Overweight, Obesity and Bullying: The Need to Address Weight Bias in Healthcare and Education

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May 27, 2013
Objectives…

- Describe how a high prevalence of both explicit and implicit weight bias leads to discrimination

- Describe the importance of addressing weight bias in healthcare and education

- Describe the need to for weight bias to be considered a social justice issue

- Describe key pedagogies and strategies for effectively addressing weight bias
“This is perpetual pedagogy, How to Interpret Your Body 101. These images are teaching us how to see… teaching us what to expect from flesh and blood. Training our perceptions in what’s a defect and what is normal” (Bordo, 2003, p.xvii).
Obesity Discourse ... directs how we talk, think, behave, act, and represent bodies from a medicalized perspective that equates weight with health and promotes individual responsibility and “lifestyle choices”, and

Weight Bias...negative attitudes about weight that often result in false and negative stereotypes that lead to the unequal, or unfair treatment of people because of weight.
Medicine's Big Fat Bias

Friday, September 27, 2013 | Categories: Past Episodes 2

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Weight Bias Research

- Begins as early as three-years of age
  (Harriger, Cologero, Witherington, & Smith, 2010)

- For adults, reported rates of weight discrimination has shown the greatest increase above all other forms of discrimination.
  (Puhl, Andreyeva, Brownell, 2008)

- For youth, fat bullying is more prevalent now than discrimination based on race, gender, and sexual orientation.
  (Latner et al., 2008; Puhl, Luedicke, Heuer, in press)

- Significant evidence of weight bias in the areas of: media, education, healthcare, youth, interpersonal relationships, and employment.
  (Puhl & Brownell, 2001; Puhl & Heuer, 2009)
Measuring Explicit Weight Bias

• Anti-fat Attitudes Questionnaire (AFA) (Crandall, 1994)
• Anti-fat Attitudes Scale (AFAS) (Morrison & O’Connor, 1999)
• Anti-fat Attitudes Test (AFAT) (Lewis, Cash, Jacobi, & Bubb-Lewis, 1997)
• Attitudes toward Obese Persons Scale (ATOP) (Allison, Basile, Yiker, 1991)
• Beliefs about Obese Persons Scale (BAOP) (Allison, Basile, Yiker, 1991)
• Fat Phobia Scale – short form (Baon, Scheltema, Robinson, 2001)
• Universal Measure of Bias-Fat Scale (UMB-FAT) (Latner et al., 2008)
• Weight Bias Internalization Scale (WBIS) (Durso & Latner, 2008)
• Weight Bias Internalization Scale–Mod (WBIS-M) (Pearl & Puhl, 2014)
• Stigmatizing Situations Inventory (SSI) (Myers & Rosen, 1999)
Measuring Implicit Weight Bias

- Weight Implicit Association Test (IAT)
  
  https://implicit.harvard.edu/implicit/

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Marathon Runner
Organized
Knitter
Junk Food
Canoeing
Good Leader
Socially Awkward
Weight Bias in the Media

- Stereotypical portrayals
- Abundant but often ignored
- Reinforces social acceptability of bias
- Affects public perceptions about obesity and health
Fatties cause global warming

BEN JACKSON
Environment Editor

THE rising number of fat people was yesterday blamed for global warming.

Scientists warned that the increase in big-eaters means more food production — a major cause of CO2 gas emissions warming the planet.
Scientist pushing "fat-shaming" strategy to deal with obesity epidemic

By Joyce Lupiani
CREATED 4:00 AM

(KTNV) -- A new idea on how to fight fat has a lot of people talking.

A prominent bio-ethicist has come out and said that the best way to fight the nation's obesity problem is to make heavy people feel bad about it.

Scientist Daniel Callahan says we need a bolder strategy to attack the obesity epidemic.
Obesity Related News Articles

Canadian Newstand Publications

Year

0 1990 1995 2000 2005 2010

2500

0 500 1000 1500 2000 2500
Weight Bias in Employment

- Inequitable hiring practices and discipline
- Prejudice from employers
- Lower wages
- Wrongful job termination
- Common stereotypes lazy, less competent, lacking self-discipline

(Bradstreet & Kleiner, 2003; Hall et al., 1994; Pagan & Davila, 1997; Pascal & Kurpius, 2012; Register & Williams, 1990; Roehling, 2002; Sartore & Cunningham, 2007; Swami, Chan, Wong, Furnham, & Otvee, 20008; Venturini et al, 2006)
Weight Bias in Schools

- 92% of students report being witnesses to weight-based bullying
- 75% of students report experiencing weight-based discrimination (N= 1555)
- Top three locations where weight bias occurs: Lunch room/cafeteria, Classroom, Gymnasium
- Types of weight-based bullying: Made fun of, called names, teased in a mean way (particularly during PE & PA).

