

Weight Stigma and Ethics: Clinical Applications

MIMH Spring Institute

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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)

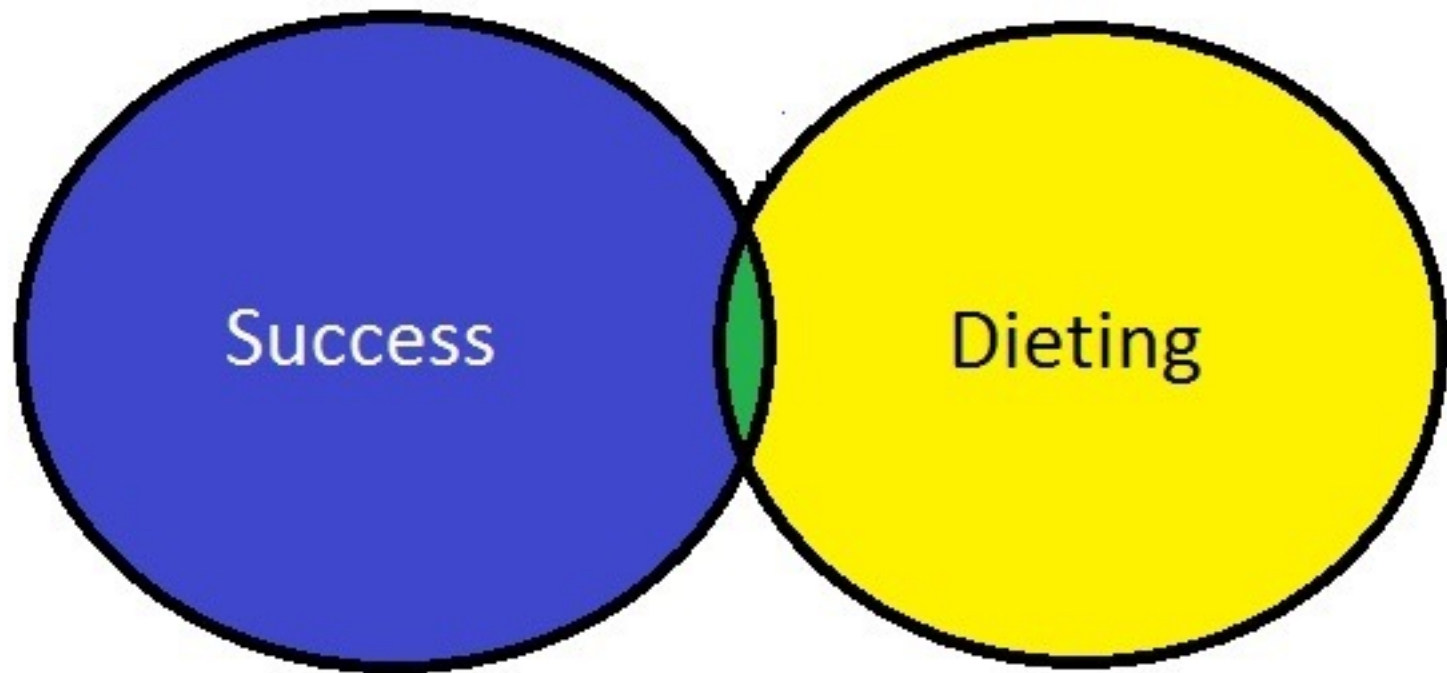
Unintended Consequences

- 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.

