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THE EXPERIENCE OF STIGMA AND SHAME ASSOCIATED WITH THE OBESE BODY WHEN UNDERGOING WEIGHT LOSS SURGERY: A THEORETICAL DISCUSSION OF THE LITERATURE

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ABSTRACT

Stigma and shame experienced with the obese body cannot be overlooked when taking into accountthe biopsychosocial factors at work when undergoing weight loss surgery. Society has a tendency to classify people into what it considers to be 'normal' or 'abnormal'. The academic literature indicates that, due to the related health implications, Western cultures, including medical and healthcare professionals, have adopted thepositionthat fat is bad to the point that such beliefs might be considered an accepted form of bias. The present paper therefore deliberates the theoretical literature on this matter and the implications this has for both policy and practice.

Keywords: Stigma; shame; obese body; weight loss surgery; theoretical discussion

INTRODUCTION

The impact of stigma cannot be ignored when considering the interacting biological, psychological and social systems at play when undergoing weight loss surgery. Certainly, seminal thinking (Goffman, 1963) explains how society establishes a way of categorizing people into *normal* and *abnormal*, whilst defining stigma as a deeply discrediting attribute that involves feelings of shame. Within Western societies, the aesthetic ideal of thinness, against which the obese body is compared, forms a pervasive discourse (Puhl and Brownell, 2003). Some have suggested that, because of reported health implications, as a society, we have internalized the belief that fat is bad to such an extent that fat prejudice is not regarded as a discrimination or a societal construct with expressions of such attitudes often appearing to be an accepted form of prejudice (Reader, 2014; Wu and Zhang, 2021). Given the apparent embeddedness of fat prejudice, it is perhaps, whilst concerning, still unsurprising that such views have been reported by both medical (Epstein and Ogden, 2001; Ulrey, 2023) and allied healthcare professionals (Davis-Coelho, Walt and Davis Coelho, 2000).

THEORETICAL REVIEW

Whilst the experience of stigma and shame associated with the obese body have been suggested as motivating factors in undergoing weight loss surgery as a means of liberating the person from these experiences as well as in maintaining commitment to behavioural changes postoperatively (Groven, Råheim and Engelsrud, 2010; Ogden and Clementi, 2010), others have suggested that

such motivations can result in unrealistic expectations of hoped for changes in physical and mental health (Homer, et al, 2016). Moreover, there exists a growing body of literature exploring the impact of stigma on postoperative adjustment (Ogden and Clementi, 2010; Raves, et al, 2016; Zhang, et al., 2022). This research indicates a particularly detrimental impact on behaviours which individuals are either required to restrict or implement postoperatively, including emotional eating (Benson-Davis et al, 2013), increased physical exercise (Warholm, et al, 2014) and dietary restrictions (Raves, et al, 2016; Ayaz-Alkaya, 2022).

Furthermore, weight-related stigma has been experienced from several sources including healthcare professionals outside of the weight loss field as contributing to dietary non-adherence following surgery (Raves, et al., 2016). To illustrate, Raves, et al (2016) identified several factors that correlated with non-compliance with dietetic recommendations including internalised weight related stigma, gender and time since surgery. Whilst there are several limitations attached to this study, including the use of a cross-sectional design and self-reported dietary measures, the findings do pinpoint some of the complex ways in which internalized stigma and experiences of generalized weight-related stigma that have been established over time can continue to impact the individual even after significant weight loss. It would seem, therefore, that whilst weight loss surgery offers the individual the hope of liberation from a stigmatized body, the decision to undergo weight loss surgery can result in discrimination akin to that experienced by individuals who are obese.

In one research study (Vartanian and Fardouly, 2013), for example, participants were shown an image of a *lean* man or woman and asked to rate their impressions on several characteristics before informing them that the person had either lost weight through dieting or weight loss surgery. After learning that the person had lost weight following surgery, participants rated the individual more negatively, viewing the person as being lazier, less competent and sociable, less attractive, and having less healthy eating habits than those who had lost weight through dieting. This apparent shift in perspective aligns with Throsby's (2008) observation that weight loss achieved through surgery can be regarded as cheating, with the person's decision regarded as taking the easy-option or a short-cut, which is seen as conveying an unwillingness to adopt socially sanctioned methods of diet and exercise.

