

# Fat-Shaming: Let's End This "Acceptable" Prejudice

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The taunts have been around forever.

Blubber Butt. Fat Boy. Tub of Lard. Hippo.

And the shaming of overweight people happens everywhere — and to everybody. Actress Melissa McCarthy, for example, recently revealed how an interviewer repeatedly asked her on camera if she was shocked that she could actually find acting work at her “tremendous size.”

In another incident earlier this year, an airline passenger in a middle seat was filmed fat-shaming two people sitting next to her. “I don’t know how I’m going to do this for the next four hours. This is just impossible, ‘cause they’re squishing me,” the woman complained very loudly into her cell phone. “I can’t breathe I’m so squished. At least they’ll keep me warm.”

In an era of political correctness, when people censor what they say both in public and in private, fat-shaming inexplicably persists.

“It’s the last acceptable form of prejudice,” says [Dr. Nestor de la Cruz-Muñoz](#), a bariatric surgeon with the University of Miami Health System. “People feel far too comfortable with name calling because they believe it’s the person’s fault and that they’re being lazy.”

But, adds de la Cruz-Muñoz, that isn’t true at all. Losing weight is not just about cutting down calories or having the willpower to push away from the table. Achieving permanent weight-loss is a very complex process that involves more than a simple formula of “calories in, calories out.” Busting that myth, however, has proven to be a [Sisyphean](#) task. With at least two-thirds of American adults — and 33 percent of kids — classified as overweight or obese by the Centers for Disease Control and Prevention, setting the record straight on weight is essential.

About 80 percent of the propensity to obesity is genetic, de la Cruz-Muñoz says, so figuring out a weight loss strategy is not just about what and how much one eats. “People who are obese have higher levels of a hormone that makes them hungry and lower levels of a hormone that makes them full.”

Moreover, overweight issues are a relatively recent phenomenon. Centuries ago, our bodies lived on what the UHealth surgeon calls “a famine diet.” With starvation as an imminent threat, our system learned to save up calories and store up fat. Starvation, however, is no longer a threat in the developed

world, but our metabolism hasn't caught up or adjusted.

"The big problem used to be malnutrition," de la Cruz-Muñoz says, "but now it's obesity. Those genes that used to save us are now killing us."

Most people don't know that, and they keep pointing a finger at the wrong explanation. Unfortunately, fat-shaming does more than hurt someone's feelings. It actually harms a person's mental and physical health. One published study linked several psychiatric issues, including anxiety and depression, with weight stigma, and another found a correlation to poorer health (and a shorter lifespan) even when researchers controlled for body mass index.

Recent research has also proven that taunts may actually push a person to eat more as well as lead them to forego healthy behaviors such as exercising. A study looking at data from the English Longitudinal Study of Ageing tracked about 3,000 adults 50 years or older. It showed that "weight discrimination is part of the obesity problem and not the solution," according to the study's senior author at the University College London. Disrespect, harassment, receiving poor service while shopping and other prejudiced behavior appeared to lead to more weight gain, not less.

Nonetheless, the stigma of being overweight has proven stubborn to dispel. When de la Cruz-Muñoz's patients come to him, they feel guilty, though all have tried some form of weight control – to no avail.

"They've heard from people that they're taking the easy way out," he says. "A lot think they're failures. They're embarrassed. They themselves don't know about the genetic component."

His observations have been confirmed in several studies. Almost half of respondents in a survey thought people who had undergone weight-loss surgery had done so for cosmetic reasons, according to a report recently published in JAMA Surgery. Moreover, 39 percent believed these patients had chosen "the easy way out." This, despite the fact that weight-loss surgery patients participate in a comprehensive program that involves nutritionists, psychologists, and exercise specialists. "We give them a whole set of tools," De la Cruz-Muñoz says. "It's not just surgery."

He worries that the blame game may stop people from pursuing bariatric surgery, specifically people who could benefit because surgery has proven to be effective for losing a significant amount of weight as well as a way to treat Type 2 diabetes.

"We have to raise awareness," he adds. "People need the knowledge to understand that there's more to weight loss than eating less and exercising more."



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