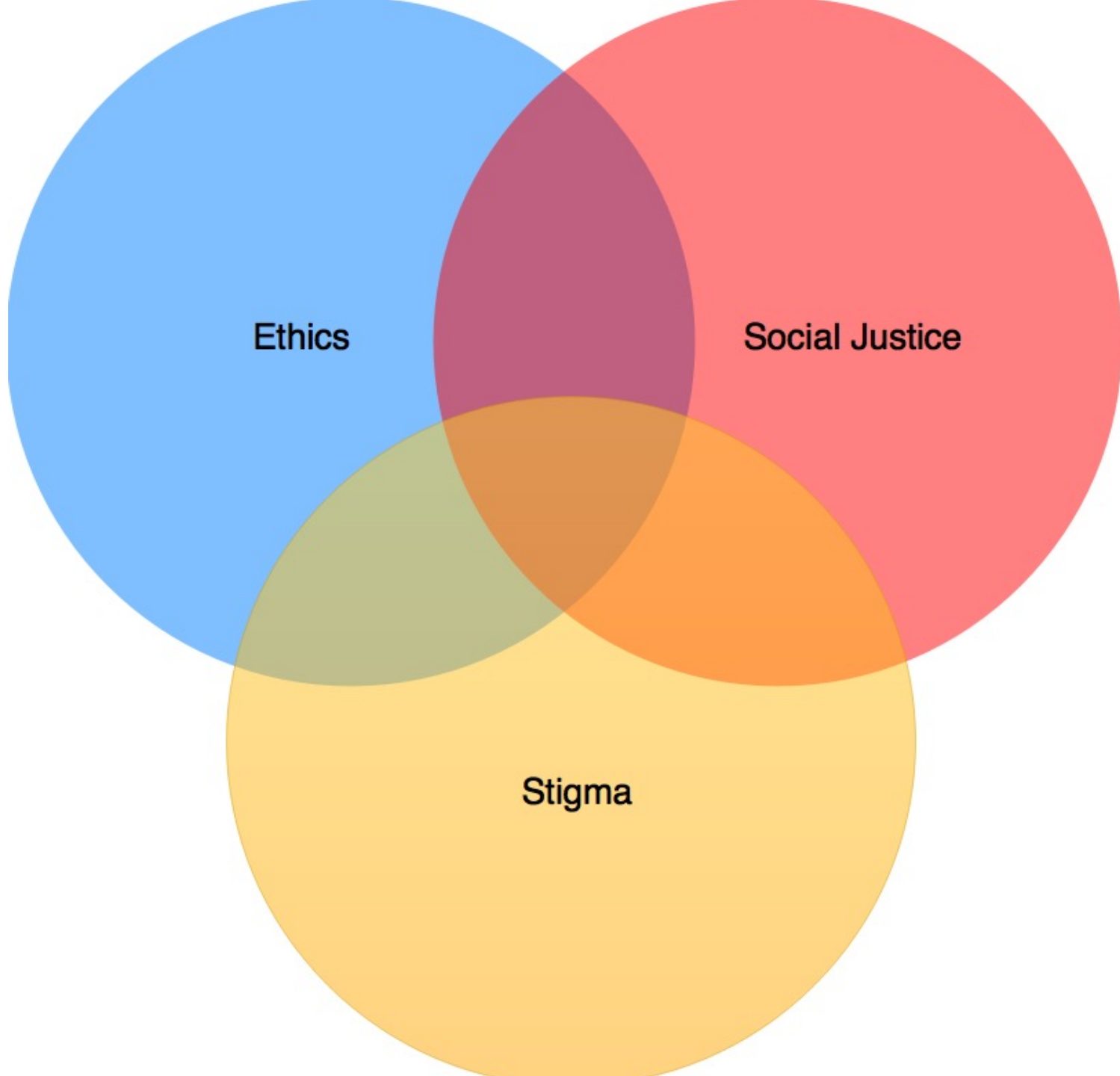
- Focus on weight is associated with adverse physical and psychological outcomes
- Dieting is linked to preventable barriers to health
- The weight normative approach is linked to increased shame, blame, stigma, and decreased well-being
- “The weight normative approach becomes a self-perpetuated dogma”