Based on this evidence, the obese body could be regarded as representing a site within which pathology and stigma unite (Moss, 1992; Westbury, et al., 2023), with some questioning whether the current medicalization of obesity means that weight loss surgery could become a tool for the "*politicization of body size*" (Hofmann, 2010, p. 6) that reflects an acceptance of the society's moral disdain for obesity. Hofmann (2010) goes on to question whether weight loss surgery can be regarded as a "*conversion of an emotional, mental, or psychological problem to a physical one*" (p. 6). This view has since received support through evidence from qualitative research on how participants report their mind being neglected (Ogden, et al, 2011) and how surgery "*...just feels like the whole operation was a physical cure for a mental problem and of course it doesn't actually affect a cure*" (Jones, et al, 2016, p. 255).

Indeed, the need for an individual to let go of their previous eating habits and lifestyles to replace these with healthier ones has been suggested as representing more of a moral obligation than an option an individual chooses (Groven, et al, 2013). As a result, weight loss surgery has been suggested as being somewhat different to other surgical practices through its modification of healthy organs (Hoffman, 2010). Surgery does not represent a cure, per se, but instead offers

symptom relief from a condition often associated with significant levels of prejudice (Cadena-Obando, et al., 2022). Given that weight-related stigma does not appear to reduce in line with weight lost, and the decision to undergo weight loss surgery bears its own form of stigma, weight related stigma represents a deeply embodied and enduring experience for the person who chooses to undergo weight loss surgery.

Whilst the research discussed thus far addresses some ways in which weight loss surgery exists both as a medical/biological phenomenon as well as being imbued with social meaning, studies attempting to predict outcomes fail to offer any understanding of the experience of living with weight loss surgery in any depth. Another feature of this line of research has also been the emphasis on rating success or failure based on the amount of weight lost and whether this has been maintained. Within this perspective is the implicit assumption that the amount of weight lost and maintained reflects both the persons level of compliance with recommended lifestyle changes and that weight loss leads to a positive outcome. Instead, a move from research emanating from a nature of knowledge to one of understanding practices which seek to understand how the "*social and the natural are enacted in practice and how these come to constitute reality*" (Parros, 2006: p. 154) has led to the increased use of qualitative approaches in research to better understand individuals' experiences of stigma and shame linked to obesity and weight loss surgery.

Certainly, studies that have explored the ways in which people experience their shame associated with undergoing weight loss surgery could inform attempts to apprise healthcare professionals who are involved in providing support postoperatively. A study investigating negative self-evaluations following weight loss surgery was carried out by Alegria and Larson (2014) who found that participants experience various forms of negative self-evaluation relating to distortions and dissatisfaction with body-image, distress regarding excess skin, and perceived stigma. Adopting schema theory to inform their analysis, which regards identity (self-schema) as representing the integration of the views one holds of oneself (such as those that the person regards as being their most relevant characteristics, values or traits, Fiske and Taylor, 1991), the authors describe participants as experiencing a discrepant self-image following surgery reflecting an incongruence between their perceived self and the objective reality of a smaller self. Within this discrepancy, several significant experiential features are described including body-image distortions, in which participants continued to regard themselves as large despite significant weight loss, dissatisfaction with their postoperative body image and perceived obesity-related stigma, which continued to limit the extent to which participants felt able to integrate into social situations.

This referred to discrepancy highlights the complex psychological impact of undergoing such significant physical changes following surgery and the need for such discrepancies to be openly addressed within postoperative follow-up. However, a notable limitation of this study was its exclusive focus on women who had undergone surgery. Whilst the authors state their rationale due to weight-related discrimination being more prevalent among women, than men, some studies that have exclusively explored the experiences of men reported how their participants had experienced not only being bullied but also socially emasculated prior to surgery (Groven, et al, 2015). This resulted from men lacking the capabilities and resources required to maintain a hegemonic masculinity (a physique often defined by healthy, well-functioning and muscular body that is capable of completing tasks and fulfilling normative roles such as father, worker and mate). Likewise, whilst statistics do support that more women than men have weight loss

surgery, the number of men undergoing this surgery has increased overtime (Dugan, et al., 2020) and therefore it is important to recognise ways in which men make sense of the physical changes associated with weight loss.

