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Addressing Weight Stigma

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What is your reaction when "overweight clients" walk into your office? Do you make assumptions about their eating habits? Do you assume they are binge eaters? Assumptions based on body size have permeated our culture and our therapeutic literature. There have always been fat people. A person's body size cannot tell you what their eating habits are. The "psychotherapeutic" trope that people "hold on to fat" to protect themselves is unfounded. And finally, focusing on helping clients lose weight may be harmful.

As psychologists, we have an ethical duty to avoid harm (Ethical Principle A: Beneficence and Nonmaleficence and Ethical Standard 3.04: Avoiding Harm). Thus, it is our collective ethical responsibility to address our own and our clients' weight biases.

Terms: Overweight, Obese, and Fat

The terms used to describe people in bigger bodies can be extremely stigmatizing. "Overweight" implies there is a "right" weight and that all other sizes are a deviation. "Obese" is a pathologizing medical term. The fat-acceptance community has worked to reclaim the word "fat." Preferable terms for "overweight" or "obese" include: "big," "people in bigger bodies," "people in larger bodies," "people of size," and "higher-weight people" (Meadows and Danielsdottir, 2016).

What is Weight Stigma?

Weight stigma is similar to racism and sexism, and may also be referred to as fatphobia. Weight discrimination occurs when weight stigma results in negative treatment toward those in larger bodies and may include microaggressions — the unintentional, and often unconscious, commission of subtle forms of discrimination (Munro, 2017). However, unlike other protected characteristics, weight is not explicitly covered under United States law (Tomiyama et al., 2018).

To paraphrase the words of the song "Everyone's A Little Bit Racist" from the musical *Avenue Q*, we're all a little bit fatphobic. Weight discrimination is prevalent in American society (Puhl, Andreyeva, and Brownell, 2008). Health professionals are not immune to weight bias (Alberga et al., 2019; Puhl and Heuer, 2009). And therapists, including psychologists (Davis-Coelho, 2000), are susceptible to the messages of mainstream culture, including biases against fat people. A popularized example of fat stigma in psychotherapy is existential psychiatrist Irvin Yalom's 1989 case study, "The Fat Lady" in which he writes about his disgust toward his fat client, Betty.

How Weight Stigma Harms

Weight stigma, like other forms of stigma, oppresses and causes harm. It leads to numerous negative physical and psychological consequences, including many of those commonly ascribed to being in a bigger body (Tomiyama et al., 2014). It is important to note that many of the studies detailing the dangerous effects of "obesity" do not control for weight stigma or weight cycling—repeated losses and gains in body weight; they are correlational, and do not prove that body size is the cause of the negative health outcomes.

Some of the documented negative consequences of weight stigma on physical health include: higher cortisol levels; poor metabolic health, including heart disease, stroke; type 2 diabetes; increased risk of dying, independent of BMI; and increased weight cycling (Hunger et al., 2015; Tomiyama et al., 2018; Alberga et al., 2016; Hatzenbuehler et al., 2013; Puhl & Heuer, 2010; Sutin & Terracciano, 2017). Psychological consequences of weight stigma include: eating disorders, emotional distress, mood and anxiety disorders, low self-esteem, negative body image, and suicidal ideation (Ju et al., 2016; Araiza and Wellman, 2017; Lin et al., 2020; Pearl and Puhl, 2018). Weight stigma also leads to less engagement in practices that promote health independent of weight, such as participating in physical activity and eating more fruits and vegetables. (Matheson et al., 2012).

A History of Weight Stigma

Thin bodies were not always seen as the most desirable. For centuries, fatness was considered desirable, and represented abundance and wealth. Baroque artist Peter Paul Rubens's (1577-1640) paintings depicted the full-figured women who were idealized at the time (Hollander, 1977). Sabrina Strings, sociologist and the author of *Fearing the Black Body: The*

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Racial Origins of Fat Phobia, argues that fatphobia stems from racism. As she describes it, during the colonial period in the United States, white people used thinness as well as whiteness to assert their dominance over Black people. White scientists noted that mixed-race people were often bigger-bodied and thus saw them as inferior. Black women in particular were viewed as having greater appetites for food and sex and labeled as gluttonous and less virtuous than Protestant white women. During this period, thinness went from being a sign of illness to being a sign of moral and intellectual superiority.