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

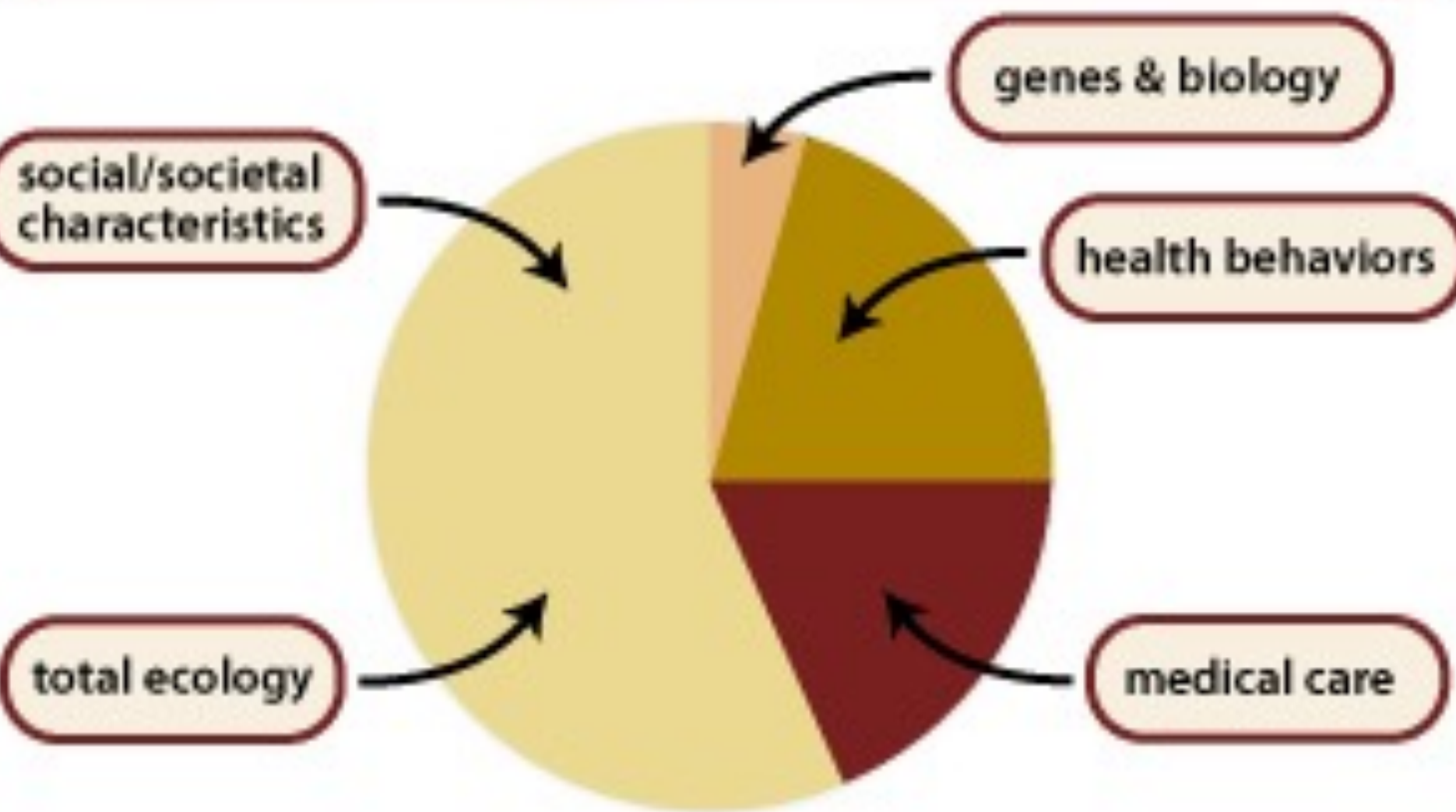
Codes of Ethics cont.

