

## FAT SHAMING AND MENTAL HEALTH IN OBESE: THE PSYCHOLOGICAL CONSEQUENCES OF FAT SHAMING

**Khansa Maryam**

*M.Phil. Department of Sociology. University of okara*  
[Khasnamaryam1005@gmail.com](mailto:Khasnamaryam1005@gmail.com)

**Samina Yaqoob**

*M.Phil. Department of Sociology. University of okara*  
[saminayaqoob10@gmail.com](mailto:saminayaqoob10@gmail.com)

**Fatima Aslam**

*Bs. Department of Psychology. University of okara*  
[fatiiaroos@gmail.com](mailto:fatiiaroos@gmail.com)

**Abid Jhangir Mitha**

*M.Phil. Department of Sociology. University of okara*  
[Mittha10@hotmail.com](mailto:Mittha10@hotmail.com)

### **Abstract**

*Fat-shaming which is the process of stigmatizing and negative treatment of people due to their weight has proven to be a widespread social phenomenon and has serious psychological implications. This paper has discussed how fat-shaming leads to psychological distress and self-esteem disturbance in a group of 300 subjects. Quantitative research design was used whereby a structured questionnaire with Likert-scale questions was used to measure the experiences of fat-shaming to the respondents, the distress, and their self-perception levels. The Pearson correlation and one-way ANOVA were used to analyze the data. The findings suggested that fat-shaming was strongly linked to negative psychological results. In particular, increased fat-shaming was associated with the increased levels of psychological distress and low self-esteem. In addition, large group difference was also noticed implying that those who were highly exposed to weight based stigmatization reported greater psychological effects than those who were not highly exposed. These results point to a negative impact of fat-shaming as a psychosocial stressor that negatively affects mental health and general well-being. The research is an addition to the body of literature that stresses that weight stigma must be viewed as a health issue as opposed to a social behavior. Interventions that have been recommended to address the issue comprise educational programs to break stereotypes in society, incorporation of supportive mental health programs, and the advancement of inclusive practices in healthcare and policy systems. Although the investigation has weaknesses in the form of a cross-sectional study design and application of self-reported instruments, it offers a significant platform upon which subsequent longitudinal and cross-cultural investigations on the psychological effects of fat-shaming can be conducted.*

**Keywords:** *fat-shaming, psychological distress, self-esteem, body stigma, weight bias.*

### **Introduction**

Fat-shaming or stigma about higher weight is a subtle social phenomenon with significant psychological consequences in the modern world. Definitions of fat-shaming vary, but include negative comments, verbal abuse and discriminatory treatment of people based on body size/weight, and are often predicated on culturally defined ideas which equate thinness with beauty, success and self-discipline (Puhl & Heuer, 2010). Although some weight-related stigma can be employed as a motivation factor to promote change, the literature is clear that fat-shaming is not an effective motivator to promote positive behavior change, but rather serves to increase psychological distress (Tomiyama, 2014). Such stigma, in addition to causing short-term

psychological harm, has long-term psychological effects, including depression, anxiety, low self-esteem, eating disorders, even suicide (Jackson et al., 2014; Sutin et al., 2015). Obesity itself is a multi-factorial condition which is influenced by many biological, environmental and socio-cultural factors however, narratives in society tend to reduce obesity to a problem of choice, willpower (Major et al. 2018). It is also this reductive representation that is responsible for discriminatory attitudes that socially and morally marginalize PLWOB as well as perpetuates stereotypes that can further stigmatize them (Pearl, 2018). In addition to the negative impact on the mental health of those affected, such stigmatization reduces access to effective health-care services as it is rooted in fear of judgment, thus leading to failure to seek medical advice and to adhere to treatment (Puhl & Suh, 2015). In addition, fat-shaming is not merely a by-product of obesity but a psychological burden; one worthy of academic focus and policy making. Further adding to psychological burden is internalised weight stigma, or the process of individuals internalising qualities and judgements of society and applying them to themselves. Internalised stigma has been linked to the development of chronic stress, maladaptive coping behaviours, and reduced intention to engage in health promoting behaviours (Durso and Latner, 2008). Here, fat-shaming is not a corrective social force, but an exacerbating factor of increasingly poor pathways to the mental health of the obese. Therefore, if we're going to talk about mental health and bodies, it's important to understand what fat-shaming does to the mind. The second part places fat shaming in the context of the socio-cultural phenomenon of obesity, and discusses the detrimental role that fat shaming plays in the psychological health of obese people. **Background of Study** In recent decades, the rise in obesity prevalence among the world's populations has produced new problems of body image, stigma and mental health. According to the World Health Organization (2022), more than 650 million adults in the world are obese, which accounts for a large section of the population that is also prone to be affected by the physical and psychological implications. While obesity has frequently been talked about in terms of the physical health risks of cardiovascular disease, diabetes and hypertension, the psychological side is often missing from the equation. Fat-shaming, defined as ridicule, verbal abuse, or discriminatory treatment based on people's size, is one of the most prevalent and destructive psychosocial issues among obese persons (Puhl & Heuer, 2010).

