**Stereotyping and Cultural Competence**

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# Introduction

Stereotyping of particular groups in the community is noted to have significant impacts on both the individual as well as their families; promoting inclusion of such groups and empowering such individuals to help themselves is of essence to improve their physical and mental health as well as access to healthcare (Barlow and Sibley, 2018). A patient group with such a commonality involves people affected with the condition of obesity, this group in society will be the chosen patient group focused on in this essay. The essay initially provides a brief background about the commonality of this chosen patient group. Following on from this, the essay discusses common stereotyping behaviours/labels which society is having towards the patient group, with reasons for the same; the essay then moves on to discuss the impacts of stereotyping in the context of patient safety and potential vulnerability. The latter section of the essay discusses strategies for promoting inclusion of the chosen patient group. A reflection on self-awareness also follows regarding my own values and beliefs about other people, thoughts and feelings about how others treat me, and relevant coping mechanisms.

# Background Information

Obesity is identified as a complex condition which involves the accumulation of excessive amounts of body fat (Stangor and Crandall, 2013). This is a serious condition because it significantly increases the risk of developing other chronic conditions and heath problems like diabetes, heart disease, blood pressure, etc. While obesity occurs due to an imbalance between calories consumed and calories expended, causing the excess calories to be accumulated in the form of body fat (Stangor and Crandall, 2013), there are certain risk factors which cause obesity. This largely includes unhealthy eating including increased intakes of energy-dense food which are high in sugar and fats, as well as less physically active lifestyles due to the increasing sedentary nature of most forms of work, increased urbanization and changing modes of transportation (WHO, 2020).

Considering worldwide obesity statistics, over 650 million adults (aged 18 and above) were identified as being obese in 2016 and this comprises 13% of the world’s adult population (WHO, 2020); 15% of women and 11% of men globally were affected by the condition of obesity (WHO, 2020). Considering obesity prevalence in children, over 340 million children aged 5-18 years have been identified as being obese or overweight in 2016, with 19% of boys and 18% of girls globally being obese (WHO, 2020). In the UK alone, a majority of adults were classified as obese or overweight in 2019, with 60% of women and 67% of men classified as obese or overweight (NHS, 2020).

In terms of problems that obese people may encounter in daily life, in addition to the physical issues associated with being large in size such as moving around, finding clothes, excessive sweating, etc., serious social and psychological repercussions have been identified. As Haxiu (2014) identifies, obese people are often subject to being disapproved, even insulted, by friends and family, while being subject to remarks and sneers from strangers. Such behaviour is proliferated by general societal beliefs of obesity being caused due to moral weaknesses or lacking self-discipline (Haxiu, 2014). With such attitudes being carried on into the world of work, problems obese may encounter include them being denied of promotions or job appointments simply due to their overweightness. Obese people are therefore identified to be feeling bad about others perceiving them as obese, and tend to consider it as an attitude and a part of their life, thereby finding it difficult to overcome this (Barlow and Sibley, 2018).

# Stereotyping of the chosen group

Stereotyping refers to over-generalized beliefs in relation to a particular category of people, and occurs when people ascribe the collective traits associated with a particular group to all members of that group, discounting individual characteristics (Baumeister, 2013). While societal stereotypes are existent in relation to a wide range of social groups and could be varying by situation or context, many stereotypes are known to have long histories and were established as results of particular political, economic or social circumstances. Baumeister (2013) identifies stereotyping as a cognitive process involving in associating characteristics with a group, and that it could also lead to, involve or serve as justifying affective reactions towards a group from other people. There are a range of common stereotyping behaviours/labels that society is having towards obese people.

Negative stereotypes about obese people have been identified to be a component of weight bias; some common stereotypes include the belief of obese people being unmotivated, lazy and lacking self-discipline (Carels *et al*, 2013). A study by Puhl and Heuer (2010) detailed weight-based stereotyping that overweight and hefty people are apathetic, frail willed, ineffective, unintelligent, need self-restraint, have helpless resolve, and are rebellious with weight reduction treatment. These generalizations offer approach to disgrace, bias, and oppression to obese people in various areas of living, including the work environment, medical care offices, mass media, places of education, and surprisingly in close relationships as well. Perhaps on the grounds that weight shame stays a socially satisfactory type of stereotyping, contrary mentalities and stereotypes toward people affected with obesity have been commonly detailed by managers, colleagues, educators, doctors, attendants, clinical understudies, dietitians, psychologists, companions, family members, and even among kids below 5 years of age (Puhl and Heuer, 2010). In addition to the specific labels and behaviours towards obese people, there are certain non-specific labels and behaviours evident in public; this includes staring at disfigured people and disapproving when their behaviours are looked upon as being ‘abnormal’ (Stangor and Crandall, 2013).

