

Welcome to Association for the Study of Obesity NI Network & Division of Health Psychology NI Joint Symposium



Weight Stigma and the Psychological Cost of Toxic Shame

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Shame: A Toxic, Concealed, Contagious and Dangerous Emotion;

- **Shame informs us of an internal state of inadequacy, unworthiness, dishonour, regret, or disconnection**
- **Shame leads to feeling as though our whole self is flawed, bad, or subject to exclusion, it motivates us to hide or do something to save face**
- **Shame avoidance can lead to withdrawal or to addictions that attempt to mask its impact**
- **Shame does not make a distinction between an action and the self**
- **With shame, "bad" behaviour is not separate from a "bad" self as it is with guilt**
- **Shame is felt at anticipation of being viewed as lacking or inadequate in our intellect, appearance, or abilities**
- **The deterioration of an esteemed sense of self can be devastating, with typical emotions that can accompany shame, such as envy, anger, rage, and anxiety, we can also include sadness, depression, depletion, loneliness, and emptiness as a result**
- **A person who has gained weight may carry their shame like a cloak in public and will further avoid being dangerously shamed by health professionals**

Fat shaming and weight bias as a normalized behaviour leading to internalised weight bias, shaming and isolation among individuals

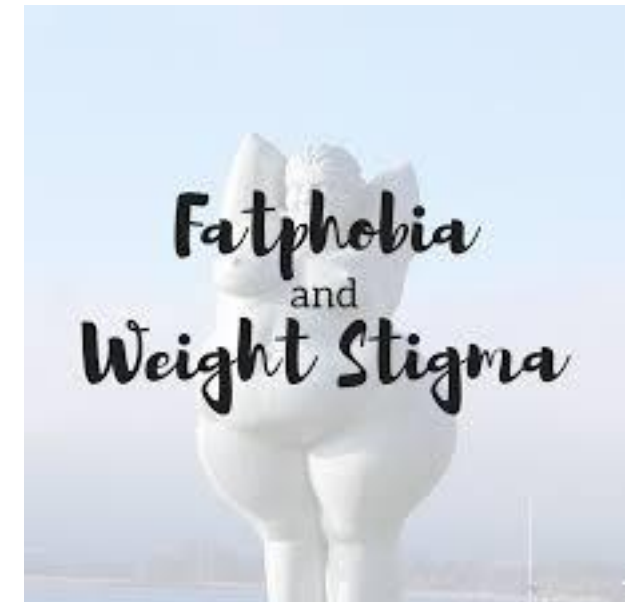


Why is fat stigma not more widely recognised?

- Few people today would make comments about individuals on basis of race, gender or sexuality all legally protected by the 2010 equality act
- There is no law to stop discrimination against an overweight person.
- Fat stigma has been described as ‘one of the last socially acceptable forms of discrimination’
- Fat stigma is increasing even faster than obesity itself up from 7% in 1996 to 21% in 2006 with one large US study ranking being overweight as the third most common form of discrimination, rising to 45% among those with higher BMIs (35+)

How does fat stigma affect overweight people? Research suggests that people with obesity are seen as being;

- Lazy
 - Undisciplined
 - Lacking willpower
 - Unmotivated
 - Non-compliant
 - Less healthy
 - Lower self-esteem
 - Sloppy
 - Less sexually attractive/active
 - Disagreeable
- Thinking more slowly
 - Having poorer work habits
 - Generally being less competent in the workplace
 - Seen as less likely to benefit from counselling



Doctors routinely continue to bring their own biases to the consultation and often conclude that;

- It is 'fat' people's fault that they are fat. This is both unfair and untrue
- People in larger bodies have negative attributions like laziness, greed or lack of will power
- A restricting diet and exercise should be recommended for all patients with high BMI
- Higher body weight necessarily means less healthy
- There is an overwhelming belief that being thin means being healthy and leads to a longer life.

Common example of weight stigma causing poor healthcare outcomes;

- Patients told to lose weight or risk being denied needed surgery in the future
- Bias starts in the consulting room, a one glance assumption that someone's weight caused knee pain generally doesn't reflect best practices and might provide worse care as result
- A thin person with knee pain might be referred to massage or yoga
- Patients in a larger body may receive only advice to diet and lose a large amount of weight
- We can imagine a case where a larger person who tries to qualify for the right help by starving prior to surgery will turn up severely malnourished regardless of weight which impacts greatly on ability to tolerate and heal from surgery

It's clear that;

- What we are doing socially, medically and with public health campaigns is not working
- Health has not improved and diets do not work
- Health professionals shaming patients is dangerous and counterproductive. The shame blame game is in full effect even when not intended as such; doctors need to consider the topic from a different angle
- It is vital to challenge the notion that higher body weight necessarily means less healthy
- Losing a large amount of weight and keeping it off is very rare – 3% (NWCR)

Doctors are often “failing to provide adequate and timely diagnosis and treatment due to all kinds of assumptions, [which] affects patients along the full weight spectrum.”

