

Weight Stigma and Ethics: Clinical Applications

MIMH Spring Institute

May 21, 2021

YOU WON'T LIKE ME WHEN I'M ANGRY...

BECAUSE I ALWAYS SUPPORT MY
ARGUMENT WITH PROPERLY
DOCUMENTED SCHOLARLY SOURCES.



THE CREDIBLE HULK

Confirmation Bias

- The tendency to embrace information we agree with and reject information that challenges our beliefs
- Reflection of the influence of desire on our beliefs
- What do we *want* to be true?

Commonly Accepted Myths

- Thinner people are healthier than heavier people
- Weight is controllable through individual effort
- Weight loss leads to improved health

Determinants of weight: Genetics

- Adoption study, Stunkard, et al., 1986
- “Set point” Bennet & Gurin, 1984

Determinants of weight: Behaviors

- Biological adaptations to maintain setpoint when intake is restricted (Garner & Wooley, 1991; Macpherson-Sánchez, 2015; Sumithran, et al., 2011)
- Psychological adaptations include increased hunger, hyper vigilance concerning food (Keys, 1950)

Attempts to change the energy balance

- Restricted intake
- Increased exercise
- “Lifestyle changes”
- Dieting can be defined as a voluntary, self-imposed famine (Macpherson-Sánchez, 2015)

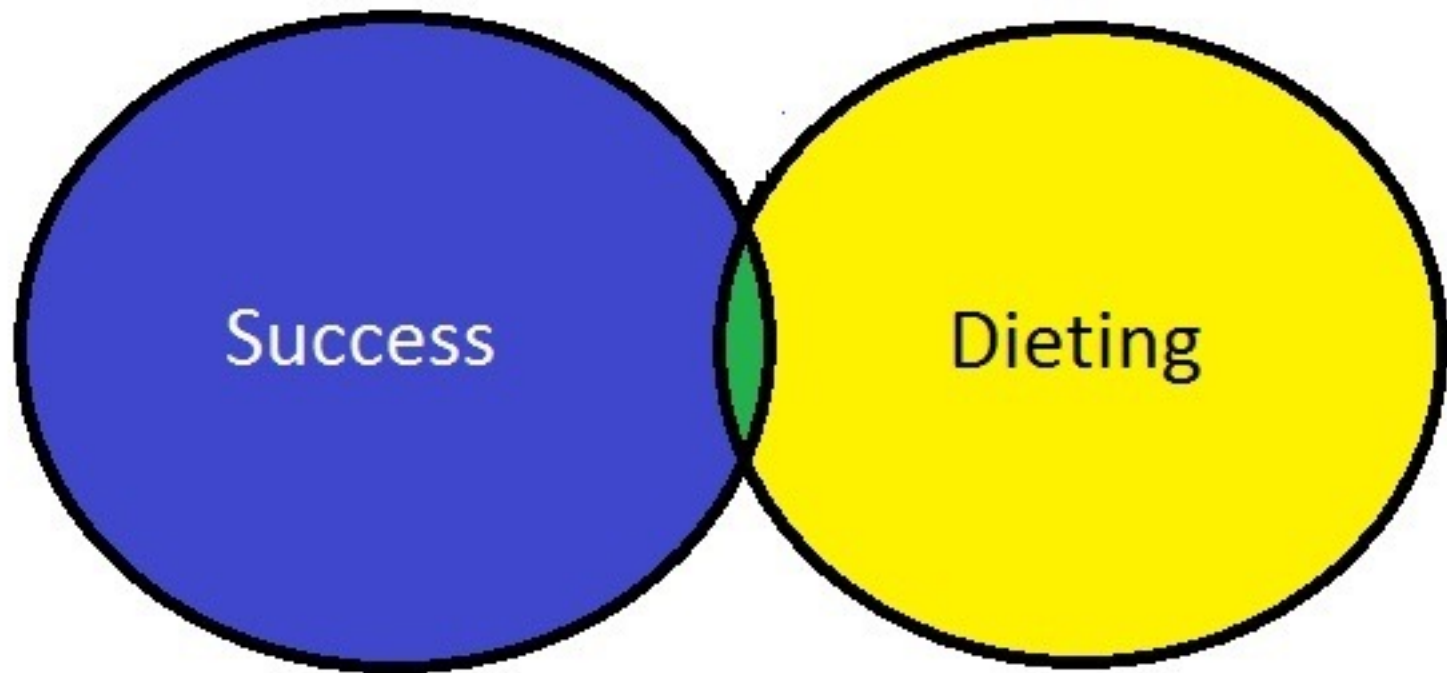
Unintended Consequences

- Restrictive eating for weight control is a robust predictor of weight gain (Bacon & Aphramor, 2011, 2014; Bacon, 2008; Mann, et al., 2007;).
- Also linked to depression, disordered eating (including binge eating), increased blood pressure, impaired insulin response, increased mortality, reduced self-esteem, and poor health behaviors (O'Hara & Gregg, 2006; Sutin & Terracciano 2017; Tomiyama et al., 2018;).

