

# **An Analysis of the Effect of the Obesity Stigma in Healthcare**

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On my honor as a University Student, I have neither given nor received unauthorized aid on this assignment as defined by the Honor Guidelines for Thesis-Related Assignments

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Every day, overweight and obese individuals face the wrath of the obesity stigma, and within a healthcare setting, it results in a lesser quality of care. As Deborah Lupton (2018) describes in her book, titled *Fat*, as a society, we have cultivated the idea that being overweight is not normal and is even a bad thing, reflecting negatively on the people themselves. Since weight is a supposedly “controllable” thing, as a society, we assume that those who fall into the overweight/obese category must be lazy and incompetent (Crandall, 1994).

This notion is ingrained in our thought processes starting from a young age. In the 1950’s, a study done by Richards et al. (1961) evaluated children’s views towards people of different appearances and abilities. In this study, children around the age of ten were asked to rank six images of other children from who they liked best to worst. The images included an overweight child, as well as children with other disabilities such as being in a wheelchair, missing a limb, and having facial deformities; the overweight child consistently ranked last. This research, now almost seventy years old, shows that the stigma against people of heavier weights has existed for decades and has become part of the cultural norm.

While it is important that we do our best as a society to reduce negative stigma across the board, this study shows that even within younger generations, being overweight is seen as being substantially worse than other “abnormalities”. With this preconceived notion being embedded into us at such a young age, it is clear that it would lead to discrepancies within the healthcare field. In this paper, I will explore the negative impact of the obesity stigma in healthcare and detail how education can be a key combatant to fighting against this stigma.

### **The Stigma in Healthcare**

As medical students, doctors take an oath that as physicians, they will “do no harm”. However, when Alyssa McCord left her doctor’s office after going in hoping to get medical treatment for her horrible period cramps and fatigue, she was given nothing but blame (Engel-Smith et al., 2021). Her

doctor didn't bother to run any tests and instead informed that all of her problems were just a symptom of her being fat and that if she lost the weight, she'd be fine. Despite her hesitations towards seeing physicians, McCord sought another opinion and discovered that her horrible cramps were actually a symptom of an enlarged uterus, which caused excessive blood loss—hence the fatigue (Engel-Smith et al., 2021).

In daily life, the stigma people who are overweight face can be frustrating as well as at times overwhelming and dehumanization. However, once this discrimination is brought into the world of healthcare, it can be life-threatening. Disease stigma, an issue that has been around for centuries, is defined by Puhl and Heuer (2010) as groups being blamed for the illness and thought to be “immoral, unclean, or lazy”. Outside obesity, diseases such as HIV/AIDs in gay men and tuberculosis in African Americans in the 20<sup>th</sup> century are among other diseases that have had associated stigma with their victims (Puhl & Heuer, 2010). Over the decades, healthcare professionals have come to associate specific illnesses with these groups, leaving them at a predisposition to being treated and cared for a specific way. While disease stigma as a whole is an issue that needs to be addressed and dealt with, this paper will focus on the disease stigma and consequential lack of quality care towards people who are overweight and obese.

As more research is done, it is clear that the stigma against people who are overweight or obese is actually perpetuating the issue. By stereotyping and judging this group, we alienate them and cater to the increase in mental illnesses that make it even harder for them to combat their own issues with weight. The outlook that society has created toward overweight people has led the widely accepted myth that being “overweight” is synonymous with being “unhealthy”, however, this is not the case. Health is based on a multitude of factors and at times can even be considered subjective. In order to effectively grow towards having a healthier society, both mentally and physically, it is essential that these stigmas are combatted and challenged. I will be using the Health Stigma and Discrimination (HSD) framework in order to properly analyze the causes and effects of this stigma (Stangl et al., 2019).