(Broomfield, 2009; Greenleaf, Martin, & Rhea, 2008; Peters & Jones, 2010; Peterson et al., 2012; Puhl, Luedicke, & Heuer, 2011)
Weight Bias by Teachers

- Teachers report lower perceptions and have lower expectations
- Teachers perceive students as less popular, more messy, more emotional, and less likely to succeed
- 43% of teachers agreed that people feel uncomfortable when dealing with students with obesity

(Neumark-Sztainer, Story, & Harris, 1999; Luedicke, & Heuer, 2011; O’Brien, Hunter, & Banks, 2007; Price, Desmond, & Stelzer, 1987; Sykes & McPhail, 2008)
Weight Bias in University

- Students/Faculty report weight bias

- Candidates for undergraduate admission
  - Identical but for weight status
  - Candidates with higher weight status deemed less qualified

- Study of graduate psychology programs
  - Interviews favored thinner candidates
  - Regardless of qualifications

- Wrongful dismissals
  (Burmeister et al., 2013; Greenleaf et al., 2008; O’ Brien et al., 2007; (O’ Brien et al., 2010; Puhl & Heuer, 2009; Waller, Lampman, Lupfer-Johnson, 2012; Puhl & King, 2013; Puhl, Wharton, Heuer, 2012; Sykes & McPhail, 2008; Weiler & Helms, 1983; Wiese, et al., 1992)
Weight Bias in Healthcare

- Weight bias documented in studies of:
  - Physicians
  - Nurses
  - Dieticians
  - Physical Therapists
  - Psychologists
  - Social Workers

- Not equipped to engage in weight management practices

- 69% of overweight patients report weight bias (N=2,449) (Puhl & Brownell, 2001; Puhl & Heuer, 2009)

- Direct, Environmental, Indirect Bias (N=141) (Lewis et al., 2011)

- Losing weight – Losing stigma (N=33,604) (Levy et al., 2012)
Weight Bias in Healthcare cont.

- Physician interactions with patients living with obesity
  - Ambivalence about treatment roles
  - Less time spent and less discussion
  - More assignment of negative symptoms
  - Reluctance to perform certain screenings
  - Less intervention

- Patients living with obesity less likely to
  - Preventative health services & exams
  - Cancer screens, pelvic exams, mammograms

- And more likely to
  - Cancel appointments
  - Delay appointments

(Adams et al., 1993; Bertaki & Azari, 2005; Campell et al, 2000; Drury & Louis, 2002; Galuska, Will, Serdula, & Ford, 1999; Fountaine et al, 2998; Hebl, 2001; Kristeller & Hoerr, 1997; Olson & Yawn, 1994; Ostbyte et al., 2005; Price et al., 1987)
The best place to start is by simply telling the patient the truth. “Sir or Madam, it’s not OK to be obese. Obesity is bad. You are overweight because you eat too much. You also need to exercise more. Your obesity cannot be blamed on the fast food or carbonated beverage industry or on anyone or anything else. You weight too much because you eat too much. Your health and your weight are your responsibility.”

Robert Dorghazi, MD
AJM, Mar 2015
Consequences of Weight Bias

Care affected…. unintentional harm!

- Social rejection
- Vulnerability to depression
- Low self-esteem
- Poor body image
- Unhealthy eating behaviours
- Exercise avoidance
- Poor grades
- School avoidance
- Poor quality of life

(Daniels, 2008; Puhl & Heuer, 2009; Puhl & Luedicek, 2011)
Consequences of Weight Bias

Bias Compromises Quality of Care:

- Less empathetic care
- Less preventative care
- Patients feel berated and disrespected
- Obesity blamed for every symptom

“You could walk in with an ax sticking out of your head and they would tell you your head hurt because you are fat.”

