The Implications of Weight Bias as a Barrier to the Treatment of "Obesity"

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2010 American Public Health Association Annual Meeting

Presenter Disclosures

Jennifer Copeland, MA

(1) **The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**

No relationships to disclose.

Agenda

- Brief presentation of weight bias literature
- A study of weight bias among helping professionals
- Implications for clinical practice

A Note About Language

- Use of fat versus overweight/obese

"The word overweight implies that there is a correct weight that a person exceeds and obese denotes a medical condition. Both terms are typically used to indicate that a person's body size is a problem."

(Abakoui & Simmons, 2010, pp. 317-318)

Weight Bias in Health Care

<u>Empirical Trends</u>: the fat client was predicted to be more severe:

- Fat client associated with:
  - Overly reactive emotional behavior; Inadequate personal hygiene; Hypochondriasis; Intolerance for change

(Young & Powell, 1985)

- Fat client expected to have:
  - Lower "effort" towards therapy activities; Poorer treatment prognosis; Eating Disorder and Adjustment Disorder more likely endorsed; *body image* addressed in therapy

(Davis-Coelho, Waltz, & Davis-Coelho, 2000)

- Fat client described as:
  - More "Lazy…stupid…and worthless" (p. 1036)

(Schwartz, Chambliss, Brownell, Blair, & Billington, 2003)

Clinical Implications

- Poor quality of treatment provided to fat clients

(e.g., Agell & Rothblum, 1991; Davis-Coelho et al., 2000; Harvey & Hill, 2001; Teachman & Brownell, 2001; Young & Powell, 1985)

- Inappropriate focus on weight loss and neglect of a patient's health

(e.g., Fabricatore et al., 2005)

- Less time spent with fat clients

(e.g., Fabricatore et al., 2005)

- Ambivalent consultation, treatment efforts

(e.g., Fabricatore et al., 2005)

Impact on the Fat Person

Experiencing anti-fat attitudes is associated with negative health behaviors:
- Greater binge eating behaviors
- Increased caloric intake
- Decreased caloric expenditure

Anti-fat attitudes are related to less successful weight loss efforts:
- Decreased weight loss
- Decreased likelihood to complete weight loss treatment program

(e.g., Carels et al., 2009: Carels et al., 2010: Wott & Carels, 2010)

Purpose of the Study

1. Examine explicit and implicit weight bias among helping professionals…
   What are their perceptions related to the etiology of fat?
   What do they perceive being fat to be like?
   What are their personal experiences with fat individuals?

2. Gain a greater understanding of the knowledge of and attitudes toward fat people among helping professionals…

Methods

- Participants (N = 79):
  - 86.1% Female, 13.9% Male
  - 86.1% Caucasian, 2.5% African American, 1.3% Asian American, 2.5% Latin American, 7.6% 'Other'
  - Variety of fields, educational levels
- Measures of explicit and implicit weight bias:
  - Beliefs About Obese Persons (BAOP), Attitudes Towards Obese Persons Scales (ATOP) (Allison, Basile, & Yuker, 1991)
  - Clinical vignettes with pictures where weight was manipulated (Davis-Coelho et al., 2000: Nosek, Banaji, & Greenwald, 2006)
- Open-ended qualitative questions:
  - Etiology of weight
  - Extent of control for the individual
  - Role of participant's field in management and treatment
  - Psychological factors associated with fat
  - Education in weight and health
  - Frequency of work with fat clients or patients
  - Frequency of personal interactions with fat individuals

Quantitative Analysis

Explicit weight bias

- M ATOP Score = 52.01 (SD = 10.05)
- M BAOP Score = 9.20 (SD = 6.22)
- Significant, positive relationship between ATOP and BAOP scores ($r = -0.421$, $p < 0.01$)

…positive attitudes toward fat people and a belief in personal control over weight…

- Significant difference in ATOP scores between gender. Males scored lower ($M = 47.00$) than females ($M = 52.82$; Cohen's $d = 2.11$).

…females had more positive attitudes toward 'obesity' than males…

- Significant difference in mean ATOP scores among relationship statuses ($F[2,76] = 3.20$, $p = 0.03$; Cohen's d = 0.72 and 0.47)

…single participants had less positive attitudes toward 'obesity' than those who were married/cohabitating or divorced/widowed…

Qualitative Analysis

Key Themes:

- Multiple, complex 'causes' of weight:
  - Genetics or biology
  - Lifestyle (i.e., diet and exercise)
  - Emphasis on poor choices
- Personal control over weight
  - Majority: significant control
  - Sizeable minority: very little control
  - Refusal to provide a generalization

- 3 areas of intervention
  - Root 'cause' of weight status
  - Development of healthy lifestyles
  - Provision of education for 'good' choices
- Mental health and weight
  - Specific versus general descriptors
  - No difference in mental well-being
- Basic, graduate level training with some additions
- Varying degrees of professional work
- Varying personal experiences

Qualitative Analysis

Global Themes:

- Perceived agency for associated actions and behaviors
- Intellectualization versus emotion or passion

…It all boils down to…

Who's fault is it? and *Does this apply to me (or is this something that others deal with)?*

Discussion

- Similarities, inconsistencies with previous research
  - Reactions of female participants
  - Comparison with a pilot study
- Weaknesses of the research design
- Future research

Implications for Treatment

- Flaws in the current standard of care
  - Effect of a focus on weight, weight loss (e.g., Laliberte et al., 2007; Ogden & Whyman, 1997)
  - Potential development of disordered eating behaviors, characteristics (e.g., Neumark-Sztainer et al., 2006)
- Other treatment options
  - Fat acceptance perspective
  - Health At Every Size[SM]
  - Focus on health: weight neutral approach
  - Alternative measures of success

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