

**The impact on mental health of fatphobia***El impacto de la gordofobia en la salud mental**O impacto na saúde mental frente à gordofobia***Aline Voltarelli<sup>1\*</sup>**

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This study aimed to describe the impact of fatphobia on mental health and the importance of humanized care for obese patients, highlighting the need to combat prejudice and promote comprehensive care. The methodology consisted of an integrative literature review, with analysis of scientific articles published between 2006 and 2022, extracted from databases such as SciELO and the Virtual Health Library, using terms such as: "Health", "Stigma", "Obesity", "Humanization", and "Fatphobia". The results revealed that fatphobia, understood as an aversion to fat people, is rooted in social patterns and reinforced by stereotypes, negatively affecting the quality of health care. It was discussed that professionals often associate obesity with a lack of self-control, blaming patients and neglecting their needs, in addition to the lack of adequate infrastructure in health services. It is concluded that fatphobia is a harmful reality, requiring changes in the training of nursing and health professionals to incorporate humanized practices, combating prejudices, and ensuring equal and dignified care for all patients, regardless of their weight.

**Descriptors:** Health; Stigma; Obesity; Humanization; Fatphobia.**How to cite this article:**Voltarelli A, Arruda AL, Sakman R, França CE, Crivelaro LR, Pinto EG, Medeiros AC, Lima AS, Crivelaro NB, Nascimento RM. The impact on mental health of fatphobia. Glob Clin Res. 2024;4(1):e66. <https://doi.org/10.5935/2763-8847.20210066>

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## Resumén

Este estudio tuvo como objetivo describir el impacto de la gordofobia en la salud mental y la importancia de la atención humanizada a los pacientes con obesidad, destacando la necesidad de combatir los prejuicios y promover una atención integral. La metodología consistió en una revisión bibliográfica integradora, con análisis de artículos científicos publicados entre 2006 y 2022, extraídos de bases de datos como SciELO y la Biblioteca Virtual en Salud, utilizando términos como "Salud", "Estigma", "Obesidad", "Humanización" y "Gordofobia". Los resultados revelaron que la gordofobia, entendida como la aversión a las personas con obesidad, está arraigada en patrones sociales y se ve reforzada por estereotipos, lo que afecta negativamente la calidad de la atención sanitaria. Se analizó que los profesionales suelen asociar la obesidad con la falta de autocontrol, la culpabilización de los pacientes y la desatención de sus necesidades, además de la falta de infraestructura adecuada en los servicios de salud. Se concluye que la gordofobia es una realidad perjudicial que requiere cambios en la formación de los profesionales de enfermería y de la salud para incorporar prácticas humanizadas, combatir los prejuicios y garantizar una atención igualitaria y digna para todos los pacientes, independientemente de su peso.

**Descriptor:** Salud; Estigma; Obesidad; Humanización; Gordofobia.

## Resumo

Este estudo teve como objetivo descrever o impacto da gordofobia na saúde mental e a importância do atendimento humanizado a pacientes obesos, destacando a necessidade de combater o preconceito e promover a integralidade no cuidado. A metodologia consistiu em uma revisão integrativa da literatura, com análise de artigos científicos publicados entre 2006 e 2022, extraídos de bases como SciELO e Biblioteca Virtual em Saúde, utilizando termos, como: "Saúde", "Estigma", "Obesidade", "Humanização" e "Gordofobia". Os resultados revelaram que a gordofobia, entendida como aversão a pessoas gordas, está enraizada em padrões sociais e reforçada por estereótipos, afetando negativamente a qualidade do atendimento em saúde. Discutiu-se que profissionais frequentemente associam obesidade a falta de autocontrole, culpabilizando os pacientes e negligenciando suas necessidades, além da falta de infraestrutura adequada em serviços de saúde. Conclui-se que a gordofobia é uma realidade prejudicial, exigindo mudanças na formação dos profissionais de enfermagem e saúde para incorporar práticas humanizadas, combatendo preconceitos e garantindo um cuidado equânime e digno a todos os pacientes, independentemente de seu peso.

**Descritores:** Saúde; Estigma; Obesidade; Humanização; Gordofobia.

## Introduction

Obesity is a complex, multifactorial syndrome influenced by biological, genetic, environmental, cultural, and psychological determinants. This paradigm is widely recognized in the medical literature and reinforced by the media, which often associates thinness with a socially valued aesthetic ideal. This dynamic contributes to the stigmatization of individuals with obesity, who are often stereotyped as lacking willpower, lazy, or negligent with their health, reinforcing a narrative that attributes blame to the individual for their clinical condition<sup>1</sup>.

