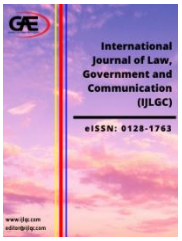
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LIVED EXPERIENCES OF WOMEN WITH OBESITY, COMMUNICATION PROCESSES AND COPING STRATEGIES IN NAVIGATING WEIGHT STIGMA: A CRITICAL NARRATIVE REVIEW

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Abstract:

Obesity is mostly conceptualized as a medical or lifestyle concern; however, women with obesity normally face difficult social and interpersonal adversities arising from rooted cultural stereotypes, including judgment and shame about body size. These distressing thoughts echo and invade various aspects of life, causing emotional suffering, poor self-esteem, social isolation, and impacting overall well-being. In contrast, there has been relatively little research on the psychosocial values of obesity, notably regarding the social stigma that is communicated and internalised as well as how women deal with obesity. The aim of this narrative review was to critically synthesize and integrate qualitative and empirical evidence regarding the lived experiences of women with obesity and to highlight communication processes and coping strategies, as they relate to the experience of weight stigma. It included qualitative information from diverse sources, including qualitative interviews, interpretative phenomenological analysis, and mixed methods inquiries, as well as quantitative information on stigma, stigma internalization, quality of life, and coping ranges. Recurring themes were found across all of the combinations and critical evaluations: Women are frequently subjected to weight stigma through verbal and nonverbal modalities such as critical words, condescending mannerisms, social exclusion, institutional biases fostering internalized stigma, self-recrimination, anxiety, social hypervigilance, and psychological burden. Coping responses are

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separated; adaptive coping includes seeking social support, reappraising self-worth and developing self-compassion, and maladaptive coping includes elusion/withdrawal. In clinical situations, stigma helps to prevent and disrupt engagement in care as well as effective care delivery. Little research focuses only on the female voice, and intersectional influences are under-researched, and longitudinal designs or participation are rare. Overall, the review provides insight into the role of interpersonal and systemic communication processes as intermediaries for women's experiences of weight stigma, psychological and behavioral outcomes through coping mechanisms. It highlights women's experiences and distinctions between adaptive and maladaptive behaviours. It supports gender-inclusive, stigma-sensitive engagement practices, fair healthcare guidelines, and a greater participatory focus to fill an important gap in research and literature, and prepare researchers, practitioners, and policymakers to tackle obesity stigma's communicative and social dimensions.

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Keyword:

Communication, Coping Strategies, Obesity, Weight Stigma, Women

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Introduction

Obesity is one of the most intricate and socially discredited public health problems of the 21st century, affecting not only physical health, but social identity, psychological health and interpersonal communication as well. In this context, women with obesity may face weight stigma, which is a socially biased perception of larger bodies as unwelcome. (Puhl, 2025; Rubino et al., 2020) The stigma is evident in healthcare, workplaces, relationships, and in the media, reflecting the way women see themselves and how they interact with people around them (Dever et al., 2025). Recent scholarship has increasingly moved beyond viewing obesity solely as a biomedical condition, recognising it instead as a psychosocial issue shaped by communication, culture, and lived experience (Krems & Neuberg, 2021). Although there is increasing recognition of the psychological barriers to health caused by weight stigma, only a few studies have examined the communication dynamics that support, transmit, and resist stigmatizing messages women transmit (Pearl, 2024; Williams & Annandale, 2019). It's important to note here that concepts like weight stigma (a negative social judgment grounded in one's weight) and coping strategies (cognitive and behavioral responses to reduce the impact of weight stigma) demonstrate the relationship between language, identity, and flexibility. This is a narrative review to develop new evidence regarding women with obesity's body communication, managing stigma, and using coping strategies to maintain self-esteem and self-worth (Nutter et al., 2023). This review looks at studies in the fields of psychology, health communication, and sociology, drawing in concepts of interpersonal interactions, health communication, and self-presentation as aspects of the lived experience. The scope includes

qualitative and theoretical literature within the past 20 years, highlighting the voice and subjective experiences of women. It is timely and relevant in that it builds on the understanding of the emotional work of managing obesity, highlights existing gaps in stigma reduction, and provides insight into the development of more compassionate and fairness-based health communication practices (Nutter et al., 2023; Westbury et al., 2023).

