Hello there friends! I hope this issue finds your Spring off to a great start. I recently moved (I am in Ohio) so I have some extra fun to look forward to as I find out just what pops up and into bloom in my gardens! I've already "met" the crocuses, daffodils, and primroses: such amazing pops of color! I am always so intrigued by daffodils (yeah, I know, it doesn't take much does it?). You see them blooming anywhere and everywhere: on highway roadsides, in the middle of the woods, fields and farms. I think the squirrels and other critters must transplant them somehow! How serendipitous for us!

This issue's topic is anti-fat prejudice, or bias, known more in the scientific literature as "weight-stigma". I will use the terms interchangeably in this newsletter.

What is it? Anti-fat prejudice, weight bias, or weight stigma is defined as: a negative attitude toward, dislike of, or belief about or behavior against people perceived as being fat.

Weight stigma holds that larger, fatter bodies are less valuable and desirable than smaller, thin bodies. Some assumptions made about "overweight or obese" people you might be familiar with: that they are

- Lazy
- Have no willpower
- Are not intelligent
- Not concerned with their health
- Not deserving of love or success
- That they cannot be fit or athletic

These beliefs can lead to actions that have myriad negative consequences.

- Bullying (we are not just talking about the school yard here)
- Lower income, employment discrimination
- Unsolicited and hurtful "advice" from friends and family, and from strangers!
- Inadequate medical attention or care
- Negative portrayal in the media (once you start looking for this, you can't unsee it!)

https://www.medicalnewstoday.com/articles/internalized-weight-stigma#definition

Weight stigma/anti-fat bias is ubiquitous (it's everywhere). Research has shown that anti-fat bias is prevalent in health care workers (doctors, nurses, dieticians, exercise therapist, even those who specialize in working with the overweight or obese population!)   Even parents often demonstrate anti-fat prejudice towards their children. This doesn't mean they don't love them, btw and (see below), they are often if not usually unaware of doing it.

Anti-fat bias is said to be an "implicit bias".   Defined as:

*…unfounded, unreasoned feeling or attitude of which one is **not consciously aware**, about an individual or group that drives actions toward a group.* https://www.apa.org/topics/implicit-bias

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A video is worth a thousand words-I think this is great! (less than 2 min)
https://youtu.be/inznOXugwaM?si=ByTmfqeQ_bCcLiVQ

Interesting factoid, as the rates of obesity are going up, so too is the rate of anti-fat prejudice. One would expect the opposite, right? To me that implies a lot of *internalized stigma-when one applies weight stigma to themselves.* What this means is that many people of high weight buy into all those stereotypes and beliefs about themselves and other high weight people! That is how ingrained the stigma is in our culture.

So you might think, "so what". You may even be thinking that fat people have no business complaining about these things-because being obese or overweight is a choice, it is their fault.

I will say again, weight, eating, appetite regulation, weight loss are actually quite complex, and our knowledge about them is incomplete. I read a lot of research about this, and most articles end with "more research is needed".

If you have read this newsletter before, you know I like to say "It's about your well-being, not your weight". So what does weight stigma have to do with your well-being, your HEALTH?

In short, weight stigma is bad for your health! In a 2018 systematic review of 33 include studies, weight stigma was *positively* associated with:

- Obesity
- Diabetes risk
- Cortisol (stress hormone)
- Oxidative stress (increased risk of tissue damage, increased cancer risk)
- CRP (C reactive protein), an inflammatory marker in the blood
- Eating disorders
- Anxiety
- Body image dissatisfaction

Wu YK, Berry DC. Impact of weight stigma on physiological and psychological health outcomes for overweight and obese adults: A systematic review. J Adv Nurs. 2018 May;74(5):1030-1042. doi: 10.1111/jan.13511. Epub 2017 Dec 8. PMID: 29171076

This is well replicated in scientific research. As I mentioned previously, there is significant weight prejudice among health care workers. Many overweight or obese patients presenting with a health concern, regardless of what it is or how they present, are treated as if the problem is their weight. Imagine an underweight person going to the doctor for say, an ingrown toenail. Would they be counselled about their weight? Would a high weight person likely be counselled about their weight in the same situation? Research shows they are NOT treated in the same way. Should there be a difference? FYI, mortality risk is just as high for underweight (BMI less than 19) as it is for high obesity, more than for overweight.