Studies show that health professionals often internalize and reproduce negative attitudes toward patients with obesity, which can influence their clinical interactions, diagnostic judgments, and therapeutic decisions. These implicit biases have direct implications for the quality of care. They can generate adverse experiences in patients, such as stress, distrust of professionals, low therapeutic adherence, and worsening of psychological comorbidities<sup>2,3</sup>.

The humanization of healthcare is a fundamental principle to ensure both the quality of care provided to users and adequate working conditions for professional practice. This approach requires the application of ethical principles, based on standards that regulate conduct aligned with the

moral values of the profession. Therapeutic interaction should prioritize respect for cultural singularities, individual needs, and patients' rights, especially in contexts of clinical vulnerability. In this scenario, nursing plays a central role, assuming primary responsibility for the comprehensive care of the individual, the family, and the community<sup>4,5</sup>.

Given this context, the present study aims to describe the impact of fatphobia on mental health and the importance of humanized care for obese patients, highlighting the need to combat prejudice and promote comprehensive care.

## Methodology

This study is characterized as a descriptive bibliographic research, based on an integrative literature review, following the methodological guidelines for the synthesis of scientific evidence. The search and selection process of the material was conducted in indexed databases, with emphasis on the Scientific Electronic Library Online (SciELO) and the Virtual Health Library (VHL), covering the period from 2016 to 2022, to capture the most recent scientific productions on the subject.

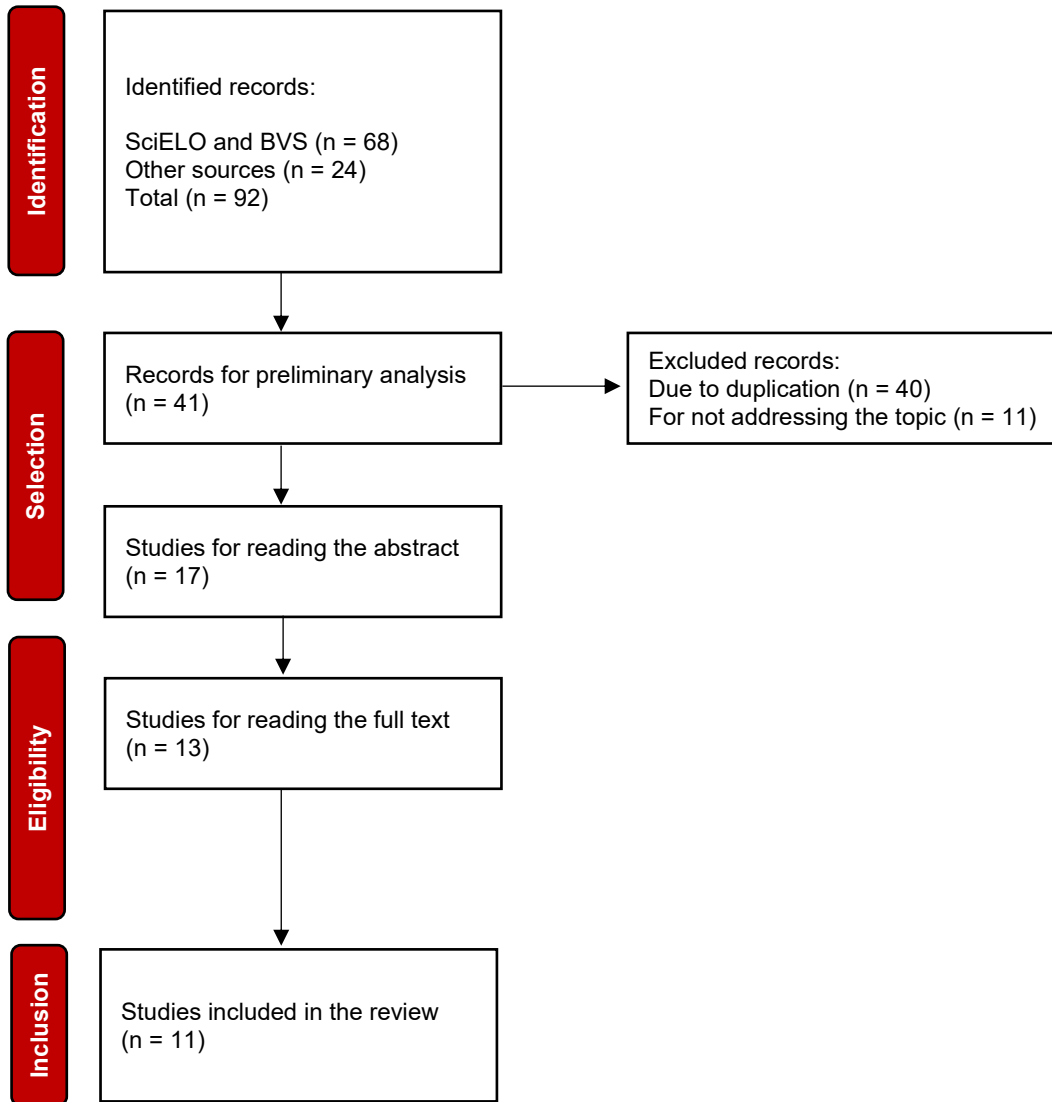
The following controlled and uncontrolled descriptors were used in the search strategy: "Health", "Stigma", "Obesity", "Humanization", and "Fatphobia",



