



**Linfield
University**



THE INTERSECTION OF WEIGHT STIGMA TRAUMA AND PUBLIC HEALTH

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ACKNOWLEDGEMENTS AND DISCLOSURES

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BACKGROUND



- ▶ Social construction of weight
- ▶ Weight stigma
 - ▶ Negative weight-related attitudes and beliefs that are manifested by stereotypes, rejection, and prejudice towards individuals because they are of [higher weight].
- ▶ Bariatric surgery

BACKGROUND



- ▶ People seeking bariatric surgery have experienced weight stigma.
- ▶ People seeking bariatric surgery tend to have complex trauma histories.
- ▶ Depression is more prevalent in the bariatric population.
- ▶ Psychological assessment is required to gain authorization for bariatric surgery.

PURPOSE AND SPECIFIC AIMS

Purpose:

- ▶ To explore bariatric patients' experiences of weight stigma with a goal of improving care for them.

Specific Aims:

Aim 1: Describe life-course experiences of weight stigma for individuals who opt to undergo bariatric surgery.

Aim 2: Explore experiences of weight stigma in the context of bariatric clinical care.

Aim 3: Describe the trajectory of depression as it relates to weight stigma before and after bariatric surgery.



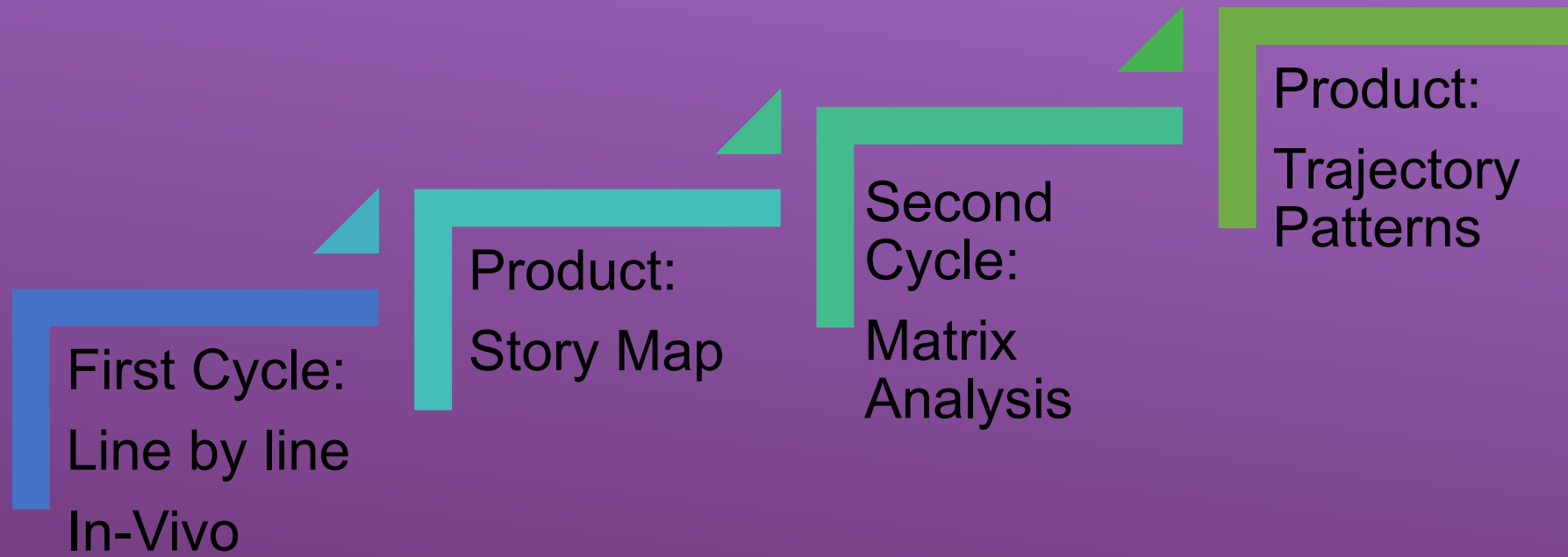
PHILOSOPHICAL UNDERPINNINGS

Methods

- ▶ Inclusion criteria
 - ▶ History of bariatric surgery no greater than 10 years ago
 - ▶ Self-identify as having a history of/currently experiencing depression
 - ▶ 21 years of age or older
 - ▶ Able to read and speak in the English language
 - ▶ Lives in the United States
- ▶ Exclusion criteria
 - ▶ Revisional bariatric procedure

