Feeling discriminated against because of size can be traumatic. Here’s how to push back against the bias.

BY SUNNY SEA GOLD ILLUSTRATIONS KEVIN WHIPPLE

When Kelly Lenza, a professional photographer in Chicago and a person with type 2 diabetes, hosts a holiday party, she doesn’t just have to concern herself with the usual stuff like what snacks to serve and how much wine to buy. She also has to worry about people commenting on, and openly judging, her larger-than-average body. At her most recent soiree, she was walking through the living room welcoming late arrivals when an older woman—an extended family member—tugged on her arm. “In the middle of the party, she pulled me aside to tell me that she thought my size was a choice and, to summarize, a moral failing. I went into the back room and wept,” Lenza recalls. “I emailed her later, telling her how hurt I was [and politely asking her not to comment on my body again]. But she hasn’t apologized, or even responded. I know she felt her comments were justified, because she thinks fatness is a choice.”
I feel like they will look at my body and think, "Oh, the time, I don't want to tell people that I have type 2 diabetes. I was not caught by doctors. Instead, the doctor told me I wasn't dieting and exercising hard enough," says Lena. "I felt like they will look at my body and think, "Oh, no wonder." Unfortunately, weight bias may be more harmful than the overweight itself. This makes sense, given that weight stigma has been linked with anxiety, depression, higher levels of the stress hormone cortisol, and increased levels of C-reactive protein, an inflammatory marker linked to heart disease.

"When we talk about weight bias, this includes widespread stereotypes, like assuming that someone has a higher body weight because they are lacking discipline or haven't tried hard enough," says Puhl. "While any partner for therapy who has activity may contribute to weight gain, body size is also determined by many other complex factors including genetics, environment, socioeconomic, and psychological factors like trauma or disordered eating. Researchers estimate that between 40 and 70 percent of obesity may be rooted in how our genes and our environment interact. Disordered eating and stress may also play a role, and both can be intensified by weight stigma. For example, a recent study found that people who experienced weight stigma in adolescence were much more likely to engage in binge eating and to use food to cope with stress 15 years later when they were adults.

Yet most Americans still believe that overweight has more to do with a lack of willpower than anything else, according to a 2016 nationally representative survey by the American Society for Bariatric and Metabolic Surgery. Many PWDs already feel stigmatized because of their condition. "I heard one co-worker tell a child that if she ate too much cake she'd get diabetes. I'm like, 'that's not how it works!'" says Anastasia, 36, a youth care counselor in Austin, Texas, and a PWD type 2 who asked us not to include her last name. "A lot of the time, I don't want to tell people that I have type 2. I feel like they will look at my body and think, 'Oh, no wonder.' Unfortunately, weight bias may be more harmful than the overweight itself, those already dealing with other stigma and discrimination, as PWDs often are, says Puhl. "It's important to recognize that people with diabetes are at risk for a number of health complications— and weight stigma may make these worse."

MYTHS ABOUT LARGE BODIES

"We've come to have this societal expectation that losing weight should be easy," says Puhl. "We see so many messages from the diet industry and media that you can achieve quick weight loss with a plethora of conventional options, and doctors and patients often have very unrealistic expectations."

Jody Dushay, M.D., an endocrinologist and the director of the Wellpower Wellness and Weight Loss Program at Beth Israel Deaconess Medical Center in Boston, agrees. "I have seen patients who have significant improvement in blood sugar, cholesterol, blood pressure, and nonalcoholic fatty liver disease with 5 percent weight loss—just 7 to 8 pounds for someone who weighs 250 pounds," she says. Research suggests that dietary changes and increased exercise alone can lead to better health measures for people with diabetes, whether they lose weight or not, says Glens Oystron, RDN, a registered dietitian who uses an approach to diabetes management that avoids focusing on diets and weight loss. "What might people try to do when they attempt to lose weight? Increase their nutrient-dense foods, eat balanced meals, address any overeating issues, increase exercise," she says. "All of those things improve insulin sensitivity on their own. I see people improve their blood sugars without any significant weight change. By not focusing on weight, they feel more relaxed about being able to care for themselves, instead of feeling judged."

