



# Weight stigma and discrimination: considerations for sport and exercise scientists

Dr Stuart W. Flint raises awareness about reducing weight stigma and discrimination.

In the UK, people with obesity experience stigma on almost a daily basis across a range of settings including healthcare, schools, workplaces and exercise settings (All-Party Parliamentary Group, 2018). Thus, weight stigma has been studied across a range of professions including those directly involved in the support, care and where appropriate, treatment of obesity.

Evidence demonstrating the pervasiveness of weight stigma and discrimination in the UK has increased substantially over the past 10 years and is now a key consideration across all levels. Indeed, weight stigma has been identified in public health policy and campaigns, community-based interventions, weight management settings and within the home. Of concern is the increasing evidence that healthcare professionals, including sport and exercise scientists, have weight stigma attitudes and discriminate patients with obesity.

Indeed, Panza *et al.* (2018) recently conducted a systematic review of studies examining weight bias in exercise professionals reporting evidence across the studies that met the review criteria, that exercise professionals hold weight stigma attitudes. Stereotypes often reported about people with obesity include but are not limited to laziness, gluttony, lacking intelligence, being socially inept and physical unattractiveness - many of which are reported by exercise professionals. Recently, Ntoumanis *et al.* (2018) reported that exercise professionals' perceptions of client motivation and likely interaction can differ based on a client's body weight. Specifically, that exercise professionals reported a belief that more controlling behaviours would be more effective for clients with obesity. This is therefore, likely to impact the experiences and support that people with obesity receive in an exercise setting, with potential implications for client motivation and adherence.

## Why do we need to reduce weight stigma and discrimination?

The impact of weight stigma and discrimination is vast including reduced physical and psychological health such as poor body image, depression, anxiety, lowered self-esteem, and increased cardio-metabolic risk factors.

A common misconception in our society is that experiences of weight stigma and discrimination will lead to increased motivation to engage in healthy behaviours and a desire to lose

weight. However, empirical evidence informs that these negative experiences lead to a maladaptive response where interest, motivation and adherence to engage in healthy behaviours are reduced. This effect is most pertinent when obesity is suggested to be the result of moral failings (Täuber *et al.*, 2018), which is often the framing used to describe the causes and "solutions" for obesity.

Identifying weight stigma can be very difficult, because it has become so pervasive and ingrained in our society. Therefore, we may act or behave in ways that are unacceptable without knowing it. Many attitudes and behaviours become unconscious and therefore, in some instances, stigma is unintentional. Nevertheless, this does not make it right and we may all need to reflect on current practices including communication, education and treatment to improve our work and provide equitable experiences for people irrespective of body weight.

Reducing weight stigma and discrimination is also likely to improve the effectiveness of our efforts to support people across the weight spectrum to improve their health. Not so long ago, mental health stigma was seen and, in many instances, not questioned. Thankfully, we have moved on and it is unacceptable to stigmatise or discriminate people with mental health concerns. Likewise, to improve effectiveness of obesity interventions, I believe that we similarly need to reduce and view weight stigma and discrimination as unacceptable.

## What can we do as sport and exercise scientists?

The importance of nutrition and physical activity as contributing factors to obesity means that obesity and weight management will represent key topics within undergraduate and postgraduate degree curricula relating to sport and exercise science. Despite this, adequate education of the complexity of obesity is unlikely to be achieved within sport and exercise related degrees - and this should not be expected! It is however, imperative that the complexity of obesity is communicated and appreciated, where education that covers obesity recognises that what is often covered is only a snapshot of the picture.

Many people, including students studying sport and exercise degrees, have strong beliefs that obesity is controllable with relatively little understanding of factors outside of an individual's control that contribute to weight status and associated health

behaviours. Whilst there is a final common pathway to obesity where energy intake chronically exceeds energy expenditure, obesity is not that simple! Indeed, the Government's Foresight Report (Butland *et al.*, 2007) highlighted that there are over 100 different factors, across seven domains that contribute to obesity.