Literature Review

Weight stigma permeates and affects the lives of women with obesity across the board. Recent studies have shown that women with obesity experience bias and discrimination across healthcare, community, and family settings, with these experiences potentially affecting both their psychological and physical well-being (Liang et al., 2025; Ryan et al., 2023). This experience of bias and discrimination is particularly relevant for women, especially in the context of obesity, because women's self-perceptions of bias and discrimination are likely to be exacerbated by various societal pressures related to body image and health (Puhl et al., 2023). Such experiences are not only learned through direct discrimination, but they are also externalized and internalized experiences, resulting in a complex relationship of externalizing and internalizing the stigma. The factors that intersect with weight (e.g., age, race, and the presence of other chronic conditions) further amplify the stigma, highlighting the need for intersectional approaches to understanding and addressing weight-related discrimination among women. A most relevant context for weight stigma is in the healthcare environment; several studies have reported high levels of health care professionals' anti-fat bias. While obesity is very common among women and they often feel judged and blamed for their health issues, this can reduce trust in providers and inhibit access to health care. Communication is often suboptimal in these interactions because patients feel that only their weight is the reason for their concerns, and providers are likely to transmit bias in various ways, including verbally and nonverbally. (Alberga et al., 2019; Puhl, 2023) This is not only a reflection on the quality of care received, but it also deters women from seeking care and ultimately leads to suboptimal health outcomes.

The psychological and social consequences of weight stigma for women with obesity are considered. Stigmatizing experiences are highly associated with higher rates of depression, anxiety and low self-esteem, including a higher likelihood of internalizing negative societal attitudes. Social isolation is common among women, particularly in social settings where they are more likely to be judged or discriminated against. Additionally, stigma of weight in healthcare can lead to poorer quality healthcare and a reluctance to access health care services, contributing to more physical and mental health issues (Brown et al., 2022). Women with obesity rely on various ways of communicating to cope with weight stigma. Some proactive approaches include establishing limits when talking about weight, proactively discussing it with someone to assert control, and limiting disclosure of weight-related concerns to one trusted person. Women agree with the language and tone of healthcare providers and prefer to seek out providers who are known as being sensitive or avoid providers who they believe they might receive stigma from. Positive self-talk, thoughts, and affirmations are also important internal mechanisms in sustaining self-esteem and adaptability in coping with stigmatizing experiences (Bandura, 2002; Yanos, 2008).

Women's coping strategies to weight stigma are diverse and may be adaptive or maladaptive. Adaptive strategies involve reframing stigmatizing experiences to lessen the negative impact and seeking assistance from others such as friends, family, peer groups, etc. Some women

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confront, actively challenging the biased action or becoming involved in actions that can help lower the weight bias in society (Hunger et al., 2015; Salas et al., 2019). There are also unhealthy coping mechanisms that are prevalent, such as disconnection, avoidance, and self-isolation, which are linked to negative psychological outcomes and unhealthy coping patterns like emotional eating. For women who are obese, family and social support networks are important factors in their lived experiences. Weight management, psychological health, and healthier behaviors are all associated with positive partner, family, and friends' support. On the other hand, social undermining (when family members make derogatory comments, etc.) can exacerbate the impact of stigma and prevent progress (Lee et al., 2021). It has been established that group-based involvements and peer support networks can engender a sense of community and responsibility and can offer women important resources to tackle the difficulties of weight stigma (D'Adamo et al., 2024).

Weight Stigma in Healthcare

One primary context for women with obesity to feel weight stigmatized is within a healthcare context. Qualitative evidence has shown that patients frequently feel judged by healthcare professionals, which can lead to avoidance of medical care and poorer health outcomes. (Puhl, 2023; Puhl et al., 2021) The communication processes in these meetings are often characterized by a lack of empathy and understanding, with patients remarking that their health concerns are attributed exclusively to their weight (Pearl & Sheynblyum, 2025; Puhl, 2023). This dynamic not only undermines trust but also discourages women from seeking necessary medical attention.

