

A HEAVY BURDEN

Obesity bias is rampant in society, even among doctors who treat people with this disease.

By Matthew R. Schulman, MD

STATISTICS PAINT A GRIM PICTURE of America's losing battle of the bulge. The Centers for Disease Control and Prevention reports that 60 percent of American adults are overweight and 30 percent are obese. This trend will continue as 30 percent of children ages 2 to 19 are now considered overweight, and 16 percent are categorized as obese.¹

The cause of obesity is complex and likely represents a combination of environmental, social and genetic forces. The health effects of obesity and its related diseases are clearly documented. What is less documented, though, are the psychological implications of this condition. These implications are difficult to measure, but undoubtedly exist.

As a group, the obese are stigmatized by society. They commonly report feeling discriminated against and misunderstood. This has short-term and long-term consequences on their psychological and social development. Many feel isolated, depressed and alone. Some even commit suicide. The negative effects are so deep-rooted, in fact, that people often struggle even after they've lost significant amounts of weight.

Some in the medical community also stigmatize obese people, including physicians,

OBESITY is a disease, and it should be treated with attention and sensitivity, as any disease would.



A Socially Acceptable Prejudice

A recent study by the Rudd Center for Food Policy and Obesity at Yale University indicates that discrimination against overweight people—particularly women—is as common as racial discrimination. The results were published in the March 4, 2008, issue of the *International Journal of Obesity*.

The study documented the prevalence of self-reported weight discrimination and compared it to the experiences of discrimination based on race and gender among a nationally representative sample of adults ages 25 to 74. The data were obtained from the National Survey of Midlife Development in the United States.

The study also revealed that women are twice as likely as men to report weight discrimination and that weight discrimination in the workplace is common. Interpersonal mistreatment due to obesity is common as well.

The researchers found that men are not at serious risk for weight bias until their BMI reaches 35 or higher, while women begin experiencing a notable increase in weight discrimination risk at a BMI level of 27.

The study's coauthor Tatiana Andreyava said weight discrimination is more prevalent than discrimination based on sexual orientation, nationality/ethnicity, physical disability and religious beliefs. Yet, it continues to remain socially acceptable.

nurses, nutritionists and psychologists who specialize in treating the problem. This cannot be. As health care providers, we have a moral, ethical and legal responsibility to act in the best interests of all of our patients, regardless of their size.

Therefore, we need to treat obese patients with the same attention and sensitivity as we would any other person with any other disease. Clinging to biases that the obese are lazy and lack self-control undermines the very role we play as doctors and healers.

Weight Discrimination

Our society places great emphasis on physical appearance, making obesity bias common. It can be said that weight discrimination is socially acceptable and remains the last accepted form of prejudice in our society. This stigma profoundly affects obese people, who often experience feelings of isolation, depression and low self-esteem.

The stigmatization of obesity begins in

childhood. In fact, children as young as 3 associate negative attributes, such as “mean,” “lazy” and “ugly,” to their obese peers. Even at a very young age, obese children recognize that they’re somehow “different” from their average-weight peers.

This stigmatization is reinforced when obese children are chosen last in gym class or not selected for school sports teams. Obese children are more likely to be the victims of teasing and bullying. References to weight are particularly hurtful to a child struggling with body image issues. Additionally, a perceived lack of attractiveness to the opposite sex is especially

out stands and shopping for clothes were always difficult situations because no one wants to help a fat person.” She goes on to explain that she didn’t think people were “intentionally mean. I just think they were uncomfortable, and so they avoided the situation.”

Obesity bias is based on an oversimplified view of obesity. The assumption is that obesity can be prevented if the person exhibits self-control. People believe obesity is a choice: a choice to overeat and a choice not to lose weight. But this is simply not true. Several medical conditions, such as hypothyroidism, polycystic ovary

motivator for weight loss. Although this may be true for some, it can perpetuate more obesity. To escape harsh comments and judging eyes, obese people avoid social situations and activities, leading to feelings of loneliness and isolation. These feelings may cause the person to look for comfort in food, resulting in continued weight gain. Many avoid exercising at the gym because it’s an uncomfortable situation.

