

Weight stigma

What is weight stigma?

Weight stigma is the discrimination towards people based on their body weight and size.¹ Other terms used are 'weight/size oppression', 'sizeism', 'weightism' and 'weight-based discrimination'.

Weight bias refers to the negative attitudes towards, and beliefs about, others because of their weight. Other terms used are 'sizeism', 'weightism', 'size bias' and 'fatphobia'. Weight bias can be implicit (automatic or unconscious negative attitudes and beliefs) or explicit (intentional or conscious negative attitudes and beliefs).

Internalised weight bias is defined as holding negative beliefs about oneself due to weight or size. When people internalise weight stigma, they apply negative beliefs and harmful weight-related stereotypes to themselves. Internalised weight stigma is associated with poor emotional and physical health, independent of a person's body weight or size and external experiences of stigma [1].

What causes weight stigma?

Weight stigma is the result of weight bias. The causes of weight bias, and thus weight-stigma, are multifaceted and complex.

Social constructions of body weight are ingrained in the way that individuals and society perceive and respond to people with higher weight. Common narratives related to higher weight may contribute to weight bias by oversimplifying the causes of higher weight and incorrectly implying that a person should be 'in control' of their weight, shape and appearance, or contribute to the perception that a person at higher weight is experiencing poor health.

Environments can also contribute to weight stigma. For example, having limited or no options for people living in larger bodies to sit, such as on a plane, or in a restaurant or cinema. This is particularly prevalent in medical settings where seating, gowns and examination tables are often unable to accommodate people with higher weight.

The media may also perpetuate stereotypical negative portrayals of people with higher weight, reinforcing weight bias.



¹ While weight stigma may occur across most weight categories, weight stigma is most prevalent among people who are of higher weight. Thus, for the purpose of this resource and in line with the vast majority of literature on weight stigma, this fact sheet will focus on weight stigma experienced by people with higher weight.

The impact of weight stigma

Weight stigma has serious adverse impacts on the lives, health and treatment seeking of people with higher weight. Weight stigma is pervasive, with people with higher weight experiencing stigma from health professionals, educators, employers, the media, and even friends and family.

Research demonstrates that some forms of weight stigma may even be equally or more prevalent than other forms of discrimination such as sexism, racism, homophobia, and religious intolerance [2, 3].

Healthcare is a setting in which weight stigma is particularly pervasive. Health professionals, as humans who are part of society and because of their socialisation as health professionals, are likely to hold both implicit and explicit bias towards people with higher weight.

As a result of weight stigma and discrimination, people with higher weight are more likely to:

- avoid seeking and engaging in medical care, leading to delays in diagnosis and treatment
- engage in disordered eating, contributing to the onset of eating disorders and increasing disordered eating in people experiencing eating disorders
- experience higher levels of body dissatisfaction
- experience higher levels of psychological distress, including stress, anxiety, depression, feelings of worthlessness and loneliness, and suicidal ideation
- experience poorer quality of life
- face discrimination in healthcare, affecting the quality of care they receive, leading to poorer health outcomes and increasing risk of mortality
- face discrimination in employment and education
- avoid physical activity and leisure pursuits

Weight stigma and discrimination has been shown to be associated with weight gain over the longer term, independent of the person's baseline weight [4-6].

The impacts of weight stigma and discrimination may be particularly damaging for people holding other marginalised identities, such as women, individuals experiencing socioeconomic vulnerabilities, racial/ethnic minorities, and sexual and gender minorities, thereby potentially exacerbating health disparities experienced by these populations [7]. Thus, weight stigma is a critical social justice and public health issue [8, 9].



Tackling weight stigma

Understanding and addressing weight stigma is crucial to the care of people with higher weight.

The following list presents some means for all people to address weight stigma, along with additional measures that can be taken by health professionals to reduce weight stigma in their practice.

You can:

- Increase your self-awareness. Recognise and challenge your own conscious or unconscious weight bias as it presents in your thoughts, interactions and behaviours. Some questions you can ask yourself include:
 - Do I make assumptions and judgements about people with higher weight?
 - Do I treat people differently based on their body size?
 - Do I make judgements about a person's health, eating and exercise behaviours based on their weight, shape or appearance?
 - If so, why? Where do these ideas come from?
- Measure your implicit weight bias. A validated measure of automatic, unconscious attitudes has been developed for people to measure their implicit weight bias. [Take the Weight Bias Implicit Association Test](#). [10].
- Increase your contact with people with diverse body shapes and sizes. Research has demonstrated that increased engagement and interactions with people who have higher weight leads to a reduction in weight bias [11].
- Shift your language. Use affirming and inclusive terms and avoid using stigmatising terms. Phrases such as 'people with higher weight' and 'people living in a larger body' should be used instead of 'overweight' or 'obesity'. 'Obese' should never be used to describe a person who is of higher weight. Notwithstanding this approach, it is important to emphasise that there is not one universally preferred term for people living in larger bodies and health professionals should discuss preferred language with each person.
- Avoid using language that perpetuates feelings of shame or guilt around eating, shape and weight. For example, "bad", "dirty", "toxic" or "junk".
- Adopt a zero-tolerance policy regarding derogatory jokes or comments about people based on their weight, shape or appearance.

As a health professional, you can:

- Include people with a lived experience of higher weight in the development of healthcare services and research
- Address weight-bias in training of healthcare professionals
- Promote weight-neutral approaches, such as but not limited to, Health at Every Size®
- Encourage colleagues to examine and challenge their existing biases and stereotypes regarding higher weight and eating disorders
- Assess whether your clinic or work setting accommodates for people living in larger bodies (e.g., seating, gowns, scales)



As well as the above, as a health professional working with people experiencing eating disorders you can:

- Emphasise the complex aetiology of higher weight and eating disorders
- Question whether the treatment/management you are offering is tailored to a person's weight or size, rather than their eating disorder (e.g., advising a medication for its appetite-suppressing effects rather than binge eating reduction)

Further Resources/Learning

Additional learning on eating disorders and higher weight is available.

For freely accessible, comprehensive foundational online eating disorder training go to [NEDC eLearning](#).

For guidance on the management of eating disorders for people with higher weight, see NEDC's [Management of eating disorders for people with higher weight: clinical practice guideline](#).

Getting help

If you think that you or someone you care about has an eating disorder, it is important to seek help immediately. The earlier you seek help the closer you are to recovery. Your GP is a good 'first base' to seek support and access eating disorders treatment. To find help in your local area go to [NEDC Support and Services](#).

Additionally, call the Butterfly National Helpline (1800 33 4673) for support from trained counsellors and more information on available services.

References

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