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Breaking WEIGHT BIAS

Promoting Health without
harming through digital
training tools

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3.4. Facilitating adaptive coping mechanisms





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TRAINING CONTENT

3.4. Facilitating adaptive coping mechanisms

It is vital to identify any maladaptive coping mechanisms in individuals and encourage more adaptive ways of coping in order to improve patients' quality of life, happiness and satisfaction. In a recent meta-analysis, it has been found that adaptive coping strategies can be a protective factor for the effect of stigma on mental health (Emmer et al., 2019). Health care professionals could try to support their patients to find adaptive ways to cope that are suitable for each individual separately.

Health care professionals could work together with patients to promote the recognition and deconstruction of dysfunctional beliefs and promote more positive ways of coping. It is of paramount significance to create a safe place for the patients to recognise the derogate stereotypes against themselves, that they internalised because of the weight discrimination they have experienced in their life. Discussion about the internalisation of weight bias should be accompanied by discretion, sensitivity and compassion and target the recognition and de-identification (Hilbert et al., 2015) of beliefs that are inducing self-stigmatisation. If maladaptive coping mechanisms are identified, health care professionals can discuss them with patients in a gentle, understanding and non-judgemental manner. It is also important to reassure them that it is not their fault (Puhl et al. 2008, Tylka et al. 2014), they are not responsible for the discrimination they have suffered (Teegardin, 2012, Tylka et al. 2014) and ensure them that everyone will exhibit some form of maladaptive coping at some point in their life. Challenging weight bias internalisation and cultivating a feeling of self-confidence could be an act of self-protection against the pervasive fat oppression that exists in modern society (van Amsterdam, 2013).

It's important to keep in mind that encouraging more adaptive ways of coping in order to improve patients' quality of life, needs time and patience. However, recognising the adoption of maladaptive mechanisms, and mindfully avoiding triggering them, is a very good starting point for healthcare professionals to avoid the perpetuation of harm (Tylka et al. 2014).

There are also available scales that can be used in a clinical setting to assess coping, negative self-talk and other psychosocial aspects. These scales can be useful in areas such as identifying maladaptive coping patterns, self-limiting beliefs or internalised weight bias. These include, but are not limited to:

- Coping Responses Inventory (CRI) (Aguilar-Vafaie & Abiari, 2007)
- Weight Bias Internalisation Scale (Durso & Latner, 2008)
- Eating as a Coping Strategy (Lewis et al., 2010)
- Modified Weight Bias Internalisation Scale (WBISM) (Pearl & Puhl, 2014)



- Perceived Stigmatisation Questionnaire (Lawrence et al., 2006)
- Brief COPE Scale (Carver, 1997)

Adaptive forms of coping could be self-help behaviours that a patient can carry out in their own time or further support by medical professionals. There are **self-help, problem-focused and emotion-focused activities** that the patient could adopt. If a patient requires further professional help, this should be discussed with them and they should be referred or signposted to other services.

Adaptive coping strategies are often regarded to be more problem-focused, rather than emotion-focused. However, this can differ in health psychology and both emotion-focused strategies and problem-focused strategies have been found beneficial (Li & Rukavina, 2008). Emotion-focused coping has been classified as a bipolar dimension to problem-focused coping (Stanisławski, 2019). It entails strategies aimed at regulating emotional responses to the stressor, such as venting or adapting to the emotional reaction. Problem-focused coping is more about directly dealing with the stressor by taking action and planning (Lazarus & Folkman, 1984). It is also possible to distinguish between positive emotional coping (e.g., positive reinterpretation and seeking social support) and negative emotional coping (e.g., venting and rumination), the former conceptualised as more adaptive than the other.

Emotion-focused coping strategies are more common for dealing with unchangeable situations, which includes coping with weight stigma (Carver et al., 1989). Problem-focused coping styles may be a particularly beneficial way of dealing with weight stigma in individuals who perceive a level of controllability over the weight stigmatisation and have a high level of self-efficacy (Pearl & Puhl, 2014). On the other hand, individuals who do not perceive this control may benefit more from emotion-focused coping (Li & Rukavina, 2008).

The emotion-focused strategies which are helpful to promote in patients include:

- Journaling about feelings and thoughts that arise, meditating and breathing techniques,
- reframing or cognitive restructuring,
- seeking support,
- self-forgiveness and realising things are not their fault,
- taking part in a relaxing activity such as taking a bath, yoga, tai chi or going on a walk or sitting in nature.

The problem-focused strategies for individuals with higher self-efficacy and a sense of control over weight stigmatisation include:

- Planning how to deal with weight stigma (e.g. creating a to-do list),



- actively dealing with the stressor,
- establishing healthy boundaries with individuals around them,
- involvement in communities.

These activities can promote long-term positive effects on well-being and psychosocial functioning (Gerend et al., 2021; Li & Rukavina, 2008). Encouraging patients to adopt these positive ways of coping instead of more maladaptive styles (e.g. avoidant coping) can bring benefits over the course of time and reduce negative outcomes in patients.



EXTERNAL RESOURCES

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