Unintended Consequences cont.

- Body dissatisfaction, regardless of size, is associated with poorer health and health behaviors (Bacon & Aphramor, 2011; Muennig, 2008; Saguy, 2013)
- Unexamined assumptions affect medical care (Amy, et al., 2006; deShazo, et al., Drury & Louis, 2002; 2015; Puhl et al., 2014)

www.danceswithfat.org



Weight and Health

- Always-thin people are not comparable to previously-fat people
- No clear relationship between health and weight loss (Tomiyama, et al., 2018)
- Mortality rates lowest for BMI 25-30 “overweight” (Tomiyama, et al., 2016)
- “Normal weight” acute coronary syndrome patients had highest mortality rate (Angeras et al., 2013)
- Stigma and discrimination play a role (Ernsberger, 2009; Sutin, et al., 2015)

Weight and Health continued

- Psychological distress and body dissatisfaction are associated with higher metabolic abnormalities (Becofsky, et al., 2015; Raikkonen, et al., 2002; Wirth, et al., 2014;)
- Cardiorespiratory fitness is a better indicator of health (Barry, et al., 2013; Blair & La Monte, 2006)

Medvedyuk, S., Ali, A., Raphael, D. (2017). Ideology, obesity and the social determinants of health: a critical analysis of the obesity and health relationship. *Critical Public Health*, 1-13.

- “The health effects of obesity are overstated”
- “The emphasis on behavioural remedies set the stage for continued stigmatization and victim blaming when weight reduction regimens fail.”
- The effect of weight on health outcomes is minimal when controlling for SDH such as social class, gender or race.

Medvedyuk cont.

- Anti-obesity perspective distracts from SDH and public policy
- Anti-obesity perspective stigmatizes individuals, promoting attitudes that threaten, rather than promote health
- “The balance sheet is clear. Since the anti-obesity perspective does more harm than good, it should be ended.”

Tylka, T., Annunziato, R., Burgard, D., Danielsdottir, S., Shuman, E., & Calogero, R. (2014). The weight-inclusive versus weight-normative approach to health: Evaluating the evidence for prioritizing well-being over weight loss. *Journal of Obesity*, 1-18.

