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Weight Stigma in the Nutrition Counseling Setting: Guidance for Professionals

Dietitians and nutritionists enter their profession to help people live healthier. Indeed, that goal is at the forefront of their work. But as a dietitian or nutritionist, how would you feel if you learned your personal beliefs and attitudes could have a negative impact on the health of your clients?

Your beliefs and attitudes about weight can do just that.

The purpose of this article is to identify how weight stigma can impact your perception as a clinician, and provide concrete strategies to help you combat weight stigma in your nutrition counseling work.

What is Weight Stigma?

“Weight stigma is defined as discriminating or stereotyping based on one’s weight, shape, or size.” It is one of the most blatant forms of prejudice in our society today. And despite the prevalence of weight stigma it often goes unnoticed. If you’re not sure what weight stigma sounds like, here are a few examples:

- “I’m so disgusting. No wonder I can’t get a date, no person would want to date such a lazy pig.”
- “I wish fat people weren’t allowed to wear swimsuits, that way I wouldn’t have to look at them at the beach.”
- “It’s her own fault she has diabetes. If she’d just say no to the second helpings and stop watching so much TV, she wouldn’t have these kinds of health issues. “

These statements may sound harsh, but this is the voice of weight stigma. It is the voice that permeates our culture, wreaking havoc on people’s health and compromising the quality of the work you do every day as a clinician.



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How Weight Stigma Can Impact Your Ability to Help Your Clients

In nutrition counseling settings, weight stigma frequently comes into play when working with people of larger body sizes. Weight stigma not only negatively impacts the clinician's ability to effectively work with their clients, it also greatly exacerbates the negative beliefs and attitudes many of these clients have about themselves, which already put them at greater risk for poor physical, psychological, and emotional health. Many clients with binge eating disorder describe experiences of weight stigma as contributors to the development of the disorder.

Multiple studies show that across disciplines, healthcare providers think of larger-bodied clients as non-compliant, lazy, awkward, weak-willed, dishonest, lacking in self-control, sloppy, unsuccessful, and unintelligent¹. Providers reported spending less time with larger-bodied patients and provided fewer interventions².

The Rudd Center has extensively researched clinicians' attitudes towards people living in larger bodies. The research indicates that:

- **dietitians are just as vulnerable to weight stigma as other health care providers**
- **weight stigma leads to worse treatment and health outcomes.**

The prevalence of weight stigma means that many of the clients who need their healthcare providers to be at their clinical best are at the greatest risk of receiving the most inadequate treatment. There

¹ Ferrante et al., 2009; Campbell et al., 2000; Fogelman et al., 2002; Foster, 2003; Hebl & Xu, 2001; Price et al., 1987; Puhl & Heuer, 2009; Huizinga et al., 2010

² Bacquier et al., 2005; Bertakis & Azari, 2005; Campbell et al., 2000; Galuska et al., 1999; Hebl & Xu, 2001; Kristeller & Hoerr, 1997; Price et al., 1987



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are numerous physical, emotional, and psychological consequences to weight stigma. Of particular importance to dietitians, this includes³:

- Chronic dieting
- Unhealthy weight control practices
- Eating disorders
- Binge eating
- Increased food consumption
- Avoidance of physical activity
- Lower motivation for exercise

This data is remarkable. **Our negative biases and assumptions about larger-bodied people lead to the exact behaviors that we are trying to help them change.** A client who feels stigmatized will not feel heard, understood, valued, or safe in sharing private information about shameful patterns and behaviors. Learning techniques to combat weight stigma is the first step to aiding your clients achieve greater health.

Using a Health-Focused vs. Weight-Focused Approach in BED Treatment

Clients and nutritionists alike often 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 is often at the root of the disorder and only acts to maintain BED.

³ Eisenberg, Berge, Fulkerson, & Neumark-Sztainer(2011); Haines, Neumark-Sztainer, Eisenberg, & Hannan (2006); Haines, Neumark-Sztainer, Wall, & Story (2007); Puhl et al.,(2007); Puhl et al., (2011); Schvey, Puhl, Brownell, (2011).



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Utilizing a health-focused, rather than weight-focused, approach better facilitates a non-stigmatizing environment. Research also suggests it improves health outcomes without causing harm. A weight-focused approach in the treatment of eating disorders masks the underlying issues that perpetuate unhealthy coping mechanisms and may trigger cycles of restriction, bingeing, and purging.

