

WEIGHT STIGMA IN HEALTH CARE

What are the causes and the consequences?



AUTHORS

Dr Dominique Durrer, MD
Univ. Hospital of Geneva, Switzerland

Christina Fleetwood, MPH
MagPolSci, MA.SpecEd, Sweden

David Matscheck, MA
Dept. of Social Work, Stockholm Univ., Sweden

Ximena Ramos Salas, PhD
Canadian Obesity Network, Canada

Illustration Prof. Yves Schutz,
Univ. Fribourg, Switzerland

Stigma in Health Care

What is Weight Stigma?

Weight bias is defined as negative attitudes toward and beliefs about others because of their weight. Weight stigma refers to **social stereotypes** and misconceptions about people with obesity. Weight stigmatization or weight-based discrimination occurs when we treat individuals unfairly because of their weight or size.

Prevalence of Weight Bias and Stigma

Weight stigmatization is pervasive in our society. Studies conducted by the Rudd Centre for Food Policy and Obesity found that 63% of children with obesity who attend elementary schools face higher risk of being bullied by peers, while 54% of adults with obesity report being stigmatized in their workplace. Adults with obesity (64%) also report experiencing weight bias from health care professionals.

Weight Stigma and Appearance

There are four classic traits that indicate social status — gender, class, race and age. To these, we can add **size** and **weight**. Every person can be categorized by each of these traits at the first meeting. Gender, race, weight and age are all immediately visible, sometimes also class, solely by the presence of the body. How the person is categorized by each observer influences his or her social status.

Erving Goffman wrote in 1963 about stigma and referred to three factors of importance: a) physical deformity (which includes body size); b) flaws of character; and c) genetic connection to race, nation or religion. When we meet a person with obesity and perceive the person's large body size, one or more of Goffman's three forms of stigma tend to become activated, whether or not we are aware of it.

As a health professional trying to help a person with obesity, you may need to focus on the physical body. But it is also important to consider the psychosocial health and well-being of patients and consider the experiences a person may have had with weight bias and stigma.



Consequences of Weight Stigma

As a health care professional, the effects of weight stigma may seem inconsequential to your practice. However, there is extensive research on the consequences of weight bias and stigma. Some of the areas that stigma affects include:

- **Medical care:** Research shows that health professionals often have biased attitudes toward patients with obesity.
- **Health policy:** Weight bias impacts health system policies, limiting access to evidence-based obesity management and supports. There is a lack of comprehensive obesity management and support systems globally.
- **Interpersonal and social relationships:** People with obesity will often experience weight bias and stigma from their family and relatives.
- **Education:** Young people with obesity face higher risk of being bullied in school. Teachers may have lower expectations from children with obesity, which may impact a child's opportunities for higher education.
- **Employment:** Adults with obesity report being stigmatized in the workplace and face barriers in hiring and promotional practices.
- **Housing:** Landlords often avoid renting to people with obesity.

Stigmatization in the Health Care Setting

Several studies have reported that patients with obesity are frequently stigmatized in health care settings.

- **BY WHOM:** Weight bias has been measured in medical students, doctors, psychiatrists, pediatricians, nurses, dietitians, psychologists, health promotion students, exercise specialists and even among obesity specialists.
- **WHY:** Many health care professionals believe that patients with obesity are responsible for their own weight. They may also associate social stereotypes about obesity and regard patients with obesity as lazy, non-compliant, unintelligent and lacking motivation and willpower. This has implications for the therapeutic relationship between health care professionals and patients across the health care continuum.
- **HOW:** Health care professionals can use hurtful words and display negative attitudes and behaviours. They may also give simplistic advice (eat less, move more) and spend less time in consultation with patients living with obesity. They may also perform less medically necessary screening and diagnostic tests, which can have serious consequences for individuals' health and well-being.

Consequences of Weight Stigma in Health Care Settings

Damaged body image can lead to:

- Poor self-esteem.
- Increased depression and, in worst cases, suicidal ideas or suicide.
- Increase of eating disorders.
- Decrease of general physical activity.
- Avoidance of medical consultation.

Such reactions and behaviours can lead to further weight gain and an increase in physical and psychological co-morbidities.