As stated earlier, obesity bias exists among physicians, nurses, nutritionists and psychologists specializing in treating the problem. Although health care professionals wouldn’t refuse to treat obese patients,

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difficult in teenagers and can profoundly affect future relationships.

Obese adults are often perceived as being lazy and lacking self-control. This is seen in the stares from people as an obese person places an order at a local fast food restaurant, while the same order by a skinny person goes unnoticed.

Obesity bias exists in the workforce and can affect wages and decisions for employment or promotions. One study found that an obese person is less likely to be hired than a thinner applicant with equal qualifications. Even more interesting is that thin male job applicants accompanied by an overweight woman were rated more negatively than those accompanied by a woman of average weight, the study found.

Researcher Mikki Hebl says, “The stigma of obesity in our society has become so pervasive that it is no longer just the overweight who are at risk for discrimination.”² An increasing number of weight discrimination cases are appearing in the courts, but no federal law prohibits discrimination based on weight.

Feeling Invisible

Karey, whose last name was withheld at her request, knows the pain of obesity stigmatization all too well. “The worst offense was just being dismissed,” she says. “Sometimes I felt invisible. Check-

out syndrome and diabetes, can predispose people to obesity. And medications, such as corticosteroids, can increase fat deposits on the abdomen.

Obesity is also genetic. Studies have shown that identical twins living separately have similar body weights. In addition, adoptive children have body weights closely resembling that of their biologic parents—people they’ve never met. One genetic theory claims there’s a metabolic “set point” that controls the resistance to weight gain or weight loss. This theory may, in fact, have some validity. We all have friends who can eat as much as they want, yet never seem to gain weight.

Furthermore, psychiatric diseases, such as obsessive-compulsive disorder and bipolar disease, often manifest as binge eating and obesity.

The Cycle of Obesity

Some would argue that negative comments directed at the obese serve as a powerful

they may allow obesity bias to influence the doctor-patient relationship. For example, doctors may assume a condescending tone when speaking with an obese patient. Additionally, they may mistakenly label an obese patient as “noncompliant,” which may influence the treatment plan.

If a patient perceives obesity bias on the part of the physician (whether real or not), the doctor-patient relationship becomes tainted. A strong doctor-patient relationship is fundamental to quality health care. If this relationship becomes adversarial, then the care may suffer. Fearing this bias, obese people may be reluctant to seek medical care, thus preventing or delaying treatment.

Depression is also more prevalent among obese people than it is in the average-weight population. In a classic “chicken or egg” argument, it’s unclear whether depression leads to obesity or whether obesity causes depression. Regardless, the stigma of obesity undoubtedly exacerbates depression,

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no matter what the initial cause. Depressed people often engage in activities that can lead to weight gain, such as binge-eating and emotional eating.

Lastly, the excess weight can make it physically difficult to exercise. Constant back pain and fatigue may prevent obese people from engaging in weight-reducing physical activity—even if they have every intention of doing so.

Challenges after Weight Loss

Recent advances in bariatric surgery have made 100-pound weight loss common. These dramatic drops in weight significantly improve medical conditions, such as diabetes, hypertension and heart disease.³ People also experience enhanced energy, mobility, mood and self-esteem, as well as a renewed desire to engage in social activities.⁴

But this only tells part of the story. Stigmatization may lead to deep-rooted emotional pain that's difficult to overcome. Personal identity has been shaped by obesity, and successful weight loss may create challenges as the person's inner self-concept struggles to adjust to a new outer appearance.

After weight loss, people commonly receive compliments from family and friends. Although these compliments are pleasurable to most, some find it uncomfortable. Because they rarely (or never) received compliments about their physical appearance in the past, they may be unsure how to react. They need to learn the basic skill of accepting words of praise.

Some also may interpret this new attention as a reminder of how unattractive they were before the weight loss. They may become resentful of people treating them better simply because they're thin. This newfound attention from strangers further illustrates the existence of obesity stigma in society.