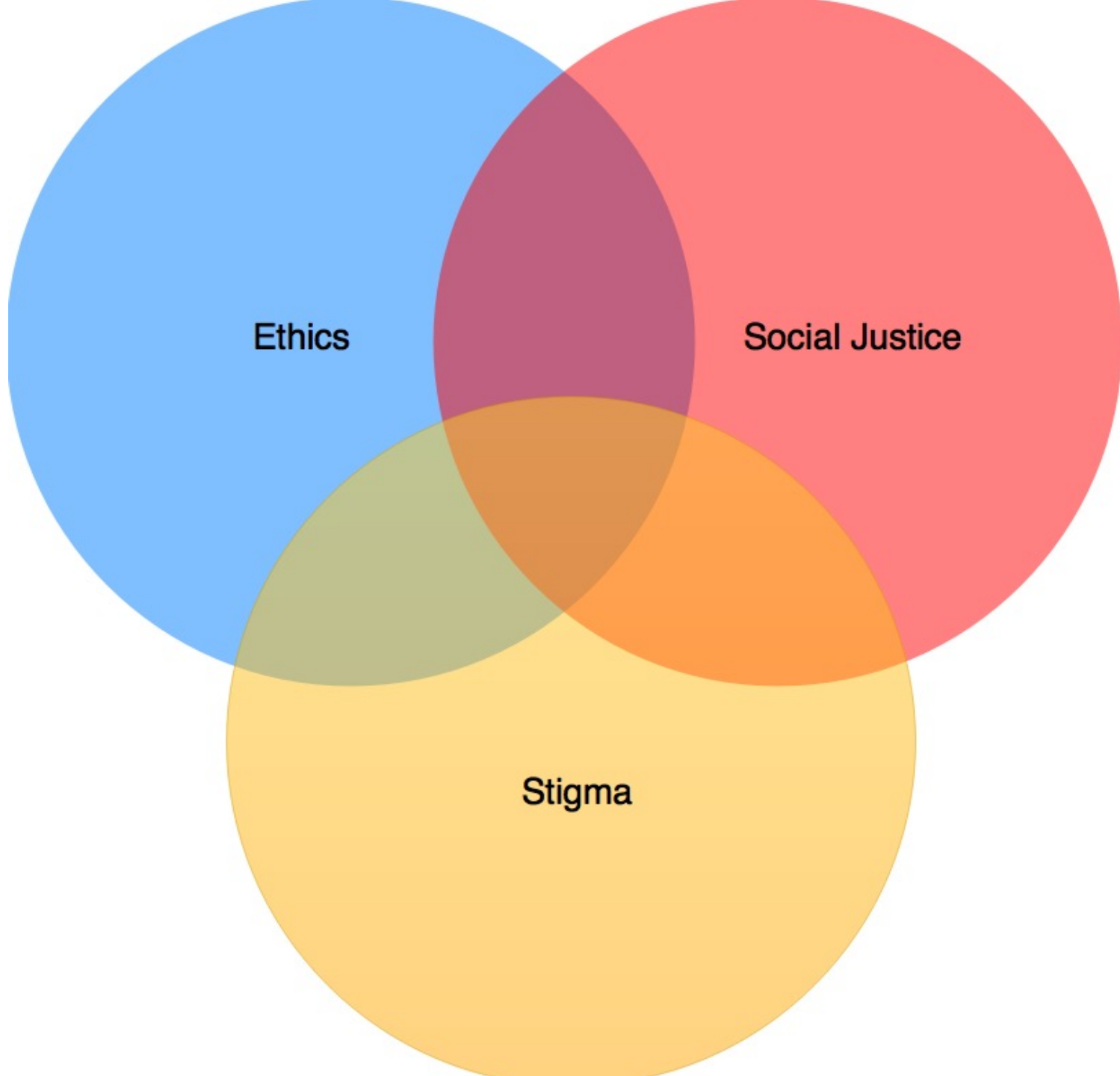
- Focus on weight is associated with adverse physical and psychological outcomes
- Dieting is linked to preventable barriers to health
- The weight normative approach is linked to increased shame, blame, stigma, and decreased well-being
- “The weight normative approach becomes a self-perpetuated dogma”

Tylka, et al., cont.

- Body loathing and shame results in decreased self care; people are more likely to engage in good self care when they feel positively toward their bodies
- Weight neutral approaches result in improvement in health behaviors as well as physical and psychological measures
- Weight stigma is associated with increased caloric intake
- Internalized weight bias is not related to BMI
- Public health messages to “maintain a healthy weight” are unfair and uninformed

Muennig, P., Jia, H., Lee, R., & Lubetkin, E. (2008). I Think Therefore I Am: Perceived Ideal Weight as a Determinant of Health. *American Journal of Public Health, 98*(3), 501-506.

- The assumption that body fat causes health problems is not well supported by the data
- Internal and external stigma cause chronic stress, which is associated with heart disease, hypertension, hypercholesterolemia and diabetes
- The amount of discrepancy between actual and ideal body weight was more predictive of health problems independent of BMI



Ethics

Social Justice

Stigma

Tomiyama, et. al., 2018

“We define weight stigma as the social rejection and devaluation that accrues to those who do not comply with prevailing social norms of adequate body weight and shape.”

Weight Stigma

- Internal or external
- Implicit or explicit
- The devaluation of large bodies
- Fatphobia
- Body dissatisfaction
- Anything shaming or oppressing contributes to the problem



**"FISH
DID NOT
DISCOVER
WATER"**

—Marshall McLuhan

**IN FACT, BECAUSE THEY ARE COMPLETELY IMMERSED IN
IT, THEY LIVE UNAWARE OF ITS EXISTENCE. SIMILARLY,
WHEN A CONDUCT IS NORMALIZED BY A DOMINANT
CULTURAL ENVIRONMENT, IT BECOMES INVISIBLE.**

"Our beliefs about bodies disproportionately impact those whose race, gender, sexual orientation, ability, and age deviate from our default notions. The further from the default, the greater the impact. We are all affected - but not equally." p. 51

Taylor, S. R. (2018). *The body is not an apology: The power of radical self-love*. Oakland, CA: Berrett-Koehler.

