ISSN-e [2675-5602]

Global Academic Nursing Journal

ABSTRACT

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[1*]
ORCID: 0000-0002-3491-616X
Annelisa Gregório Andreazzi[2]
ORCID: 0009-0002-2915-9528
Eloise Cristiani Borriel Vieira[3]
ORCID: 0000-0002-4685-1797
Wagner Rafael da Silva[4]
ORCID: 0000-0002-0952-4877
Rosângela Sakman[5]
ORCID: 0000-0003-1748-9490
Márcia Andréa da Gama Araujo[5]
ORCID: 0009-0000-5227-1708
Luis Vieira[6]
ORCID: 0009-0001-9206-4794
Laudicéia Rodrigues Crivelaro[7]
ORCID: 0000-0001-7077-5678
Camilla Estevão de França[8]
ORCID: 0000-0003-3226-8709
Helen Kendely Voltolini[9]
ORCID: 0009-0003-4503-5733

[1]Universidad de Ciencias Empresariales y Sociales. Buenos Aires, Argentina.
[2]Centro Paula Souza. São Paulo, Brazil.
[3]Universidade Paulista. São Paulo, Brazil.
[4]Universidade Brasil. São Paulo, Brazil.
[5]Faculdade Sequencial. São Paulo, Brazil.
[6]Faculdade Anhanguera. São Paulo, Brazil.
[7]Instituto Lauro de Souza Lima. São Paulo, Brazil.
[8]Faculdade CTA. São Paulo, Brazil.
[9]Instituto Univitória. Minas Gerais, Brazil.

How to cite this article:
Voltarelli A, Andreazzi AG, Vieira ECB, Silva WR, Sakman R, Araujo MAG, Vieira L, Crivelaro LR, França CE, Voltolini HK. The impact on mental health of fatphobia. Glob Acad Nurs. 2025;6(Sup.1):e467. https://dx.doi.org/10.5935/2675-5602.20200467

***Corresponding author:**
alivolter@yahoo.com.br

Submission: 05-02-2025
Approval: 06-11-2025

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 own health, reinforcing a narrative that attributes blame to the individual for their clinical condition[1]. 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 and can generate adverse experiences in patients, such as stress, distrust of professionals, low therapeutic adherence, and worsening of psychological comorbidities[2,3].

Objective: 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 consists of an integrative literature review, carried out in the SciELO and BVS databases (2016-2022), using the descriptors "Health", "Stigma", "Obesity", "Humanization", and "Fatphobia" combined by Boolean operators. Original studies, reviews, and meta-analyses in Portuguese, English, or Spanish that addressed social stigma and humanization in obesity care were included. Following the PRISMA method, the selected articles underwent critical evaluation, allowing the synthesis of evidence on the impact of fatphobia on health care.

Results: This study analyzed fatphobia and the need for humanization in the care of obese patients, reviewing 10 scientific articles that highlight the barriers faced by this population. The literature highlights neurophysiological changes in the regulation of satiety and "metabolic resistance" after weight loss, while fatphobia persists as a structural stigma, reinforced by the media and reductionist medical practices, such as the inappropriate use of BMI, which often misclassifies healthy individuals[4,5]. In the healthcare environment, implicit biases and structural limitations hinder care, leading to underdiagnosis and dehumanization. The traditional biomedical approach is insufficient, requiring integrated practice that considers psychosocial dimensions. Nurses, as central agents of this change, must promote personalized strategies and welcoming environments, deconstructing stereotypes and ensuring equity in care. Humanization emerges as an ethical imperative to overcome discrimination and ensure comprehensive care[6,7].

Discussion: Clinical practice highlights a conflict between social aesthetic standards and scientific evidence, with institutionalized fatphobia directly affecting the quality of care. Patients with obesity face structural discrimination - from barriers to employment to unequal access to health care - reinforced by stereotypes that associate fat with lack of discipline, ignoring the complexity of obesity. Studies show that negative attitudes of professionals influence clinical decisions, with reports of humiliation and inadequate infrastructure creating barriers to access.

There is an urgent need to reformulate curricula to promote non-discriminatory care, integrating critical approaches to body diversity and social determinants of health[8-10].

Conclusion: The study exposes the contradiction between the discourse of comprehensive care and the reality of fatphobia in health services, a structural prejudice that is rarely discussed in professional training. Reports from ICUs show that obese patients suffer neglect, judgments, and avoidable harm (injuries, dermatitis), revealing a systemic problem. The research advocates: recognition of fatphobia as a social determinant of health; protocols for equity in care; and transversal inclusion of the topic in health training, combining technique and ethics. Humanizing care for obese patients is an ethical imperative for dignified care.

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. Felício JS, et al. Assistência integral ao paciente obeso experiência em ensino e extensão. Bases conceituais da saúde. 2019.
5. 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/
6. 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
7. 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).
8. 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
9. 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
10. Rodrigues DC, et al. Estigmas dos profissionais de saúde frente ao paciente obeso: uma revisão integrativa. HU Rev. 2016;42(3).