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THE TRUTH ABOUT WEIGHT AND DIABETES

The American Diabetes Association’s 2019 Standards of Care suggests that moderate weight loss should be part of a treatment plan for PWDs who have a high body mass index. But advice for weight loss may convey shame and blame—and can even be dangerous. "I was sick for three years before my diabetes diagnosis. I knew I was sick, but since I passed my fasting blood sugar check, the diabetes wasn't caught by doctors. Instead, the doctor told me I wasn't dieting and exercising hard enough," says Lena. "I injured my knee pursuing this doctor's orders, and developed full-on eating disorder behavior desperately trying to starve myself [into being healthier]."

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"We've come to have this societal expectation that losing weight should be easy," says Puhl. "We see so many messages from the diet industry and media that you can achieve quick weight loss with a plethora of conventional options, and doctors and patients often have very unrealistic expectations."
Because weight stigma is so widespread—from health care professionals, the diet industry, family, strangers—it can be difficult to overcome, and battling it is often a long-term process. In some cases, this battle can lead people of higher weight to internalize the weight bias, so that there is literally no safe harbor, even at home, says Puhl. Here’s how to fight back against weight bias in your life.

CHECK YOUR OWN INTERNAL BIAS
Find out just how many of these negative attitudes you’ve internalized by taking the Weight Implicit Association Test from Harvard University researchers. The test is part of their Project Implicit Social Attitudes research project and can be accessed at implicit.harvard.edu/implicit/takeatest (choose to register to save your results, or continue as a guest to try a demo). Then challenge your assumptions about size with a book like Body Kindness, by registered dietitian Rebecca Scritchfield, or Body Respect, by Dr. Linda Bacon.

EVALUATE YOUR GAPS
If your health care team isn’t providing you with the support you need, think about adding a member. Could you benefit from the support of a registered dietitian (RD), health coach, personal trainer, or psychologist? Guidance from an RD has been shown to lead to greater improvements in A1C, and is strongly recommended by the American Diabetes Association to help PWDs develop and follow an individualized nutrition plan. And additional support from a psychologist can give you the tools you need to heal from internalized stigma. The U.S. Preventive Services Task Force found in 2017 that the most important factor in “obesity care” was not a particular dietary program, but the support a patient received.

STAND UP FOR YOURSELF
“When patients come to see me, I take it at face value that they are presently trying their best,” says Dushay. But not all providers have this attitude: a 2012 study of more than 2,000 doctors found that all of them held at least some negative opinions of large people, and all had an implicit—or subconscious—preference for thinner people over larger ones. Having strong negative attitudes toward weight could lead clinicians to think it is socially acceptable to express their negative attitudes toward people with high weight, even when those people are their patients.

If your doctor takes a condescending or shamming tone with you, speak up, says Juliet James, 43, a freelance writer and PWD type 2 who lives in Colorado. “It’s so hard to challenge doctors—we’re the patients, they’re the professionals. They hold the education and experience cards. But they do not experience life in your body,” she says. “If you think something is ‘off’ or you feel you’re being mistreated, remember that and also remember: They are our employees! We don’t often think of them that way, but it’s true. They work for us. Why on earth should we pay someone to treat us badly, to ignore our needs or wishes? We shouldn’t.” Jill Weisenberger, M.S., RD, CDE, a registered dietitian in Virginia and a contributing editor to Diabetic Living, agrees: “Each person who goes into a doctor’s or dietitian’s office has the right to say what they do and don’t want to focus on, or say, ‘I’m not comfortable with your suggestion. I know it’s hard, but don’t allow yourself to be in the situation where the provider is the boss. These are supposed to be collaborative relationships.’ If you’re not confident you can speak up, bring a friend or family member along for moral support.

FOCUS MORE ON HEALTH-SUPPORTIVE BEHAVIORS, AND LESS ON THE SCALE
All the experts we spoke to agreed that, while weight loss may be beneficial to someone with diabetes, healthy behaviors like getting regular exercise and eating more nutritious foods are more important. “Learn to love high-quality food and recognize how great you feel when you eat it,” says Dushay. “People often feel better when they focus on the quality of their diet, eat more mindfully, and increase their exercise, especially vigorous activity. I encourage my patients to avoid focusing exclusively on the number on the scale.”

HEALING FROM WEIGHT STIGMA

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