

Having a Productive Conversation: Weight Bias – Dispelling Myths

Weight bias is one of the last socially acceptable prejudices in our society, which often makes it a difficult subject to approach. People who endorse negative stereotypes about individuals with overweight or obesity often fail to realize that they are biased, arguing that it is people's own fault that they are with overweight and that they should be held accountable for it, even going so far as to argue that stigmatizing someone for their weight might motivate them to lose weight. This can make having a conversation about weight bias difficult and frustrating. So how do you have a *productive* conversation about weight bias?

Many of the negative stereotypes concerning weight stem from myths surrounding obesity and weight loss. The first step to discussing weight bias in a way that is fruitful is knowing how to successfully identify and dispel these myths.

Common weight bias myths and how to respond to them:

MYTH: “Fat jokes are funny (and harmless)”

RESPONSE: A fat joke is no different from a racist joke. Even making a comment “in good fun” condones weight bias and perpetuates negative stereotypes which can lead to negative social, psychological, economic, and physical health consequences for people who are at the receiving end of these jokes.

MYTH: “If people are overweight, it is their own fault – they are lazy/stupid/uneducated/undisciplined, eat too much and don't get enough exercise”

RESPONSE: Only about 1/3 of obesity is attributable to personal choices (e.g., diet, exercise). The other two thirds are influenced by numerous factors including genetics, environment, economy, marketing, and the government. Obesity rates have tripled in the last three decades, not due to an increase in “laziness” and poor personal choices, but because of environmental and economical factors such as more sedentary work environments, changes in the availability and prices of healthy and unhealthy food and food marketing.

MYTH: “Overweight individuals are taking up more than their fair share of resources, and should be charged more in taxes/insurances and health care costs to make up for it”

RESPONSE: Overall, obesity (and the health conditions associated with it) may be associated with increased health care spending. However, obesity is not a choice, it is a chronic medical condition, and it would be just as stigmatizing and unfair to unduly tax the individuals with obesity as taxing people with cancer or pulmonary problems (who also accrue significantly more health care costs than the average person). For example, the 13% of the population who are over 65 years old account for 34% of our health care

spending¹. How could we justify economic penalties for individuals with obesity, but not for the elderly?

MYTH: “Being overweight is always unhealthy”

RESPONSE: Weight is not an automatic indicator of health. Individuals with obesity can have healthy nutritional and behavioral habits (and conversely, normal weight individuals can have high-risk conditions such as high blood pressure or cholesterol).

MYTH: “Stigma towards obese people will motivate them to lose weight”

RESPONSE: While studies have shown that weight stigma makes people feel worse about themselves and their bodies, this does not appear to motivate weight loss. In fact, research has found that stigmatizing people may have the opposite effect, actually causing them to engage in unhealthy coping behaviors (such as binge eating and avoiding exercise) which could cause them to gain weight.

MYTH: “Obese people could lose weight if they tried.”

RESPONSE: Human genetics make it easy to gain weight, but much harder to lose weight. Significant weight loss may be possible for a minority of individuals, but most individuals who do lose weight regain the weight within 1-5 years, making significant weight-loss maintenance very unlikely. This means that many people with obesity may not achieve long-term weight loss, despite their best efforts and participation in weight loss programs.

MYTH: “Parents are to blame if their children become obese.”

RESPONSE: Although parents can certainly encourage healthy eating and trying a variety of foods, they are not the only contributors to childhood obesity. Children usually eat 1 to 2 of their meals at school. Marketing targets young children with exciting messages about unhealthy food, candies, sodas, and toys that come with fast food meals. Food that is available and affordable is often high in fat, sugar, and salt. Neighborhoods aren't always safe enough for kids to play outside. So, parents are only one of the many influences on children's' body weight, and stigmatizing them may make them feel embarrassed or defeated instead of motivating them to take the steps toward making more healthy choices.

¹ The High Concentration of U.S. Health Care Expenditures (Report). Agency for Healthcare Research and Quality. June 2006