Typically, people are curious about someone else's weight loss. They commonly will ask questions such as, "How much weight did you lose?" or "How did you lose the weight?" Although innocent in intent, these questions may be perceived as personal and intrusive. While enthusiastic about their weight loss, some may not want to assume the role of "weight loss ambassador."

Close friendships can be challenged after successful weight loss. The newly thin person may want to participate in new activities and social situations. This may be difficult because many past activities may have centered on food. The dynamic of the social group may change now that there's no longer the "the fat one."

Friends may feel envious and become competitive in their own attempts to lose weight. Some have reported feeling "sabotaged" by close friends tempting them with food or placing them in situations revolving around food.

"My best friend, who weighed about the same as I did before I lost weight, was bothered by the attention that I got for losing weight. And because of her own feelings of inadequacy, guilt and personal demons, she no longer likes my company," says Karey.

Romance and Relationships

For most, romantic relationships tend to be strengthened after weight loss. Better health, energy and mood allow them to participate together in new activities. Improved body image and self-esteem usually leads to increased intimacy and sexual desire. Weight loss will enhance independence because improved health makes assistance from others unnecessary.

But there's a flip side to this. The relationship may suffer if the partner is uncomfortable giving up the role as "caretaker." In addition, the partner may become jealous and insecure as the thinner person becomes more attractive to the opposite sex. The fear of being left may make the partner controlling and abusive.

While sexual desire usually increases after weight loss, some people may become even more self-conscious. It's common after significant weight loss to be burdened with excess skin, making people avoid physical intimacy. Karey lost 108 pounds, yet says she "still did not want anyone to see me unclothed. The rolls of loose skin on my stomach, legs and arms left me feeling unattractive." Of course, a variety of plastic surgery procedures can remove this excess skin. But some people learn to live with this because they fear being considered "vain" for having plastic surgery.

Developing new intimate relationships

represents another challenge, as the newfound romantic interest and sexual attention from others may make them uncomfortable. Perhaps they've had little experience in the past and haven't developed the necessary skills for dating and courtship. Perhaps it's been many years since their last relationship and their skills are "rusty" and the "rules" have changed. Getting into (or back into) the dating game can cause significant anxiety and self-doubt.

People who have lost weight through bariatric surgery are subjected to additional stigmatization. Unlike those who lost weight through diet and exercise, the bariatric surgery patient is accused of taking "the easy way out." This erroneous belief stems from the failure to recognize the complex causes of obesity. It reinforces the notion of the obese as "lazy," perpetuating obesity bias.

This stigmatization has a profound effect on obese people and may lead to increased weight, depression and even suicide. The negative effects can be long-term, persisting even after the weight is lost. Until we as a society become more accepting and open-minded, obesity bias will continue to exist. We prohibit discrimination based on gender, race, age, sexual preference and ethnicity. Yet, discrimination based on weight seems to be socially acceptable.

As physicians, we must recognize that obesity is a disease and treat it with the same attention and sensitivity as we would any other disease. We also must recognize that the doctor-patient relationship is crucial. And this relationship must be built on compassion, trust and understanding. This is the best way to help obese people succeed in their efforts to achieve a healthier lifestyle. ■

REFERENCES

1. Center for Disease Control Statistics. Accessed via www.cdc.gov.
2. Hebl MR, Mannix L. The weight of obesity in evaluating others: a mere proximity effect. *Personality and Social Psychology Bulletin*. 2003; Jan(29):28-38.
3. Karlsson J, Tatt C., Ryden A, Sjostrom L., Sullivan M. Ten-year trends in health-related quality of life after surgical and conventional treatment for severe obesity: the SOS intervention study. *Int J Obes*. 2007;31(8):1248-1261.
4. Bocchieri LE, Meana M, Fisher BL. Perceived psychosocial outcomes of gastric bypass surgery: A qualitative study. *Obes Surg*. 2002;12(6): 781-788.