<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

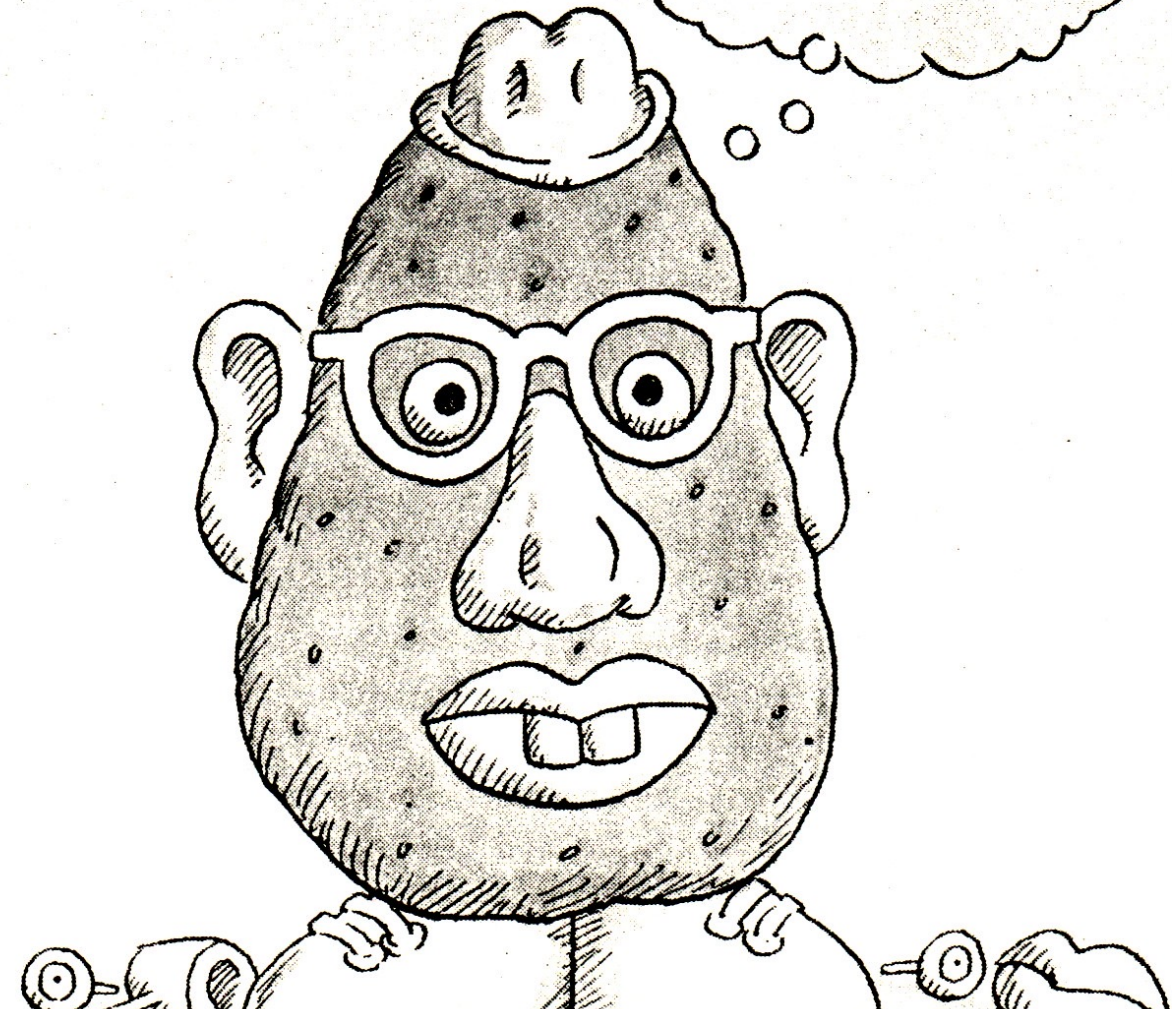


Eating to Nourish Body,
Soul, and Self-Esteem

Nancy Ellis-Ordway
Foreword by Harriet Brown

A COMPLEX CARBOHYDRATE

NOBODY UNDERSTANDS ME!



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**WEIGHT STIGMA IS A
PUBLIC HEALTH ISSUE.**

**WEIGHT STIGMA IS A
SOCIAL JUSTICE ISSUE.**

**WEIGHT STIGMA IS AN
ETHICAL ISSUE.**

#NASWCODEOFETHICS



Center for
Body Image
Research
and Policy



@CBIRP

WEIGHT STIGMA: A SOCIAL JUSTICE, PUBLIC HEALTH, AND ETHICAL ISSUE FOR SOCIAL WORKERS

~DR. NANCY ELLIS-ORDWAY~

What if we are violating clients' self-determination by referring them to harmful weight loss programs taking advantage of desperate people?

NASW Code of Ethics 1.02

We are not protecting clients from harm if we contribute to weight stigma and diet culture.

NASW Code of Ethics 1.04c

We violate clients' right to informed consent if the risks of weight loss are not clearly described.