Calogero, R. M., Tylka, T. L., & Mensinger, J. L. (2016). Scientific Weightism: A View of Mainstream Weight Stigma Research Through a Feminist Lens. *Feminist Perspectives on Building a Better Psychological Science of Gender*, 9-28.

- Mainstream weight stigma research is saturated with anti-fat bias and stigmatizing discourses ignoring the lived perspective of fat people
- Discrimination towards fat people is likely to be publicly sanctioned, even when openly hostile
- The scientific literature on weight stigma is a structural form of stigma
- Some researchers believe that encouraging positive body image, which encourages self care, is a problem for women who “should” be dieting instead

Calogero, et.al., cont

- ‘Relatedly, public health messages to “maintain a healthy weight” are both uninformed and unfair as they imply that body weight is malleable through sheer will or voluntary action.’ (p. 7)
- The belief that weight is controllable contributes to stigma
- When the literature focuses on the stigmatized target, the stigmatizing agent is invisible and unaccountable

Tomiyama, A. J., Carr, D., Granberg, E. M., Major, B., Robinson, E., Sutin, A. R., & Brewis, A. (2018). How and why weight stigma drives the obesity ‘epidemic’ and harms health. *BMC Medicine*, 16(1).

- Stigma is linked to poor metabolic and mental health, weight gain, higher cortisol, exercise avoidance, and increased mortality
- Weight stigma is pervasive in health care settings, leading to avoidance of health care
- Anti-obesity efforts contribute to weight stigma
- “Fat-shaming messages encourage discrimination by condoning it.”
- Eradicating weight stigma will improve health for everyone, as people across the BMI spectrum are harmed by it

Bombak, A. (2014). Obesity, health at every size, and public health policy. *American Journal of Public Health, 104*(2), 60-67.

- Review of: evidence of metabolic adaptations to resist weight loss; fitness vs. fatness; benefits of weight neutral approaches; and “obesity paradox”
- Public health focus on individual responsibility for weight loss promotes stigma and associated adverse outcomes
- “Obesogenic Environment” is not supported by empirical evidence
- Ethical concerns, including masking discrimination and limiting freedom of choice

Codes of Ethics

<i>Profession</i>	Do no harm/ nonmaleficence	Self determination	Informed consent
Nurses	3.4	1.4	1.4
Public Health	2.B, 4.1.5	2.E, 4.5.9	4.3.3, 4.3.4
Dieticians	1	2.h	2.e
Social Workers (NASW)	1.01	1.02	1.03, 5.02
Psychologists	3.04	Principle E	1.10, 8.02, 10.01b
Counselors (ACA)	A.1.a, A.4.a	C.7.c	A.1.c, A.2.a & d, B.5.a, G.2.a, c & e
Physicians (AMA)	C.VIII	C.IV	B.II