Combating Weight Stigma in Your Work

Dietitians and nutritionists receive very little, if any, training in how to create a therapeutic environment that facilitates positive behavior change. **The remainder of this article provides simple yet effective strategies to prevent weight stigma from interfering with helpful nutrition counseling sessions.** This information is of special interest to dietitians/nutritionists working with clients with eating disorders but is applicable to any type of patient interaction.

First, Look Inward

Everyone has internalized weight stigma. It is an unfortunate but natural consequence of today's cultural climate. The first step to squelching weight stigma in your work, then, is to identify ways in which it shows up in your own life. Consider writing down any stigmatizing thoughts you notice. Think where they come from and stay on the look-out for how these ingrained beliefs impact your work.

Create a Therapeutic Relationship

Weight stigma cannot thrive in a healthy, therapeutic environment. Dietitians and nutritionists are not mental health therapists, but they can still work therapeutically. While limiting the prospect of doing harm, therapeutic language and techniques facilitate behavior change in three important ways: They establish a sense of safety, decrease feelings of judgment and shame, and allow your mind to stay more closely attuned to your clients' needs.



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Establishing Safety

According to the behavioral psychologist Erik Erikson, trust is the earliest developmental task and the one in which all other stages of development are built⁴. Psychologist Susan Heitler also says that trust is established when the client believes their clinician⁵:

1. will be helpful, guiding them through to resolution of the issues that trouble them
2. will keep clients safe from blame, anger or hurtful comments, and
3. will nourish positive feelings of hope and self-esteem.

It is also helpful to remember that everyone lies, often as a form of self-protection. Clients may lie about a behavior they feel helps them in some way. Or they may lie in order to avoid feeling embarrassed, judged or shameful. Below are two techniques that can help create a safe counseling environment:

- **To help establish trust**

During the initial assessment, consider explaining to your client that it is normal to feel nervous about sharing details of their eating habits. Use language and style that feels comfortable to you. For example:

"I'm not sure if you're feeling this way, but it's really common for people to feel nervous when talking about their eating habits in depth. It's perfectly normal to feel anxious about sharing something so personal with a perfect stranger! My hope is that this will be a place where you can talk openly about your struggles with food. That way I can really understand how to be more helpful to you. But I understand that's going to take some time."

⁴ Erikson, E.H. Identity and the Life Cycle. New York: W.W. Norton. 1980.

⁵ <http://www.psychologytoday.com/blog/resolution-not-conflict/201206/3-ways-therapist-establishes-trust-in-therapy>



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- **To encourage honesty**

It's easy to become critical and judgmental when you suspect a client is not being honest with you. This strategy can help you approach a client when you suspect dishonesty. Remember that if they are not being honest, it is out of their normal and natural desire to self-protect.

- First assess what about the situation or your language/tone might feel threatening to them.
- If you feel comfortable, bring it up with them. Try the following:

"I have found that people often hold on to old habits because they are afraid of letting them go. Sometimes people feel ambivalent about changing their habits; on the one hand they are aware the particular habit is harmful to their health while on the other hand they may enjoy or even find comfort in it. This is a really common occurrence in the work I do in nutrition counseling. Sometimes we have the hardest time talking about the things we are most afraid of losing. Have you found yourself experiencing anything like this during our work together?"

Decreasing Feelings of Judgment and Shame

Clients come to nutrition counseling having already adopted a critical and judging tone about their eating habits. By the time they arrive in your office, they have likely suffered through terrible cycles of: judgment, shame, self-defeating thoughts, negative emotions, and maladaptive coping mechanisms. Amy Pershing, LMSW, AMSW, calls this phenomenon "toxic shame" and explains that it is incredibly common in clients with past trauma. According to researcher Timothy Brewerton, clients with binge eating disorder have higher rates of post-traumatic stress disorder than any other segment of the eating disorder population. Integrating a compassionate, non-judgmental stance will help your clients decrease this toxic shame in their lives and help facilitate healing.



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Modeling a curious, objective and non-judgmental attitude about your clients' behavior around food is one of the most valuable gifts you can give them. Over time, they will begin to integrate this more compassionate voice into their own lives. A litany of research shows that cultivating a curious and compassionate stance opens the doors to more positive and permanent change⁶. Below are two strategies to create less judgment in your nutrition counseling sessions.