Consequences of Weight Bias for Individuals

Wherever a person with obesity goes and whoever s/he meets, obesity stereotypes and misconceptions are always in the background. This recurring confrontation with weight bias and stigma in the surrounding environment can lead to negative self-perception and what is termed “internalized weight bias.”

Emotional Responses

- Negative thoughts and self-talk on the meaning of being a person with obesity.
- Increased feelings of shame, blame and vulnerability, which can cause stress, anxiety, depression, suicidal thoughts and eating disorders.

Behavioural Responses

- Reduced safety and health-seeking behaviours.
- Unhealthy coping mechanisms, such as binge eating or reduced physical activity, which can act as barriers for obesity management and rehabilitation strategies.
- Unsafe weight management approaches (i.e., use of weight-loss programs and products that lack evidence and can result in unhealthy weight loss and regain).
- Suicidal acts.

Physiological Responses

- Increased chronic stress can activate physiological mechanisms that can increase weight.

Social Responses

- Avoidance of interactions with health professionals for fear of blame and shame.
- Avoidance of social interactions, contributing to social isolation.

Obesity Is a Chronic Disease

The persistent and unsubstantiated belief that individuals are *solely* responsible for their own weight is a key driver of weight stigma, contributing to increasing health and social inequalities.

Scientific breakthroughs in the understanding of obesity have led to the classification of obesity as a chronic relapsing disease, similar to diabetes or hypertension, characterized by abnormal or excessive fat accumulation that impairs health.

As a result of endocrine and neuroendocrine regulation, the body will resist weight loss. This is one of the reasons why obesity is considered a treatable and manageable chronic disease. Obesity requires life-long management, similar to other chronic disease treatments, such as diabetes and hypertension.

We Are All at Risk

Obesity needs to be diagnosed by a qualified health professional using actual measures of health that move beyond the body mass index (BMI). Although BMI tells us how big a person's body is, it does not tell us whether that person's size or weight is affecting their health.

The medical concept of "obesity as a chronic disease" is not *only* related to size, but also to the way in which excess or abnormal fat can impair health, and it is measured by other health indicators (e.g., mechanical, metabolic, mental and social).

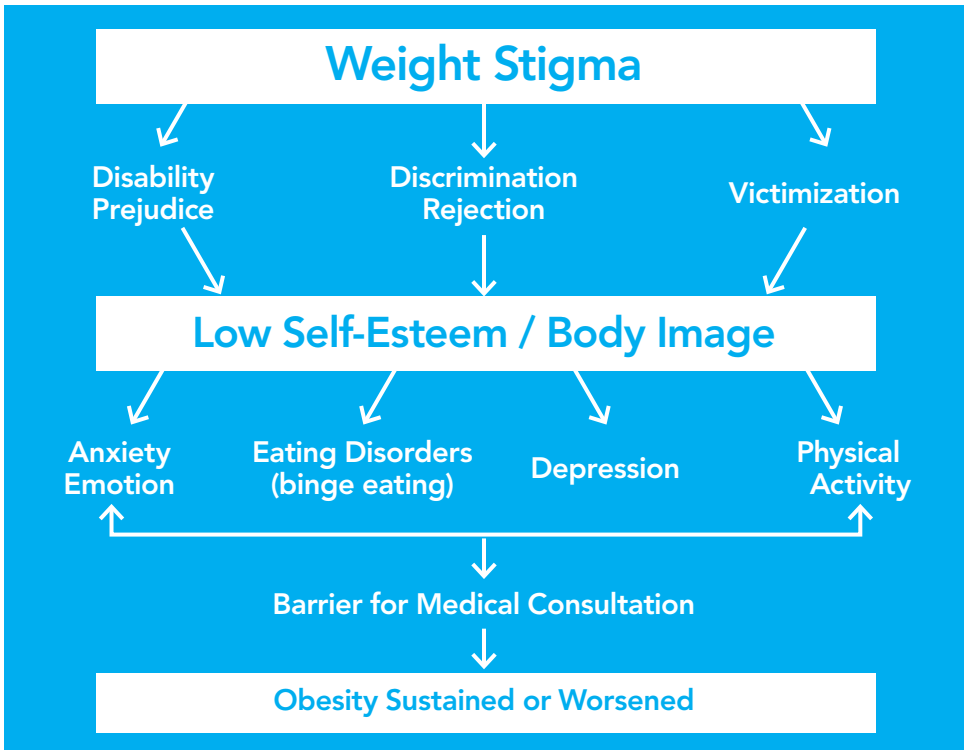
So, we are all at risk! Every one of us, regardless of our current size, could at any time gain weight and thus become the object of weight stigma. This feeling, that we ourselves can become the victims of stigma, can result in an ongoing tension that increases the difficulty in having a good relationship with the patient and seeing the patient's needs.

