Do No Harm: Weight Stigma in the Clinical Context

Selected Slides

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# A Word About Language

<table>
<thead>
<tr>
<th>Stigmatizing Terms</th>
<th>Preferred Terms</th>
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</thead>
<tbody>
<tr>
<td>Obese</td>
<td>“Overweight/obese according to current BMI standards”</td>
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<tr>
<td>Overweight</td>
<td>Higher weight</td>
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<tr>
<td>Skinny</td>
<td>People of size</td>
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<tr>
<td>Unhealthy Weight</td>
<td>Larger-bodied</td>
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<tr>
<td>Healthy Weight</td>
<td>Thin-bodied</td>
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<td>Persons with thin privilege</td>
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</tbody>
</table>
## Effects of Weight Stigma on Teens

<table>
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<tr>
<th>Chronic stress response (22)</th>
<th>Psychological distress (29)</th>
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<tbody>
<tr>
<td>Poor social and emotional adjustment/loneliness (26)</td>
<td>Fewer friends (37)</td>
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<tr>
<td>Disordered eating (27)</td>
<td>Somatic symptoms (in girls) (15)</td>
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<tr>
<td>Increased depression, anxiety, substance use, self harm (after accounting for age, sex, BMI, and age of onset) (5, 7; 13; 14; 37)</td>
<td>School avoidance/worse grades (37)</td>
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<td>Internalization (29)</td>
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Effects of Weight Stigma on Patients

- Decreased preventative health care services
  - Delay in breast and gyno exams in fat women (9)

- Appointment cancellations (31)

- Ineffective or harmful weight management strategies
  - Exercise avoidance, disordered eating patterns, increased calorie consumption (39; 45; 48)

- In adolescents, associated with preference for sedentary isolative type activities (13)

- Drug doses not calibrated (19)

- 75% of higher weight patients look to their physicians “a slight amount” or “not at all” for help with weight (50)

- When parents were asked how they would react if a doctor referred to their children’s weight in a stigmatizing way
  - 34% would switch doctors
  - 24% would avoid future medical appointments for their children (40)
Microaggressions from Clinicians

• Use sizeist, alarmist language: “Obesity epidemic,” “overweight,” “unhealthy weight”
• Equate weight with physical health
• Equate weight with mental health
  • Diagnosing depression, binge eating, addiction, or anorexia/bulimia based on body size
• Engage in stereotyping
  • Non-compliant, undisciplined, poor self-image, etc.
• Praise fat people for doing things that we would label “unsafe” or “disordered” in slim people
• Compliment weight loss without knowing cause
• Assuming people who are at higher weights aren’t doing self-care
Microaggressions from Clinicians

- Fail to educate ourselves about how activities of daily living, family life, parenting, sex, etc. might need to be adapted for people with bigger bodies
- Imply that treating mental health (e.g. depression, binge eating) will reduce weight
- Assume weight-loss as a goal without consulting client/family
- Promise therapy will help with weight loss when there is no guarantee
- Support partners & parents who shame higher-weight clients
- Maintain inaccessible and/or hostile spaces
  - Scales, scanners, M.R.I. machines
Improving Clinical Practice

- Role Modeling
- Clinical Documentation
- Clinical Environment
- Behavioral Health Screening
- Language and Word Choice
- Health at Every Size®

American Academy of Pediatrics

Stigma Experienced by Children and Adolescents With Obesity (2017)
NAAFA

Guidelines for Health Care Providers Who Treat Fat Patients

• Philosophy/Approach
• Weighing Patients
• Diagnosis
• Treatment
• Medical Procedures
• Accommodations
  • Waiting Room
  • Exam Room
Advocacy

- Patients
- Schools
- Youth-Targeted Media
- Provider Training
- Parents
- Health Care Organizations
Engage in critical analysis of research on weight loss efforts & the conflation of body weight with health
Explore intersections w/ race, SES, gender, other identities
Weight-neutral responses in health care
Teaching techniques for cultivating body acceptance
Recognize & respond to weight-based microaggressions
Avoid making assumptions about diet and activity based on size
Ask ourselves: **How would we treat this patient/family differently if their bodies looked different? (bigger, smaller, etc.)**
Purposefully include higher weight subjects in our research studies
Our Bodies with Patients

• Explore and help patients cope with weight stigma.
• Be a role model for resistance (to societal norms) and change.
• Talk about the political nature of body image. Experiences of stigma are not our body’s fault.
• Honor the expertise of the person who occupies the body.
• Talk about the processes of life, not the outcome of weight.
• Turn up the volume on patients’ curiosity. What is pleasurable? What is satisfying?
• Chose to explore the discomfort instead of going into problem solving. What is it like to live in the world with this discomfort, in a world that isn’t accepting you as you are?
Our Bodies with Patients

- Our bodies are in the room!
- Questions you can ask patients regarding size bias:
  - What’s worrying you about my size?
  - What concerns you most about my size?
  - Tell me more about what my size means to you?
  - What is it like for you to be talking about these things with someone of my size?


References


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