(Anderson & Wadden, 2004; Bertakis & Azari, 2005; Brown et al., 2006; Edmunds, 2005; Turner et al., 2012; Muherin et al., 2013)
Weight Bias Makes Obesity Worse

- Research shows weight discrimination doubles the risk of developing obesity
- And triples the risk of persistent obesity
- Encouragement, not blame, is needed

(Gudzane et al., 2014)
“The stigma is something that kills human beings - sometimes far more than the disease.”
(Nelson Mandela)
“[M]ounting evidence has linked many current obesity reduction approaches with harm to mental and physical health and well-being. Facile “energy in = energy out” equations, that ignore mental health and wellbeing and the broad socio-environmental determinants of health that powerfully influence individual behaviours, can result in unintended negative consequences, particularly weight-bias.” (BC Provincial Health Services Authority, 2013, p. 9).
Figure 2.2  The final version of the Foresight map of obesity-related systems

<http://www.fih.org.uk/document.rm?id=47>
Background

- Emerging Field
- Social Movement
- Science Critique
- Ethical & Moral Implication
- Cultural & Social Context
- Pedagogical Work
Reducing Weight Bias?

- Education and Information
- Empathy and Lived Experience
- Self-Awareness and Self-Reflection
- Sites of Influence and Leadership

“Perhaps needed most are studies to develop, test, and compare effectiveness of stigma-reduction strategies to reduce weight bias in multiple settings” (Puhl & Heuer, 2009, p. 20)
Doctoral Study

How are faculty ... working to challenge dominant obesity discourse within post-secondary education?

- Participants:
  - 26 faculty (88% were Female)
  - 5 countries (76% from North America)
  - 12 different disciplines (Sciences and Social Sciences)
  - 1 to 30+ years of experience
  - 7 participants identified as fat

- Theoretical framework: Critical pedagogy and critical obesity scholarship
- Design: Interviews, teaching materials; field notes
- Thematic Analysis (Lichtman, 2010)
1. **Bodies That Teach**

Body/ies talk: Examining body size as pedagogical work in post-secondary education

**Credibility**: “My body shape and size impacts my ability to deliver information or not deliver information.” (Sophie)

**Visibility**: “It didn’t occur to me how ... [addressing obesity discourse] would put my body under the microscope.” (Elizabeth)

**Vulnerability**: “I don’t want people thinking about my body, but of course they do.” (Evelyn)
2. Why I Teach

‘Weighty matters’: Faculty experiences challenging dominant obesity discourse in higher education

Institutional Resistance: “[She] should put this paper back in the drawer for a few years until she gains the weight back.” (Samantha)

“In terms of where we are in history ... Just raising it and talking about it is to teach... It might be like teaching LGBTQ studies twenty or thirty years ago.” (Bella)
3. **How I Teach**

**Toward a fat pedagogy:**
Pedagogical approaches aimed at challenging dominant obesity discourse in post-secondary education

**Framing:** “People can see that I’m fat. I’m not slightly fat. I could just say this is the research and its not anything on my experience, but I would be lying.” (Autumn)

**Layering:** “My job is to hook them into the things that they already think and then kind of waltz them around.” (Jessie)

**Connecting:** “…as a medical problem, as a food environmental problem, as a moral problem, and as not a problem.” (Jennifer)

**Teaching:** “Who can say fat? Can everyone say fat?” (Samantha)
4. What I Teach

Teaching resources for post-secondary educators challenging dominant obesity discourse

- Resource for Reciprocation:
  - Key Topics
  - Readings and Resources
  - Course Assignments
  - Classroom Activities

“I think that’s why I was asking you to ask that question; so, that you can gather info and then you can share it back.... any tips I can get on ways to engage students would be helpful.” (Jessica)
Shifting the Focus: A Civil Rights Issue!

- Compared to other forms of discrimination, weight discrimination is generally not illegal.

- No federal law prohibits employers from discriminating based on weight… Iceland considering!

- Illegal in….State of Michigan; Santa Cruz, CA; San Francisco, CA; Urbana, IL; Madison, WI; Binghamton, NY; Washington, DC.
Shifting the Story

- Paying attention to pedagogy
- Developing weight bias materials/resources
- Challenging dominant obesity discourse
- Sharing stories widely (i.e., students, media...)
- Working together ... in NL!
Current Weight Bias Research

- Seniors & Body Image
- Breastfeeding & Body Image
- HealthCare Professionals & Weight Bias
- PLE & Parent Education
- Bariatric Patients & Weight Bias
- Teens on Track
- Critical Obesity Pedagogy
- Body Image Curriculum Grades 7-9
- Coaches & Body Image
- PETE & Weight Bias
- Obesity Discourse & Aboriginal Populations
Now, more than ever, it is time to *throw our weight* into this important social justice issue.

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Note: For a list of references please feel free to contact me!