Weight stigma: blame and shame, but also an agent of change?

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Symposia plan

Introduction
What is weight stigma and how is it used?

Debate point 1
Weight stigma prevents the onset of obesity

Debate point 2
Weight stigma acts as a trigger for change

Debate point 3
Weight stigma is necessary and justifiable

Summary and discussion
What is weight stigma?

Social unacceptability
1. stereotypes
2. prejudice
3. behaviour

Why stigmatise obese?
1. sign of moral weakness
2. threat to self and others
How is weight stigma used in public health?

DOCTORS should stop mincing their words and tell overweight Australians they are "fat", a top medico says.

Harry Hemley, Victorian president of the Australian Medical Association, said calling some overweight and obese people fat might be the nudge they needed to start losing weight.

Obese? Just call them fat: Plain-speaking doctors will jolt people into losing weight, says minister
The fear appeal
Debate point 1

WEIGHT STIGMA PREVENTS THE ONSET OF OBESITY
Key questions?

- Does it impact upon:
  - obesity onset?
  - successful weight loss?

(individual and social consequences)
Obesity onset?
What is stigma?

- Negative
- Minority
- Not social norm
Migration data
Migration data
(Misra and Ganda, 2007)
Stigma?

- Obesity no longer a minority condition
- Social norms change
- Of eating and body size
- Stigma reduced
- Obesity increases
Social networks?
A hypothetical social network with each individual’s initial state colored as **normal weight (green)** or **overweight (blue)**. At each time step, the individuals update their current state to reflect the majority of their network neighbors (including themselves). At time 2, for example, the central figure changes from normal weight to overweight because the majority of its neighbors were overweight.
“Obesity appears to spread through social ties” (Christakis and Fowler, 2007)

- Framingham Heart Study
  - 5124 subjects
  - 12,067 in social network
  - Longitudinal Social network mapped/modelled
- Clustering based on BMI
- Increased chance of becoming obese:
  - 57% if friend became obese
  - 40% if sibling became obese
  - 37% if spouse became obese
Social networks (Bahr et al. 2009)

Obesogenic environment
- Drives increased BMI and larger obese clusters
- Larger obese clusters perpetuate more obesity

Social acceptance of overweight/obesity
- Social norms changing
- Weight gain by friend “permits” weight gain by individual.
- Suggests changing “acceptability” of obesity as important as modifying behavior
Expt study (Robinson and Kirkham, 2013)

- N=200 men
- 3 conditions:
  - Images of normal weight / overweight / obese men
  - Rated subsequent overweight man
- Results
  - Exposure to obese men
  - Rated overweight man as:
    - Healthy weight
    - Did not need to lose weight
New data
(Wastling and Ogden, just collected)

- Online questionnaire
- Shown image of obese / overweight / normal weight woman
- Rated as healthy?
- (also have 5 countries ....)

- .... Increased BMI rated overweight model as more healthy
Stigma?

- Obesity becomes the norm
- Stigma reduced
- And seen as less unhealthy
- Obesity increases
- Weight gain becomes contagious?
Therefore ...

Stigma acts a barrier to obesity onset
Misclassification & social norms

Evidence that misreporting of BMI (under-estimate)

Evidence that parents underestimate child’s weight category

Social comparison – “Well, I’m not *that* fat. Not like Jenny down-the-road”

But does this apparent misclassification demonstrate that people find heavier body weight more acceptable? Are overweight and obese people less stigmatised?
Cultural context of weight stigma

Overweight not always such a bad thing?

Food Puritanism = enjoying food is sinful

Jolly, loveable, good-natured, laid-back

Freedom to demonize fatness under the aegis of “health”

Body size is a matter of beauty & individualised responsibility in respect to physical health & the nation’s financial health (embodiment)
Pervasiveness of weight stigma

“...the last socially acceptable forms of discrimination”

Weight stigma as common as race stigma in US, plus obese people rated more negatively than homosexuals, homeless people, mentally ill

Stereotypical portrayals (“fattertainment”) are abundant in the media but often ignored

Healthcare professionals hold negative attitudes, including trainees and even those specializing in obesity

Do you have negative attitudes? Find out [here](#)
Normalisation

Overweight and obese people are hardly the minority anymore, so won’t weight stigma reduce?

Evidence that attitudes toward obese people have become more negative over time

Latner & Stunkard 2003
Getting Worse: The Stigmatization of Obese Children

Andreyeva et al. 2008
Changes in perceived weight discrimination among Americans, 1995-96 through 2004-06
Normalisation & societal level stigma

Little in-group bias, and obese people typically show strong weight bias to other obese people.

Stigmatised obese individuals often have the tendency to adopt weight bias (internalisation).

Many obese people feel that they deserve to be in the ‘in-group’ because they could be in the ‘out-group’ if only…

Overtime, possibility of a self-fulfilling prophecy.

Exceptions to the rule!
Debate point 2

WEIGHT STIGMA ACTS AS A TRIGGER FOR CHANGE
Successful weight loss?
Successful weight loss?

- Low self esteem, low mood, low self efficacy predict overeating and low activity

- BUT...