More recent statistics recommend that the commonness of weight-based stereotyping has expanded by 66% over the past decade, and is currently equivalent to the rates of prevalent racial discrimination in USA (Puhl and Heuer, 2010). In spite of quite a few years of literature detailing stigma and stereotypes associated with obesity as a convincing social issue, this type of disgrace is seldom subject to being challenged in societies and its impacts on public health have been basically disregarded. Rather, prevalent cultural attributions place fault on people affected with obesity themselves for their excessive weight, with perceptive attitudes that weight-based stereotyping is reasonable (and maybe important) on the grounds that obese people are actually liable for their own weight (Farrell, 2011), and that stereotyping and stigmatization may even fill in as a valuable instrument to inspire fat people to embrace better behaviors that are healthier.

# The impact of stereotyping

Stereotyping is identified to impact the mental and physical health of obese people, as well as their individual health choices and access to healthcare. Considering the ubiquity and strength of the stereotypes associated with obesity as discussed above, Carels *et al* (2013) states that similar to other stereotypes groups in society, obese persons maybe experiencing disrupted performance on certain activities where their actions are looked upon as confirming the negative stereotypes related to being obese and overweight. Such an impact of stereotyping is commonly referred to as a stereotype threat. Moreover, while commonly stereotyped as lazy, apathetic, frail willed, ineffective, unintelligent, need self-restraint, etc. as discussed above, this has implications of making obese people have low self-esteem about themselves and their capabilities of successfully accomplishing challenging tasks at work, education, having good health, etc. and largely interferes with their daily living.

This also makes them vulnerable through their own actions, where they are having less confidence in being accepted into work, school, etc. communities, and this could transfer into them feeling that society is not accepting them; this results in isolation. While all this could cause their mental health to deteriorate as well, they would be reluctant to access healthcare due to feelings of not being accepted by communities in healthcare settings as well, despite the increased need of obese people to seek medical help when compared to people who are not obese (Farrell, 2011), as obesity is a risk factor for a range of other chronic conditions as discussed earlier in this essay. Moreover, non-specific labels and behaviours like people commenting about size and about consuming food all the time could transfer into making the obese people to comfort eat, withdraw or be too embarrassed to engaged in physical activity like exercise. While this could be leading to health issues, it also causes mental health to deteriorate and could cause isolation and self-neglect (Stangor and Crandall, 2013). Also as specified above, such people may not be accessing much needed mental and/or physical healthcare due to fear of blame.

# Strategies to promote inclusivity

In order to facilitate better inclusion of this group of obese people, it is important for individuals and society to prevent assigning responsibility and blame of the obesity condition to those afflicted with the condition, since this group is socially considered as perpetrators of the condition themselves, as argued by Puhl and Heuer (2010). Therefore without commonly regarding obese individuals as architects of their own ill health who are personally responsible for their issues of weight due to overeating and laziness, society and individuals need to consider them as innocent victims as a starting point to promote better inclusion of this group (Puhl and Heuer, 2010). When societal attitudes and perceptions regarding obese people change as such, this would transfer into such individuals empowering themselves to effectively utilize strategies already in place to combat obesity. In this respect it is of essence for society, as well as obese individuals themselves, to support governmental strategies on reducing obesity.

This involves supporting the ban on unhealthy food advertising on TV during a certain time, ending junk food deals like ‘’buy one get one free’’, while also creating more comprehensive contents of calories on food and drink. In addition, the government has introduced the ‘Better Health’ campaign towards motivating obese and overweight people on losing weight offering support and tools from NHS weight management services (The conversation, 2021). All of these initiatives as noted to be placing emphasis on encouraging obese people changing their lifestyle and eating habits. In addition, nurses are playing an important role in health promotion related to combating obesity.

Guidance from RCN (2020) states that nurses play a crucial role in offering support and advice in helping people adopting healthy lifestyles and achieving a healthy weight, while also identifying those at risk from weight gain and associated complications. NICE guidance also states that nurses can empower obese individuals as well as at-risk populations in combating obesity by designing tailored lifestyle weight management programs, improving equality of access to all populations, as well as raising local community awareness of obesity and its associated health conditions through advice sheets, patient groups, etc. (NICE, 2015). Nurses can also empower obese people by educating them benefits of following the government policy on obesity and healthy eating.

# Reflection on self-awareness and resilience

Considering my own stereotyping views of obese people, I had beliefs of such people being lazy, constantly eating and seeking food, difficult to move around with due to their comparatively large size, and requiring larger potions of food when hanging out. Complimentary to the common views of society considering obesity as a condition brought about to affected individuals by themselves as identified in this report, I too believed that obese people were faced with this condition due to their own eating habits and inactive, lazy lifestyles. After carrying on the research for this assignment in relation to stereotyping of obese individuals, I feel embarrassed about being honest about my above stated views on obese people. This is largely due to them being victims of the obese condition, rather than perpetrators. As identified in this report, possessing such a belief is necessary to promote inclusion of this group in society.

