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Weight Stigma in Psychotherapy Settings: Guidance for Individuals, Friends and Families

Effective psychotherapy helps many people with binge eating disorder (BED) recover their lives and well-being. But some psychotherapists support the traditional weight-centered, medical-model approach to the treatment of BED. It is a treatment that often fails to recognize the impact of weight stigma on both the genesis and the maintenance of BED.

To avoid trapping clients in a vicious cycle of “treatment” which reinforces many of the factors that trigger and maintain BED, psychotherapists must recognize the importance of addressing weight stigma in treatment, as well as understanding their own feelings about their bodies and those of others. This article will help you understand how weight stigma can play a role in triggering and maintaining BED, and how to work with a psychotherapist to combat the problem.

Weight Stigma as a Trigger and Maintaining Factor for BED

Clients and therapists alike usually share the belief that eating in a more moderate way will lead to an “acceptable” body size and fix the problem of weight stigma by removing the person from the stigmatized group. But treatment that is focused on weight can reinforce the dynamics that maintain BED over time.

People in treatment for BED often describe experiences predating their bingeing that involve some kind of insecurity about food – actual poverty, battles with caregivers over how much they were supposed to eat, frank weight loss dieting, and so on – as well as experiences of weight stigma. All these experiences can affect people across the weight spectrum. Because we live in a cultural climate



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that values thinness and devalues fatness, even binge eaters who are not at a higher weight often worry about their weight, which plays a role in maintaining the disorder.

Weight-focused treatment leads people to believe that successfully reducing binge eating episodes goes hand in hand with weight loss, but in reality, a weight-focused treatment usually only results in a temporary (if any) change of both weight and bingeing.

- Instead of knowing to eat because one feels hungry or knowing to stop because one feels satisfied, a weight-centered approach usually trains people to ignore the body cues that provide the most effective guidance for sustainable, peaceful eating.
- **Our bodies usually respond to weight suppression with the impulse to binge, even in the absence of psychological factors.** In the context of weight stigma, people and their healthcare providers view this bingeing response as a failure of discipline and as an indicator that it is time to re-institute the regimen and “get back on the diet.” Thus the merry-go-round continues. For people who are vulnerable, the opportunity to deepen into full-fledged BED or fall deeper into its vortex, is offered over and over.

Working with a Psychotherapist to Address Weight Stigma in BED

[The Health at Every Size® model](#) can guide both therapists and their clients in taking a weight-neutral approach in treatment. It shifts the focus from pursuing weight loss to discovering supportive and sustainable day-to-day practices, and implicitly trusts that well-cared-for bodies will come in a diversity of sizes. The HAES model also explicitly includes working to change weight stigma in all its guises.

When working with a psychotherapist, you have the right to ask them to:

- Refrain from making assumptions based on your body size.



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- Listen to your unique experiences.
- Remember to offer you the same skills and insights they would for a thinner person with your concerns.
- Explore – on their own time – how their own experiences with weight might be useful or misleading. Give them a copy of the ***Toolkit for Psychotherapists*** from this series.
- Be willing to explore the way weight stigma might be affecting both of you, and be willing to give you some skills for managing weight stigma and stereotyping in the world.
- Consider using the HAES model as an integral tool in treatment.

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