— Lilia Grove, MD, LMFT



Some facts;

- **The multibillion pound commercial machine that tries to sell people the promise of thinness for health and for self-worth for self-confidence is a false and often damaging industry**
- **Virtually every study shows that people who engage in a diet – meaning restricting calories below what the body needs on a daily basis with certain nutritional categories off limits – may lose weight temporarily only to gain it all back plus more that's true for people of any weight and size**
- **This makes scientific sense, our cave peoples brains don't know if we are consuming less because of lack of access to food or because of intentional restriction**
- **It just registers FAMINE, anxiety, and proceeds to drop the metabolism increase food obsessions and anxiety and defend the body weight**
- **After prolonged deprivation feeling ravenous and eating more calories than the body needs for energy is biological NOT a lapse of willpower**
- **Weight loss before surgery is not evidence based to improve outcomes!**

Research has found that;

- A study of over 2000 diverse men and women found that reduced exercise capacity was a powerful predictor of mortality while BMI was of limited importance
- The study upheld findings with the Veterans Exercise Testing Study which showed that the lowest death rates of 12000 middle ages veterans in the USA were observed in the obese men with high exercise capacity
- Evidence continues to grow that healthy people in larger bodies with cardiovascular fitness may live longer than those in thinner bodies
- Furthermore the act of engaging in in regular aerobic exercise and or resistance training causes life prolonging changes in a number of cardiovascular risk factors independent of any change in body weight
- Significant changes in mortality are consistently found only at either extremes of weight
- When epidemiological studies evaluating the relationship between weight and mortality control for fitness, exercise, diet quality, weight cycling, diet, drug use, economic status and family history higher weight disappears as an independent risk factor for higher mortality

There are plenty of studies showing that high weight is linked to medical complications like sleep apnoea, diabetes and poor wound healing;

- However a study of 78000 patients undergoing knee surgery shows that a high BMI was not independently associated with most surgical complications
- Low blood albumin (associated with inflammation) that increased death rates and other complications yet surgeons routinely ask people to lose weight but it is impossible to lose weight safely and keep it off and also turn up for surgery adequately nourished
- Reports of patients/clients frequently shamed for lack of weight loss and surgery cancelled

Patients regularly skip regular medical appointments for fear of being fat shamed by a doctor or other medical professional



Brings us to the conclusion that;

- The number one medical complication in those with larger bodies is the poor overall general medical care that such patients receive at the hands of doctors and health professionals
- It's not so much diabetes high blood pressure or high cholesterol that harm it is both physical and psychological and medical harm that comes from often well-meaning medical professionals
- People in larger bodies have been shown to avoid healthcare settings due to prior experiences of harm and body related shame, the stress of going to the doctor keeps them from seeking regular medical **care**

Health at Every Size HAES;

- Does not mean everyone at any size is healthy
- A subtler message it means working in an attuned way with ones' body
- Eating and moving in a flexible way can improve health independent of weight change
- For each person accepting weight gain, weight loss or no weight change at all
- Countless diets and weight cycling cause metabolism to slow and speed up again, the best way to offer optimal medical health is to invite patients never to diet again
- To eat in ways that honour their culture, social engagement, taste buds and energy needs
- There is no such thing as a bad, disallowed or cheat foods



Our recommendations to clients;

- Eating fresh colourful foods with plenty of fruits and veg, home cooked when possible
- Consumed mindfully generally not in front of the TV or in the car
- The balance of carbs and proteins doesn't have to be counted or too exact
- There is no place for fear or guilt when enjoying sweets processed foods and what counts as unhealthy food at a given time, in moderation
- In general real foods taste better and are more satisfying - real ice cream and cheese rather than low fat or low calories versions of these
- This is called intuitive eating which is a powerful diet-rejecting philosophy taught by many eating disorder and weight practitioners



Building healthy body esteem around healthful and sustainable behaviours;

- People need to be encouraged to move in ways that improve their experience in the world
- Within their level of ability and desire to play with children and explore the beauty of walking with less exhaustion and pain
- Moving for joy not for so called fitness covers almost infinite options ultimately centred around the persons preferences and ability
- Movement is not to compensate for consumption of calories but to celebrate the body and live ones values

Lets start the conversation...



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Launch of Professional Training Partnership with National Centre for Eating Disorders London Gold Standard Training for Eating Disorders, Obesity and Nutrition

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Trainers: **Bridin Mc Kenna**: Associate Trainer NCFED
and Principal of Life Therapies Clinic

Dr Jane Nodder: Dr of Nutritional Medicine



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