Internalized weight bias is a stronger predictor of binge eating and emotional eating than perceived weight-based discrimination: A longitudinal study with metabolic and bariatric surgery patients

Katey Park, PhD[1,2], Reagan Reid, MSc[3], Stephanie E. Cassin, PhD[2], Sanjeev Sockalingam, MD, MHPE[1,3-5], Susan Wnuk, PhD[1,4]

[1] *Bariatric Surgery Program, University Health Network*
[2] *Department of Psychology, Toronto Metropolitan University*
[3] *Institute of Medical Science, University of Toronto*
[4] *Department of Psychiatry, University of Toronto*
[5] *Centre for Addiction and Mental Health*

Background: Weight bias internalization (WBI) occurs when individuals apply weight-related stereotypes to oneself and engage in negative self-devaluation. Weight-based discrimination occurs when negative weight-related attitudes and beliefs translate into unfair treatment towards individuals living with obesity. Growing evidence suggests that both WBI and weight-based experiences of perceived discrimination (EPD) may contribute to maladaptive eating behaviours. The current study investigates how WBI and EPD influence binge eating and emotional eating over time for metabolic and bariatric surgery (MBS) patients.

Methods: Participants were recruited from the UHN Bariatric Surgery Program (n = 337) and completed surveys at pre-operative, 6-month, and 1-year post-op. Linear mixed-effects models examined the effects of WBI, EPD and time on the Binge Eating Scale and Emotional Eating Scale with subscales for anger, anxiety and depression.

Results: WBI was a significant predictor of binge eating at pre-op (B=5.19, p<.001), 6-month post-op (B=-1.89, p<.001) and 1-year follow-up (B=-3.08, p< .001). WBI was also a predictor of emotional eating at pre-op for the subscale anger (B=4.54, p<.001), anxiety (B=2.67, p<.001), and depression (B=2.20, p< .001). Most effects were maintained at follow-up. EPD was not a significant predictor for binge eating. EPD predicted pre-op emotional eating for anger (B=1.29, p=.01), anxiety (B=1.09, p< .01), and depression (B=0.82, p<.01) subscales. Most effects were not maintained at follow-up.

Conclusion: WBI is a stronger and more consistent predictor of binge eating and emotional eating than EPD. Recognizing how pervasive WBI is on influencing maladaptive eating may inform tailored interventions to enhance post-bariatric surgery outcomes.