

# WEIGHT STIGMA AND BARIATRIC SURGERY

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## CONFLICT OF INTEREST DISCLOSURE

In accordance with «EACCME criteria for the Accreditation of Live Educational Events», I declare that I have no potential conflict of interest to report



## Weight stigma Bariatric Surgery outcome

Weight stigma (WS) is associated to poor bariatric surgery outcome.

Puhl et al. showed that WS has a strong impact towards people suffering from obesity in every field of their life (2009).

More recent studies (Bennett 2022, Himmelstein 2022, Ulian 2023) emphasize that WS interacts with the ability of bariatric surgery patients to cope with the follow-up program due to its maintenance even after the weight loss achievement.

WS can contribute to the maintenance of maladaptive eating behaviors (Shonrock 2022, Poon 2022, Pearl 2019,) such as grazing, sweeteating, nocturnal eating and binge considered the main factors for insufficient weight loss or weight regain.

WS interferes with the acceptance of the new body image contributing to body image disorders, depression and anxiety that provoke Insufficient weight loss or Weight regain (Bidstrup 2022, Conceição 2020 Braun 2020, Holland 2020, Lucibello 2021)



The ASMBS **position statement on weight bias and stigma** (Eisemberg et al 2019) underlines that the stress due to weight stigma contributes to determine pathophysiological conditions through the increase of cortisol levels, the metabolic syndrome, the alteration in the neurobiological hunger-satiety system and the psychological well being with possible depression, suicide risk , anxiety and Eating Disorders : BED, food addiction and craving.

Eisemberg et al, as many others researchers (Golan 2020, Puhl 2021,...), consider the two aspects of WS: the internalized weight stigma and social weight stigma claiming for a necessary change of the attitude of physicians towards obese people.



## The Health care WS

ASMBS position statement: “...Providers need greater guidance on how to raise the topic of weight loss in a non stigmatizing manner and provide recommendations that are relevant, evidence-based, individualized, and realistic....”

.....”Improved knowledge of resources: patients and their providers should be familiar with multimodal management options for obesity and local, community, state, and national resources.....”

Many studies underline that health providers have to take into account that obesity is a disease needing to be treated. (Puhl 2021, Rathbone 2022,...)

The investigation about obese people’s feelings in the relationship with the health care providers emphasize that they often feel loneliness and difficulty to be perceived as a patients. Also providers can express in the relationship with obese patient the internalized unconscious stigma building barriers to the care process (Ryaqn 2023, Prunty 2022, Tomyama 2018)



## Discrimination

Puhl, Golan and many other researchers emphasize that discrimination is the most effective condition driving to WS and reducing the effectiveness of the therapies. Society considers obesity as the expression of lazy, unable, weak-willed people who are responsible for their bad eating behavior and disgusting body. This bias pushes obese people to isolation, low-self esteem, sometimes to depression.

Obesity is broadly used as the best symbol of diversity and discrimination. Some painters, searching for strong images to shock people, choose the obesity image to underline the discrimination attitude of society.