- **Understand and be aware of countertransference.** Countertransference is your emotional reaction to a client. It is a normal and inevitable part of any counseling process. But when left unchecked, it can become damaging to the nutrition counseling work. As a clinician, it is your job to pay attention to your emotional reactions to your client. In particular, what are your emotional reactions to clients with larger bodies? Are you more readily annoyed, disgusted, irritated, or angry? If yes, assess if and how those emotions cloud your clinical judgment. Consider working with a supervisor to work through those emotions so you can more effectively perform your job with greater clarity and compassion.
- **Stay attuned to your client's judgmental language and use it as a teaching tool.** For example, *"Rob, I can't help but notice how judgmental your tone is when you talk about your eating habits. Is that the way you would speak to someone you love, such as your child? Would it be ok if we slowed things down and talked about that for a minute? (Assuming he says yes...) I'm not sure if you've noticed but I use descriptive, objective language in our work. I actually do this intentionally. It's my belief that creating a new language around food and eating is an important part of getting healthier. In fact, there is a multitude of research that shows that developing self-compassion actually increases the likelihood of improved health. If it's ok with you, I'd like to work on this together. Would you be open to that?"*

⁶ The Mindful Brain: Reflection and Attunement in the Cultivation of Well-Being by Dan Siegel WW Norton 2007



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Fostering Attunement

As dietitians and nutritionists, you know that the science of body weight is an extremely complicated one. In recent years, more and more researchers are eschewing the notion that losing weight is as simple as calories and calories out^{7,8,9}. When we make snap judgments such as, “she clearly needs to stop being so lazy and go exercise more,” we close the door to the complexity of weight science. And we eradicate the possibility of truly hearing our clients’ stories.

Operating on assumptions precludes the possibility of thoughtfully listening to and joining with our clients to develop workable solutions based on their complex needs. When we make assumptions, we run the risk of reinforcing blanket recommendations that may not apply or feel feasible to the client. **When we sit with our clients and keep an open mind and listening ear to their thoughts and experiences our capacity to empower them grows exponentially.**

According to Daniel Siegel, author of *The Mindful Therapist: A Clinician’s Guide to Mindsight and Neural Integration*, “Attunement is how we focus our attention on others and take their essence into our own inner world...To be truly receptive to the other’s internal state, we need to be willing to relinquish control of our own and identify when reactive states are clouding our vision and preventing us from attuning to another...The key to clinical presence is to be open. The key to clinical attunement is to be willing to say, ‘I don’t know’ and ‘tell me more.’^{10”}

⁷ Flegal, K. M., Kit, B. K., Orpana, H. & Graubard, B. I. *J. Am. Med. Assoc.* **309**, 71–82 (2013).

⁸ Duncan, et al Human colonic microbiota associated with diet, obesity and weight loss. *International Journal of Obesity* (2008) **32**, 1720–1724

⁹ Gabert, et al Prevalence and Predictors of Self-Reported Sexual Abuse in Severely Obese Patients in a Population-Based Bariatric Program *Journal of Obesity* Volume 2013 (2013)

¹⁰ Siegl D *The Mindful Therapist* Chapter 2, WW Norton 2010



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Final Suggestions

The traditional training of dietitians and nutritionists often does not educate regarding counseling practices that specifically protect against weight stigma. If you are interested in further developing knowledge and skill in this area, consider learning more about two approaches which do protect against weight stigma while also supporting positive health outcomes.

- Health At Every Size: The HAES model places an emphasis on health behavior rather than making assumptions about weight. Below are links to resources to learn more about the HAES approach and the research associated with it^{11, 12}.
- Mindful Eating/Intuitive Eating: Mindful eating and intuitive eating are terms that are used to describe internally-regulated eating based on the body's cues for hunger, fullness and satiety while learning to self-regulate emotion without using food. For more information, check out The Center for Mindful Eating¹³ and IntuitiveEating.org¹⁴.

Weight stigma is a complex issue for both practitioner and client. As you continue to engage in the meaningful work of helping others, consider keeping the issue of weight stigma in the forefront of your mind.

Written by Marci E. Anderson, MS, CEDRD, cPT

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¹¹ <http://www.lindabacon.org/resources/>

¹² <http://www.nutritionj.com/content/10/1/9>

¹³ <http://www.thecenterformindfuleating.org>

¹⁴ <http://www.intuitiveeating.org/content/resources>



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relationship with food and their bodies. You can find her online at <http://www.marcird.com/>, on Twitter at [@MarciRD](#), and Facebook at [Marci RD](#).

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