

Obesity Often Overstated But Hardly Understood

To the Editor:

In the November issue of *WMJ*, Dr Frey touched upon the problem of clinicians having condescending attitudes towards obese individuals.¹ However, this sociocultural aspect of obesity is often overstated but hardly understood. How can we effectively reflect upon our own biases when we are part of the society that perpetuates certain pervasive ideas about obesity and about the individuals who are categorized as being obese?

Weight stigma is an important driver of obesity because overweight individuals frequently are stereotyped as lazy, noncompliant, sloppy, undisciplined, or unintelligent.^{2,3} These negative representations have lasting mental, physical, and social consequences, which drive health disparities. Mental health consequences include depression, low self-esteem, and anxiety.⁴ These outcomes, combined with social exclusion and rejection, may induce behaviors and pathophysiological mechanisms favoring weight gain and in-

creased appetite.² Studies have shown that bias, however unintentional, from health care providers can negatively affect the quality of health care for obese individuals.^{3,4} For instance, embarrassment about being weighed, feelings of perceived disrespect from clinicians, and consequent breakdown in communication between patients and their providers create barriers to health care access and utilization.^{2,3}

Weight stigma exist beyond health care settings, such as the workplace, schools, and in mass media.² Clinicians can better examine their own attitudes and biases when they understand the pervasiveness of weight stigma in our society as well as certain societal practices and negative consequences it produces. In addition to focusing on high-risk groups, we also need to deal with the drivers of obesity at the population level. To do so, Puhl and Heuer suggest incorporating antistigma messages into obesity campaigns and coordinating policies and legislation to facilitate health-promoting behaviors and to discourage weight-based discrimination as a society.² Therefore, weight stigma should be considered in conjunction with implementing interventions that aim to prevent or improve the rising incidence of obesity. To this end, clinicians also can empower their patients by

utilizing health-focused metrics such as patients' progress in physical self-efficacy and attainment of health goals.

Stigma against obese individuals perpetuates negative health outcomes on multiple levels and can prevent patients from utilizing or accessing the care and resources that they might need.

If we can disrupt the social, economic, cultural, and structural norms that perpetuate stigma against obese individuals, we can make interventions more effective and be one step closer to preventing future generations from becoming vulnerable to the same conditions and outcomes.

—Sun Young Jeong, *Medical College of Wisconsin*

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