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These 7 domains are: 1) *Physiology*, referring to biological variables such as genetic predisposition to obesity, satiety level and metabolic rate; 2) *Individual activity*, consisting of individual or group level recreational, domestic occupational and transport activity, parental modelling of activity and level of activity patterns; 3) *Physical activity environment*, referring to variables that facilitate or obstruct physical activity (e.g. cost, danger, walkability of living environment); 4) *Food consumption*, that are characteristics of the environment in which consumers operate (i.e. food abundance and variety, nutritional quality of food and drink, portion size, energy density of food); 5) *Food production*, referring to the drivers of the food industry such as market price of food, cost of ingredients, societal pressure to consume and purchasing power; 6) *Individual psychology*, for instance self-esteem, stress, food literacy and level of parenting style; and 7) *Social psychology*, such as education, media availability and consumption, social acceptability of obesity, and importance of ideal body size.

Many of these factors are outside of an individual's control - yet we only hear about eating less and moving more. Eating less and moving more is important, but this simplistic message about a very complex health condition is potentially harmful, and needs to be more nuanced.

As researchers, many of us are conducting obesity and weight management-related research or applied activities. When disseminating this information, we should avoid using stigmatising terminology, phrases or images. For instance, terms commonly used in media and elsewhere that should be avoided include fat or fatty, and obese (use person first language such as people with obesity rather than adjectives) or dehumanising words such as use of animal references (e.g. hippo, pig, elephant and whale). Some professional societies have now developed guidelines for members to adhere to, and likewise journals have stipulated more acceptable terminology that should be used (e.g. Association for the Study of Obesity). This is an important step. A very quick and simple change that we can all make now, is to use fair, non-stigmatising images in our teaching, applied and research activities and dissemination. For a list of free non-stigmatising image banks, please see Box 1.

Aligned to this is how we interact and work with the media. Media portrayal is stereotypical, dehumanising and derogatory, and in many cases, incite and promote stigma and discrimination. We often have little control over the portrayal of our work in the media but we can ensure that we adhere to non-stigmatising guidelines when working with the media. Likewise, we can raise awareness and request that media outlets use non-stigmatising images and terminology. In many instances, media are unaware that their portrayal may be contributing to the formation of stigmatising attitudes and beliefs.

Intervening with media portrayal, as a source considered to be a primary contributor to weight stigma attitudes and discriminatory behaviour, is a key challenge. Media portrayal is often inaccurate in communicating information about obesity and related policy and campaigns. People with obesity are often blamed, responsibility is often placed at the door of the individual and simplistic messages about obesity and weight loss, including that obesity can be easily and rapidly reduced, appears consistently. Moreover, we

should also be aware that the public rarely read policy, campaign documents or research publications. Most people only read or are exposed to media reports, where information is cherry picked, and misreporting leads to a lack of understanding. We can do our bit by ensuring that our contributions when working with the

media are accurate and non-stigmatising.

To summarise, weight stigma and discrimination is widespread in the UK and across the world. Given the impact of weight stigma, it is important to reduce such experiences, and to intervene with factors that contribute to the formation of stigmatising attitudes and misconceptions about obesity. This may include how we educate students as part of university degrees and how we disseminate information about research and applied practice. With many sport and exercise science students studying obesity within modules and professionals working with people and patients with obesity, like many other professions where weight stigma and discrimination has been reported, we may need to reflect on our current practices. ■

### Box 1 - Links to non-stigmatising image banks

1. World Obesity Federation:  
[www.imagebank.worldobesity.org](http://www.imagebank.worldobesity.org)
2. Canadian Obesity Network:  
[www.obesitynetwork.ca/images-bank](http://www.obesitynetwork.ca/images-bank)
3. University of Connecticut's Rudd Center:  
[www.uconnruddcenter.org/media-gallery](http://www.uconnruddcenter.org/media-gallery)
4. Obesity Action Coalition:  
[www.obesityaction.org/get-educated/public-resources/oac-image-gallery/](http://www.obesityaction.org/get-educated/public-resources/oac-image-gallery/)
5. European Association for the Study of Obesity:  
<http://easo.org/media-portal/obesity-image-bank/>
6. IFB Adiposity Diseases centre:  
[www.ifb-adipositas.de/en/news-press/photos](http://www.ifb-adipositas.de/en/news-press/photos)



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