



New Trends
in Psychology

Obesity - Social Stigma - Depression

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Abstract: Obesity contributes to the increased incidence of diabetes, high blood pressure and heart disease. In addition, obesity can be a social stigma, as obese people are perceived as lazy and unwilling. Obesity is both a physical and a psychological disease, and a closer look will show that that psychological problems not only can foreshadow the development of obesity, but they are intrinsic to attempts to lose weight. The psychological factors that contribute to overeating include, on the one hand, a series of constraints that the person imposes on himself, and, on the other hand, the presence of disturbing emotional feelings. Discrimination against obese people extends beyond the medical practice. For example, at school, students face prejudice on the basis of extra pounds, which come from both colleagues and teachers, points out Dr. Puhl. Obesity discrimination occurs early on, studies suggest. Last but not least, there are social or economic factors that can be associated with childhood obesity. For example, a low level of education deprives the child of healthy eating habits.

Keywords: obesity; psychological; economic factors; discrimination; eating disorders; depression; food

1. Introduction

Obesity is a complex, multifactorial condition characterized by an increase in body weight due to adipose tissue. In recent decades, it has become one of the most common nutritional diseases in the world, with the magnitude of a pandemic, according to the 2011 WHO report, being considered the disease of the 21st century.

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Obesity contributes to the increased incidence of diabetes, high blood pressure and heart disease. Added to all this is the fact that obesity can be a social stigma, as obese people are perceived as lazy and unwilling. Given this, it is not surprising that millions of people spend significant amounts of money on diet and weight loss each year. Obesity involves multiple interactions between genetic, social, behavioral, metabolic, cellular and molecular factors that result in changes in energy balance.

Obesity is both a physical and a psychological illness, and on closer inspection we find that psychological problems not only can foreshadow the development of obesity, but are intrinsic to weight loss attempts.

“The etiological basis of eating disorders and obesity usually lies in a combination of psychological, environmental, genetic and biological factors. Individuals suffering from psychological disorders (e.g. depression, anxiety, or eating disorders) may have difficulty controlling their food intake, limiting themselves to adequate amounts, and maintaining a healthy weight. We notice that many people who suffer from obesity go through the next cycle: mood disorders, overeating and, as a result, weight gain. Often, on the background of high stress or anxiety, people eat more than in a situation where anxiety is reduced and it seems that in obese people any type of emotion can increase food intake (Dr. Șerban Vasile).

The psychological factors that contribute to overeating include, on the one hand, a series of constraints that the person imposes on himself, and, on the other hand, the presence of disturbing emotional feelings. Some people continue to be obese due to the moments of compulsive ingestion of food after the end of the diet. Because diet is a conscious constraint, the collapse of conscious control is one of the factors in increased calorie intake.

Overweight individuals often say they tend to eat more when they are tense or anxious. Often, because of high stress or anxiety, people eat more than when the anxiety is low. In obese people, any kind of emotion seems to increase food intake.

Although genetic factors can limit the amount of adipose tissue that we can easily lose, overweight people can lose weight by following a weight control program. For a program to be effective, it must include more than just a strict diet. In order to lose weight and not gain weight again, overweight people need to adhere to a new set of permanent eating habits (and not a temporary weight loss regime) and start an exercise program. The combination of drug treatment, exercise and psychotherapy has a much better result than done separately.

Obesity is known to cause serious health problems, but the social dimension is often ignored, which in most cases translates into discrimination and stigmatization of people struggling with extra pounds. People are often irrational and dislike homosexuals, discriminate on the basis of prejudice, or hate others who are not like them. Perhaps the most well-known forms of discrimination are those related to ethnicity, sex, race, religion or disability. However, it seems that “plump” people also face such situations in which they are the target of the prejudices of those around them. The number of people with weight problems has increased significantly in recent years, implicitly they face discrimination and stigmatization in society.

If the health risks are publicized and known, the social and emotional and mental health consequences remain hidden, less known, says Rebecca Puhl of Obesity Action at the Rudd Center for Food Policy and Obesity at Yale University.

2. The Other Side of Obesity is Stigma

Unfortunately, the number of cases of discrimination on the basis of kilograms is increasing, according to the International Journal of Obesity. As evidence, there are two surveys conducted in 1995-1996 and 2004-2006 in the United States that compared this form of discrimination to another form. After analyzing the data, the researchers found that 28% of obese men and 45% of obese women struggled with discrimination based on body weight, compared to 17% of men and 9% of women who said they were discriminated against for racial reasons.

Prejudices about obese people do not stop here, however. In another study that looked at the perceptions of 400 medical professionals, researchers found that doctors linked obesity to poor hygiene, hostility and dishonesty (Psychology Today). To these findings are added other studies that have shown that doctors associate this condition with a lack of will and love, but also with a higher dose of indulgence.