NASW Code of Ethics 1.03a

Dangers of weight loss attempts are not considered when referring clients to programs that may harm them.

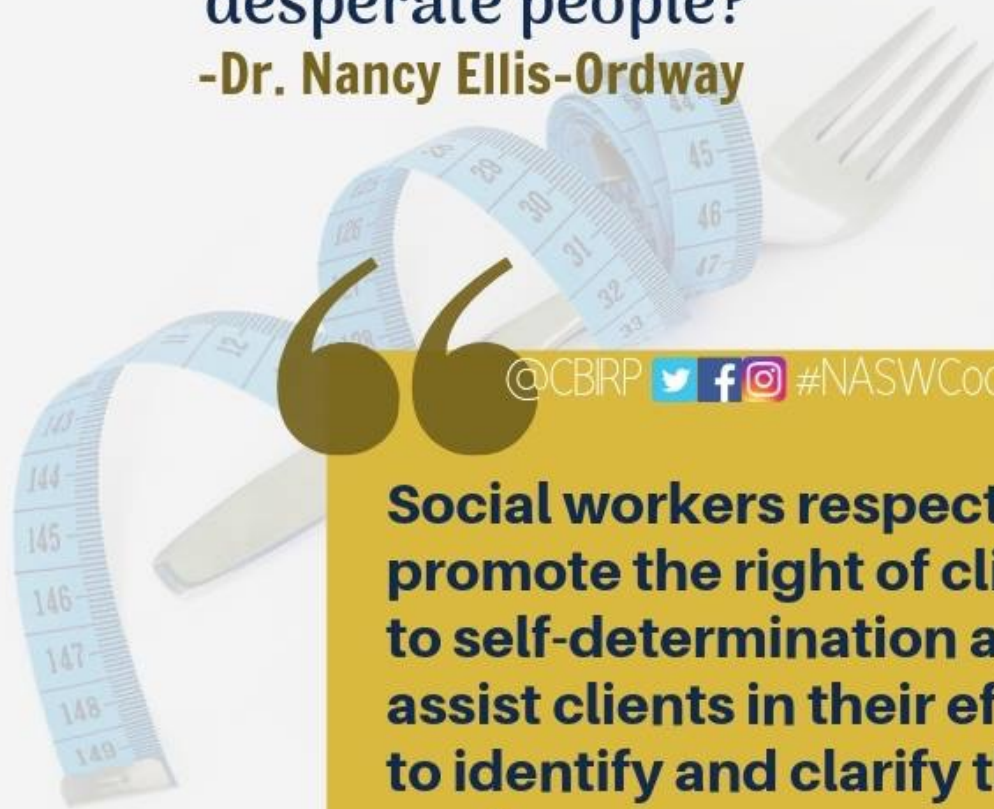
NASW Code of Ethics 1.01

When we have the opportunity to shape or promote policies or interventions, we must ensure that they are compatible with the realization of equity and social justice for all people.

NASW Code of Ethics 6.01, 6.02, & 6.04c

What if we are violating self-determination of clients by referring them to harmful weight loss programs taking advantage of desperate people?

-Dr. Nancy Ellis-Ordway



@CBRP    #NASWCodeOfEthics

Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals.

National Association of Social Workers
Code of Ethics 1.02 | Self-Determination



Center for
Body Image
Research
and Policy

We are not protecting clients from harm if we contribute to weight stigma and diet culture



