

What Hibbard had, it turns out, was rheumatoid arthritis (RA), an autoimmune disorder that causes the body to attack its own joints and other tissues. It's a progressive disease that, left untreated, can cause lasting harm to various parts of the body. "I'm pretty pissed off because RA can damage your internal organs, and I spent two years where possibly my body was attacking itself," she says. "It may have shortened my life span because they were so biased about my weight."

Unfortunately, Kai Hibbard is not alone. Millions of people in larger bodies have walked into doctors' offices and been "diagnosed" on sight with a host of ailments they don't have, or told to lose weight to treat something that instead requires real, evidence-based medicine. Ragen Chastain, the health coach we heard from in Chapter 3, once went to the doctor for *strep throat* and was told to lose weight, as if somehow weight loss could cure an acute infection. (It can't.) Chastain pushed to get the antibiotics she needed, but many people aren't as comfortable standing up to health-care providers as she and Hibbard are. Doctors are authority figures, and it can be intimidating to disagree with them—no matter your size. In our weight-obsessed health-care environment, it's all too easy for genuine ailments to go undiagnosed, compromising people's health and shortening their lives, all because of their doctors' biased ideas about body size.

### ***The Weight of Stigma***

There's no question that a *correlation* exists between higher BMI and negative health outcomes such as diabetes, heart disease, and some forms of cancer. (That is, most research shows that people in larger bodies have a higher risk of getting those diseases.) The question is *why*—and that's where diet culture leads us astray.

Diet culture's conventional wisdom is that this correlation

exists because living in a larger body *causes* health problems—like, hello, *everybody knows* that being fat is bad for your health. Yet as discussed earlier, the one golden rule in statistics is that *correlation does not equal causation*: if there's a correlation between variables A and B, we can never say that variable A *causes* variable B unless we've controlled for every possible factor that could be the real cause of variable B. In weight science, we can't say that being in a larger body *causes* poor health, because we haven't controlled for some very important confounding variables. Research shows that experiencing weight stigma—aka weight bias, weight-based discrimination, fatphobia, or all the stereotypes that diet culture feeds us about larger bodies—is one of those confounding variables, and it's a doozy.

Weight stigma has been linked to an increased risk of mental-health conditions such as disordered eating, emotional distress, negative body image, low self-esteem, and depression.<sup>2</sup> That's understandable—it feels awful to be stigmatized, and people in larger bodies get stigma from all sides. They're often bullied and shamed in school, at home, walking down the street, and in the doctor's office. They're subjected to harmful stereotypes about their character because of their body size—stereotypes I won't repeat here because they're not even remotely true, and I don't want to give them any more airtime than they already get in diet culture. Because of the pervasive weight bias in our society, people in larger bodies are less likely to get hired for jobs—and even when they do, they're paid lower wages than their thin peers.<sup>3</sup> They're also constantly barraged with media messages about the so-called “obesity epidemic” and the supposed perils of higher weights, which only reinforces the message they've already gotten from all corners of society that their bodies are a problem to be solved. Anyone who has experienced this steady drip of negativity about an aspect of their appearance can tell you it's a recipe for feeling like shit about yourself.

What you may not know is that abundant scientific evidence

shows that weight stigma is also an independent risk factor for an array of negative *physical*-health outcomes, such as diabetes and heart disease, regardless of people's actual body size.<sup>4</sup> That means two people at the same point on the BMI chart can have very different physical-health risks depending on the degree of weight stigma they've experienced and internalized in their life. A person in a smaller body with a lot of weight-based self-loathing may actually be at *greater* risk for poor health outcomes than a person in a much larger body who's learned to accept their size and fight back against weight stigma. (That's quite a feat for anyone living in diet culture, but it can be done, as we'll discuss in Part II.)

Weight stigma can contribute to health problems in a number of ways. Perhaps the most obvious one is that it's stressful to be stigmatized for your size, and stress takes a physical toll on your body. The scientific term for this toll is *allostatic load*, meaning the cumulative effect of chronic stressors on multiple systems in the body: the cardiovascular system, the sympathetic and parasympathetic nervous systems, and metabolism. Because it looks at the entire body rather than isolated parts, allostatic load has been shown to be a more robust predictor of chronic-disease risk than other markers. And the research is clear that weight stigma has seriously detrimental whole-body effects. One study that followed close to 1,000 participants for ten years found that those who reported experiencing significant weight stigma over that period were twice as likely to have a high allostatic load as those who didn't—regardless of actual BMI.<sup>5</sup> In other words, weight stigma is an *independent* risk factor for physiological stress.

