

Weight Stigma: How does it work? Why is it bad? What can we do about it?

Presentation for the Center for Bioethics and Social Justice

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Stigma

- Some **difference** is picked out (trait, feature, behaviour) between one type of person relative to a “whole and usual person” (Irving Goffman qtd. in Harwood)
- The difference becomes an **identity label** for those persons with **negative connotations and implications of inferiority**
 - The difference is understood to be central to who they are, their worth and potential as human beings, rather than something incidental
- This label enables/justifies forms of:
 - **Direct discrimination**
 - **Structural discrimination**
 - **Internalization of inferiority**
- Which result in **social and material disadvantages** for those within the labelled group

Weight Stigma

- **Difference:** higher weight or Body Mass Index (BMI), larger size vs. “normal” person
- **Identity label:** fat, overweight, obese
 - **Negative connotations/implications of inferiority:**
 - Aesthetics: unattractive, disgusting
 - Character: lazy, gluttonous, lacking self-control, undisciplined
 - Health: unhealthy, diseased, at risk, engages in poor health behaviours
 - *Key assumption: fatness is avoidable/fixable and so the fat person’s fault*
- This label enables/justifies forms of:
 - **Direct discrimination:** bullying, teasing/joking, shaming, criticism; intentional and unintentional expressions of disgust, disrespect, devaluation, contempt; denial of job & relationship opportunities; disbelief and distrust; poorer quality health care from providers (ex. unjustifiably attributing health problems to weight)
 - **Structural discrimination:** barriers to access and use of spaces and services (inadequate seating, seat belts); limited clothing sizes (including work-appropriate clothing); inadequate medical equipment (gowns, cuffs, diagnostic machines); lack of research & training on how to care for larger bodies
 - **Internalization of inferiority:** shame, embarrassment, low self-esteem
- This produces **social and material disadvantages** including:
 - Poorer physical and mental health due to effects of chronic stress, delaying/avoiding health care, poorer quality care, distrust in providers, reduced engagement in positive health behaviours
 - Poorer outcomes in employment, education, and interpersonal relationships

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Bottom line:

Weight stigma is unethical and bad for health, especially for the largest of us

What can we do better?

- Interrupt the weight stigma process:
 - **Challenge false assumptions and beliefs about fatness and fat people**
 - Ex. Learn and teach about the complex etiology of body size and complex relation between health and weight; do not treat weight loss as a cure-all; do not treat weight-loss dieting as generally safe or effective
 - **Interrupt and challenge expressions of negative, prejudicial attitudes**
 - Ex. Shut down jokes based on prejudices about fat people
 - **Make structural changes to demonstrate that larger people are expected and welcome**
 - Ex. Have appropriate seating and medical equipment (gowns, blood pressure cuffs, etc.); ensure adequate education about how to care for larger bodies; educate about the harms of weight stigma
 - **Acknowledge and challenge internalized weight stigma in ourselves and others**
 - Ex. Acknowledge that discussing weight/being weighed can cause embarrassment or shame; be empathetic, offer alternatives (where appropriate); challenge the belief that weight is shameful

Selected sources

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