Discrimination against obese people extends beyond the medical practice. For example, at school, students face prejudice on the basis of extra pounds, which come from both colleagues and teachers, points out Dr. Puhl. Obesity discrimination occurs early on, studies suggest. For example, children as young as 3-5 years old have described their overweight classmates as mischievous, ugly, stupid, lazy, unhappy, and have few friends. Students who have weight problems thus end up facing peer rejection, harassment, but also biased attitudes from teachers, and sometimes they are less likely to enter college.

At work, obese employees are considered lazy, less competent and lack self-discipline by both co-workers and employers, adds Dr. Puhl. The value of the salary, the chances of promotion and sometimes even employment can be affected by the existence of such prejudices. Moreover, there are cases in which obese people have been suspended or even fired from the company in which they worked, even if they have demonstrated that they are competent and efficient employees. Studies have shown that if an obese person and a weaker person show up for a job interview with similar qualifications, the chances of getting a job are on the side of the weaker person. A group of high school students underwent an experiment in which participants had to write down in order how much they liked or how few pictures of other girls, Psychology Today shows. In the first instance, the photos in which obese girls appeared were among the least pleasing images. Instead, when participants were told that obese girls had problems with their thyroid gland, their pictures were as enjoyable as the others.

Unfortunately, when it comes to prejudice and discrimination against an obese person, most consider only the controllable aspects of the condition, such as dieting, exercise, and avoiding the pitfalls of high-fat foods salt, sugar and fat. In addition, obesity involves a number of uncontrollable factors, such as a medical condition that causes an imbalance in the body (for example, thyroid problems) or genetic inheritance.

One of the most important aspects of the lifestyle change and returning to a normal weight is just supporting the motivation and raising the morale of the person in question.

3. Psychological Factors that Influence Childhood Obesity

Of all the psychological factors that can influence childhood obesity, stress is the strongest, but unfortunately it is the last one considered by parents in such cases. In addition to stress, depression and boredom are other psychological factors that can cause children to overeat.

The inability of the little ones to cope with strong emotions, especially negative ones - fear, anger, fear, etc. - can cause them to eat emotionally and risk becoming overweight and later obese. It is very important that such emotions are not “fed” with food, and that children are helped to find appropriate solutions to understand, recognize, and ultimately overcome them.

4. Socio-economic Factors

Last but not least, there are social or economic factors that can be associated with childhood obesity. For example, a low level of education deprives the child of healthy eating habits.

A precarious financial situation of the family affects the quality of the food that is offered to the child (cheap foods - intensely industrially processed, canned, etc. - have a low content of nutrients essential for growth and development).

5. Depression and Obesity

Although it is clear that not all people affected by obesity will develop depression and, on the other hand, not all depressed individuals will become affected by obesity, the relationship between the two conditions has become indisputable, as studies have shown and recent research. The Leiden University Medical Center in the Netherlands has conducted a study on the relationship between the two conditions, led by Dr. Floriana S. Luppino. These are a number of 15 studies that have shown that the presence of obesity increases by about 55% the risk of depression in mentally balanced people, and the development of depression entails the risk of a person of normal weight becoming obese, the risk being 58%.

Other studies and research have shown that 1 in 4 cases of obesity is associated with anxiety disorders. It was also pointed out that obesity seems to cause more than just forms of depression, being real cases of clinical depression, and one of the triggers is obesity.

Dr. Luppino pointed out that obesity causes patients great dissatisfaction with their own body, as well as a sharp drop in self-esteem, especially in western areas where thin bodies are seen as models of perfection. Therefore, one of the most common theses regarding the link between obesity and depression is that overweight is viewed in a negative way by the present society, which will lead to its internalization by the affected individual and then, unfortunately, to deep feelings of self-rejection. A negative body image is closely linked to depression and a much less healthy life. Regarding the initial presence of depression, it can lead to the development of obesity because antidepressants have extremely many side effects that will usually interact with the endocrine system. Moreover, depression can cause obesity due to the fact that it often triggers an increase in appetite, drowsiness or various sleep

disorders. It is also very unlikely that people with depression will be able to find the energy they need to exercise, and will easily fall into the trap of extreme sedentary lifestyle. Both obesity and depression are very important health issues that are significantly affected. The experts who participated in the studies whose results were presented above state that, in order to avoid or solve the problems, a much better collaboration is needed between the experts in both fields. This implies the need for better monitoring of the weight of depressed patients, but also of the mental state of people affected by obesity.

6. Conclusions

According to Eva Shelhub, the brain is always in the “on” position. He takes care of his thoughts, his movements, his breathing, his heartbeat, his senses, he works hard 24 hours a day. That means a supply of quality fuel. For this reason, what we consume directly affects the structure and function of the brain and ultimately our mood. As an expensive car, the brain works best when it only receives premium fuel. Quality food nourishes the brain and protects it from oxidative stress. Studies have found correlations between a high-sugar diet, poor quality food and impaired brain function and even worsening mental disorders (depression). For many years, medicine has not made a connection between mood and nutrition. Today, however, nutritional psychology shows that there is a close connection between food and mood. Both the psychologist and the nutritionist can help to find the balance to achieve well-being.



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