Impact of Weight Bias on Your Health: Steps to Reducing Self-Stigma

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Disclosures

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Key Questions

1. What are weight bias and stigma, and how can they be self-directed?

2. How does self-directed weight stigma affect health?

3. What can I do to reduce my own weight bias and prevent the negative effects of self-directed stigma?
What is weight bias?

• Negative attitudes towards individuals perceived to have excess weight

• Stereotypes:
  • Lazy
  • Lack willpower
  • Unattractive
  • Unintelligent

• Belief that weight is entirely controllable → blame

• Due to these negative attitudes, people with overweight/obesity may be rejected, avoided, or looked down on in society.
  = Stigma

Puhl & Brownell, 2001, *Obes Res*
Key Terms

• **Bias** – negative attitudes (prejudice)

• **Stereotypes** – assumptions based on misconceptions and overgeneralizations that contribute to bias

• **Stigma** - devaluation of a social identity based on some characteristic

• **Types of stigma**
  • Anticipated
  • Enacted (“experienced” or “perceived”)
  • Internalized

Dovidio, Penner, Calabrese, & Pearl, 2018; Goffman, 1963
Examples of weight bias and stigma

• Media
  • Headless images, engaging in unhealthy behaviors

• Discrimination
  • Employment, education, relationships, public settings

• Teasing and bullying
  • Particularly among youth

• Other forms of unfair treatment (criticism)
Who holds weight biased attitudes?

- Widespread
- As young as preschool aged children
- Across health professions – even people who specialize in obesity
- Among people of all weight statuses – including those with overweight and obesity

Can we stigmatize ourselves?

• Unfortunately, yes.

• Occurs when individuals with overweight or obesity:
  • Are aware of negative weight-based stereotypes
  • Agree with these stereotypes
  • Apply these stereotypes to themselves

  • As a result, individuals who have internalized this bias may have reduced self-worth because of their weight

  = **Weight bias internalization (or self-directed weight stigma)**

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Mental Health

Weight Bias Internalization

- Depression
- Anxiety
- Body dissatisfaction
- Reduced self-esteem
- Disordered eating
- General distress
- Poorer mental health quality of life

Pearl & Puhl, 2018, *Obes Rev*
Physical Health

- Higher body weight
- Binge eating
- Poorer weight management behaviors
- Reduced exercise motivation
- Reduced physical health quality of life
- Potentially worse weight loss
- Poorer cardiometabolic health

Pearl & Puhl, 2018, *Obes Rev*
How does internalizing weight bias affect health?

*Some evidence suggests that internalizing weight bias has a more negative effect on health and well-being than just experiencing weight bias from others.

Why does weight bias internalization affect health?

• Not entirely understood

• Proposals:
  
  • When individuals feel badly about themselves due to their weight, they are less motivated to do healthy things for their bodies.

  • When individuals internalize negative stereotypes (e.g., that they are lazy), they may feel less confident in their ability to engage in health behaviors, and therefore are less likely to do so (self-fulfilling prophecy).

  • Self-directed stigma is stressful, leading to a biochemical response that increases risk for poor health.

Pearl & Puhl, 2018, *Obes Rev*
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What can we do to address weight bias?

• Change public attitudes

• Educate employers/educators/health care professionals

• Create policy to prevent/reduce negative consequences

• Help individuals who face bias/stigma to cope effectively
Weight Bias Internalization and Stigma (Weight BIAS) Program

• Tested in a pilot study
  • 8-week program with 8 participants (compared to 6 participants who did not receive intervention until end of the study)

• Currently expanding for longer program with more participants and combining it with behavioral weight management

Pearl, Hopkins, Berkowitz, & Wadden, 2018, *Eat Weight Disorder*
Cognitive-behavioral therapy

• CBT provides a model for reducing weight bias internalization and its associated health problems

Beck, 2011; Pachankis et al., 2015, *J Consult Clin Psychol*; Pearl et al., 2015, *Stigma Health*
Education about weight and weight bias

• Weight is complex and not entirely within our control.

• If you have had negative experiences due to weight, or felt down about yourself due to your weight, you are not alone.

Pearl, Hopkins, Berkowitz, & Wadden, 2018, *Eat Weight Disord*
Challenge myths and stereotypes

• Examine evidence for and against common misconceptions:

  • Obesity is caused by lack of willpower and self-control.
  
  • Regaining weight is a sign of personal failure and weakness.
  
