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# Breaking WEIGHT BIAS

**Promoting Health without harming through digital training tools**

**Project number:**

**2020-1-UK01-KA204-079106**

## 3.3. Identifying your patients' maladaptive mechanisms to cope

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# Table of Content

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# TRAINING CONTENT

## 3.3. Identifying your patients' maladaptive mechanisms to cope

### What is coping and why it matters when it comes to weight stigma

Coping is defined as the thoughts and behaviours that a person uses to manage internal and external demands that are perceived to be stressful (Folkman & Moskowitz, 2004). It seems that the way people respond to a stressful event is more important than the event itself. There are many different strategies that can be utilised to cope with stress. It is very useful for healthcare professionals to be aware of possible coping mechanisms and recognise whether they are helpful (adaptive) or harmful (maladaptive) (Thompson et al., 2010).

People who live in large bodies are confronted with multiple stigmatising situations which can expose them to psychological stress. Moreover, since obesity is a chronic condition, people need to develop coping strategies, in order to be a part of society (Mazurkiewicz et al., 2021). Two main factors that can influence the way that a person copes with stigma are the **visibility** and **perceived controllability** of the condition. More specifically, when the stigmatising condition can be easily seen, the person is more susceptible to rejection by society. When it is believed that a person is responsible for their situation, it is more possible for them to experience devaluation (Puhl & Brownell, 2003).

It is well-established that weight stigma is associated with poor health, independent of weight. Also, more frequent exposure to stigmatising experiences is linked to worse outcomes. This can be partly explained by the variety of ways people may respond to stigma and how they can in turn influence their mental and physical health. In this chapter, we are going to review some of the most frequently mentioned strategies used by people to cope with weight stigma that are typically considered to be maladaptive (Himmelstein *et al,* 2018).

### Common maladaptive responses to weight stigma

#### Confirmation

One way that people may cope with weight stigma is by **confirming and accepting the stereotypical beliefs** that exist about obesity. Such coping strategies that are similar to the self-fulfilling prophecy (behaving or thinking according to stereotypes) and the Looking Glass Theory (internalising others' negative perceptions) are used by people in large bodies as an attempt to facilitate interaction with others. However, coping

mechanisms that involve confirmation of negative stereotypes are associated with increased negative affect, depression and can have harmful effects on self-esteem. One widespread distortion about living in a large body is that it can be under the personal control of people. This may be one of the reasons why people living in large bodies do not challenge stereotypes, but rather try to escape weight bias by losing weight (Puhl & Brownell, 2003).

**People living in large bodies who accuse themselves of the stigmatising experiences** that they face, tend to **engage in dieting** again and again as an attempt to run away from social stereotypes, even though they know that diets are not successful in the long-term and can even lead to further weight gain. Apart from this, self-blaming may also decrease the use of coping strategies that could otherwise be beneficial for people who face weight stigma (Joanisse & Synnott, 1999). It has also been documented that when a person accepts social pressure to lose weight, they may show to others that they try to change their dietary habits, without really intending to do so. This phenomenon, described as 'face compliance' by Degher & Hughes (1999), is not associated with effective results.

There is also evidence suggesting that **maladaptive eating is a mechanism to cope with weight stigma**, which is associated with higher depressive symptomatology, dieting, lower self-esteem, and poor physical health (Himmelstein et al., 2018). According to the Project EAT-IV, weight-based teasing during adolescence was positively associated with maladaptive eating behaviours in adulthood, including eating as a coping strategy. For women, even after 15 years, **eating as a mechanism to cope with negative effects or emotional distress** was strongly associated with weight victimisation from family or both family and peers in adolescence. Not surprisingly, weight-based teasing in adolescence predicted higher body mass index (BMI) and obesity 15 years later, even after the adjustment for demographic characteristics and baseline BMI (Puhl et al., 2017). Results of the National Health and Nutrition Examination Survey (NHANES) support that children and adolescents who are motivated to lose weight because of experiencing weight-based teasing, are more likely to engage in unsafe methods (Brown et al., 2016).