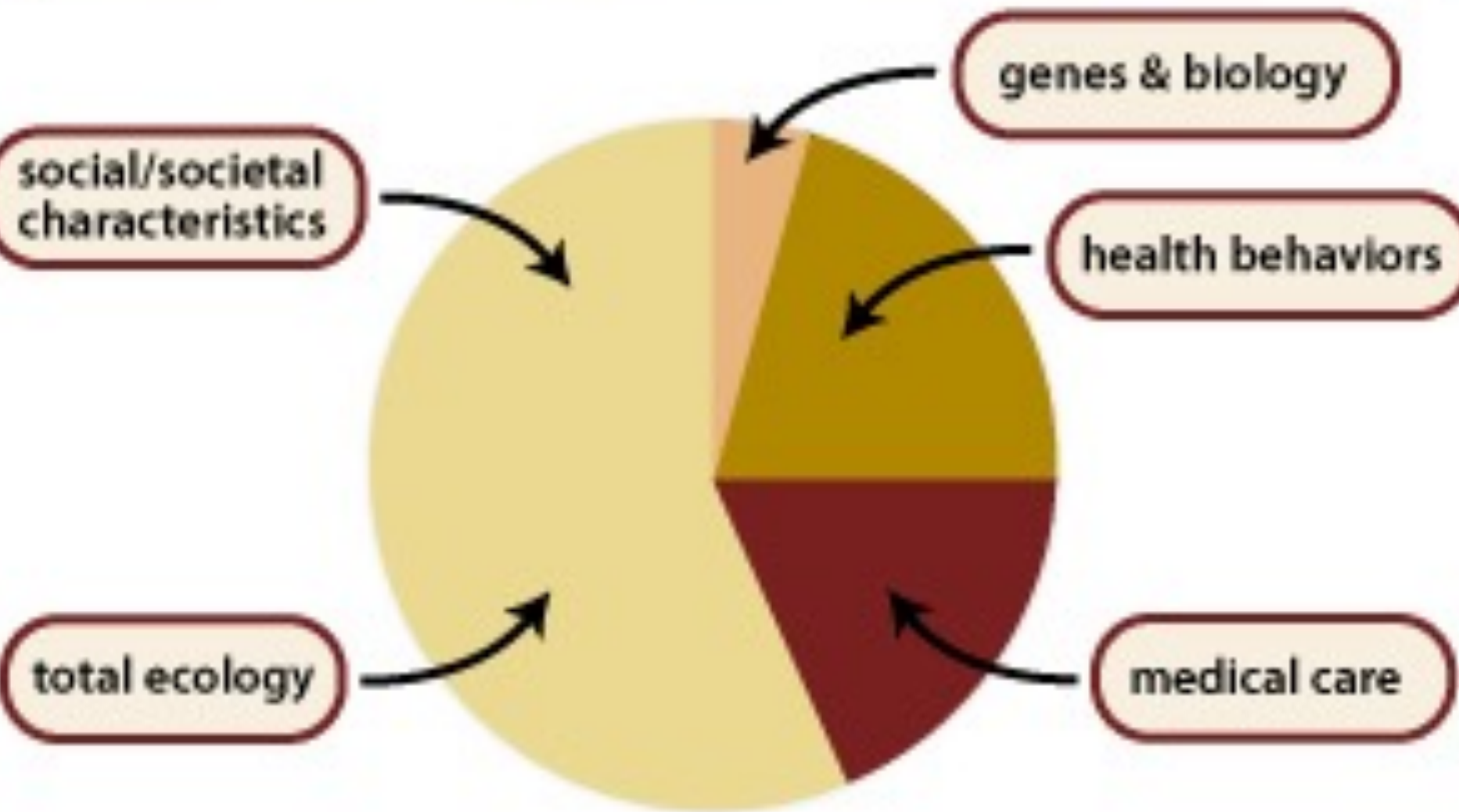
Codes of Ethics cont.

<i>Profession</i>	Competence	Social Justice	Conflict of Interest	Evidence based practice
Nurses	3.4, 4.3, 5.2	8.2, 9.4	2.2	7.1, 7.3
Public Health	2.A	2.C, 4.3.2, 4.5.6, 4.6.2, 4.6.3	2.A, 4.2.2	2.A, 4.5.1, 4.10.1
Dietitians	1.a,b,c & h	4.a & e	2.a	1.a, 3.d
Social Workers (NASW)	1.04, 4.01	1.05, 4.02, 6.01, 6.02, 6.04	1.06	4.01, 5.02
Psychologists	2.01, 2.03	3.01	3.06	2.04
Counselors (ACA)	A.4.b, C.2.a & b	A.4.b, C.5	C.6.d	C.7.a, D.1.a
Physicians (AMA)	A.2, B.V, D.3	A.1, & 10, B.I, C.I, D.1, D.8	A.6, A.7	A.3

Social Justice

- Justice in terms of the distribution of wealth, opportunities, and privileges within a society
- The way in which human rights are manifested in the everyday lives of people at every level of society
- Promoting tolerance, freedom, and equality for all people regardless of race, sex, orientation, national origin, handicap, etc...

DETERMINANTS OF POPULATION HEALTH





BODYtrust®

Healthcare providers cannot ethically prescribe to their patients in larger bodies the behaviors that would be diagnosed as eating disorders in people in thin bodies.

And yet this happens every day. The 'obesity' paradigm of health is a failed paradigm.