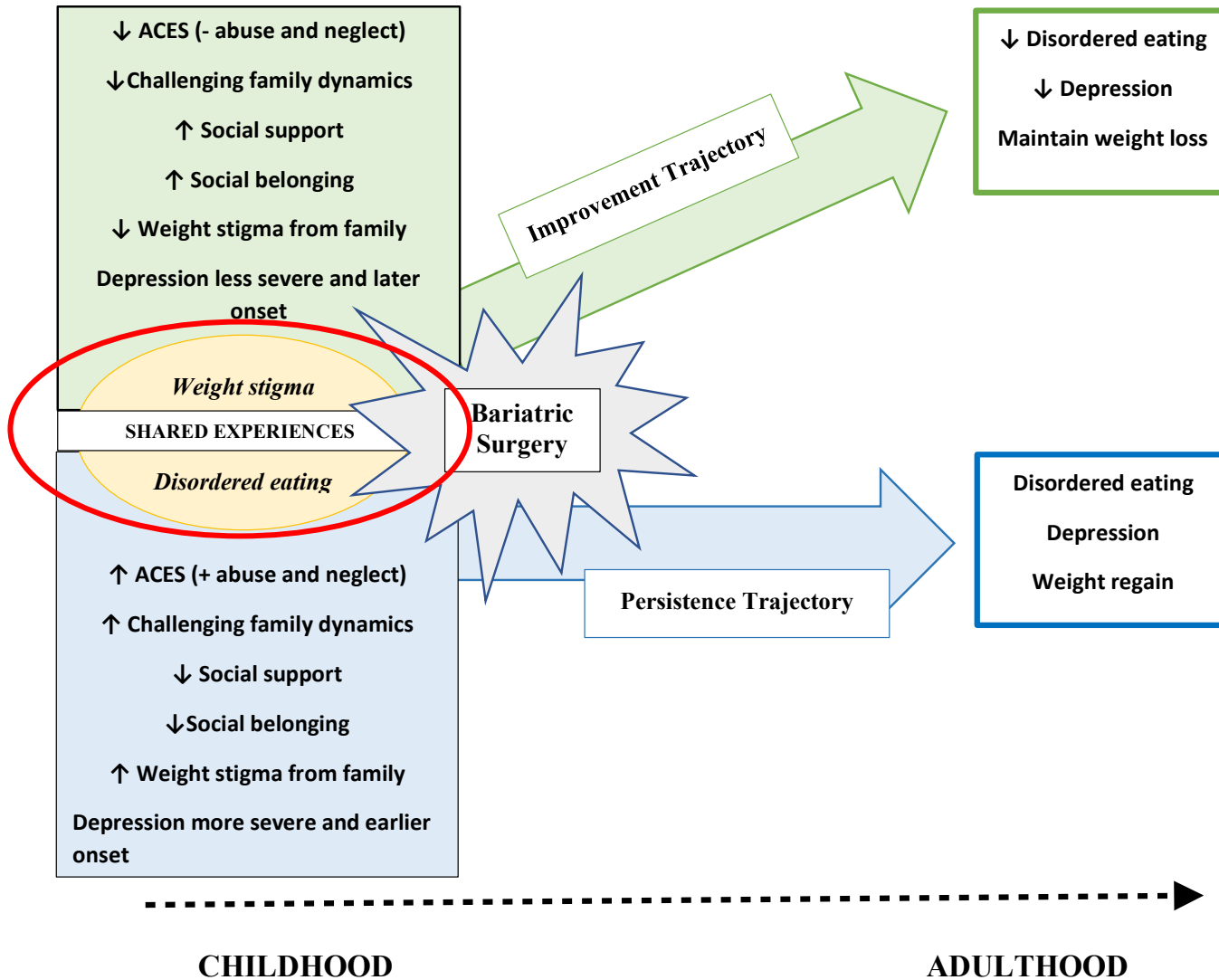
PARTICIPANT DEMOGRAPHICS

	N=17
U.S. Region	West: 11 Midwest: 3 Northeast: 2 South: 1
Age (in years)	26-35: 4 36-45: 1 46-55: 6 56-65: 5 66-80: 1
Gender	Male: 2 Female: 15
Race/Ethnicity	White: 14 African American/ Black: 0 Asian: 1 Hispanic/ Latino: 1 Native American: 1
Surgical Approach	Sleeve Gastrectomy: 13 Gastric Bypass: 4
Years Since Bariatric Surgery	0-3: 10 4-6: 5 6+: 2
Official Diagnosis of Depression	Yes: 12 No: 2 Unsure: 1 No Response: 2



ANALYTIC STRATEGIES

DIVERGENT EXPERIENCES



FINDINGS

Four sources of weight stigma in early life

- ▶ Direct comments from family
- ▶ Weight bullying from peers
- ▶ Stigmatizing healthcare encounters
- ▶ Parental modeling of weight stigma



FINDINGS

Weight bullying

...Because it's been my experience that I need to keep people at arm's length, because if I don't, they're going to take the opportunity to pick on me because of my weight... I had a lot of acquaintances, I knew a lot of people, but I didn't have friend friends.... I don't make close friends easily.



FINDINGS

Weight stigma in healthcare

...I want to say doctors. I mean it wasn't in the sense of like overt, "oh my God you're fat," but that kind of veiled concern about like oh this is a problem...I was like really? That's the issue? I think there's a few other things going on in my life [laughs] that might actually be more concerning than how much I weigh right now.

FINDINGS

Parental modeling of weight stigma

So, my maternal grandmother had a lot of food and weight bias issues. My grandmother was always very, very thin but she had a lot of issues related to this, which she passed onto my mother, which my mother passed onto me...

Because of that, my mother had me on diets by the time I was 18 months of age. So, in her fear of having a fat child, she, literally, created one. She made it a lifetime of weight struggles and metabolic disorders and “obesity” out of her mother’s fear of trying to prevent it.

DISCUSSION & RECOMMENDATIONS

- ▶ A limited number of trauma measures exist
 - ▶ None measure internal or external experiences of weight stigma
 - ▶ Only one questionnaire assesses weight related abuse
- ▶ Recognize weight stigma as another form of trauma

DISCUSSION & RECOMMENDATIONS

- I. Have you ever been bullied or teased about your body shape/size? weight? If so, when did it start? Who bullied or teased you?
- II. How did your family discuss your weight and body shape/size?
- III. How did your parents discuss their weight and body shape/size?
- IV. What were typical healthcare encounters /providers like for you during childhood
- V. How often have unsolicited conversations about your weight occurred throughout your life?

DISCUSSION & RECOMMENDATIONS

Use weight neutral health approaches to frame public health messaging and policy

- ▶ De-emphasize the role of weight status on health
 - ▶ Focus attention on sustainable health behaviors
 - ▶ Attuned eating behavior
 - ▶ Joyful movement



Thank You



References available upon request:
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