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The Stigma of Obesity

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12th Century Japanese picture scroll of illnesses

15th Century portrait of Gluttony, one of the seven deadly sins

Psychosocial origins of obesity stigma

• Moral failure
  • Karmic consequences (Asia)
  • Christian ideology (Europe)

• Stunkard’s controllability theory

• Disease hypothesis
  • Obesity may be the result of a parasite or communicable disease
Obesity stigma and stereotypes

Obesity stigma is expressed through negative stereotypes which cover many aspects of human existence including:

- attractiveness
- intellect
- personality
- cleanliness, and
- determination

These judgements may impair individual’s ability to be an independent, functioning, contributing member of society.
Obesity stigma and stereotypes

Stigma and stereotyping may impair the individual's ability to:

- find a relationship partner,
- generate adequate income
- obtain an education
- obtain appropriate healthcare
- make and keep friends
- have quality of life
Social acceptability of weight stigma

• Obesity stigma has been reported to be the last socially acceptable form of bias and discrimination

• The obesity rate is rising and hence obesity stigma

• Health policy scholar Daniel Callahan has lobbied for “lite” forms of stigma and social pressure in the fight against obesity
  • Strong4Life campaign from Children’s Healthcare Atlanta anti-obesity advertising:
    • “Fat prevention begins at home. And the buffet line.”
    • “It’s hard to be a little girl when you’re not”
The power of obesity stigma

Obesity stereotypes are easily elicited both consciously and non-consciously including:

• Explicitly using questionnaires and surveys
• Implicitly using the Implicit Associations Test, a computer-based reaction time test
• Priming tasks in which participants are not aware that they have been exposed to a situation in which their bias may influence decision making
Obesity priming task

The obese target spent her day:
- With her children, but had no partner
- Cooking for others
- Sleeping late
- Relaxing

The normal-weight target spent her day:
- With her boyfriend
- Studying
- Shopping for homewares/clothes
- Meeting with friends
OBSESE people also stigmatize obesity

• Weight bias occurs irrespective of an individual’s own body weight
• Overweight and obese people also express bias against obesity
• Obese people may feel pressure to fit with the “in-group” of normal-weight by stigmatizing obesity
• Stereotypes may be internalized by obese people, further degrading their lives
Female obesity

• Obesity stigma may be particularly adverse for females
• The Christchurch Health and Development Study examined associations between BMI and a range of psychosocial outcomes
  • Mental health, mental wellbeing and economic circumstances
• For females, after covariate adjustment, statistically significant associations remained between BMI and: depressive symptoms, life satisfaction, equivalized household income and savings/investments
• For males, no adverse associations were found
What are the consequences of obesity stigma?

Research has shown that obese individuals experience:

• bullying
• discrimination
• mental health problems of anxiety, depression, suicidality
• poor body image
• lower self-esteem
• reduced physical health
What are the consequences of obesity stigma?

Consequences of stigma for the obese individual can include:

• Medication non-adherence
• No obtaining timely healthcare or delay and avoidance of healthcare
• Exercise avoidance
• Refusal to diet
• Increased food intake
• Unhealthy eating patterns
• Isolation
• Social withdrawal
Cyclic Obesity/Weight-Based Stigma model (COBWEBS) (Tomiyama, 2014)
Is obesity stigmatization getting better or worse?

Evidence that weight stigma is getting worse

- Estimate from the US showed that weight discrimination has increased by 66% in the last decade. (Puhl, 2013)
- Prevalence obesity discrimination increased from 7% in 1995–1996 to 12% in 2004–2006, affecting all population groups but the elderly (Andreyeva, Puhl and Brownell, 2008)
- Bias among school children stronger than 40 years ago (Latner and Stunkard, 2003)
• However, of the past 18 years, obesity stigmatization may be lessening among some professional groups who work with obese patients
  • Nurses are showing more accepting attitudes towards obesity
  • Bias is diminishing among weight management professionals
• Studies measuring the impact on patient care indicated that biased attitudes did not affect care delivery

• Limitations of these studies include: widely differing populations, measures and statistics reported
  • Difficult to see a cohesive picture of the issue
What can be done to reduce obesity stigma?

• Education to reduce bias
• No obtaining timely healthcare or delay and avoidance of healthcare
• Laws to prevent discrimination. virtually no legal or social sanctions exist against weight discrimination
• Discourage propagation of cultural stereotypes related to fatness. Challenge the sexist bias inherent in the cultural ideal for women’s bodies.
• Holistic approach to weight loss limiting directives to lose weight and instead a partnership with obese patients to encourage health and wellbeing
• Reduce barriers to exercise, doctors visits, travel and social interaction
• Provision of more comfortable patient areas to reduce embarrassment and discomfort
Conclusion

• Obesity is a stigmatized condition
• Evidence shows that stigmatization is getting worse
• Stigmatization can pose harm for the well-being of obese individuals, both mentally and physically
• Stigmatization may create a vicious cycle, thereby increasing weight-gain
• Effort needs to be made to decrease bias and discrimination
References


• Tomiyama, J.A (2014) Weight stigma is stressful: A review for the Cyclic Obesity/Weight-based Stigma model, Appetite, 82, 8-15