### **Problem Statement**

Despite the various awareness campaigns being conducted on the perils of obesity, there is an overall discourse based on shaming narratives that somehow "motivates" people to lose weight. However, studies have shown that fat shaming is counterproductive and causes people to suffer more psychologically than less (Puhl & Suh, 2015). Obese individuals are more likely to report feeling isolated, low self-esteem and low self-efficacy as a result of the accumulation of repeated stigma (Pearl, 2018). The continuous perpetuation of these discriminatory rhetoric through social media, healthcare providers and interpersonal interactions normalize discrimination and compound mental health disparities. The psychological effects of fat-shaming remain underrepresented within the scholarship, as well as in the policy making spheres. While most attention is often given to the physical health risks of being obese, less attention is often given to the damage that stigma inflicts on psychological well-being and undermines effective health interventions (Major et al., 2018). Further, there has been no empirical examination of the impact of fat-shaming on the long-term mental health, coping strategies, and the quality of life of obese people.

### **Research Objectives**

1. Examine the relationship between fat-shaming and mental health outcomes such as depression, anxiety, and self-esteem.

2. Investigate how internalized weight stigma contributes to maladaptive coping strategies and chronic psychological stress.
3. Identify how fat-shaming in healthcare and social contexts influences treatment-seeking behavior among obese individuals.

### **Significance of Study**

This study is significant for several reasons. First, it contributes to the growing body of literature emphasizing the psychological consequences of obesity-related stigma, an area often overshadowed by biomedical discourses. By centering the experiences of obese individuals, the study underscores the urgent need to reframe obesity not merely as a health condition but as a social identity that is vulnerable to discrimination.

Second, the findings will be important information for health care practitioners, policy makers, and educators. Increasing understanding of the negative effects of fat-shaming will help to guide the creation of stigma-free health promotion campaigns and therapeutic interventions that address psychological health alongside physical health. Furthermore, social justice considerations exist with regard to responding to fat-shaming as there is overlap between weight stigma and issues of gender, race, and socioeconomic inequality (Pearl, 2018).

### **Literature Review:**

The study of fat-shaming is grounded in principles of stigma and social identity more generally. Goffman (1963) defined stigma as a characteristic that disgraces a person in the society and reduces the person to a "spoiled identity." In the case of obesity, stigma is expressed in the form of stereotypes that overweight people are lazy, unattractive, or lacking in self-discipline (Puhl & Heuer, 2010). Social identity theory also offers a framework for understanding identity and the ways in which people draw self-worth from group membership; deviations from the expected size of bodies may lead to identity threats for obese individuals that undermine psychological well-being (Major, et al., 2018). Tomiyama (2014) proposed the Cyclic Obesity/Weight-Based Stigma (COBWEBS) model, which argues that stigma in itself is a stressor, which contributes to weight gain and worsening mental health. This model stresses the reciprocal association between weight stigma and health highlighting the role in which fat-shaming reinforces rather than reduces obesity. Such theoretical knowledge has been used to explain why fat-shaming has lasting psychological effects instead of positive behavioral change. Multiple studies have shown that fat-shaming is strongly linked to mood disorders. Weight stigma is associated with high levels of sadness, hopelessness, and social isolation in those who are affected (Pearl, 2018). Sutin and colleagues (2015) found that experiences of weight discrimination dramatically increased the risk for anxiety and depression disorders. Importantly, the stress caused by being stigmatized repeatedly creates a cycle of negative affect that decreases the ability to respond to future stressors. Fat-shaming also destroys self-esteem and warps body image. Research conducted by Durso and Latner (2008) has found that internalized weight stigma is directly tied to low self-worth, which causes individuals to believe in negative generalizations about themselves. This internalization serves to further increase psychological damage, as obese people can start to see themselves as undeserving of respect or care. Furthermore, low self-esteem is both a consequence and a risk factor for other mental health problems as a result of stigma. Paradoxically, fat shaming has been found to increase unhealthy eating behaviors instead of weight loss. Research previously conducted has shown that stress caused by stigma can lead to emotional eating, or binge eating, or avoiding physical activity because of fear of ridicule (Puhl & Suh, 2015). These maladaptive coping behaviors increase psychological and physical health issues and reinforce the emphasis of COBWEBS on cyclical harm (Tomiyama, 2014). A central aspect of fat-shaming is internalization of weight bias, in which