Through the learning gained, certain opinions and perceptions I had earlier about obese people have been challenged. This includes my opinions of obese people being perpetrators of their own condition, and that stigmatization may fill in as a valuable instrument to inspire fat people to embrace better behaviors that are healthier. I am now of the belief that these people are in fact victims of the obesity condition, and empowering them to embrace healthier eating and lifestyles could be done by supporting recommendations of the government strategies and policy guidance on combating obesity and practicing healthy eating. These are aspects which I feel I want to change in relation my beliefs about obese people. My learning has also supported me in understanding the value of refraining from stereotyping people in general, due to certain characteristics they may possess or due to prejudicial attitudes; this is largely due to such stereotyping and stigmatization affecting these individuals physically and mentally and only making them more vulnerable.

Having once been a rather obese person myself, I now feel that others at college, community centers as well as healthcare facilities would have thought about me as a lazy, unmotivated, overeating individual who is responsible for my own condition. While I have noted certain stares and nudges from society as I moved along public transport and public areas, I understand that these non-specific behaviours at my disfigurement have only further made me want to be in isolation and prompted me to engage in emotional/comfort eating. Moreover it made me feel bad that I was responsible for my own condition and that I would be accused at healthcare settings as well, which made me hesitant to seek assistance on managing my weight. To overcome this weight bias and stigma associated with being obese, I engaged in certain coping strategies such as engaging in positive self-talk, responding positively to insults and comments thrown at me, practicing strict healthy dietary patterns and monitoring calorie intakes through weight management apps; all this supported me in building resilience to the social stigma of being obese. This learning therefore helped me gain important insight on stereotyping and how my own perceptions of obese people have been challenged to support them in overcoming this condition they are victimized by, while promoting inclusion of such groups into society.

# Conclusion

This essay considered the patient group of obese individuals who are commonly stereotyped in society. It was identified that these obese individuals are faced with a range of difficulties in daily life, and more so with societal and psychological difficulties. Common stereotypes include the belief of obese people being unmotivated, lazy and lacking self-discipline; they were also labelled as being apathetic, frail willed, ineffective, unintelligent, needing self-restraint, having helpless resolve, and being rebellious with weight reduction treatment. Implications of stereotyping were identified to involve making obese people vulnerable through their own actions, where they were having less confidence in being accepted into work, school, etc. communities, and this could transfer into them feeling that society is not accepting them; this results in isolation.

All this could cause their mental health to deteriorate as well, and they would be reluctant to access healthcare due to feelings of not being accepted by communities in healthcare settings as well. To promote inclusion of this group, it was identified that society and individuals need to consider them as innocent victims as a starting point to promote better inclusion of this group. Nurses were also identified to play a crucial role in offering support and advice in helping people adopting healthy lifestyles and achieving a healthy weight in accordance with NMC, RCN and NICE guidance, while also identifying those at risk from weight gain and associated complications, and supporting implementation of government policy on combating obesity and promoting healthy eating.

# References

Barlow, F., and Sibley, C. (2018). *Psychology of Prejudice.* Cambridge: Cambridge University Press.

Baumeister, R. (2013). *Self-Esteem: The Puzzle of Low Self-Regard.* London: Butterworth-Heinemann.

Carels, R., Domoff, S., Burmeister, J., Koball, A., Hinman, N., Davis, A., Leroy, M., Bannon, E., and Hoffman, D. (2013). Examining Perceived Stereotype Threat among Overweight/Obese Adults Using a Multi-Threat Framework. *Obes Facts,* 6(3), pp. 258-268.

Farrell, A. (2011). *Fat Shame: Stigma and the Fat Body in American Culture.* New York: Springer.

Haxhiu, J. (2014). Everyday Problems of an Obese Person. *Mediterranean Journal of Social Sciences*, 5(23), doi:10.5901/mjss.2014.v5n23p1813

NHS (2020). *Statistics on Obesity, Physical Activity and Diet, England, 2020.* Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2020> (Accessed: 3 April 2021)

NICE (2015). *NICE Briefing Paper on Obesity prevention and management in adults.* [online] Available at: <https://www.nice.org.uk/guidance/qs111/documents/obesity-in-adults-prevention-and-lifestyle-weight-management-programmes-qs-briefing-paper2> (Accessed: 5 April 2021)

Puhl, R., and Heuer, C. (2010). Obesity Stigma: Important Considerations for Public Health. *Am J Public Health*, 100(6), pp.1019-1028.

Royal College of Nursing, RCN (2020). *Obesity.* Available at: <https://www.rcn.org.uk/clinical-topics/public-health/obesity> (Accessed: 7 April 2021)

Stangor, C., and Crandall, C. (2013). *Stereotyping and Prejudice.* New York: Jossey-Bass.

The Conversation (2020). *Obesity strategy: policies placing responsibility on individuals don’t work – so why does the government keep using them?* Available at: <https://theconversation.com/obesity-strategy-policies-placing-responsibility-on-individuals-dont-work-so-why-does-the-government-keep-using-them-144310> (Accessed: 9 April 2021)

WHO (2020). *Factsheet Obesity and Overweight.* Available at: <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight> (Accessed: 3 April 2021)