THRIVE

AT ANY WEIGHT

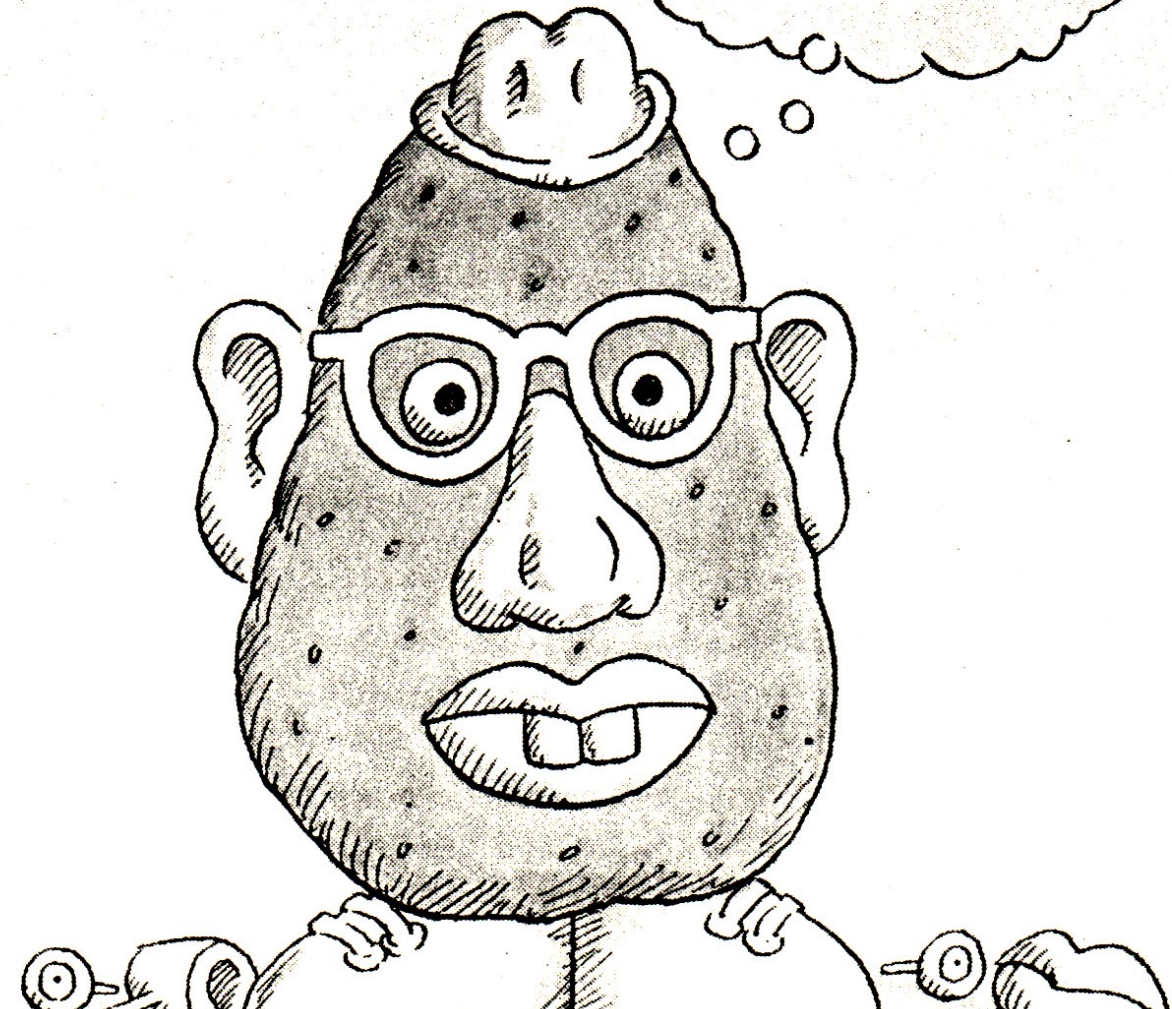


Eating to Nourish Body,
Soul, and Self-Esteem

Nancy Ellis-Ordway
Foreword by Harriet Brown

A COMPLEX CARBOHYDRATE

NOBODY UNDERSTANDS ME!



