

WORKSHOP:
Exploring weight stigma in physiotherapy

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The Gallery

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Reflection

Please take a few breaths.
 Consider how you're feeling.
 What's happening in your body?
 Use the feelings wheel to help you name your emotion(s).



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Reflection

Write a note to yourself:

After watching the gallery, what are you thinking or wondering about?

What surprised you?

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**Stigmatization
in Clinical Settings**

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Stigmatizing actions: Multiple directions

Stigma draws attention to how negative stereotypes against certain groups manifests in our communities, including:

- Internalized against the self (e.g. self-blame)
- In interactions between people (bullying, micro-aggressions, excluding, etc)
- Structural forms, such as:
 - Access to resources
 - Architecture ('misfitting' in public spaces – Brewis et al, 2016)
 - Media portrayals

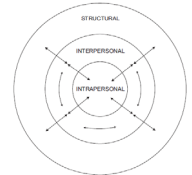


Fig. 1.4. Multilevel system with arrows depicting the possibility for bidirectional interactions within and between components. Cook et al, 2013, p 104

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Stigma is a threat to health

“When we stigmatize people, we affect their chances for a long and healthy life.”
 (Chief Public Health Officer, 2019, p 20)

This report names health care as one of the sites of stigmatization.



What We Heard

The Chief Public Health Officer's Report on the State of Public Health in Canada 2019
 Addressing Stigma
 Towards a More Inclusive Health System

Canuett

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Core Weight Myths



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Common ways weight stigmatization occurs in clinical interactions: Assessment/Treatment

1. Doing less assessment; assuming weight is the problem or that it speaks for behaviours
2. Implying weight is the reason for as-yet-undiagnosed health problems
3. Insensitivity while measuring weight or body size or general handling
4. Judging patient for treatment failure (e.g., labeling 'non-adherent')
5. Fewer emotional rapport building statements

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Common ways weight stigmatization occurs in clinical interactions: Setting goals/advising

1. Goals that treat weight or BMI as a behaviour, rather than an outcome (whether initiated by the clinician or patient)
2. Giving poor quality and/or unsolicited weight reduction advice
3. Pointing out weight is a problem without offering practical advice or support

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Common ways weight stigmatization occurs in clinical interactions: Structural

1. Lack of appropriate seating, equipment, gowns, etc
2. Visual environment and education materials perpetuate pro-thin/anti-fat biases and myths

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Physiotherapists' Beliefs about Bodies and Health

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Survey in physiotherapists and MPT students

1. Are physiotherapists oriented to health and fitness?
2. Do physiotherapists express negative attitudes toward fatness and fat people?
3. Is orientation to health and fitness associated with negative fat attitudes?

3 questionnaires
n = 221 with complete data (187 licensed PTs, 34 students)




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Scales

Health Orientation Scale (Snell et al 1991)
 Health consciousness
 Health image concern
 Health anxiety
 Health esteem and confidence
 Motivation to avoid unhealthiness
 Motivation for healthiness
 Health internal control
 Health external control
 Health status

Body Self-Relations Questionnaire (Cash 2015)
 Fitness orientation
 Health orientation
 Fitness evaluation
 Health evaluation
 Overweight preoccupation




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Scales

Fat Attitudes Assessment Toolkit (Cain 2019)
 Empathy
 Discrimination
 Size acceptance
 Attractiveness
 Health
 Responsibility
 Self-Reflection
 General complexity
 Socioeconomic complexity

Example Questions (Strongly Disagree – Strongly Agree)

1. Body weight isn't a reliable indicator of health.
2. Activism is necessary because of the discrimination fat people experience.
3. Size acceptance is a foundation for making healthy lifestyle choices.
4. Fat people are attractive.



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Health and fitness orientation

In general, scores for health and fitness orientation were high in our sample.

E.g., Motivation to be healthy

- Trying to live a healthy lifestyle (Health Orientation)
- Regarding themselves as physically fit (Fitness Evaluation)
- Being involved in activities to enhance or maintain their fitness (Fitness Orientation)

Scores on overweight preoccupation were low in our sample

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Fat attitudes

Physiotherapists' and students' attitudes were **positive** for most subscales... BUT

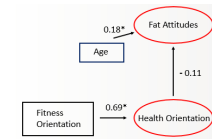
- 38% disagreed that weight stigma is serious
- 72% neutral/disagreed that fat people are attractive
- 82% attributed responsibility for fatness to individual

And yet...respondents also agreed that genetic, biological, and medical considerations, as well as factors related to social disadvantage, economics and social inequity contribute to body weight

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Relationships among fat attitudes, health orientation, and fitness orientation

- Age and health orientation affect attitudes towards fatness
- Fitness orientation affects fat attitudes through health orientation



Increasing age = more positive fat attitudes (p<0.01)

Greater health orientation = less positive fat attitudes (p = 0.075)

Greater fitness orientation = greater health orientation (p<0.001)

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Summary

1. Are physiotherapists generally highly oriented to health and fitness ? **YES**
2. Do physiotherapists express negative attitudes towards fatness and fat people? **NO (generally)**
3. Is orientation to health and fitness associated with negative fat attitudes?

