Weighing Words When Talking to Teens About Body Weight

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The Social Stigma of Excess Body Weight in Adolescence

Body shaming and weight stigma have become commonplace in our society. Decades of research evidence[1] and high-profile examples highlighted in the media clearly demonstrate the presence of societal stereotypes and stigma against people who have a higher body weight. Unfortunately, youth who have a higher body weight are particularly vulnerable to weight stigma, most often in the form of teasing, victimization, and bullying.[2] In fact, weight-based bullying has been documented as one of the most prevalent forms of bullying in youth and adolescents.[3,4]

Talking About Weight: Youth Language Preferences

In our efforts to reduce societal weight stigma, the words that we use when talking about body weight are important. For example, adults report feeling stigmatized, negatively judged, and blamed when certain words, such as "obese," "fat," or "large" are used to describe their excess body weight.[5,6]

We know very little about weight-based language preferences among youth who have obesity or those seeking treatment for obesity. A recent study systematically examined views about weight-based language among adolescents with obesity.[7] The participants were 50 adolescents enrolled in a commercial weight-loss camp (54% girls) with an average body mass index (BMI) of 34 kg/m². Adolescents were provided with a list of 16 commonly used words to describe excess body weight. They were then asked which words they would most want their family to use to refer to their weight as well their emotional responses to their parents' use of various words to talk about their child's body weight.

The findings illustrated that adolescents prefer such neutral words as "weight" and "high body weight" rather than "obese" or "fat." But there were also gender differences in word preferences. Boys preferred having their weight described as "overweight," whereas girls preferred to be described as "curvy" (Table 1).

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<thead>
<tr>
<th>Girls</th>
<th>Boys</th>
<th>Words to Avoid</th>
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<tr>
<td>Higher body weight BMI</td>
<td>Overweight Heavy/big</td>
<td>Fat Obese Chubby Weight problem</td>
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These findings also showed that adolescents may react to weight-based terminology in ways that could induce emotional distress. Approximately one third of boys and girls felt ashamed if their parents described them as "obese," and more than 40% of girls reported feeling sad, embarrassed, and ashamed in response to their parents using such words as "fat," "big," or "heavy" to describe their weight. Words that induced the least negative emotional responses in girls and boys were "weight" and "BMI."

Consideration should be given to word choice when talking to youth about body weight.

This preliminary evidence suggests that consideration should be given to word choice when talking to youth about body weight. Although the study focused on weight-based language in the context of family relationships, these findings have important implications for healthcare providers who talk to children and families about weight-related health. Certainly, parents may benefit from education about the use of sensitive, supportive language when communicating about their child's weight. But so, too, can healthcare providers.

Providers already acknowledge barriers to talking about weight with patients, such as lack of time, reimbursement, and inadequate training. Their use of weight-based language does not need to be another obstacle that interferes with patient conversations about weight-related health or that potentially induces emotional distress for youth and adolescents struggling with weight. Indeed, discussions about weight may be undermined if youth feel uncomfortable or distressed by language that providers use to describe their body weight.

BMI = body mass index. Data from Puhl RM, et al.[7]
How to Initiate Conversations About Weight

Providers should consider individual differences when talking to youth and adolescents about body size and weight-related health. It is likely that youth who have obesity may have heightened sensitivity to the ways in which others describe their body weight, given their vulnerability to weight-based teasing and bullying.

Using weight-based terminology that youth find preferable and acknowledging that language preferences may be different for girls and boys can help promote positive and productive conversations about health. It may be helpful to initiate the conversation with neutral words and even ask youth and adolescents what words would make them most comfortable (Table 2).

**Table 2. Initiating Conversations About Weight With Adolescents**

"Would it be okay if we talked about your weight?"

"People have different preferences when it comes to words that describe their body weight."

"What words do you feel most comfortable using to talk about your weight?"

"How are you feeling about your weight?"

"Do you feel that your weight is affecting your health? Your daily activities?"

These questions can be useful for discussions about weight with both youth and adult patients. Evidence-based resources are also increasingly being developed to help providers navigate communication with patients about weight and weight management, such as this tool from the STOP Obesity Alliance.

Ultimately, pediatricians and other healthcare providers play an important role in obesity prevention and treatment and in educating families about weight-related health. Stigmatizing or insensitive language may undermine these efforts and interfere with important health discussions. Instead of making assumptions about weight-based terminology, providers can prevent unintended consequences of language choice by asking youth and parents about the weight-based language that they feel comfortable using in provider-patient conversations.

References


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