Psychological and Social Impacts

There is evidence that weight stigma has psychological impacts. Stigma has been shown to be associated with depression, anxiety, and low self-esteem in women with obesity (Kyle et al., 2025). Social isolation is not only one of the factors, but the internalization of societal attitudes can affect self-worth and consequently delay or prevent healthy behaviors (Hudson et al., 2025; Puhl & Heuer, 2023).

Communication Processes

There are many ways that women with obesity communicate to "manage" weight stigma. Some choose to establish limits or disclose only some of their weight-related concerns with others, and others may even decline to report their weight-related concerns to reduce stigma (Puhl, 2023). These strategies can be effective, but it can be challenging to implement them, depending on the context and the partner's perceived sensitivity, especially in healthcare contexts where provider attitudes can greatly impact patient experiences (Kost et al., 2024; Puhl et al., 2021).

Coping Strategies

There are adaptive and maladaptive coping strategies for managing weight stigma. In contrast, maladaptive strategies, including emotional eating, avoidance, and disconnection, are also common and are tied to poorer psychological outcomes (Puhl et al., 2020). Adaptive coping strategies involve seeking social support, cognitive reappraisal, and advocacy and confrontation with discriminatory behaviors (Dibb et al., 2025; Hayward et al., 2017).

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Adopting an appropriate coping mechanism that is suitable to the individual can have a significant effect on mental health and weight management.

Role of Social Support

Social support systems are an important mediator of weight stigma. Having a supportive family, friends, and peer group (positive support) has been associated with better psychological health and higher resilience to stigma (Puhl et al., 2020; Timková et al., 2025). In contrast, stigmatizing and unsupportive messages from close friends and family can exacerbate the effects of stigma and impede coping (Puhl et al., 2023). Peer support groups and peer interventions have been effective in creating a sense of community and offering important resources for women who experience weight stigma. The importance of communication – verbal and non-verbal – in the experience of weight stigma among people with obesity has been highlighted in recent literature. Patients with obesity often experience verbal and non-verbal indicators of stigma in health care, which include communication between the provider and the patient, and health care delivery systems (Ryan et al., 2023). However, many health care professionals report that they are not comfortable discussing weight and would prefer not to have to do so because they are not trained, would be afraid to offend patients, or would not know if the patient would be referred to a dietitian or weight loss center (Alberga et al., 2019; Pearl & Sheynblyum, 2025). These communication dynamics constitute an important partnership for endorsing, experiencing, and maintaining weight stigma.

Beyond communication, coping strategies adopted by women living with obesity in the face of stigma are beginning to emerge in research, though gaps remain. Studies indicate that perceived weight discrimination is linked to increased use of disconnected coping strategies (Jiretron et al., 2024). Conversely, qualitative work with women who had undergone bariatric surgery found that more adaptive coping, such as cognitive restructuring and assertive self-advocacy, was associated with more positive body image and self-esteem outcomes. However, much of the work to date has been conducted in general or mixed samples; the specific lived experiences of women and how they communicate about, interpret, and cope with stigma across different cultural, clinical, and social contexts remain underexplored. This review thus focuses on unpacking women lived experiences of obesity-related stigma, their communication processes in various settings (including healthcare and interpersonal), and the coping strategies they employ to navigate these challenges.

In interpersonal and social communication situations, women who are obese frequently engage in complicated dialogues within informal networks (Salas et al., 2019). When it comes to media and online spaces, women experience constant exposure to negative body ideals and weight loss marketing, which is an ambient communication that perpetuates stigma and restricts their modes of self-expression (Moufawad et al., 2024). However, other research suggests that women use communication strategies like “fat talk” avoidance and selective self-disclosure to minimize the effects of stigma (Lucibello et al., 2021). The dual role of communication as a mechanism for stigma and a vehicle of empowerment is evident. It has not been extensively explored in gendered ways, and there is a lack of understanding about how women use communication to resist stigma (Boydell et al., 2020; Smith, 2012; Stangl et al., 2019). Collective and digital spaces are becoming more common platforms for combating weight stigma and advocating for flexibility, where people with obesity are increasingly using them. For instance, online body positive and fat empowerment communities offer opportunities for collective storytelling and solidarity for women to reframe stigma as a social problem instead

