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Dissertation Synopsis
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Combatting Stigma, Upholding Pathology: The Untenable Anti-Fatness of Weight Stigma Research and Advocacy

Weight bias, defined as the devaluation of a person based on their weight, systematically causes unjust harm to fat people, especially within healthcare contexts. To date, however, weight bias researchers and medical educators have not been successful in their attempts to intervene in provider bias. In fact, some weight bias interventions have even *increased* weight bias rather than challenging it. A closer examination of this research reveals why this may be the case: the kinds of messages that are known to reduce bias, such as those that emphasize fat people's value and the importance of treating them with respect and kindness, are absent in these interventions. Instead, weight bias interventions center almost exclusively around how unpleasant it is to be fat and how difficult it is to provide healthcare to fat people, further stigmatizing and devaluing fat people.

My dissertation unravels the puzzle of why and how weight bias researchers try to challenge the devaluation of fat people with messages and representations that devalue them. To do so, I address the following three questions. First, how did the field of weight bias research come to understand weight bias in a way that would lead to harmful, stigmatizing interventions? Second, what kinds of messages, images, and other representations are being distributed as part of the broader effort to combat weight bias? And third, what effects do these messages have on their audiences, such as the healthcare providers who participate in weight bias interventions?

My dissertation is comprised of five chapters: one theory-building chapter, three empirical chapters, and a chapter that builds on my own weight bias intervention research to develop actionable guidelines for improving the study of weight bias. In chapter one, I theorize a novel model of weight bias as a structural problem in contrast to existing research that conceptualizes it solely as an individual or interpersonal issue. Chapter two explores how the definition of weight bias has influenced the ways healthcare providers are expected to address it. I first trace the emergence of weight bias as a concept within the social psychological literature, illustrating how it was constructed as a problem of individuals lacking knowledge about the "complex" causes of obesity, rather than a social problem about the devaluation of fat people. I then examine recent consensus statements and toolkits about weight bias put out by medical professional societies and specialty journals. These statements and toolkits use the original, narrow definition of weight bias to frame provider bias as a problem that can be fixed with more medical training about obesity. By doing so, they erase the other dimensions of prejudice and devaluation that influence healthcare providers' biased treatment of fat people.

Chapter three traces the recent efforts by pharmaceutical company Novo Nordisk to distribute to healthcare providers, policymakers, and the public at large the idea that weight bias can and should be addressed with their weight loss drug Wegovy. In this chapter, I map Novo Nordisk's funding network, exposing how they are using the concept of weight bias to increase their consumer base and garner legislative support for increased insurance coverage of their drugs. I also uncover how they are co-opting language, ideas, and even major figures from the body positivity movement to boost their legitimacy among social justice-oriented audiences. This

analysis reveals that Novo Nordisk's efforts to challenge weight bias are ultimately focused on selling Wegovy, rather than undermining the devaluation of fat people.

Chapter four reviews research on weight bias interventions with healthcare providers. This analysis does not ask whether the interventions “work” by their own standards, but instead queries what kind of messages about fatness and fat people healthcare providers are being presented with during interventions, as well as what kinds of behaviors they are being encouraged to take towards their fat patients. This analysis allows me to assess the consequences of weight bias interventions beyond whether they create statistically significant changes in participant attitudes. By focusing on the content of interventions, I find that, despite their intentions, weight bias interventions often contain deeply stigmatizing messages about fat people.

Finally, chapter five of my dissertation provides a set of guidelines for the future of weight bias research. In this chapter, I first explore an alternative conceptualization of weight bias generated by fat activists that focuses on challenging the devaluation of fat people across myriad social contexts. Next, I review the weight bias interventions that I have performed with medical students. In this section, I use the ideas I have developed through the rest of the dissertation to interpret my experiences doing this research and the results of these interventions. This analysis highlights the barriers researchers may face when attempting to apply new ideas about the nature of weight bias in practice, as well as what kinds of surprising results can emerge from taking this risk. Finally, I use the combination of my theoretical insights and intervention research experience to produce a set of guiding principles for weight bias research moving forward. While the entirety of my dissertation contributes to the field of weight bias research, this chapter is my most direct contribution, as it provides actionable tenets to reform and improve this field.

The end goal of my dissertation research is to push for better, more effective ways to reduce weight bias in healthcare. The stakes of this endeavor could not be higher: research into weight bias shows that it is ubiquitous and directly contributes to high levels of stress, illness, and psychological suffering among fat people. Friends and family, employers, educators, healthcare providers, media actors, and even fat people themselves hold biased views, and act in biased ways, towards fat people, leading to widespread stigma, stereotyping, and exclusion. Fear of experiencing weight bias during clinical encounters prevents fat people from seeking out healthcare, leading to delays in preventative screenings and worse outcomes when they finally do seek care. Critical social scientific research has also shown that weight is often used as an excuse to withhold medical care and social services, especially from women, People of Color, and poor people. As such, experiencing weight bias worsens the detrimental effects of other forms of systemic marginalization, compounding negative health outcomes for people already facing racism, sexism, classism, ableism, and other forms of oppression. Thus, reducing weight bias in the many realms of life in which it manifests is an urgent project with the potential to alleviate the suffering of many disadvantaged segments of our society.