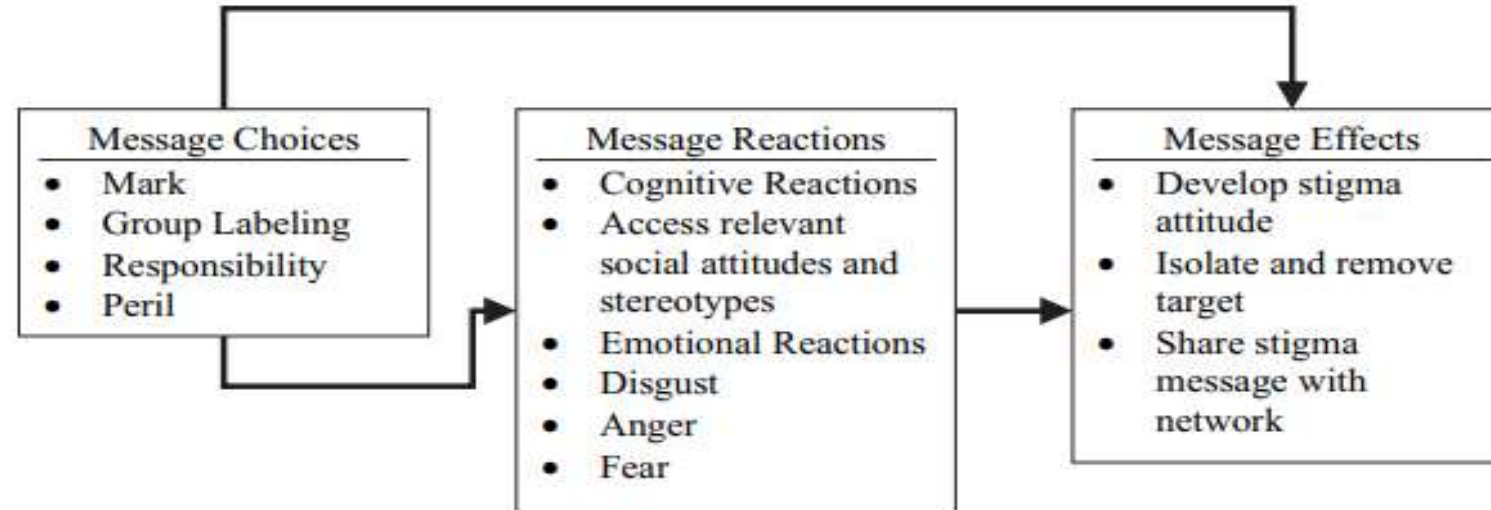
## Theory

**Language of the Lost: An Explication of Stigma Communication.** (Smith Communication Theory 17 (2007) 462–485 <sup>a</sup> 2007 International Communication Association) .

“The cues are: distinguish people and categorize these distinguished people as a separate social entity. In addition, stigma messages include content cues to link this distinguished group to physical and social peril, and to imply a responsibility or blame on the part of the stigmatized for their membership in the stigmatized group and their linked peril. These content cues encourage the activation of stereotypes, induce affective reactions (disgust, anger, and fear), and associated action tendencies, which all foster the formation of stigma attitudes”.



# But why?



**Figure 1** Model of stigma communication.



## Etnopsychiatry

George Devereux in “**Essays de ethnopsychiatrie générale**” describes how the excess of “normal behaviors “ could be considered as a model of “bad behavior”. People who behave in that way have to be isolated because “not-normal”. Every person who turns the prevailing culture model of his society in a representation of its failures must be excluded. In our modern society, to be thin is synonymous of power, success, willingness, beauty and seduction.

Eating with friends is considered the good behavior: people enjoy themselves and it is a symbol of the ability to have good relationships.

Eating too much and becoming obese testifies the breakdown of the rules of that specific society .

Fat is the example that the myth of thinness is fragile and represents the weakness of social rules .

Devereux explains that these “not-normal “people must be isolated, judged, excluded to maintain the goodness of the society myth.

The “ethnic disorder” can explain why the weight stigma affects so much our society and why the internal WB cannot change even with weight loss.



## The Internal Weight Bias (WSI)

The internal weight stigma is defined as applying negative weight stereotypes to oneself and engaging in self-devaluation based on one's weight.

The onset obese subjects suffering from the negative judgement expressed also by their family and the lack of integration among the peer groups lead to an unaccomplished psychological development of the their identity.

Many reviews and metanalyses stress that the WSI is one of the most important factors determining body image disorders, food addiction or maladaptive eating behaviours , low self-esteem and the inability to engage fulfilling affective,professional relationships, and changing one's lifestyle.(Puhl 2021, Romano 2022, Azaira 2017,Pearl 2018, Hayward 2018, Thendinga 2021) .

The WSI associated to social WS can be an enemy on the pathway of obesity healing.



## What can we do?

“Weight stigma is unacceptable in modern societies, as it undermines human rights, social rights, and the health of afflicted individuals ..... Despite scientific evidence to the contrary, the prevailing view in society is that obesity is a choice that can be reversed by voluntary decisions to eat less and exercise more...Academic institutions, professional organizations, media, public health authorities, and government should encourage education about weight stigma and facilitate a new public narrative of obesity, coherent with modern scientific knowledge.... **(Francesco Rubino, Rebecca M. Puhl, David E. Cummings et al.(2020) Joint international consensus statement for ending stigma of obesity**



Thank you



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