Shame and Diabetes: Practicing Resilience in a Culture of Weight Stigma, Disordered Eating, and Healthism

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Objectives
• To define shame and recognize the impact of shame on people with diabetes
• To identify shame triggers as they relate to diabetes
• To understand weight bias and its impact
• To learn strategies and skills for practicing with a weight neutral, shame resilience-based approach

What is Shame?
The intensely painful or experience of believing that we are flawed and therefore unworthy of love and belonging. (Brown, 2006)

Speaking Shame: Comparing Self-Conscious Affects

<table>
<thead>
<tr>
<th>Emotions</th>
<th>Feelings</th>
<th>Thinking</th>
<th>Acting and Reacting</th>
<th>Physiological</th>
<th>Summary</th>
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</thead>
<tbody>
<tr>
<td>Shame</td>
<td>I feel like I'm a failure.</td>
<td>I'm not good enough.</td>
<td>I want to distance myself from others.</td>
<td>I feel physically ill.</td>
<td>I feel alone, unloved, and unbelonging.</td>
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<tr>
<td>Embarrassment</td>
<td>I feel self-conscious.</td>
<td>I feel foolish.</td>
<td>I want to distance myself from others.</td>
<td>I feel physically ill.</td>
<td>I feel alone, unloved, and unbelonging.</td>
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<td>Humiliation</td>
<td>I feel hurt.</td>
<td>I'm not good enough.</td>
<td>I want to distance myself from others.</td>
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<td>Guilt</td>
<td>I feel like I did something wrong.</td>
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**Shame Cuts the Tightrope**

**Weight Stigma Definition + Prevalence**
“The social devaluation and designation of people perceived to carry excess weight and leads to prejudice, negative stereotyping and discrimination toward these people.” (O’Rahilly, S. 2006)
- Weight discrimination has increased by 80% in the last decade
- For women, weight discrimination is more common than race discrimination
- People in larger bodies are perceived as lazy, lacking willpower and control, unattractive (Brochu & Esses, 2011)

**Weight Stigma in Healthcare**
- Medical professionals perceive larger patients as lazy, lacking willpower, personally responsible for their own weight
- Patients’ physicians blame weight for all problems and are not taken seriously
- Parents of larger children feel blamed and dismissed
- Patients spend less time with healthcare providers, less time in appointments, receive less education, and are less likely to perform tests and screenings

**Weight Determinants**
“The genetic contribution to BMI has been estimated to be 60% and environmental forces to be 40%.” (O’Rahilly, S. 2006)
- BMI is a highly heritable factor
- Despite equal treatment in healthcare, patients are perceived as less serious
- People are perceived as being responsible for weight gain in healthcare settings

**Dangers of Dieting**
- For every 10 people who diet, after 5 years, 1 will maintain weight loss, 5 will regain weight, 3 will weigh less than original weight
- 60% of diets fail—meaning after 5 year follow-up most have regained weight
- Weight regain to pre-intervention weight occurs regardless of whether the participant has overweight or obesity Class I, II or III
- The high rate of regain among people who have lost weight is driven physiological mechanisms and is not simply the result of the temporary abatement of diet

**Impact of Weight Stigma**
- Children as young as 3 describe overweight children as “mean, stupid, lazy, or ugly” (Crandall, 1991, 1995)
- Overweight or obese children experience up to twice the bullying risks that normal weight children experience (Cramer & Steinwert, 1998)
- Parents are less likely to financially support overweight children, especially daughters (Puhl et al, 2016)
- Substantial evidence of discrimination in employment, lending, wages, insurance, mass media (Puhl, 2007)
- Social devaluation and denigration of people perceived to carry excess weight leads to prejudice, negative stereotyping and discrimination toward these people.” (Puhl, 2015)

**Binge/Restrict Cycle**

**Impact of Weight Stigma on Diabetes Care**
- Children as young as 3 describe overweight children as “mean, stupid, lazy, or ugly” (Crandall, 1991, 1995)
- Overweight or obese children experience up to twice the bullying risks that normal weight children experience (Cramer & Steinwert, 1998)
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Weight Stigma: T2D Risk Factor

Chronic weight dissatisfaction, regardless of BMI, increased and predicted type 2 diabetes risk.