References

- Academy of Nutrition and Dietetics, Commission on Dietetic Registration. (2018). *Code of ethics for the nutrition and dietetics profession*.
- American Counseling Association. (2014). *ACA code of ethics*. Alexandria, VA
- American Nurses Association (2015). *Code of ethics for nurses with interpretive statements*. Silver Spring, MD
- American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct* (2002, amended effective June 1, 2010, and January 1, 2017).
- American Public Health Association. (2019). *Public Health Code of Ethics*.
- Amy, N. K., A. Aalborg, P. Lyons, and L. Keranen. “Barriers to Routine Gynecological Cancer Screening for White and African-American Obese Women.” *International Journal of Obesity* 30, no. 1 (2006): 147–55.
- Angerås O, Albertsson P, Karason K, Råmunddal T, Matejka G, James S, Lagerqvist B, Rosengren A, Omerovic E. Evidence for obesity paradox in patients with acute coronary syndromes: a report from the Swedish Coronary Angiography and Angioplasty Registry. *Eur Heart J*. 2013 Feb;34(5):345-53.
- Bacon, L. (2008). *Health at every size: The surprising truth about your weight*. Dallas TX: BenBella Books.
- Bacon, L., & Aphramor, L. (2011). Weight science: Evaluating the evidence for a paradigm shift. *Nutrition Journal*, 10(9), 1-13.
- Bacon, L., & Aphramor, L. (2014). *Body respect*. Dallas TX: BenBella Books.
- Barry, V., Baruth, M., Beets, M., Durstine, J., Liu, J., & Blair, S. (2014). Fitness vs. fatness on all-cause mortality: A meta-analysis. *Progress in Cardiovascular Diseases*, 56(4), 382-390.
- Bayer, R. (2008). Stigma and the ethics of public health: Not can we but should we. *Social Science & Medicine*, 67(3), 463–472.
- Becofsky, K., Sui, X., Lee, D., Wilcox, S., Zhang, J., & Blair, S. (2015). A prospective study of fitness, fatness, and depressive symptoms. *American Journal of Epidemiology*, 181(5), 311–320.
- Bennett, W., & Gurin, J. (1984). *The dieters dilemma: Eating less and weighing more*. New York: Basic Books.
- Blair, S., & LaMonte, M. (2006). Commentary: Current perspectives on obesity and health. *International Journal of Epidemiology*, 35, 72-74.

References continued

- Bombak, A. (2014). Obesity, health at every size, and public health policy. *American Journal of Public Health, 104*(2), 60-67.
- Calogero, R. M., Tylka, T. L., & Mensinger, J. L. (2016). Scientific Weightism: A View of Mainstream Weight Stigma Research Through a Feminist Lens. *Feminist Perspectives on Building a Better Psychological Science of Gender, 9-28*.
- Centers for Disease Control and Prevention. (n.d.). *Social determinants of health*. <https://www.cdc.gov/nchhstp/socialdeterminants/index.html>
- Drury, C., & Louis, M. (2002) “Exploring the Association between Body Weight, Stigma of Obesity, and Health Care Avoidance.” *Journal of the American Academy of Nurse Practitioners 14*, (12), 554–61.
- Ernsberger, P. (2009). Does social class explain the connection between weight and health? In E. Rothblum & S. Solovay (Eds.), *The Fat Studies Reader* (pp. 25-36). New York: New York University Press.
- Garner, D., & Wooley, S. (1991). Confronting the failure of behavioral and dietary treatments for obesity. *Clinical Psychology Review, 11*, 729-780.
- Keys, A. (1950). *The biology of human starvation*. Minneapolis: University of Minnesota Press.
- Macpherson-Sánchez, A. (2015). Integrating fundamental concepts of obesity and eating disorders: Implications for the obesity epidemic. *American Journal of Public Health, 105*(4), e1-e15.
- Mann, T., Tomiyama, A., Westling, E., Lew, A., Samuels, B., & Chatman, J. (2007). Medicare's search for effective obesity treatments: diets are not the answer. *The American Psychologist, 62*(3), 220-233.
- Medvedyuk, S., Ali, A., Raphael, D. (2017). Ideology, obesity and the social determinants of health: a critical analysis of the obesity and health relationship. *Critical Public Health, 1-13*
- Muennig, P. (2008). The body politic: the relationship between stigma and obesity-associated disease. *BMC Public Health, 8*, 128-138.
- Muennig, P., Jia, H., Lee, R., & Lubetkin, E. (2008). I Think Therefore I Am: Perceived Ideal Weight as a Determinant of Health. *American Journal of Public Health, 98*(3), 501-506.
- National Association of Social Workers. (2017). *Code of Ethics of the National Association of Social Workers*.