combined using Boolean operators (AND, OR) to optimize article retrieval. The inclusion criteria considered original studies, systematic reviews, and meta-analyses published in Portuguese, English, or Spanish, which addressed the relationship between social stigma, fatphobia, and humanization practices in health care for the obese population.

Data analysis followed a systematic protocol involving the steps of identification, screening, eligibility and inclusion of studies, according to the PRISMA method. The selected articles were subjected to a critical evaluation using validated instruments for methodological quality analysis, allowing the synthesis of evidence and the identification of trends and gaps in knowledge about the impact of stigma on health care for people with obesity.

Figure 1. Flowchart of the process of identification, selection, eligibility and inclusion of studies in this review. São Paulo, SP, Brazil, 2022



Results

This study aimed to present fatphobia and encourage the humanization of obese patients by nursing professionals. Chart 1 presents the articles selected for the

preparation of this work. The articles were separated according to the year of publication, authorship of the study, and title. Ten studies were selected for the theoretical basis, as they fit the standards stipulated in the paper.

Chart 1. Studies selected for this review. São Paulo, SP, Brazil, 2022

Year	Authorship	Title	Journal or Institutional Repository
2016	RODRIGUES, Daisy Cristina, et al.	Estigmas dos profissionais de saúde frente ao paciente obeso: uma revisão integrativa	HU Revista
2017	DE LIMA, Carolina Torres; OLIVEIRA, Diana Ramos; BARBOSA, Cleverton.	Aspectos sociocognitivos da obesidade: estereótipos do excesso de peso	Psicologia, Saúde e Doenças



2017	SANTOS, Amanda; SANCHOTENE, Nicole.	Gorda, sim! Maravilhosa, também!': Do ressentimento à autoestima em testemunhos de vítimas de gordofobia no YouTube	Congresso Brasileiro de Ciências da Comunicação, 40 <sup>o</sup> , Curitiba
2017	MAXIMIANO, Thais de Oliveira.	Percepção de gestores e profissionais da saúde sobre a linha de cuidado do sobrepeso e da obesidade	Universidade Estadual Paulista
2018	MEIRELES, Alane Bueno, et al.	Dificuldades no cuidado ao paciente obeso	Revista de Iniciação Científica e Extensão
2018	YOUNES, Soraia; RIZZOTTO, Maria Lucia Frizon; DALLA COSTA, Márcia Cristina.	O processo de construção de um serviço especializado no tratamento da obesidade grave	Ciência, Cuidado e Saúde
2018	SILVA, Barbara Leone; CANTISANI, Jacobina Rivas.	Interfaces entre a gordofobia e a formação acadêmica em nutrição: um debate necessário	DEMETRA: Alimentação, Nutrição & Saúde
2019	PAIM, Marina Bastos.	Os corpos gordos merecem ser vividos	Revista Estudos Feministas
2020	JIMENEZ, Maria Luisa.	Gordofobia: injustiça epistemológica sobre corpos gordos	Revista Epistemologias do Sul
2020	PAIM, Marina Bastos; KOVALESKI, Douglas Francisco.	Análise das diretrizes brasileiras de obesidade: patologização do corpo gordo, abordagem focada na perda de peso e gordofobia	Saúde e Sociedade [online]

The literature shows that obese individuals present neurophysiological alterations in the regulation of satiety, leading to greater food consumption compared to eutrophic individuals. When undergoing weight loss processes, an adaptive response occurs in the body characterized by a reduction in energy expenditure, favoring weight recovery - a phenomenon known as "metabolic resistance". At the same time, there is the persistence of fatphobia, defined as a structural aversion to overweight individuals, rooted in socially constructed aesthetic standards perpetuated by the media. This form of discrimination manifests itself through judgments, criticism, and marginalization, reinforcing the pathologization of the fat body<sup>6,7</sup>.