Weight Stigma → Weight Cycling → T2D Risk Factor

- Enhanced weight gain
- Hyperinsulinemia and insulin resistance
- Hyperlipidemia and Hypertension
- Repeated Overshoot Theory

Cardiometabolic harms of weight cycling:

- EW was associated with high increased likelihood of heart failure, death, and microvascular events in persons with Type 2 DM across all BMI categories.

Healthism

"Healthism is a belief system that sees health as the property and responsibility of an individual and ranks the personal pursuit of health above everything else, like world peace or being kind. It ignores the impact of poverty, oppression, war, violence, luck, historical atrocities, injustice, and then environment from traffic, pollution to clean water and nuclear contamination and so on. It protects the status quo, leads to victim blaming and privilege, increases health inequalities and fosters internalized oppression.“ - Lucy Aphramor

Healthism → Diabetes Stigma

- A majority of patients with type 1 or type 2 diabetes using an online survey reported stigma (76% in type 1 and 52% in type 2, higher in type 2 using insulin)
- Experience of stigma disproportionately affects those with a higher BMI, higher HbA1c, and poorer self-reported blood glucose control, suggesting that those who need it the most are also those most affected by stigma

Adverse Childhood Experiences

- ACEs produce molecular and behavioral changes that increase the risk of developing diabetes.
- ACEs produce epigenetic alterations in specific genes associated with the pathophysiology of diabetes.
- ACEs increase the risk of developing diabetes.
- ACEs increase the risk of developing diabetes.
- With every additional ACE, there was an 11% increase in risk of developing diabetes.
- Children with t1d often experience higher ACEs in the 2 years preceding diagnosis.
- The higher the ACES score, the higher the mortality due to diabetes.

ACEs produce neurobiological alterations including volumetric and functional changes in the amygdala and hippocampus affecting gene/DNA/cellular level expression changes.

Strengthening the Tightrope

- Dynamic Flexibility
- Health At Every Size™
- Weight-Neutral Diabetes Care
- Trauma-Informed Care
- Non-Judgmental Food Choice
- Shame
- Resilience
- Trustworthy Support

Health at Every Size™ (HAES™)

1. Weight Inclusivity: Accept and respect the inherent diversity of body shapes and sizes
2. Health Enhancement: Support health policies that improve and equalize access to information and services
3. Responsive Care: Acknowledge our biases and work to end weight discrimination, weight stigma, and weight bias
4. Eating for Wellbeing: Promote flexible, individualized eating based on hunger, satiety, food beliefs, and individual emotional needs.
5. Life-Enhancing Movement: Support physical activities that allow people of all sizes, abilities, and interests to engage in enjoyable movement

HAES™: High BMI ≠ Mortality

Healthy Behaviors are more important than weight across all BMI categories.

- > 5 F+/V servings/day
- > 12x month leisure time
- Physical activities
- Not smoking
- More than 0 and up to 1 alcoholic drink/day for women and 2 for men

What Reduces Your Chance of Dying the Most?

[Graph showing data on reducing mortality]
Weight-Neutral Diabetes Care (WNDC)

Focuses on establishing healthy behaviors. **DOES NOT** promote restriction, endorse unsustainable behaviors, or encourage disordered eating as a way to "get healthy."

- Focus on Healthy Behaviors instead of Weight Loss
- Refrain from blame
- Change Dehumanizing Language
- Say, "Person in a Larger Body." Only use the term "fat" if the term has been chosen by the client and has been neutralized.
- Eliminating use of overweight/obese.
- Create an Inclusive Space
- Remove posters and brochures that fear monger or shame about obesity or imply that weight loss is a cure-all
- Have adequate seating and clinical equipment for larger bodies
- Have education materials represent all bodies

WNDC: Behaviors Reduce Diabetes Risk

- Dietary quality and physical activity can postpone diabetes development independently of weight change (Malmo Sweden 5 year follow up)
- Dietary intervention, exercise and both dietary intervention and exercise reduced the risk of diabetes development in people with impaired glucose tolerance, independent of weight status or weight change (China, 6 year follow up)
- Gained in a systematic analysis by Hu (2007) Physical activity reduced DM2 incidence significantly in studies of adults in USA, Malta, Britain, Sweden, Finland, Japan
- 33% reduced incidence in women who do vigorous exercise once a week vs never (Nurses Health Study, 87000 women, 8 yr follow up)