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-Dr. Nancy Ellis-Ordway

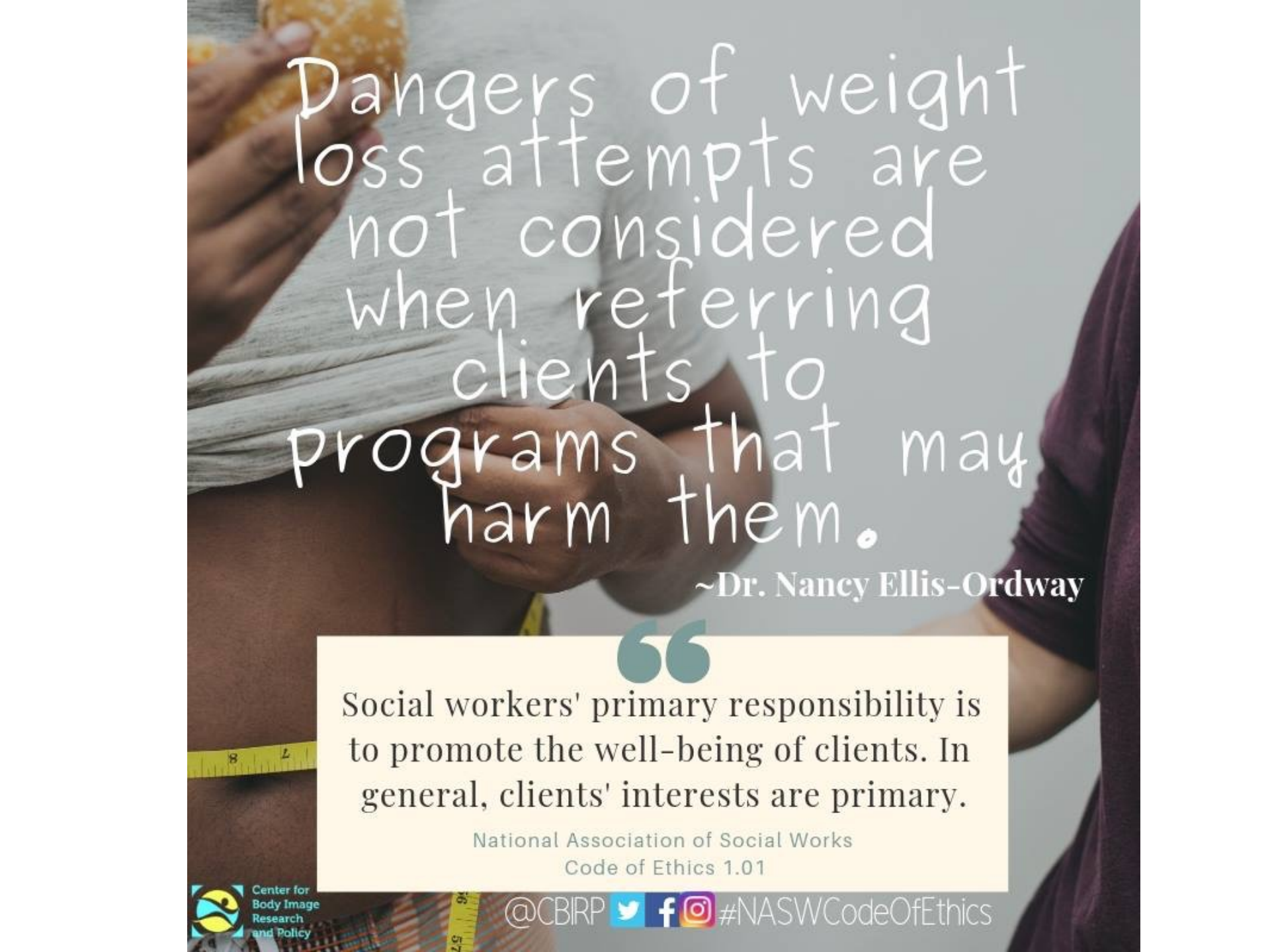


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When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.

National Association of Social Workers
Code of Ethics 1.04c



Dangers of weight loss attempts are not considered when referring clients to programs that may harm them.

~Dr. Nancy Ellis-Ordway

“

Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary.

National Association of Social Workers
Code of Ethics 1.01



When we have the opportunity (as individuals or as an organization) to shape or promote policies or interventions, we must ensure that they are compatible with the realization of equity and social justice for all people.

-DR. NANCY ELLIS-ORDWAY

Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice.

Social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of and confirm equity and social justice for all people.

We violate clients' right to informed consent if the risks of weight loss are not clearly described

~Dr. Nancy Ellis-Ordway

@CBIRP    #NASWCodeOfEthics



Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third-party payer

NATIONAL ASSOCIATION OF SOCIAL WORKERS CODE OF ETHICS 1.03A

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.

- 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”