

## Perspective

# Obesity and Weight Stigma from a Psychological Perspective

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A growing interest in the relationship between weight stigma and mental health has been observed in the scientific field during the last decade. Overweight and obesity are considered important public health issues, and are linked with increasing the risk of developing health related illnesses. Although most of the literature about obesity refers to biological, nutritional and/or medical conditions, it is necessary to highlight the importance of psychosocial conditions. This article seeks to report on the psychological consequences associated with the weight stigma in overweight and obese people.

In 2017, the global nutrition report showed that 2 billion adults and 41 million children were overweight worldwide [1]. This complex condition can result in psychological and social issues developed in people of all ages and social classes [2]. In response to this problem, the World Health Assembly proposed the “WHO Global Strategy on Diet, Physical Activity and Health” [3], which highlighted the necessary measures to support a healthy diet and a regular physical activity. However, this strategy only considered the improvement of eating habits and physical exercise as the only indicators of health, which may have not been adequate or sufficient. Recent research suggests that the loss of weight achieved through interventions based on caloric reduction via restrictive diets and increased levels of physical activity, shows a high rate of failure [2] and it contributes to the maintenance of weight stigma.

Regarding the predisposing indicators linked to obesity (and overweight), scientific evidence shows that body weight is the result of internal and external factors, which are not always controllable by the subject's behavior [2]. These factors vary according to sociodemographic conditions, political and economic factors, and human genetics. The most common factors are sociodemographic, behavioral factors (feeding habits and lifestyle), genetics, and living in an obesogenic environment [1].

Considering factors of psychological origin that govern eating behavior and intervene in the development of obesity, it is important to highlight that emotional regulation difficulties are one of the most significant variables in the genesis and maintenance of the alteration of eating behavior, especially associated with binge eating. The latest research shows that emotions perceived as “unpleasant” play a transcendental role in maintaining the problem, being these, in turn,

a trigger for binge eating and a major obstacle to weight loss. Eating disorder may have an emotional component and/or be associated with eating habits acquired since childhood, in which the person has learned to use food as a tool for emotional relief and avoidance [4].

From a social perspective, it is necessary to mention the term “fatphobia” alluding to the discrimination suffered by overweight people for the simple fact of having it. As a political, sociocultural and economic phenomenon, this term encompasses the emission of prejudices and hate speech towards people with non-normative bodies. The arguments that try to justify the weight stigma defend that weight control derives solely from “willpower” and that the objective of such discrimination is that people lose weight for their “health”. However, as the evidence shows, these statements derived from the diet culture do not correlate with positive effects or favor weight loss processes [5]. Likewise, weight stigma would increase the intentions to practice exercise and a greater drive for thinness, thus contributing to the development of adverse health outcomes [6] that correlate with obesity, and would also generate a feeling of “guilt” in people for their excess weight [2].

Within this sociocultural framework, it is important to point out the psychological and social consequences to which people who suffer this stigma are subjected, since it is a chronic stressful experience [5] and an important social determinant. Among the psychological conditions involved, we find emotional disorders, high levels of anxiety and depression, highlighting the presence of Eating Disorders; anorexia nervosa (AN), bulimia nervosa (BN) and Binge Eating Disorder (BED) and other specified feeding or eating disorder (OSFED) [2]. Likewise, it has been shown that people with obesity are more vulnerable to fear and personal insecurity, loss of self-esteem, dissatisfaction and distortion of body image and harmful lifestyle habits [7].

Likewise, we can refer to the limitations to access the rights suffered by overweight people, as a result of the discrimination to which they are subjected. At the same time, it is important to highlight that social rejection generates in these people a hatred against themselves and against their body [8], making them more vulnerable to developing some type of eating disorder [2]. As mentioned, obesity is associated with interpersonal difficulties due to the weight stigma they suffer. A recent meta-analysis [9] indicated that people with overweight/obesity reported more frequent experiences of bullying, higher interpersonal stress, and poorer quality of social life than people with normative bodies. Therefore, it is assumed that perceived interpersonal stress, frequently related to early interpersonal adversity (bullying), could increase sensitivity to negative feedback from others, playing a role in the development and maintenance of interpersonal difficulties and requiring psychological intervention [9]. Based on these results, it should be noted that obesity-related stigma is a critical threat to individual and social mental health and well-being.

In recent years, in view of the prevailing need for professional action, there has been an increase in promising proposals that seek to eradicate the stigmatization and discrimination suffered by overweight people. The latest interventions, such as approaches based on Health at Every Size (HAES), or the Body Neutrality perspective [10] focus on reducing disordered eating behaviors to promote a healthy relationship with the body and food and manage the obesity from a less aggressive and more compassionate approach. Its application indicates positive results in both physical activity and psychological symptomatology, in addition to promoting behavioral and qualitative changes in eating habits [11], reduced body dissatisfaction, and weight-control behaviors. However, more research is required on these interventions to obtain conclusive results on factors such as cardiovascular responses, body image perception and total intake [12].

In conclusion, it is important to highlight that weight stigma and internalized fatphobia have a serious negative impact on the quality of life of the population and, consequently, on the behavioral changing efforts that lead people to develop serious psychological and social problems. Therefore, from a psychological perspective based on the biopsychosocial model, we cannot ignore the influence of psychosocial variables that intervene in eating behavior, and not only attend to biological variables as has been observed in the traditional biomedical model.

In order to improve the psychological well-being of the overweight/obese population, it is essential to address weight stigma both at an educational and socio-political level. It is critical to understand that weight stigma can turn out to be a risk factor with the same or greater impact on health than obesity. Taking into account that one third of the world's population is overweight and therefore at high risk of being affected by weight stigma, we urgently need to develop an approach adapted to the aforementioned needs. Also, it is important to note that not all overweight people seek to reduce their weight, although they may need psychological and social support to cope with the consequences of perceived weight stigma [5].

Finally, from a comprehensive mental health perspective, the objective of any intervention for the treatment of obesity and/or people with a poor relationship with the body and food must go beyond mere weight loss. At present, there is still a need to increase public and professional awareness of the impact of fatphobia on mental health, and further development of assessment, prevention and intervention strategies for weight stigma is required. These interventions must

be approached from a multidisciplinary perspective and focused on the global well-being of people. The therapeutic success criteria could contemplate a continuous process of favorable results based on various factors adapted to the individual: satisfaction and quality of life, more active lifestyle (physical exercise), body acceptance and improvement of eating habits, and psychosocial well-being, among others. These will guarantee an improvement on the well-being in the three areas that form the health of individuals': physical, mental and social health.

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