to diet, there is also no obligation to undergo weight loss surgery or take diet pills. This is simply because they aren't worth the potential risks. But what if there was a weight loss intervention without any accompanying risks, pain, or side effects? Manne argues that she "would still find them objectionable at a social level of analysis" because they homogenize human diversity in a way that "upholds white supremacist, anti-Semitic, misogynistic, and ageist beauty standards" (189). Not only is there no obligation to take these measures to lose weight, Manne argues that fat people are *entitled* to do what they want with their own bodies as long as it isn't recklessly foolish (e.g., driving without a seatbelt) and it doesn't directly harm anyone else.

After all, contrary to what we've been told, fatness holds immense value for both individuals and society. It offers comfort, softness, and protection, while also fostering empowerment and confidence. On a broader scale, fatness enriches diversity, challenges the status quo, and disrupts dominant narratives.

Overall, Manne's *Unshrinking* offers a compelling and thorough exploration of the key issues surrounding fatphobia. The recent wave of weight loss drugs in the U.S. also underscores the timeliness of Manne's critique, offering an essential counter-narrative to combat societal misconceptions about weight and health. I highly encourage social and political philosophers, as well as bioethicists, to read this book and consider integrating its insights into their own research and discussions. Moreover, anyone in the healthcare field will find Manne's use of scientific literature and grounded philosophical argumentation accessible and informative, provided they approach it with an open mind. Even beyond the walls of academia, Manne's book promises to edify readers. Manne equips her readers with essential tools—sound reasoning, robust data, and personal validation—to effectively confront and challenge fatphobia.

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