A critical aspect of this dynamic is the indiscriminate medicalization of obesity, in which the presence of comorbidities is automatically assumed in overweight individuals, while thin individuals are not subjected to the same clinical scrutiny. This trend is aggravated by the inappropriate use of the Body Mass Index (BMI) as a single health parameter. A study by the University of California (UCLA) showed that 54 million North Americans classified as "overweight" or "obese" according to BMI had normal metabolic parameters in laboratory tests, while 30% of individuals with "normal" BMI exhibited significant biochemical alterations. These findings corroborate the thesis that health cannot be reduced to anthropometric measurements, and should consider markers such as lipid profile, hormonal parameters, and lifestyle habits<sup>8,9</sup>.

The healthcare environment actively reproduces these stigmas, with professionals often displaying implicit biases against obese patients. Research indicates that such attitudes undermine the quality of care, from medical history taking to therapeutic adherence. In many cases, obesity is wrongly treated as the primary cause of various symptoms, resulting in underdiagnosis of other clinical conditions. In addition to attitudinal barriers, patients face

structural limitations, such as inadequate equipment and inappropriate physical spaces, which increase the vulnerability of this group<sup>10-12</sup>.

This reality reflects a paradigm analogous to that of historical racism, in which prejudices were socially and institutionally normalized. The traditional biomedical approach, focused exclusively on physiological parameters, has proven insufficient to deal with the multifactorial complexity of obesity. In this context, the humanization of care emerges as an ethical imperative, requiring the integration of psychosocial, cultural, and economic dimensions in care planning<sup>12,13</sup>.

Nurses play a central role in this transformation, acting as mediators between scientific knowledge and clinical practice. Their closeness to patients allows them to identify specific needs and implement personalized strategies. Critical reassessment of behaviors and adaptation of care routines are essential to ensure equity in care, transcending reductionist views that associate obesity solely with lifestyle. Deconstructing stereotypes and promoting welcoming environments, therefore, represent fundamental steps towards comprehensive carefree from discrimination<sup>14,15</sup>.

## Discussion

The analysis of clinical practice in various healthcare contexts reveals a dissonance between the social constructs of body normality and contemporary scientific evidence. In Western societies, the exacerbated valorization of restrictive aesthetic standards has perpetuated the marginalization of bodies that deviate from normativity, a phenomenon particularly evident in the healthcare environment. The internalization of these prejudices by healthcare professionals has transformed fatphobia into an institutionalized practice, with direct repercussions on the quality-of-care provided<sup>14</sup>.



The structural discrimination faced by obese individuals manifests itself in multiple areas, from barriers in the job market, where "good looks" functions as a euphemism for the requirement of thinness, to unequal access to health services<sup>1,15</sup>. This dynamic reinforces reductionist stereotypes that associate corpulence with negative characteristics such as unproductivity and lack of discipline, disregarding the etiological complexity of obesity. The paradigm of individual responsibility for health, predominant in biomedical discourse, intensifies this stigmatization by unilaterally attributing blame to the patient for his or her clinical condition<sup>16,17</sup>.

Studies show that negative attitudes on the part of health professionals significantly influence clinical judgment, therapeutic decision-making, and the quality of professional-patient interaction. Patient reports reveal frequent situations of humiliation related to physical appearance, associated with inadequate infrastructure and equipment in health units. These factors combined create barriers to effective access to health services and compromise the formation of the therapeutic bond<sup>16-19</sup>. The lack of empathy of the nursing team, combined with improvisation in care, creates a clinically hostile environment that negatively impacts both the patient's experience and therapeutic outcomes<sup>20-22</sup>.

Health education presents significant gaps in terms of developing skills to work in contexts of body diversity. The lack of critical approaches to social determinants of health and the denial of the existence of fatphobia as a structural problem perpetuate the reproduction of prejudices during academic training<sup>23-25</sup>. Humanized care, essential for building effective bonds, is often compromised by professionals with excessive technical training and lacking critical reflection on the social dynamics that influence the health-disease process<sup>26-28</sup>.