Starting in the 1990s, fat bodies were increasingly defined as a medical problem to be solved, culminating in the designation of "Obesity" as a disease by the American Medical Association in 2013. A 2001 "Call to Action" by the United States Surgeon General David Satcher (United States HHS 2001) entitled *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity* originated the use of the term "epidemic" and framed excess body weight as a pressing health concern (Mitchell & McTigue, 2007). This medicalization of fatness and the associated "War on Obesity" further pathologized fatness, and led to increased weight stigma (Saguy, 2013). Fat activist Ragen Chastain has characterized the war on obesity as an attempt to eradicate fat people (Chastain, 2015).

It is important to be aware that Americans spend more than $72 billion per year on weight-loss products (Research and Markets, 2019). The continued focus on dieting as "the solution" for larger bodies contributes to weight stigma by reinforcing the notion that weight is under individual control and that a thinner body is always healthier. The culture also reinforces the belief that thin people are superior and have better self-control whereas they may have just won the genetic lottery (Mann and Tomiyama, 2018).

The Problem with Supporting Weight Loss

A substantial body of research indicates that deliberate weight loss attempts almost always fail, with as little as 3.2% weight loss sustained at 2 years (Rothblum, 2018). Anderson and colleagues (2001) found that, at five years, sustained weight loss is approximately 3%. Mann and colleagues (2007) reported that one-third to two-thirds of dieters regain more weight than they lose on their diets. Fildes and colleagues (2015) concluded "The probability of attaining normal weight or maintaining weight loss is low." Dieting also contributes to weight cycling, which is detrimental to health. According to Quinn and colleagues (2020), among American adults who have tried to lose weight, "the average number of weight cycles over the lifetime was 7.82 cycles." Many mechanisms contribute to the inability for people to sustain weight loss (Mann and Tomiyama, 2017) including increased hunger hormones (Sumithran et al., 2011) and decreased metabolic rates (Fothergill et al., 2016). So, even if it could potentially help your client's health if they did lose weight, the likelihood that they would achieve any significant weight loss and sustain it for any period of time is so low that the benefits would not exceed the risks.

In the words of Hilary Kinavey and Carmen Cool (2019, p. 8), "The work of therapy is not to help people adjust to oppression." Of course, your fat patient does not want to remain a member of a stigmatized group. But aligning with them around the goal of weight loss and similarly celebrating weight loss in self or others merely reinforces weight stigma, the idea that thinner bodies are more valuable, and the belief that one's weight is under one's control—which are harmful.

We should treat people wanting to lose weight like we treat members of other marginalized groups. Think about what you would do with someone who has experienced sexism or racism. You wouldn't encourage them to try to change their body to leave the stigmatized group. Instead, you would name the oppression and help them develop skills and resilience. Kinavey and Cool (2019) state:

"We should not be in the business of helping people to become thinner, but in helping them to address internalized weight stigma and to claim their right to exist in their bodies as they are. For example, therapists should not suggest that weight loss will help clients with their depression, but expand the frame to acknowledge that depression may be a possible and appropriate response to a fat-oppressive culture. Our focus can be healing, not for the sake of weight loss, but for the sake of liberation. We can learn to assist clients in changing their relationship to distress and working for social change related to the root of that distress." (p.9)

This applies even if your client's doctor has told them they should lose weight. Keep in mind that doctors also have weight stigma (Alberga et al, 2019; Gudzune et al., 2013) and there are other ways to improve health without focusing on weight loss. Given that diets so commonly fail, colluding even in the short-term with your client wanting to lose weight can add to the stigma they feel when the diet ultimately fails and they regain weight and rejoin or remain in the stigmatized group. It can also reinforce a client's sense of failure, guilt, and self-hatred (Rothblum, 2018) versus becoming an opportunity to help them see that their body was never the problem. Every disease that people in larger bodies get is also something that someone in a smaller body can get. Doctors can be encouraged to look beyond a focus on weight. For example, if a large patient with knee pain is told to lose weight to reduce their pain, the doctor can be asked, "What would you suggest to a patient in a smaller body with knee pain?" They will likely have suggested courses of action other than weight loss.

How to Address Your Weight Stigma and Reduce Harm to People of All Sizes

If you are having a strong reaction to reading this, please know that it is okay. We all have weight stigma.

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