## **The Drivers and Facilitators of the Obesity Stigma**

The HSD framework is like a three-story building, where each floor builds on the other to offer a holistic view of the stigma. To both understand the effects of the obesity stigma in healthcare and to determine how we as a society can work to fight this stigma, it must first be understood where the stigma comes from. This first floor of the HSD framework is analyzing the drivers and facilitators of the obesity stigma (Stangl et al., 2019). Drivers and facilitators are the influences that birth the stigma. The drivers of the obesity stigma are inherently negative, individual factors that push the stigma forward, whereas facilitators are a societal-level constructs that can be either positive or negative (Stangl et al., 2013).

The drivers of the obesity stigma include the notion that weight is entirely controllable, the idea that obese individuals are lazy, and that being overweight is a physical abnormality. Facilitators in the U.S. include a lack of anti-discrimination laws for obese individuals and the Body Mass Index (BMI). These facilitate the obesity stigma by not protecting this group against discrimination and warping our ideas of what it means to be overweight or obese versus a “normal” weight. BMI uses height and weight to give an arbitrary number that puts someone in a category ranging from underweight to obese, but completely negates body type, muscle mass, race, among other impactful factors that are necessary to determine someone’s “weight category” (Nordqvist, 2013). At a typical doctor’s appointment, an individual will be given their BMI, but with little to no background information on what it means or the flaws within the number. According to the CDC (2019), many grade schools implement BMI measurement programs where they “regularly assess students’ heights and weights” for surveillance or screening purposes. By telling a child that they are overweight or obese at such a young age can be embarrassing and traumatizing and impact that child’s relationship with their bodies for their entire lives.

### **Stigma Marking and Manifestation**

The combination of these societal norms and individual perceptions of obesity lead to the “staircase” from the first to the second floor of the HSD framework, which is stigma marking (Stangl et

al., 2019). Stigma marking is when the stigma is actually applied to a specific group, in this case, overweight or obese individuals. Once the stigma marking occurs, it leads to the “second floor” of our HSD building, which is manifestation. Manifestation takes the form of both stigma experiences and stigmatizing practices, where the experiences are the “lived realities” of the stigma marked group and the practices are attitudes and actions (Stangl et al., 2019). Some of the lived realities a member of the obese community might face involve teasing, difficulty dating, and environmental cues that they are not a normative weight such as small airline seats. In terms of healthcare, many overweight or obese individuals feel a sense of judgement by their physicians. When surveyed, two-thirds of overweight or obese women reported feeling stigmatized for their weight by their doctors (Puhl & Brownell, 2006). All of these experiences also lead to internalized stigma, in which the overweight/obese individuals themselves believe the negative implications behind the stigma. Examples of the social practices that the obesity stigma manifests into are the creation of diet culture, the portrayal of weight and beauty in media, and the main focus of this paper: biases in healthcare.

### **The Outcomes of the Obesity Stigma**

The manifestations of the obesity stigma lead to the third and final floor of the HSD framework: the outcomes. In healthcare, the biases healthcare professionals have resulted in delays and avoidance of preventive care and a lack of healthcare resources being used on these individuals. Recent studies have shown that physicians typically handle their overweight patients with less attention to detail and a lower quality of treatment. In their study, Tomiyama et al. (2018) found that although higher-weight individuals are at higher risk for things like ovarian cancer, aggregated data has shown that physicians are less likely to perform pelvic exams on obese individuals. Similarly, studies show that physicians spend less time with overweight male patients than they do “normal” weight male patients, suggesting they either find them to be less valuable or unable to be helped, unlike “normal” weight patients.

These outcomes within healthcare both physically and mentally impact obese individuals. It has been found that the environment of the healthcare provider can negatively affect the health of overweight

patients in that, if a patient feels judged, not properly cared for, and unwelcome, this will bar them from seeking medical help in the future (Phelan et al., 2015). Not only does this discouragement for attending a physician put a person at greater risk for a physical illness, it also leads to mental effects, such as depression, higher stress, and anxiety; all of these issues can perpetuate obesity and a person's struggle with their weight (Phelan et al., 2015).