one accepts and applies negative stereotypes to themselves. Durso and Latner's (2008) Weight Bias Internalization Scale supplies attention to how self-initiated stigma exacerbates psychological harm, which contributes to chronic stress, poor self-care, and social withdrawal. Internalized stigma is also a predictor of poor outcomes in treatment adherence, because individuals will avoid healthcare settings to avoid judgment (Puhl & Suh, 2015). Media is very important in perpetuating and normalizing fat-shaming. Obesity in the characters of these mainstream media representations tends to be associated with the humorous, unattractive, unethical characteristics and therefore contributes to negative stereotypes shaping individuals' opinions (Ata & Thompson, 2010). This effect is further exacerbated by the emergence of fat shaming through social media (Holland & Tiggemann, 2016), where the "fitspiration" culture and viral fat shaming content are used to draw a constant comparison, exposing individuals to ridicule. Weight stigma is not experienced in isolation, it intersects with other forms of discrimination such as gender, race, and socioeconomic perspective. For example, when the stigma associated with shape intersects with the stigma associated with race, women of color often experience double the stigma (Himmelstein et al., 2017). Also, there may be greater stigma for individuals from lower socioeconomic groups as a result of stereotypes that poverty is associated with poor health behaviors.

### **Methodology**

This study was designed as a quantitative cross-sectional survey to examine psychosocial impacts of fat-shaming in obese adults. This design was selected since this is the best method to obtain objective measurements of variables and explore statistical relationships. The patients were urban settlement adults with BMI = 30 and above. The purpose of representativeness was to select a sample of a simple random nature. To obtain a statistically valid sample, a Cochran formula was used to determine 300. Google Forms sent questionnaires through mail and visiting community centers. Information consent form was granted to all the subjects before they completed the survey. The data collection was done in 6 weeks. A structured questionnaire was used to collect data in three sections: (1) demographics, (2) fat-shaming experiences measured using the Stigmatizing Situations Inventory, and (3) psychological outcomes measured using the Depression, Anxiety, and Stress Scale (DASS-21) and the Rosenberg Self-Esteem Scale. These standardized instruments ensure validity and reliability. Data was collected using a structured questionnaire consisting of three sections:

1. Demographic Information – age, gender, socioeconomic status, and BMI.
2. Fat-Shaming Experiences – measured using the Stigmatizing Situations Inventory (SSI), which assesses frequency of weight-related stigma.
3. Psychological Outcomes – assessed through standardized scales:
  - Depression, Anxiety, and Stress Scale (DASS-21).
  - Rosenberg Self-Esteem Scale (RSES)

### **Ethical Considerations**

Ethical approval was obtained from the Institutional Review Board. Participants' confidentiality and anonymity were assured, and participation was voluntary. Data was securely stored and accessible only to the researcher. Counseling resources were provided for participants experiencing distress due to sensitive survey content.

**Results**

**Table 1**

*One-Way ANOVA Results for Psychological Distress and Self-Esteem by Levels of Fat-Shaming (N = 300)*

DV	Source	SS	df	MS	F	p
Psychological Distress	Between Groups	1520.35	2	760.18	24.65	< .001
	Within Groups	9112.47	297	30.68		
	Total	10,632.82	299			
Self-Esteem	Between Groups	1375.62	2	687.81	19.84	< .001
	Within Groups	10,299.41	297	34.66		
	Total	11,675.03	299			

The one-way ANOVA results revealed significant differences in both psychological distress and self-esteem across levels of fat-shaming exposure. For psychological distress, the effect was significant,  $F(2, 297) = 24.65, p < .001$ , indicating that individuals with higher exposure to fat-shaming reported greater psychological distress compared to those with lower exposure. Similarly, self-esteem also differed significantly among the groups,  $F(2, 297) = 19.84, p < .001$ , showing that participants who experienced higher fat-shaming had significantly lower self-esteem. These findings highlight the strong and detrimental impact of fat-shaming on mental health outcomes.