The results point to the urgent need for curricular restructuring in health courses, with an emphasis on developing skills for comprehensive and non-discriminatory care. Despite specific advances, a significant discrepancy persists between social demands for equitable health and the technical and human training of professionals<sup>29-31</sup>. Overcoming this paradigm requires the systematic incorporation of critical approaches that problematize the social determinants of health and promote reflection on institutionalized practices of discrimination.

## Conclusion

The professional trajectory in the health area revealed a significant discrepancy between the theoretical ideal of comprehensive care and the practical reality permeated by discriminatory biases. Among these, fatphobia emerges as a structural phenomenon that is still little recognized, despite its prevalence in health services. The scarce discussion about this form of prejudice during academic training contributed to the naturalization of differentiated - and often neglected - care practices directed at patients with obesity, reinforcing the false premise that these individuals demand greater clinical effort and are responsible for their condition.

Personal experience with weight-metabolic variations provided a unique perspective on the complexity of this issue, highlighting that obesity cannot be reduced to biometric parameters or BMI classifications. As demonstrated in clinical practice, especially in critical settings such as intensive care units, obese patients often face explicit discrimination from multidisciplinary teams, including avoidance attitudes, neglect of basic management, and moralizing judgments about their clinical condition. Reports such as that of a patient who apologized for basic physiological needs illustrate the devastating psychological impact of these practices, which compromise both the patient's dignity and the quality of care.

Cases documented in this research – such as the development of pressure injuries due to lack of postural changes, dermatitis due to inadequate hygiene, and the use of derogatory nicknames by health professionals – demonstrate that fatphobia transcends individual attitudes, constituting a systemic problem that requires institutional interventions. The findings reinforce the urgent need for professional training to identify and combat these practices, with an emphasis on humanizing care.

This study concludes that transforming this scenario requires: recognition of fatphobia as a social determinant of health; implementation of care protocols that ensure equity in care; and the transversal incorporation of this theme into health training, with approaches that prioritize technical competence combined with ethical reflection on the psychosocial dimensions of obesity.

The humanization of care for obese patients does not represent a concession, but rather an ethical-professional imperative to ensure dignified, safe, and effective care for this population.

## References

1. Arraes J. Gordofobia como questão política e feminista. Revista Fórum [Internet]. 2015 [cited 2022 Nov 28]. Available from: <http://www.revistaforum.com.br/digital/163/gordofobia-como-questao-politica-e-feminista/>
2. Chagas N. Vamos falar sobre obesidade? A doença crônica é complexa e, muitas vezes, mal compreendida. Entenda seus impactos e saiba como tratá-la [Internet]. [cited 2022 Nov 28]. Available from: <https://saude.abril.com.br/medicina/vamos-falar-sobre-obesidade/>
3. Almeida MEF, Costa PD. Assistência de enfermagem a pacientes obesos submetidos ao tratamento clínico e a cirurgia bariátrica. *Enfermagem Brasil*. 2009;8(3):122-30.
4. Lima CT, Ramos-Oliveira D, Barbosa C. Aspectos sociocognitivos da obesidade: Estereótipos do excesso de peso. *Psicologia Saúde Doenças*. 2017;18(3):681-98.