Fitness orientation was strongly linked to health orientation, but there was only a small negative association between health orientation and fat attitudes. Older age was associated with more positive fat attitudes.

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Addressing Weight Stigma in Physiotherapy Practice

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Audit your clinic's physical environment

- Accessible entrance?
- Sturdy seating (variety of seat widths, with & without arms, 6-8" in-between)
 - Waiting room
 - Clinic room
- Wide, secure examination tables
- A sturdy step stool
- Changing room - room to move?



Source: Facebook Health at Every Size (Group)

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Equipment: Ease of availability and use

Examination gowns/clothing in a full range of sizes

Use durable equipment that meets the needs of heavier bodied-clients

- Know the weight limits of your equipment

Have appropriate equipment nearby, so use is easy

Use the most appropriate equipment for each client WITHOUT comment

Plan ahead if you know some equipment will suit – make it seamless in terms of an experience for your client

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Audit your clinic's visual environment

Educational pamphlets, magazines, posters, etc. Remove/avoid magazines or pamphlets that:

- Center or praise thinness or dieting
- Promote the ideas that all bodies can be thin
- Equate thinness with health and fatness with lack of health

Fill your visual environment with health-affirming literature

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Visual imagery in waiting room & clinic rooms

Include images with a range of body sizes

Ensure humanizing images

- minimum: people have faces
- smiling/content expressions

Ensure images do not reproduce stereotypes



Used with permission. AllGo - An App For Plus Size People

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Assessment

Respect the client's healthcare priorities/address their chief concern

Perform the same assessments that you would for thinner-bodied clients with similar symptoms

Handle body fat with care

If wanting a person to help you move a body part, be kind and clear

- E.g., "would you please shift your belly to the right side?"

Check in about comfort (i.e., as you do with all people)

Assess health-related behaviours, if relevant

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Communication: Ask permission before talking about weight

If you must talk about weight, explicitly ask permission before doing so

- If they say no, then respect that

What word to use?

- Follow their language, or use "weight"

Do not comment on changing weight

If people talk about reduced weight in search of praise, stay neutral

- Ask about the behaviours they've taken up – and reinforce positives

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Goal Setting: Behavioral only

Many people treat "losing weight" as a behavior. It is not – it's an outcome

Keep focus on actions people can take

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Communication: Rapport building

Be thoughtful about how you build rapport, especially when you differ in terms of experiences and privilege

Ensure you offer positive support/emotional rapport statements that normalize people's experience

- E.g., "you are not alone; everyone finds it hard to change routines"

Attend to your own body language – verbal tone, postures

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Communication: Responding to self-stigma

What it sounds like:

- Self-blame ("I know I'm a failure")
- Maintaining the stereotype ("I just need to try harder to lose weight")

What you can do:

- Bring it back to behaviours – support sustainable changes; praise success
- Remind people of the many and varied influences on weight – i.e., not simply 'calories in, calories out'

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Promoting joyful physical activity

Be sensitive to possible past stigma related to physical activity

Support people to find joy in moving their body and becoming more physically vital

If your client is not physically active, discuss a range of health benefits of physical activity without linking it to weight (NAAFA, 2017)

- Link physical activity to meaningful activities in their lives
- Learn more and orient to what they enjoy and do not

Use evidence-based behavior change support and/or coaching skills

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Treatment: Targeted therapeutic exercises

Consider how body weight & distribution influences the intensity or impact of an exercise

- Build exercise image decks or videos or verbal instructions that:
- Show how an exercise may look with more body fat
 - Explain where to position body fat

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Reflecting on practice: Education

Case studies

- Purposeful use of BMI
- Stereotype-disrupting

Curriculum Content

- Exercise
- Assessment

How are you addressing stereotypes of thinness and fatness?

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Reflection

Please take a few breaths.

Consider how you're feeling.

What's happening in your body?

Use the feelings wheel to help you name your emotion(s).



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Future commitment

What first steps will you take to reduce the potential of stigmatizing clients with larger bodies?

Share in the chat, if you're willing.

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