The experience of the stigma can put the members of the obese community at risk for depression, eating disorders, avoidance of physical exercise, and avoidance of healthcare professionals—all of which put them at higher risk of staying obese or gaining more weight. The circularity of this stigma makes it difficult to combat, especially since it is widely believed that the obesity stigma itself is justified and is motivating for individuals to lose weight (Callahan, 2013). However, given that two-thirds of American adults are considered to be either overweight or obese, it is essential that this stigma is challenged and altered (*Overweight & Obesity Statistics | NIDDK*, 2017). I believe that the most effective way to combat the obesity stigma, as well as any other, is education. By educating both children—to avoid the bias being ingrained at an early age—and medical students, our society can reduce many of the drivers of the obesity stigma, thus reducing the manifestations and subsequent outcomes that are detrimental to the health of many members of our society.

### **Education as a Primary Combatant Against the Obesity Stigma**

While there are a variety of aspects of society that require alterations in order to create a widespread change in the negative effects of the obesity stigma, I will focus on the use of education to change mindsets. Education, at any level, is a powerful tool that can be extremely beneficial, depending on how it is wielded. Given that the obesity stigma begins to become ingrained in us from a young age, starting at the source is essential. Also, as this paper focuses on the effects of the obesity stigma within healthcare, proper education at the medical school level also needs to be implemented to further the change.

## **In Medical School**

In many medical school programs, students have very limited training on how to approach their overweight or obese patients with offering successful ways to help them adapt a healthier lifestyle, if losing weight truly is necessary for their overall health (Pont et al., 2017). A study done by Kushner et al. (2014) at Northwestern University Feinberg School of Medicine aimed to test ways to alter medical students' attitudes towards obese people. First year medical students were instructed to read two articles about the obesity stigma and communication and then were given eight minutes to speak to an overweight/obese patient about their experiences. This study found that this simple practice improved students' mindset in terms of stereotyping, empathy, and their confidence in counseling overweight patients. When patients are severely overweight, it can be essential that their doctor suggests they lose weight, while also offering holistic diagnoses of the patients' struggles. Physicians and healthcare professionals must be properly trained to approach this topic with sensitivity and care and to empower people to adapt a healthier lifestyle—given that lifestyle choices are the main contributor to their weight—rather than shaming them into it (Pont et al., 2017).

While in medical school, students not only need to be trained how to speak to and counsel their patients, it is also essential they are given adequate teaching about the science behind obesity. A study by Poustchi et al. (2013) presented 64 medical students with a 17-minute video on the weight bias within healthcare and then allowed for a discussion about their experiences working with obese patients. Similar to the Kushner et al. (2014) study, a simple exposure to factual information, paired with a form of discussion, significantly impacted the students. In this case, after the bias intervention lesson, the students more so believed that genetic and environmental factors were impactful factors behind obesity, rather than laziness or lack of willpower (Poustchi et al., 2013). Both of these studies provide evidence that short lessons on the obesity stigma can be effective in altering viewpoints in medical students.

## **In Grade School**

Across the country, many schools implement education on obesity, the negative effects, and ways to be healthier. Some of these programs include sending home weight reports, teaching about nutrition and exercise, and performing obesity screenings (Chen, 2018). While it is important to teach children the importance of health and fitness, some of these programs can impact young kids' self-esteem. On top of the negative effects of some of these programs, the lack of education on the obesity stigma itself allows for the stigma to grow and fester within schools, both among children and teachers. The book "Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change" (2016) offers a multitude of approaches on how to change the stigma towards people with mental illnesses and substance abuse disorders. However, I will offer ways that these methods can be used in schools to reduce the obesity stigma.