5. Carmo LC, Paschoarelli LC. Usabilidade e acessibilidade de equipamentos médico-hospitalares: um estudo de caso com pacientes obesos. *Aspectos tecnológicos*. p.11.
6. Donella PP, Carlúcio LR, Vador RMF. Cirurgia bariátrica: a necessidade da consulta de enfermagem. *Braz J Dev*. 2021;7(6):62995-63012.
7. Veras RM, et al. Diferentes modelos formativos em saúde e as concepções estudantis sobre atendimento médico humanizado. *Ciênc Saúde Coletiva*. 2022;27(5):1781-92. <https://doi.org/10.1590/1413-81232022275.23832021>
8. Felício JS, et al. Assistência integral ao paciente obeso experiência em ensino e extensão. *Bases conceituais da saúde*. 2019.
9. Figueiredo AL. Gordofobia: o que é e como se defender [Internet]. [cited 2022 Nov 29]. Available from: <https://www.fazfacil.com.br/saude/gordofobia-o-que-e/>
10. Grejanin DKM, et al. As percepções sobre o "ser obeso" sob a ótica do paciente e dos profissionais da saúde. *J Hum Growth Dev*. 2007;17(3):37-47.
11. Jimenez ML. Gordofobia: injustiça epistemológica sobre corpos gordos. *Rev Epistemologias Sul*. 2020;4(1):144-61.
12. Loureiro G. Gordofobia: por que esse preconceito é mais grave do que você pensa [Internet]. [cited 2022 Nov 29]. Available from: <https://revistagalileu.globo.com>
13. Marques ES, de Melo GC, dos Santos RM. O significado de cuidar do paciente obeso para um grupo de enfermeiras. *Rev Eletrônica Enferm*. 2014;16(1).
14. Maximiniano TO. Percepção de gestores e profissionais da saúde sobre a linha de cuidado do sobrepeso e da obesidade. 2017.
15. Meireles AB, et al. Dificuldades no Cuidado ao Paciente Obeso. *Rev Iniciação Cient Extensão*. 2018;1(4):328-33.
16. Oliveira APS, Santos WL. O conhecimento do enfermeiro sobre a obesidade-revisão de literatura. *Rev Divulg Cient Sena Aires*. 2018;7(2):141-7.
17. Oliveira JN. Gordofobia. *Encontros Iniciação Cient UNI7*. 2017;7(1).
18. Paschoarelli LC, Menezes MS. Design e ergonomia: aspectos tecnológicos. 2009.
19. Paim MB. Os corpos gordos merecem ser vividos. *Rev Estud Fem*. 2019;27(1).
20. Paz LP, Gomes RHS, Motter AA. Autopercepção de discriminação de usuários obesos no ambiente hospitalar público: uma análise qualitativa [Internet]. [cited 2022 Nov 29]. Available from: <https://downloads.editoracientifica.org/articles/200800942.pdf>
21. Rodrigues E. Precisamos falar de gordofobia [Internet]. 2018 [cited 2022 Nov 29]. Available from: <https://www.hospitaloswaldocruz.org.br/imprensa/noticias/precisamos-falar-de-gordofobia>
22. Rodrigues DC, et al. Estigmas dos profissionais de saúde frente ao paciente obeso: uma revisão integrativa. *HU Rev*. 2016;42(3).
23. Rossi F. Vamos Parar de Julgar a Obesidade e Trata-la Como Uma Doença? [Internet]. [cited 2022 Nov 28]. Available from: <https://rrrmedicos.com.br/parar-de-julgar-a-obesidade-e-tratar-como-doenca/>
24. Santos A, Sanchotene N. 'Gorda, Sim! Maravilhosa, Também!': Do Ressentimento à Autoestima em Testemunhos de Vítimas de Gordofobia no YouTube. In: *Anais do 40º Congresso Brasileiro de Ciências da Comunicação*. Curitiba: Intercom; 2017. p.1-15.
25. Schmidt D, de Araújo TG, Coelho AC. Paciente obeso crítico: desafio no desmame da ventilação mecânica invasiva. *Clin Biomed Res*. 2012;32(1).
26. Segal A, Cardeal MV, Cordás TA. Aspectos psicossociais e psiquiátricos da obesidade. *Rev Psiquiatr Clín*. 2002;29(2):81-9.
27. Silva BL, Cantisani JR. Interfaces entre a gordofobia e a formação acadêmica em nutrição: um debate necessário. *DEMETERA Aliment Nutr Saúde*. 2018;13(2):363-80.
28. Taroza M, Pessoa RP. Impacto das consequências psicossociais do estigma do peso no tratamento da obesidade: uma revisão integrativa da literatura. *Psicol Ciênc Prof*. 2020;40.
29. Viegas F. Gordofobia e estigma da obesidade precisam ser combatidos com informação [Internet]. [cited 2022 Nov 29]. Available from: <https://www.sbcm.org.br/gordofobia-e-estigma-da-obesidade-precisam-ser-combatidos-com-informacao/>
30. Younes S, Rizzotto MLF, Dalla Costa MC. O processo de construção de um serviço especializado no tratamento da obesidade grave. *Ciênc Cuid Saúde*. 2018;17(4).
31. Paim MB, Kovaleski DF. Análise das diretrizes brasileiras de obesidade: patologização do corpo gordo, abordagem focada na perda de peso e gordofobia. *Saúde Soc*. 2020;29(1):e190227. <https://doi.org/10.1590/S0104-12902020190227>