of a personal one (Clark et al., 2021). Self-compassion training and lifestyle modification are promising avenues for tackling internalized stigma: A virtual mindful self-compassion intervention led to greater self-compassion, more intuitive eating, and less internalized weight stigma for women with severe obesity (Ehde et al., 2014; Palmeira et al., 2019). However, structural forces like ubiquitous diet culture and systemic healthcare bias remain and restrict individual coping mechanisms, with advertising promoting thin ideals. The literature indicates that there is a need for further research on individual, social, and structural coping mechanisms and how this function in terms of culture, race, and socioeconomic status. Additional research using intersectional approaches is needed to describe the intersectionality of multiple marginalised identities and how these intersect to create the unique experience of weight stigma and the effectiveness of different coping strategies across different populations (Pudney et al., 2020).

In health care environments, the quality of communication has a significant impact on the patients' experience and interaction with the health care professionals. Research indicates that using stigmatizing language, making nonverbal cues, and an attitude of dismissal by health care providers can lead to shame, mistrust, and avoidance of health care (Schroeder & Wang, 2025). Weight is frequently mentioned as a topic of consultations, despite not being a direct concern, and creates a sense of bias and dehumanization for women (Alberga et al., 2019). In contrast, empathetic, person-centred communication, which involves respect, listening to, and engaging in shared goal setting, has been found to enhance patient satisfaction and treatment adherence (Howick et al, 2018). There are some training programs that focus on weight-inclusive care and reflective communication practices that are becoming effective tools to reduce provider bias (Flint et al., 2025). However, these advances are accompanied by studies that reveal that there are continued barriers to change in provider education and institutional policies that help to maintain stigmatizing clinical environments, calling for a more systemic approach to changing the norms of clinical communication.

Longitudinal coping research has found that women's reactions to obesity stigma are dynamic over time, depending on their social and personal identities. Early coping may include the use of disguise, withdrawal or self-effacing humor to avoid stigma (Mazurkiewicz et al., 2021). As time goes on, many women become more active in using proactive approaches, such as advocating, re-evaluating obesity as a health problem, and building online relationships with others (Dibb et al., 2025). Life stage, weight management experiences, and access to supportive networks affect these transitions. Importantly, though, there is some limited longitudinal qualitative evidence that suggests that sustainable coping involves integrating self-acceptance and advocacy, rather than just focusing on weight loss for purposes of social legitimacy (Levinson et al., 2024; Salas et al., 2019); however, such evidence is limited, especially in diverse populations where crossing identities (race, culture, socioeconomic status) influence both stigma experiences and coping resources. This highlights an important future research agenda where a life course and intersectional approach is needed.

Methods

The aim of this narrative review was to draw together the existing evidence regarding the lived experiences of women with obesity, specifically the communication processes and coping strategies with regard to weight stigma. To improve rigour, the methodological framework has been implemented following the guidelines for narrative reviews, which included conducting comprehensive search of various electronic databases and a rigorous screening and selection

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of relevant studies (Przbylowski et al., 2019). This systematic search aimed to encompass a broad range of qualitative and quantitative research exploring the multifaceted impacts of weight stigma on women, particularly within healthcare and social contexts (Dever et al., 2025).

Sources of Information

The main search electronic databases were Scopus and ScienceDirect due to their wide coverage of health sciences, psychology, and social science literature. In addition, manual search was used to retrieve further articles in the reference lists of key articles from initial screening to achieve comprehensive coverage. Selectively, grey literature such as reports from reputable health organizations, including WHO (World Health Organisation), was reviewed to provide a sense of context and highlight new trends in weight stigma communication.

Search Strategy

The database search was carried out between January and May 2026 and was limited to studies published in English between 2021 and May 2026 to capture the most recent developments in the field. The following keywords and Boolean operators were used: (“obesity” OR “overweight”) AND (“women” OR “female”) AND (“lived experience” OR “qualitative” OR “perception”) AND (“stigma” OR “weight bias” OR “discrimination”) AND (“communication” OR “language” OR “interaction”) AND (“coping” OR “resilience” OR “adaptation”).