It is important for health professionals to develop a respectful therapeutic relationship with patients and support patients in improving their overall health and well-being and not focus on the numbers (e.g., BMI).

How Can Stigmatization Be Addressed in the Health Care Setting?

A few studies have shown success in decreasing stigma through the following actions:

- Educating GPs, obesity specialists and all health care professionals about the uncontrollable factors of obesity.
- Giving a key message: weight status and obesity are not under personal control!
- Using the motivational interviewing (MI) technique (see below) to communicate with the patient living with obesity. This is a guided, patient-centred, non-judgmental and respectful counselling approach.
- Utilizing adapted materials, such as appropriate large-size cuffs to measure blood pressure, wide chairs without armrests in the waiting room, appropriate scales (up to 200 kg), etc.
- Considering that health care professionals must be empathic when they welcome the patient; they must ask the patient for permission to weigh them and should measure them in a discrete room.
- Reminding GPs/health professionals that 5% to 10% weight loss is sufficient to have substantial benefits for health (decreasing co-morbidities) and that they should focus more on improving health and, above all, improving body image, increasing self-esteem, self-confidence, self-affirmation and quality of life (Flint, 2015).



Courtesy: Prof Y. Schutz

What Can Health Care Professionals Do About Weight Bias and Stigma?

It is important for health care professionals to know that beyond its effects on overall health and well-being, obesity also affects people's overall social well-being due to the pervasive social stigma associated with it.

Weight bias and stigma should not be tolerated in health care, education or public policy sectors.

What, then, can health professionals do to help their patients in the face of weight bias and obesity stigma?

- Be aware of your personal attitudes and beliefs about weight, size and obesity and reflect on how this is influencing your behaviour and practice.
- Be careful to meet your patient in a respectful way.
- Be aware of the effects stigma may have had on your patient, including social effects of stigma and internalized stigma.
- Help to build your patient's self-confidence.
- Find places you can refer your patient to for help with the non-medical effects of stigma.

Motivational Interviewing (MI)

Motivational interviewing is a collaborative conversation that aims to establish a partnership with the patient to strengthen his/her motivation to change behaviour.

- MI expresses full empathy.
- It helps the patient to resolve his/her ambivalence toward behaviour changes through active listening and the decision-making balance, exploring the patient's own resources.

Three factors are essential:

1. The behaviour change must be important to the patient.
2. The patient must feel able to do it.
3. It must be the right time to make this change.

Looking at the Social Side

Stigma impacts health and social outcomes and can be a barrier for obesity treatment. Refocus and look at the social side of the person's life. The goal here is to regain self-confidence, not focus on weight loss or a person's size. The most important tool we have as human beings is the inner power of the person, the soul! Support your patient to find her/his own sense of self-worth.

User and Patient Organizations

There may be a user or patient organization in your area or region. User organizations can provide support for your patient in the form of shared and lived experience, information and contacts. You can be ready to refer your patient to such an organization, by making informational brochures and Internet links available.

User organizations can also be active in promoting improved health care policies in the area of obesity and weight stigma, and collaborate with other user groups.

Other Help for Your Patient

Psychosocial factors, such as interpersonal relationships, income or employment, housing or other factors, may be concrete obstacles to effective obesity treatment or management. Organizations that offer help may exist within the social service, psychological therapy, the church or other non-profit organizations.

Find out what help is available and be ready to refer your patient. If possible, seek opportunities for active collaboration.

Trust the Patient and Give Support

Only the patient can do the job. But s/he needs your trust! Respect the person's decisions and give support!