The chapter describing the approaches offers insight into anti-stigma interventions and these effects. Through an anti-stigma intervention, students would be given factual information that debunks false stereotypes or myths about a specific group, and in this case, the obese community. By implementing both national and local obesity-stigma awareness campaigns, children can be exposed to the negative effects of the stigma at a young age and made aware of their own internal biases towards the group. With many anti-stigma campaigns that occur, a group of educated personnel travel from school to school, offering short assembly-style presentations where they offer their information. While this has proven to be both effective and ineffective at times (Griffiths et al., 2014), I believe specific alterations would need to be made to these sorts of campaigns to make them effective for teaching about the obesity stigma.

Obesity and health are sensitive topics that people have a wide range of opinions about. To teach about the obesity stigma, or any stigma, I believe it would be more effective to have the information given to the students by one of their teachers, rather than a stranger in a large assembly. By supplying teachers with the necessary information and approaches, they can pass this along to their students, with whom they have a closer, more trusting relationship with compared to a stranger. Similarly, rather than just being

“talked at” and given facts about a stigma, by implementing personalized activities for the students, this can better open their eyes to how detrimental and widespread the obesity stigma is. As was seen with the studies with medical students at Northwestern, exposure to the experiences of overweight and obese individuals helped improve their empathy and reduce their stereotyping to these people. While it is impossible for grade school children to have discussions with obese persons, they can be told their experiences in a multitude of methods, including videos documenting people’s stories and written reports. Likewise, most students in either elementary or middle school are subject to lessons on proper nutrition and fitness. By incorporating information behind why someone might be overweight or obese, other than lack of self-control and incompetence, children can become more aware and educated about obesity.

### **Discussion and Conclusion**

Beginning these types of bias interventions at a young age can help to break the cycle of obesity and the obesity stigma in this country. While medical school programs will always be essential, if people can go into medical school without these ingrained biases, it will be easier to prepare them to become effective physicians and healthcare professionals. In terms of the Healthcare Stigma and Discrimination framework, education is essential to stopping the drivers of the stigma, which closes off the pathways to stigma marking, manifestations, and outcomes. As mentioned above, education alone cannot defeat this stigma. Studies have found that even toddlers have shown evidence of bias against overweight individuals (Ruffman et al., 2016). This proves that the stigma is deeply ingrained within our society and it will take multiple courses of action to truly fight it. Media representation of plus-size individuals and anti-discrimination laws are two essential factors that are necessary to making a substantial change. However, as shown in the case studies above, short lessons on the obesity stigma and bias can be effective in changing the mindset of people. By implementing these sorts of lessons in both grade school and medical school, we can work to make a significant impact on the effect of the obesity stigma in healthcare.

It must be noted that the propositions of this paper offer only a theoretical approach in terms of grade school education. In order to gather strong evidence on whether or not the suggested education

programs would be helpful within schools, case studies would be implemented. Furthermore, the true effects of the stigma in healthcare that these proposed education plans would have would likely not be seen for years or decades to come. Studies could offer insight into the short-term effects that weight bias interventions would have, but until the students subjected to these programs have grown up and moved into jobs in the healthcare field, the impact would be unknown. However, in the meantime, implementing these types of lessons into medical school programs still has the potential to be very beneficial regarding the obesity stigma in healthcare, and these results will be accessible much sooner. Another topic of discussion that must be addressed is how to repair the already fractured relationship between current members of the obese community and healthcare professionals. While the education of children and medical students can positively impact those who have yet to be negatively affected by the stigma, it does not help the already broken affiliations that many members of the obese community currently have with healthcare professionals. It is essential that this group is not forgotten in the fight against the obesity stigma, specifically within healthcare.

Overall, the biases against overweight and obese individuals that are ingrained in us from a young age have detrimental effects to both the physical and mental health of these people. Individuals such as Alyssa McCord are forced to face unnecessary blame for their health issues, putting them at greater risk for undiagnosed illnesses. In order to reduce the negative outcomes that are manifested from this stigma, the drivers and facilitators of the stigma must be combatted. By implementing weight bias education programs in both grade schools and medical schools, the fight against this stigma can begin.

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