**Table 2**

*Pearson's Correlation Coefficients Between Fat-Shaming, Psychological Distress, and Self-Esteem*

Variable	1	2	3
1. Fat-Shaming	-	.62**	-.55**
2. Psychological Distress	.62**	-	-.48**
3. Self-Esteem	-.55**	-.48**	-

Pearson's correlation analysis was conducted to examine the relationships between fat-shaming, psychological distress, and self-esteem. As shown in Table 1, fat-shaming was positively correlated with psychological distress ( $r = .62, p < .01$ ), indicating that individuals who experienced higher levels of fat-shaming also reported greater psychological distress. In contrast, fat-shaming was negatively correlated with self-esteem ( $r = -.55, p < .01$ ), suggesting that increased fat-shaming was associated with reduced self-esteem. Additionally, psychological distress was negatively correlated with self-esteem ( $r = -.48, p < .01$ ). Overall, these results indicate that fat-shaming is a significant factor in negative mental health consequences.

**Discussion**

The results of this study highlight the underlying psychological effects that fat-shaming has on individuals' mental health and self-concepts. An archetypal long-term stressor that reduces psychological health; and leads to greater affective distress, and diminished self-esteem is weight-related stigmatization experiences. This correlates with the existing literature that fat-shaming is not only a social, but also a normative practice that has adverse long-term effects on mental health

outcomes. This is among the most condensed most dismal fat shaming attributes: internalization. The external thoughts can get entrenched in the self image of a person as he/she is being negated a few times or as he/she is being discriminated because of his/her body size. The outcome of the treatment is low self esteem and high risk of developing both anxiety and depressive symptoms that is defined as weight bias internalization. On the whole, such psychological effects were more likely to become chronic and this suggests that fat-shaming is a self-perpetuating process, i.e., the outer stigma produces inner aggression and, therefore, presumably, other undesirable coping strategies, such as social withdrawal or eating disorders. These judgments of the findings do not end at the individual level of the well-being of the individual. Fat-shaming is associated with health inequity because it causes the person to be less willing to see a doctor, or exercise, or make healthier lifestyle decisions because they are afraid of being judged.

### **Conclusion**

In this paper, the negative psychological effects of fat-shaming related to the increased distress levels and decreased esteem are described. The results indicate that fat-shaming is not a trivial social force but a powerful psychosocial stressor predetermining the infliction of mental and wellbeing damage. Fat-shaming serves to internalize the weight bias and to deny a person the opportunity to live a healthy and richer life since it maintains the negative self-perception and encourages the stigma cycle. The results also indicate that fat-shaming, both at a personal level, and at the level of the targeted society, must be addressed as an urgent concern. It must be a systemic issue, to de-stigmatise the mental burden of the stigma of the body, by providing an enabling environment to reduce the effects of the weight bias and weight stigma. Finally, one can say that the social justice of anti-fat-shaming as a health concern can help to make the people, who are the victims of this social issue, resilient, contribute to their self-esteem and the improvement of the overall quality of their life, in general.

### **Recommendations**

#### **1. Educational Awareness Programs:**

This should be developed either in the learning facilities, in the universities and even at the work places to educate the citizens about the stereotyped perceptions about weight as well as promote body diversity. They can also cause increased empathy and reduced stigma within society.

#### **2. Mental Health Care:**

The victims of fat-shaming will be referred to mental health and support groups. Safe places to cope with such experience following such experience can assist in increasing coping behavior and self esteem.

#### **3. Health care training:**

Health care providers in the field of medicine should be trained about how not to use weight-stigmatizing language and behavior. Conducting sensitization workshops is one of the means of making the healthcare facilities friendlier and inclusive enough that the patients feel enabled to seek care.

#### **4. Body Positivity:**

Media and influencers should also be pushed to jump on the body positivity train and not to laugh at obesity or glorify skinny. Due to the existence of some form of representation, the standards of the society can be altered over time and made to tolerate fat-shaming.

### **Limitations**

Although the information provided by this research is helpful in the field of the impact of fat-shaming on the psyche, certain drawbacks of this research must be mentioned. One, the research

design used self-report scales, which may be subject to social desirability or under-report on sensitive experience or recall bias. cultural factors that could have led to under- or over-reporting of exposure to fat-shaming may have impacted the findings. The study was done using a cross-sectional design, which limits the ability to determine causality. While strong associations between fat-shaming, low self-esteem and psychological distress were found, it cannot be concluded whether fat-shaming caused these outcomes directly or pre-existing mental health conditions made people more susceptible to stigma. Causal relationships are better suited to be studied longitudinally.