What's more, the researchers in this study found that the health risks posed by weight stigma are greater than what the researchers called "poor-quality dietary patterns"—in diet culture's terms, eating "bad" foods. I repeat: *Weight stigma has been shown to pose a greater risk to your health than what you eat.* Diet

culture's new avatar, the Wellness Diet, is forever going on about how food can make or break your health, but the evidence indicates that food has less bearing on disease risk than weight-based discrimination does. It really makes you think twice about all those public-health initiatives that shame people for their size under the guise of getting them to eat "healthier" food.

Even seemingly subtle forms of weight stigma have been shown to cause physiological stress. In 2015 researchers at UCLA conducted a laboratory experiment that exposed a group of young women to a weight-stigmatizing intervention: the participants were told they would not be allowed to participate in a group shopping activity with designer clothing because their size and shape "aren't ideal" (the implication being they might stretch or rip the clothes if they tried them on).<sup>6</sup> The researchers measured the participants' levels of the stress hormone cortisol before and after the intervention; when people were exposed to weight stigma, they found, their cortisol levels increased.

Intriguingly, for people who already perceived themselves as "heavy," those levels remained elevated for the duration of the experiment—their bodies stayed in a stressed-out state well after the stigmatizing incident was over. The participants who saw themselves as "average" weight, by contrast, returned to their baseline cortisol levels quickly after exposure to the weight stigma. And self-perception didn't line up with actual body size: 50 percent of the women who self-identified as "heavy" were in the "normal" BMI category, while a handful of those who identified as "average" were in the "overweight" or "obese" category. (These numbers are understandable, given that diet culture leads most women to see themselves as "too big" and makes it difficult for people in larger bodies to feel they don't need to shrink themselves.)

This squares with other research showing that body *image* is a much stronger predictor of health than body size. A 2008 study of a representative sample of the U.S. population—more

than 170,000 people of all races, education levels, and ages—looked at how participants' body image related to their health.<sup>7</sup> The larger the difference between someone's current weight and their perceived "ideal" weight, the researchers found, the more mental- and physical-health problems they'd had in the past month—regardless of their actual BMI. The effect was stronger in women than in men, but the pattern held true across the board. That means two people of the exact same size could have wildly different health outcomes depending solely on their degree of body acceptance. Wanting to shrink your body means poorer health, no matter your size.

What's more, experiencing weight stigma has been shown to increase people's likelihood of weight *gain* and decrease their chances of weight loss. There's nothing wrong with weight gain or being in a larger body, and you'll never find me applauding weight loss (I'll leave that to diet culture, which does more than enough applauding for all of us combined). But you deserve to know the truth about what diet culture is selling you. In this case, diet culture makes weight stigma out to be "motivation" for people to lose weight, but in fact there's evidence that it does quite the opposite. A large-scale study published in 2013, for example, found that people who experienced discrimination based on their size were about two and a half times more likely to have moved into the "obese" category on the BMI chart within four years than folks who did not experience such discrimination.<sup>8</sup> Those effects held true when controlling for age, sex, ethnicity, education, and baseline BMI—meaning that regardless of their starting size, people who experienced more weight stigma were more likely to gain weight over the long run. Another large-scale study from 2017 found that people who experience weight-based discrimination have almost 60 percent greater odds of being physically inactive than those who do not experience it—again, independent of BMI.<sup>9</sup> And numerous studies have shown that when people are exposed to weight

stigma in experimental settings, it leads them to eat *more*, not less.<sup>10</sup> So much for stigma as incentive to restrict food intake.

There are numerous reasons why people react in these ways when stigmatized for their weight. One is that they tend to avoid putting themselves in situations where discrimination is likely. Often that means avoiding physical activity, because gyms are typically hotbeds of diet culture, and moving your body in an outdoor setting can invite negative comments from strangers. Many people also have internalized messages from diet culture telling them that larger bodies are incapable of movement. “I limited myself from some activities, especially physical ones, because I thought that maybe my body wouldn’t be able to do it,” says Aaron Flores, now a dietitian specializing in Health At Every Size® and a Certified Body Trust® provider, who grew up in a somewhat larger body and then gained weight in college. “As my body was getting larger, I became less trusting of my body and what it could do,” he says. (As we’ll discuss in Chapter 10, there are many things you can do to increase your physical capacities at *any* size.)

Meanwhile, we don’t know exactly why people tend to eat more when they’re made to feel stigmatized for their size. One reason may be “last-supper mentality,” where people who anticipate going on a diet tomorrow feel they need to eat as much as they can today. As I’ve seen in my clients (and as I experienced myself in my disordered-eating days), the “diet starts tomorrow” mind-set almost inevitably leads to increased eating, and even to bingeing—particularly on foods that are likely to be labeled “off-limits” once the diet begins.

### ***Institutional Fatphobia***

People of all sizes can be stigmatized for their size, but people in larger bodies generally experience higher levels of weight stigma