

Internalized Weight Bias and Eating Pathology in Lean Individuals
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Anti-fat attitudes and negative weight-based stereotypes are commonplace in our culture. Weight bias could be viewed as the last type of socially acceptable prejudice in our society. Often, the people who are the targets of these sentiments internalize the anti-fat beliefs espoused by our culture. Internalized weight bias refers to a phenomenon in which overweight or obese individuals make negative attributions about themselves based on the negative weight-based anti-fat stereotypes prevalent in our society. Previous research has established that internalized weight bias in overweight individuals is associated with harmful outcomes including low self-esteem, depression, body dissatisfaction, somatoform disorders, binge eating, purging, overvaluation of weight and shape, reduced weight loss in a weight loss program, and poor physical health independent of body mass index (BMI). Research suggests that these internalized biases do not change when people lose weight; formerly overweight or obese individuals maintain internalized weight bias even when they become “average” weight.

In an article published in *Eating Behaviors*, Schvey and White (2015) investigate the effect of internalized weight bias in a sample of lean participants. This is the first study to examine the relationship between internalized weight bias and eating pathology in lean individuals. The authors examined 197 lean (BMI classification of “normal weight” or “underweight”) participants who anonymously completed self-report questionnaires on-line that measured weight bias internalization and eating pathology. Results indicated that higher levels of weight bias internalization were associated with higher BMI, dieting, binge-purge behaviors, and binge eating behaviors. Weight bias internalization predicted binge-purge and binge eating behaviors; for every one unit increase in weight bias internalization score, the odds of meeting binge-purge criteria increased five-fold and the odds of meeting binge eating criteria increased two-fold. Despite the fact that all participants in this study were either “normal weight” or “underweight” BMI classification, 38.6% of the sample believed that their weight status was either “overweight” or “obese.” These participants endorsed higher levels of weight bias internalization.

The authors conclude that lean individuals internalize weight bias and this internalization is associated with eating pathology for individuals across the weight spectrum. This study does not imply causation so it is difficult to determine whether people with eating pathology and a distorted perception of shape and weight tend to internalize weight bias more since they believe that they are overweight, or whether people who internalize weight bias at a lean weight turn to pathological eating behaviors (such as purging and caloric restriction) to lose perceived excess weight.

The authors emphasize that weight bias internalization is different than body dissatisfaction; while body dissatisfaction is often addressed in eating disorder treatment programs, internalized weight bias is typically not addressed with underweight or average weight patients. As eating disorder professionals, we

should assess internalized weight bias in our patients of all sizes and work with them to overcome these harmful beliefs.

Reference: Schvey N.A., White M.A. (2015). The Internalization of Weight Bias is Associated with Severe Eating Pathology Among Lean Individuals. *Eating Behaviors*, 17, 1-5