WNDC Results

- Weight stability (at 5 yrs)
- Improved biochemical markers (Cholesterol, blood sugar, blood pressure, CRP)
- Sustained healthy behaviors
- Improvement in:
  - Disordered eating patterns
  - Dietary quality
  - Psychological states
  - Self esteem
  - Depression

Non-Judgemental Food Choice

- Using food neutral language will lessen shame and increase self-efficacy
- All foods fit - no good foods or bad foods
- Unconditional permission to eat uses these two phrases to help people develop non-judgemental curiosity
  - I can have it if I want it.
  - Does my body feel like it?

Non-Judgemental Food Choice Example of Non-judgemental choice:

- Good food/bad food mentality: Pancakes made my blood sugar high → pancakes are bad → pancakes are carbs → carbs are bad → I can never have pancakes again → *Binges on pancakes after enough exposure to others enjoying pancakes in front of patient*
- Non-judgemental/food neutral: carbs are supposed to raise my blood sugar, pancakes when eaten alone increase more than I’d like, maybe I’ll use strategies to lessen this (combine with protein, review carb count, insulin dose timing, listen to hunger fullness cues)

Elements of Shame Resilience

- Speaking Shame ✔
  - Defining Shame ✔
  - Comparing Self-conscious Affects ✔
- Recognizing Shame ✔
  - Identifying Shame Triggers ✔
  - Physiological Signs of Shame ✔
- Understanding Shields and Armor ✔
- Critical Awareness (of Fat Phobia, Diet Culture, etc.) ✔
- Self Compassion ✔
- Empathy + Vulnerability ✔

Recognizing Shame: Identifying Shame Triggers

- Where do these identities come from?
- If I go through life trying to avoid that part of myself, the price I pay is ______
- How would my life be different if I could see these internalized judgments and shame?

Recognizing Shame: Identifying Shame Triggers

- Eating a pancake made my blood sugar go up, therefore pancakes must be bad
- Because food and diabetes management is dynamic, we cannot assign black and white values to them
- Ex. "Eating a pancake made my blood sugar go up, therefore pancakes must be bad"
Affect regulation and attachment brain circuitry are negatively impacted by regular and prolonged shame states. With neglect, rejection, and ‘shunning,’ the amygdala understands relationships to be unsafe.” - Shelley Uram, MD

Self-Blame
Anger
Helplessness
Shame
Fear
Hopelessness
Loneliness
Grief
Hope
Excitement
Love
Happiness
Joy
Connection
Peace
Gratitude
Serenity
Motivated
Sadness
Passion

We can’t selectively numb emotion. (Brown, 2012)

Recognizing Shame: Identifying Shame Triggers

Empathy: Anatomy of Trust

Barriers to Empathy

Vulnerability
Case Study:
- 51 yo female, new prediabetes diagnosis, co-occurring Binge Eating Disorder and PTSD, living in larger body
- Initial Treatment: Completed intensive outpatient treatment for BED, where she was provided education on HAES and WNDG. Patient also participated in shame resilience groups.
- Values identified: 1) new experiences 2) health 3) freedom
- Values Driven Goals: 1) workout with HAES informed personal trainer 2) times per week, each 20-30 min. 3) times per week, 2) increase F &V intake 4) Work on hunger/fullness attunement 5) Stop bingeing 6) Cope with shame and anxiety without using food
- Outcome: 1) A1c went from 6.0 to 5.5 over 6 months 2) Mobility improved and patient was able to go on cruise and climb stairs 3) Developed body awareness/attunement and resolution of binge eating

Be the Change
We must consider your own weight bias, societal body privilege, the experience of weight stigma, and cultural and medical weight-based prejudice and oppression.

Implicit Attitudes Test:
https://implicit.harvard.edu/implicit/selectatest.html

We must identify our own shame triggers and shame warning signs as people and as practitioners.