According to the results of a study conducted by Puhl et al. (2012), **internalisation of the existing negative stereotypes** about weight is associated with the adoption of maladaptive coping mechanisms *(i.e. refusing to make positive changes in eating habits).* Those findings shed a light on a very interesting aspect associated with the use of specific coping strategies; the extent to which a person has internalised the stereotypical beliefs about weight. In accordance with this approach, another study revealed that higher levels of internalised weight bias were strongly associated with disengagement coping (such as negative self-talk, withdrawal, or avoiding looking at oneself in the mirror). The more frequently a person has experienced weight stigma, the more possible it is for them to have internalised it. The use of such maladaptive

coping strategies was related to higher levels of depression, anxiety, and stress symptoms (Hayward et al., 2018).

**Internalised body weight bias as a mediator of maladaptive coping mechanisms**

Since internalised body weight bias can be an underlying reason for the adoption of maladaptive coping mechanisms, it is helpful to understand why it happens and how it can manifest in peoples' lives.

Internalised body weight bias seems to reflect moral concerns about weight. It is believed that morality is representative of a person's true self and thus more stable. Apart from this, there is a notion that morality relates to a sense of control, which may lead to the distorted belief that an outcome shows how much you tried. Regarding weight regulation, this is not always the case, as body weight loss and maintenance are very complex and depend on a great variety of different parameters, many of them cannot be under personal control (you can see module 5 for more). However, the predominant stereotypes about obesity make people feel like they failed, because of their lack of responsibility and self-control, both of which are strongly associated with immorality. Being perceived as immoral is considered as a global flaw and is a very unpleasant experience since morality is crucial for social inclusion and survival.

That being said, when a person feels that their social image is threatened, they try to find ways to prove to others that they are indeed moral. So, they tend to prefer strategies that are easily detectable by others and can be performed quickly (such as reading brochures about healthy eating), rather than investing in more time-demanding, but helpful behaviours (such as lifestyle changes). This tendency reflects a functional approach to protect their social identity. People who have internalised weight bias experience increased fear of condemnation, which is strongly associated with other determined regulation of relevant behaviours, including dieting, and exercising (Täuber et al., 2018).

These findings are in line with the Self-Determination Theory (SDT), which suggests that when a person receives treatment for controlled reasons (i.e. to gain reward from others), they may experience low self-esteem and symptoms of depression, which in turn hinder the effectiveness of the intervention. Similarly, high levels of dysfunctional investment in appearance are associated with more controlled motivation for weight loss, thus leading to decreased psychological well-being. Those parameters are very important to be taken into consideration by healthcare professionals when they assess their patients' motivation and readiness for lifestyle changes (Carraça et al., 2011).

It has also been reported that when the moral identity of a person is threatened, it may lead not only to the refusal of the adoption of a certain behaviour but also to exactly the opposite of what people expect them to do. The so-called "defensive overkill" can be expressed through binge eating as a maladaptive response to cope with moral

concerns that co-occur with body weight internalisation (Duart et al., 2014). Medical students living in large bodies who have internalised all those stereotypical beliefs about weight that are widespread in healthcare settings, report increased use of maladaptive coping mechanisms, including alcohol and substance use (Tomiyama et al., 2018).

Another way that people try to cope with weight stigma is by **avoiding situations that they perceive as threatening**, including shopping or going to the beach. Avoidance responses are associated with psychological distress and may lead to isolation, inability to express one's feelings, and lack of social support (Puhl & Brownell, 2003).

**The importance of identifying maladaptive responses to weight stigma**

If we take into consideration all the harmful consequences of weight stigma, we can easily understand how important it is for healthcare professionals to be aware of the variety of strategies people may use to cope with it. The recognition of their patients' maladaptive responses to weight stigma can have a profoundly positive effect on their treatment and protect against possible obstacles that could interfere with the therapeutic intervention. While it is unacceptable for people to be treated unfairly because of their body weight, size, or shape, understanding the way people deal with weight stigma is crucial and can be the first step to help them develop new coping mechanisms that can have a positive effect on both their mental and physical health (Puhl & Brownell, 2003).

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