  • People with higher body weight are always unhealthier than lean individuals

Pearl, Hopkins, Berkowitz, & Wadden, 2018, *Eat Weight Disord*
Identify unhelpful thinking patterns

• Increase awareness of “cognitive distortions”

• Examples:

  • **All-or-Nothing Thinking**: Either one extreme or the other
    - *Either I’m at my ideal weight, or I weigh too much and hate my body.*

  • **Mind-Reading**: Assuming you know what others are thinking
    - *When people look at me at the gym, I know they’re judging me.*

  • **Fortune-Telling**: Assuming you know what will happen
    - *I’ll never be able to do _____ because of my weight.*

<table>
<thead>
<tr>
<th>Situation</th>
<th>Negative thought</th>
<th>How true is this thought? (0-100%)</th>
<th>Cognitive Distortion</th>
<th>Evidence for this thought</th>
<th>Evidence against this thought</th>
<th>How true is this thought? (0-100%)</th>
<th>Alternative thought</th>
</tr>
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Notice the connection between your thoughts, feelings, and behaviors

• Slow down the cycle by increasing awareness

• Break the cycle by changing your negative thoughts

Adapted from Beck, 1970
Change your thoughts to be more balanced (and less negative)

• “Restructuring” our thoughts or thinking about an upsetting situation in a different way can change how we feel and act

Adapted from Beck, 1970
Practice being assertive

- When others say something that is upsetting or offensive to you, how will you respond?

- Goals may vary:
  - Ask them to change their behavior
  - Improve or preserve the relationship
  - Increase or maintain your own self-respect

Practice self-compassion and acceptance

• Particularly related to body image

• You can work to make changes to your health (including lose weight), while still respecting and accepting your body just as it is

• Be kind to your body

• Don’t let your weight hold you back from living your life

Engage in advocacy

- Feel empowered to combat weight bias
## Participants

<table>
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<th>Demographics</th>
<th>Intervention group (n=8)</th>
<th>Control group (n=6)</th>
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<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>7 (87.5%)</td>
<td>4 (66.7%)</td>
</tr>
<tr>
<td>Men</td>
<td>1 (12.5%)</td>
<td>2 (33.3%)</td>
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<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>1 (12.5%)</td>
<td>2 (33.3%)</td>
</tr>
<tr>
<td>Black</td>
<td>5 (62.5%)</td>
<td>3 (50%)</td>
</tr>
<tr>
<td>Multiracial</td>
<td>2 (25%)</td>
<td>1 (16.7%)</td>
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<tr>
<td><strong>College degree or higher</strong></td>
<td>2 (25%)</td>
<td>4 (66.7%)</td>
</tr>
<tr>
<td><strong>Employed</strong></td>
<td>2 (25%)</td>
<td>5 (83.4%)</td>
</tr>
<tr>
<td><strong>Mean age ± SD</strong></td>
<td>54.0 ± 9.7 years</td>
<td>52.7 ± 9.1 years</td>
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<tr>
<td><strong>Mean weight ± SD</strong></td>
<td>115.6 ± 38.2 kg</td>
<td>106.9 ± 13.8 kg</td>
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<tr>
<td><strong>Mean BMI ± SD</strong></td>
<td>42.2 ± 12.1 kg/m²</td>
<td>38.6 ± 5.3 kg/m²</td>
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Measures

Primary outcome: Weight Bias Internalization Scale\(^1\)
- 11 items, rated on a scale of 1-7 (averaged)
  - “I am less attractive than most other people because of my weight”
  - “My weight is a major way I judge my value as a person”
  - “I hate myself for being overweight”

Secondary outcomes:
- Fat Phobia Scale\(^2\) (stereotypes)
- Weight Self-Efficacy Scale (WEL)\(^3\)
- Beck Depression Inventory-II (BDI-II)\(^4\)
- Treatment acceptability ratings

Results

Pearl, Hopkins, Berkowitz, & Wadden, 2018, *Eat Weight Disord*
Results

Pearl, Hopkins, Berkowitz, & Wadden, 2018, *Eat Weight Disord*
Results

Mean acceptability rating (1-7): 6.21 ± 0.87

Recommend the program to others? (1-7)
  all scores ≥ 5
  mean: 6.38 ± 0.92

Pearl, Hopkins, Berkowitz, & Wadden, 2018, *Eat Weight Disord*
Take-home points

• Weight bias is pervasive. It is understandable that it can become internalized.

• Judging yourself and beating yourself up due to your weight can be bad for your health.

• You can combat self-stigma by challenging your own negative thoughts about weight, and by educating others about weight and weight bias.
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Questions?

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