- Might trigger weight loss?
‘I’ve never been insulted or anything like that... I’ve been so comfortable. I’ve been accepted in society as normal. I haven’t been bullied. I’ve been made so comfortable so I think that’s why I haven’t done anything about it up to now’

(Ogden and Hills, 2008)
With stigma

- Incentive?
- Rock bottom?
Incentive

‘Just buying clothes off the rack instead of going into certain shops, being looked at and them saying you can’t come in here because you’re too big…they say ‘sorry love, we don’t buy tents for clothes’

(Ogden and Hills, 2008)
Hope

“My orthopaedic surgeon got a bone scan ‘cos of my tumour and then he’s like my body there and there’s me, there’s all my fat and he goes to the kids ‘look there’s a little mummy in there trying to get out’. You know there is a little me here....seeing it on the bone scan yeah there’s me and there’s the big me....that’s when I decided to go for it”

(Ogden and Hills, 2008)
Rock bottom?
Life crises and the point of change

‘something needs to happen for you to see yourself, and then it works’ (Helen)

(Ogden and Hills, 2008)
Life events and weight loss (n=415)
(Ogden, Stavrinaki and Stubbs, 2009)
Not being able to ....

- Fit in seat on plane
- Do laces up
- Get job
- Get out of bath
- Wipe bottom
- Walk up stairs
Solution?

- Wider chairs
- Support from friends
- Acceptance
- Non judgemental support

- Collusion?
Or...

- Reaching rock bottom
- THEN....
- Change

“It was almost like a switch had been turned and it involved hitting absolute rock bottom”

(Jenkins and Ogden, 2011)
Obesity clustering
(Bahr, Browning, Wyatt and Hill, 2009)

• Individuals with similar BMI cluster together

• Clusters influence population-scale behaviors
  – more obese lead to that BMI class dominating

• Individual weight loss difficult
  – Middle of overweight/obese cluster

Clustering of BMI shown for simulations with 10,000 individuals. Top panel, generation 5, bottom panel generation 100.
How might stigma act as trigger for change?

An overwhelming incentive to change due to a:
1. One-off shock, the “wake up call”
2. Build up of pressure associated with not “fitting in”

Fear and high negative emotion can lead to resistance and learned helplessness, particularly with low self-efficacy

Puhl et al. (2013; 2014) Obesity campaign messages
1. Most positive & motivating were behavioural & didn’t mention obesity
2. Stigmatising rated to induce less self-efficacy for behaviour change
The demotivational effect

Over 4yrs, those who experienced weight discrimination gained while those who didn’t lost weight (Jackson et al. 2014)

Weight bias contributes to:
1. unhealthy eating behaviors such as binge eating, increased caloric consumption, and reluctance to diet
2. attenuating physical activity and motivation to exercise
WEIGHT STIGMA ACTS AS A TRIGGER FOR CHANGE (in behaviour, which will lead to weight loss and better health)

But what if weight stigma was itself a risk factor for poor health?
The health risks of weight stigma

1. Substandard healthcare & decreased utilization
2. Psychological disorders, poor self-esteem & poor body image
3. Stress-induced pathophysiology

Shouldn’t weight stigma therefore be the target for public health, not something it employs?
Debate point 3

THE USE OF WEIGHT STIGMA IS NECESSARY AND JUSTIFIABLE
Stigma?

- Obesity not the norm
- Seen negatively
- People want to be normal
- Avoid negativity
- Weight loss becomes contagious?
Stigma could prompt behaviour change?
Overall

- **Stigma**
  - Is common
  - Unpleasant for obese individual
  - Prevents weight loss for some
  
BUT....

- Could be barrier to weight gain
- May promote weight loss for some
When might stigma be a good thing?

- When stigmatised condition is harmful
- AND controllable
- When it is also perceived as controllable
Key balance...

- Finding balance between support and collusion
Social justice

“...the ability people have to realize their potential in the society where they live”

Weight stigma inhibits obese people’s ability to realise their potential, and promotes inequalities

Social justice encompasses a core commitment to a fair distribution of resources, and calls for action that preserve human dignity and show equal respect for the interests of all members of the community
Paternalism

Should we intentional interference with a person’s freedoms to protect his/her health, safety, welfare, etc. - and that of society?

1. Economic costs

By reducing inequalities, you would reduce costs

But isn’t it more that we begrudge the costs because it is due to others’ imprudence?

“The locus of blame”
2. Contagion and “domestic terrorists”

The pain of being considered toxic, putting your loved ones at risk by your very existence

Obesity is an outcome, but you can perhaps ‘learn’ behaviours that predispose you to obesity. So is behaviour the true enemy?

If so, isn’t this what should be targeted rather than some crude proxy? Less stigmatising (less damaging & more acceptable) & more equitable

And shouldn’t the outcome of public health be health, not a weight?
We have debated three points:

1. Weight stigma prevents the onset of obesity
2. Weight stigma acts as a trigger for change
3. The use of weight stigma is necessary & justifiable

And now, the question for you is…

How should public health proceed?
UK Congress on Obesity 2014

University of Birmingham, Edgbaston Campus
Tuesday 16th September and Wednesday 17th September 2014