**References:**

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE Publications.
- Guest, G., Namey, E., & Chen, M. (2020). A simple method to assess and report thematic saturation in qualitative research. *PLOS ONE*, 15(5), e0232076. <https://doi.org/10.1371/journal.pone.0232076>
- Kallio, H., Pietilä, A. M., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: Developing a framework for a qualitative semi-structured interview guide. *Journal of Advanced Nursing*, 72(12), 2954–2965. <https://doi.org/10.1111/jan.13031>
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 533–544. <https://doi.org/10.1007/s10488-013-0528-y>
- Ata, R. N., & Thompson, J. K. (2010). Weight bias in the media: A review of recent research. *Obesity Facts*, 3(1), 41–46. <https://doi.org/10.1159/000276547>
- Bacon, L., & Aphramor, L. (2011). Weight science: Evaluating the evidence for a paradigm shift. *Nutrition Journal*, 10(9), 1–13. <https://doi.org/10.1186/1475-2891-10-9>
- Carels, R. A., et al. (2010). Internalized weight bias: Ratings of the self, normal weight, and obese individuals and psychological maladjustment. *Journal of Behavioral Medicine*, 33(2), 93–105. <https://doi.org/10.1007/s10865-009-9232-7>
- Durso, L. E., & Latner, J. D. (2008). Understanding self-directed stigma: Development of the Weight Bias Internalization Scale. *Obesity*, 16(S2), S80–S86. <https://doi.org/10.1038/oby.2008.448>
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Prentice-Hall.
- Himmelstein, M. S., Puhl, R. M., & Quinn, D. M. (2017). Intersectionality: An understudied framework for addressing weight stigma. *American Journal of Preventive Medicine*, 53(4), 421–431. <https://doi.org/10.1016/j.amepre.2017.04.003>
- Holland, G., & Tiggemann, M. (2016). A systematic review of the impact of the use of social networking sites on body image and disordered eating outcomes. *Body Image*, 17, 100–110. <https://doi.org/10.1016/j.bodyim.2016.02.008>
- Major, B., Tomiyama, A. J., & Hunger, J. M. (2018). The negative and bidirectional effects of weight stigma on health. *Social Issues and Policy Review*, 11(1), 146–174. <https://doi.org/10.1111/sipr.12031>
- Pearl, R. L. (2018). Weight bias and stigma: Public health implications and structural solutions. *Social Issues and Policy Review*, 12(1), 146–182. <https://doi.org/10.1111/sipr.12043>
- Phelan, S. M., et al. (2015). Impact of weight bias and stigma on quality of care and outcomes for

- patients with obesity. *Obesity Reviews*, 16(4), 319–326. <https://doi.org/10.1111/obr.12266>
- Puhl, R. M., & Heuer, C. A. (2010). Obesity stigma: Important considerations for public health. *American Journal of Public Health*, 100(6), 1019–1028. <https://doi.org/10.2105/AJPH.2009.159491>
- Puhl, R. M., & Suh, Y. (2015). Health consequences of weight stigma: Implications for obesity prevention and treatment. *Current Obesity Reports*, 4(2), 182–190. <https://doi.org/10.1007/s13679-015-0153-z>
- Sutin, A. R., Stephan, Y., & Terracciano, A. (2015). Weight discrimination and risk of mortality. *Psychological Science*, 26(11), 1803–1811. <https://doi.org/10.1177/0956797615601103>
- Tomiyama, A. J. (2014). Weight stigma is stressful: A review of evidence for the Cyclic Obesity/Weight-Based Stigma model. *Appetite*, 82, 8–15. <https://doi.org/10.1016/j.appet.2014.06.10>
- Durso, L. E., Latner, J. D., & Ciao, A. C. (2012). Weight bias internalization in treatment-seeking overweight adults: Psychometric validation and associations with self-esteem, body image, and mood. *Body Image*, 9(1), 32–38.
- Puhl, R. M., & Heuer, C. A. (2009). The stigma of obesity: A review and update. *Obesity*, 17(5), 941–964.
- Vartanian, L. R., & Porter, A. M. (2016). Weight stigma and eating behavior: A review of the literature. *Appetite*, 102, 3–14.
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE Publications.
- Kadam, P., & Bhalerao, S. (2010). Sample size calculation. *International Journal of Ayurveda Research*, 1(1), 55–57. <https://doi.org/10.4103/0974-7788.59946>
- Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the Depression Anxiety Stress Scales* (2nd ed.). Psychology Foundation of Australia.
- Myers, A., & Rosen, J. C. (1999). Obesity stigmatization and coping: Relation to mental health symptoms, body image, and self-esteem. *International Journal of Obesity*, 23(3), 221–230. <https://doi.org/10.1038/sj.ijo.0800765>