Why a Clinician Went Back to School: Weight Stigma, Unheard Voices, and the Gap Between Practice and Research Leon (Li-Hsiang) Yang, M.Ed.

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Background. After nearly a decade of clinical practice – in counseling centers, a family court, a sexual assault recovery center, and community outreach settings across Taiwan – the presenter returned to doctoral study not to escape practice, but because practice kept generating questions that the existing literature could not answer. Two questions proved most persistent. First: why do clients with obesity experience so consistently arrive in therapy already braced for judgment, even before a word has been spoken? And second: why does the international psychotherapy evidence base have so little to say about this population in non-Western contexts – and about so many other populations whose suffering is clinically visible but scientifically unrecorded? These questions reflect a structural gap between what practitioners encounter daily and what the research literature has chosen to study. The global evidence base rests predominantly on WEIRD (Western, Educated, Industrialized, Rich, Democratic) samples; clients with weight stigma, individuals with disabilities navigating career exclusion, and populations in East Asian and Eastern European contexts remain underrepresented in ways that are not accidental but systemic (Arnett, 2009; Thalmayer et al., 2021; Sue, Neville, & Smith, 2022). Objectives. This keynote traces one clinician's attempt to close the gap between practice and research by making clinical questions the origin point of scientific inquiry. The presentation is organized around two interlocking themes: (1) weight stigma as a form of structural discrimination whose clinical consequences – internalized weight bias, disrupted therapeutic alliance, impaired help-seeking – have been documented in Western samples but remain largely unstudied in Taiwanese and broader East Asian populations; and (2) the practice-research gap as both a methodological problem and an ethical one, with particular attention to what is lost when clinical knowledge generated in non-WEIRD contexts fails to enter the scientific record. Methods and Findings. The presenter describes two active lines of inquiry that emerged directly from clinical observation. The first is a two-wave longitudinal dissertation study (CB-SEM, JASP and PROCESS bootstrap; N = 200–300 Taiwanese adults with obesity experience) examining therapeutic alliance as a moderator of the pathway from internalized weight bias to psychological distress – a study motivated by the repeated clinical observation that clients with obesity expected shame from helpers before any interaction had occurred. Supporting instruments include a 15-scale Traditional Chinese weight bias measurement battery developed using a faithfulness-expressiveness-elegance (xin-da-ya) methodology (expert panel consensus, $\kappa = .78$), addressing a prior absence of validated Traditional Chinese instruments for this population. The second is a programme of qualitative research on career counseling for individuals with disabilities, producing multiple manuscripts in press or under review across Group Dynamics, Psychology of Men & Masculinities, Journal of Counseling & Development, and British Journal of Guidance and Counselling, and yielding the ACCEPT Model – an indigenous framework for disability-affirmative career counseling grounded in Taiwanese group counseling

transcripts. Across both lines, culturally adapted interventions show a significant advantage over unadapted controls (d = 0.50; Barkham, Lutz, & Castonguay, 2021), and therapist-level cultural attunement accounts for a substantial portion of outcome variance – findings that underscore the cost of leaving local clinical knowledge outside the scientific record. Implications. Three propositions are offered for clinician-researchers working in contexts where the practice-research gap is most acute. First, unheard clinical voices are not a gap waiting to be filled by imported theory – they are a source of theory that the field has not yet learned to recognize. The clients who arrive braced for judgment, the men with disabilities who enact resilience in ways no Western masculinity scale can capture, the families navigating custody disputes in a Confucian legal context – these populations are not comparison groups. They are generators of knowledge. Second, the decision to return to research after sustained clinical practice is not a retreat from the consulting room. It is an attempt to build the scientific infrastructure that the consulting room deserves. Third, the scientist-practitioner model is not a Western export; it is a stance available to any clinician willing to treat their own clinical puzzlement as a legitimate research question. Conclusion. The gap between practice and research is not closed by producing more research. It is closed when research takes its questions from practice – when the clinician who has sat with a client for whom the existing literature has nothing useful to say decides that this absence is itself a scientific problem worth solving. Weight stigma, disability, custody conflict, cultural silence: these are not peripheral concerns. They are where clinical reality lives. And they are where the next generation of psychotherapy evidence needs to be built.

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