References continued

- O'Hara, L., & Gregg, J. (2006). The war on obesity: A social determinant of health. *Health Promotion Journal of Australia*, 17(3), 260–263.
- Olson, L. L., & Stokes, F. (2016). The ANA Code of Ethics for Nurses With Interpretive Statements: Resource for Nursing Regulation. *Journal of Nursing Regulation*, 7(2), 9–20.
- Puhl, R., Luedicke, J., and Grilo, C. (2014). “Obesity Bias in Training: Attitudes, Beliefs, and Observations among Advanced Trainees in Professional Health Disciplines.” *Obesity (Silver Spring, Md.)* 22, (4),1008–15.
- Riddick, F. A. (2003). The code of medical ethics of the American Medical Association. *The Ochsner Journal*, 5(2), 6-10.
- Raikkonen, K., Matthews, K., & Kuller, L. (2002). The relationship between psychological risk attributes and the metabolic syndrome in healthy women: Antecedent or consequence?. *Metabolism*, 51(12), 1573-1577.
- Saguy, A. (2013). *What's wrong with fat?*. New York NY: Oxford University Press.
- Stunkard, A., Soronsen, T., Hanis, C., Teasdale, T., Chakraborty, R., Schull, W., & Schulsinger, F. (1986). An adoption study of human obesity. *The New England Journal of Medicine*, 314(4), 193-198.
- Sumithran, P., Prendergast, L., Delbridge, E., Purcell, K., Shulkes, A., Kriketos, A., & Proietto, J. (2011). Long-Term Persistence of Hormonal Adaptations to Weight Loss. *The New England Journal of Medicine*, 365(17), 1597-1604.
- Sutin, A. R., & Terracciano, A. (2017). Perceived weight discrimination and high-risk health-related behaviors. *Obesity*, 25(7), 1183-1186.
- Sutin, A. R., Stephan, Y., & Terraccinao, A. (2015). Weight discrimination and risk of mortality. *Psychological Science*. 26(11):1803-1811.
- Taylor, S. R. (2018). *The body is not an apology: The power of radical self-love*. Oakland, CA: Berrett-Koehler.
- Tomiyama, A. J., Carr, D., Granberg, E. M., Major, B., Robinson, E., Sutin, A. R., & Brewis, A. (2018). How and why weight stigma drives the obesity ‘epidemic’ and harms health. *BMC Medicine*, 16(1).
- Tomiyama, J., Hunger, J., Nguyen-Cuu, J., & Wells, C. (2016). Misclassification of cardiometabolic health when using body mass index categories in NHANES 2005–2012. *International Journal of Obesity*, 1-4.
- Tylka, T., Annunziato, R., Burgard, D., Danielsdottir, S., Shuman, E., & Calogero, R. (2014). The weight-inclusive versus weight-normative approach to health: Evaluating the evidence for prioritizing well-being over weight loss. *Journal of Obesity*, 1-18.
- Wirth, M., Blake, C., Hebert, J., Sui, X., & Blair, S. (2014). Chronic weight dissatisfaction predicts type 2 diabetes risk: Aerobic center longitudinal study. *Health Psychology*, 33(8).

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- 30% of “normal weight” had metabolic abnormalities
- 47% of “overweight” were cardiometabolically healthy
- 29% of “obese type 1” were cardiometabolically healthy
- 16% of “obese type 2 and 3” were cardiometabolically healthy

Weight stigma and psychosocial distress

- ‘When both the prevalence of BD (body dissatisfaction) and the degree of associated impairment are considered, it is apparent that there is a very substantial public health burden of BD at the population level. Hence, the present findings suggest that greater attention may need to be given to BD as a public health problem in its own right... An additional implication of the present findings is that the fact that dissatisfaction with weight or shape is “normative” in industrialized nations should not be taken to infer that it is benign.’ (Mond, et al., 2013 p. 6)

Weight Neutral Interventions

- Better outcomes regarding health behaviors, physiological measures, psychological outcomes, self-esteem, eating behaviors and participant retention (Bacon, et al., 2005; Bacon & Aphramor, 2011; Blake, et al., 2013; Eisenberg, et al., 2013; Kater, et al., 2002; Kelly, et al., 2002; Neumark-Sztainer, 2009; Neumark-Sztainer, Paxton, Hannan, Haines & Story, 2006; Neumark-Sztainer, Wall, Guo, Story, Haines & Eisenberg, 2006; Sonnevile, et al., 2012; Tylka, et al., 2014)

TODAY
LET'S BLAME OBESITY ON:



FAST
FOOD

GRANDMA'S
COOKIES

PASTA

SODA

GRANOLA

CHAI
TEA

According to Tylka et al., “microaggressions are the intentional or unintentional verbal, behavioral, or environmental indignities that communicate hostility or negativity toward people who hold less power in society”