Additionally, considering responsibility surrounding weight loss and gain, Throsby (2012) highlighted the ambiguity of weight loss surgery not only as an intervention to address excess weight, but as a procedure that can be experienced by the individual as a form of excess consumption in its own right; where the shame of failure is seen less in terms of the impact on the person and more from the point of view of wasting public time and money. Viewed in this way, the experience of regaining weight postoperatively not only represents a distressing experience for the person who might feel surgery represented a second chance at life (Boccieri, et al, 2002) but one that is imbued with social and cultural meaning through both implicit and explicit practices.

Despite the encouraging use of different approaches being employed in the literature to understand the postoperative experience following weight loss surgery, there are a number of issues that warrant further consideration. Firstly, whilst the rationale for studies focusing exclusively on women's experiences is understandable given the prevalence of weight-related stigma for women, the experience of men undergoing surgery has been somewhat neglected. Secondly, given the prevalence of stigma reported within the studies, there is also a notable absence of consideration of the ways in which the research interview is experienced by participants, or of any acknowledgment of researcher factors and the ways in which these might influence the data collection and analysis (Brown and Gould, 2013). Finally, it remains imperative that future research of this nature acknowledges the existence of powerful stigmatizing discourses surrounding obesity (Puhl and Brownell, 2003; Hooper, et al, 2011) as there exists the potential for participants to experience the research as either pathologizing, stigmatizing, or with feelings of guilt and shame regarding their decision to undergo surgery. As Murray and Holmes (2014) go on to express, "*the scene of the research interview might itself act as an interpretative correlate or metaphor for the event that was originally experienced as individual*" (p.25).

Considering these limitations, it can be argued that rather than seeking to provide causal explanations of the experiences reported by participants, research seeking to enhance our knowledge and understanding should explore the lived realities as they are experienced whilst all the time maintaining an awareness of the social, political, biological, psychological factors impacting the individual.

IMPLICATIONS FOR POLICY AND PRACTICE

The experience of regaining weight following weight loss surgery not only represents a distressing experience for the client, but one that is imbued with social and cultural meaning through both implicit and explicit practices. Outcomes from this review of the available literature encourage clinicians to consider weight-related stigma for men as well as women undergoing surgery. Moreover, given the prevalence of stigma reported within the reviewed studies, there is also a notable absence of consideration of the ways in which exchanges with clients are experienced. Healthcare professionals who work with clients who are overweight should actively endeavour to acknowledge the existence of powerful stigmatising discourses surrounding obesity as there exists the potential for clients to experience feelings of guilt and shame regarding their decision to undergo surgery.

CONCLUSION

Overall, the research that has investigated individuals' experiences of shame and stigma surrounding weight loss surgery has reported feelings of inferiority (Forsberg, et al, 2013), limitations on physical mobility (Warholm, et al, 2014), and stigmatization of the obese body (Steptoe and Frank, 2023). Considered within the context of these highly stigmatizing circumstances and the widely reported view of surgery as representing a re-birth date (Throsby, 2008), the perception could be regarded as an intentional mindset rather than a misconception that is modifiable during, or after, the surgical phase. Adopting Merleau-Ponty's notion of the corporeal schema, which is described as representing "*an open system of an infinite number of equivalent positions*" (Keat, 1982), it is palpable that an individuals' experiences of how their embodied and culturally mediated experience of their larger (habitual) body could mean that they continue to view the world as stigmatizing, despite their bodies being smaller. Future research, therefore, may wish to consider the extent and nature in which patients can re-evaluate their understanding of self, others, and the society they live in, after weight loss surgery.

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Mindful that our identities can influence our approach to science, the authors wish to provide the reader with information about our backgrounds. With respect to gender, when the manuscript was drafted, one author self-identified as a woman and one author as a man. With respect to race, both authors self-identified as white.

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