This weight stigma leads to avoidance of interaction with health care-and often leads to delays in diagnosis and treatment.

It seems that some folks feel it is our right (if not our duty) to make sure fat people know their fat. This "helpful" behavior is thinly veiled bullying in my opinion. But is this helpful in anyway?

Weight related teasing predicted FUTURE overweight, disordered eating and binge eating 5 years later.

Adolescents who experienced weight stigma and teasing had higher incidence of poorer body image, increased depression and increased *suicidal ideation*!

Okay, I needed to explain weight stigma so that I can talk about internalized weight stigma, and how you can use that information in the pursuit of your best health and well-being.

When the belief is held that overweight/obesity are socially devalued, weight stigma is proposed to lead to internalized stigma, creating increased stress, which leads to increased unhealthy coping strategies and decreased participation in healthful behaviors. (see figure 1)

Robinson E, Haynes A, Sutin A,Daly M. Self-perception of overweight and obesity: A review of mental and physical health outcomes. *Obes Sci Pract*. 2020;6:552–561. https://doi.org/10.1002/osp4.424

One US study showed that those who SELF-IDENTIFIED as overweight, compared to those who did not, had *increased* chance of underlying risks for decreased cardiovascular, metabolic or immune health.

The same study showed that those who self-identified as overweight had higher incidence of high blood pressure.

A Korean study showed that those who self-identified as overweight had worse biological markers (things like blood pressure, cholesterol, blood sugar, CRP) for metabolic health compared to those who did not self-identify as overweight or obese.

You need to know your weight status so you can "fix" it if you need to right?

A really interesting study looked at self-perceptions of weight status:

- In men, women and adolescents: self-identification of ow/ob was associated with WORSE weight management (attributed in part to stress eating)
- Self perception of overweight leads to increased weight gain and increased risk of eating disorders
- Self-identification of overweight was associated with increased risk of poor mental health outcomes (depression, anxiety, decreased psychological well-being.

These findings were REGARDLESS OF ACTUAL WEIGHT. (mindset mic drop, right?!)

In another study, informing people that they were overweight resulted in increased negative affect and decreased self-esteem (both poor predictors for doing healthy behaviors)

In a study where they made participants "feel fat" (put on a fat suit)-they experienced negative mental health outcomes like increased anxiety and depression with the experiment.

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There is no evidence to support that telling someone, including YOURSELF, that you are fat, overweight, obese... leads to health improvements. It is proposed that many of the ill health effects associated with obesity are actually due to weight stigma (and I would add weight cycling).

Look back at the figure...and consider if you want to subject yourself or your children to adopting these "labels". They may likely affect how others, including health care professionals treat you-and more importantly, they can affect how you treat yourself! I would encourage you to decline being weighed unless it is a critical part of assessing your health status. Parents, I would suggest deferring the body weight/bmi checks for school aged children. It would be so much more valuable for health care providers to look at a food journal, talk about someone's life routines, exercise habits, stress levels etc...

Of course, its about the well-being, not the weight. Don't focus on LABELS, or diagnoses-focus on what you are doing to optimize your health and wellbeing.

https://www.eat-learn-live.com/truth-a-recipe-for-good-health/

It's not about NOT being overweight or obese, but about being the best you can be in terms of your health and well-being. Feel confident that you are learning to and taking exquisite care of yourself, and that you are deserving of your own time, care and best efforts (and that of others who take part in your care)

That leads me to this issue's mindset exercise. Examine your own weight prejudice. As always, this is about awareness, not about finding fault and judging or blaming yourself for some "bad behavior". It's about becoming aware and taking steps you choose to take to choose the thoughts that can inspire you to act for your own very best well-being.

Other references for this issue include:

Daly M, Sutin AR, Robinson E. Perceived weight discrimination mediates the prospective association between obesity and physiological dysregulation: evidence from a population-based cohort. *Psychol Sci.* 2019;30:1030-1039.
99. Tomiyama AJ, Carr D, Granberg EM, et al. How and why weight stigma drives the obesity 'epidemic' and harms health. *BMC Med.* 2018;16:123.

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