Filters were applied to include only peer-reviewed journal articles and qualitative or mixed-methods studies focusing on adults aged 18 years and older.

Inclusion and Exclusion Criteria

Studies were included if they:

- Examined women’s lived experiences or perceptions of obesity-related stigma.
- Explored communication processes (verbal, non-verbal, interpersonal, or institutional) within healthcare, social, or digital contexts.
- Investigated coping or adaptation strategies used by women to manage or resist stigma.
- Employed qualitative, mixed-methods, or narrative methodologies that provided rich, descriptive data.
- Studies were excluded if they:
- Focused solely on quantitative measurements (e.g., BMI correlations without experiential narratives).
- Included male or adolescent populations without disaggregating gender-specific findings.
- Addressed obesity solely from a biomedical or nutritional perspective without considering communication or stigma-related dimensions.

Selection Process

Titles and abstracts of the duplicates were screened for relevance. Possibly eligible articles were subjected to full-text review, and disagreements about the inclusion of articles were settled by discussion and consensus. There were 42 articles that met the inclusion criteria and

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were included in this narrative synthesis. A clear and transparent process ensured that the review not only reflected a range of views on the lived experience, communication, and coping of women with obesity, but also remained focused and methodologically clear.

Discussion

Understanding Weight Stigma and Lived Experience

Weight stigma refers to negative attitudes, stereotypes, and discrimination towards someone based on body weight (Puhl et al., 2021; Salas et al., 2019). In the literature, obesity-related stigma is consistently identified as a social and psychological burden that can profoundly impact women and their self-perception, behavior, and relationships. Women who are obese report being judged as lacking self-control and discipline and feel that they are embodying cultural narratives of thinness as a symbol of success and health (Hudson et al., 2025). These stereotypes are perpetuated in clinical communication and the media, creating an escalating effect that contributes to internalized weight stigma, the internalization of societal views (Heitmann, 2025).

While there is widespread agreement about the negative impact of stigma, there are differences in the ways it is expressed by researchers across contexts. Examples of these types of studies include healthcare-focused studies which address provider bias and institutional discrimination (Nutter et al., 2023; Pearl, 2024), and sociocultural-focused studies which examine the intersection of gender norms, media exposure, and body politics (Santoniccolo, 2023). The two perspectives together imply that the experience of stigma is not only a single experience but a complex social phenomenon that is shaped by gender, culture, and power dynamics. Few studies, however, incorporate these lenses, thus missing out on intersectional and cross-cultural analyses of women's lived experiences.

Communication Processes in Healthcare and Society

Communicating is at the heart of the expression and experience of weight stigma. In health care, women with obesity frequently report stigmatizing communication styles, including clinicians' focusing on weight regardless of the presenting concern, the use of directive or moralizing language, or nonverbal discomfort (Bannuru, 2025; Ryan et al., 2023). These events can negatively impact health-seeking behavior and trust. Conversely, person-centred, empathetic communication focused on the principle of respect, shared decision-making and non-judgemental dialogue has been shown to positively impact outcomes, with patients being more likely to follow recommended care. Weight stigma can be spread not only at a clinical level, but also through the media and personal interactions, through idealised body images and negative stereotypes (Lucibello et al., 2021). Although obese individuals do not believe this, the social stigma is so strong that it is believed by obese people and causes self-criticism (Williams & Annandale, 2019). Such a stigma can have a very negative impact on their mental health, as it can cause anxiety and depression and make them not want to see a doctor (Hudson et al., 2025).

Communications beyond the clinical context, like social media and digital communication, reinforce and resist stigma. Online platforms reinforce unrealistic, idealistic body images, but also offer opportunities for women to take back their agency, share stories, and challenge dominant discourses (Turner et al., 2022). The difference between stigmatizing and

empowering communication contexts highlights the double nature of language as a means of stigmatization and a means of resistance. Although these dynamics are well known, limited research has examined how women are actively involved in using communication strategies to defy stigmatization (Smith & Bishop, 2019).

Coping Strategies and Adaptive Responses

Coping behaviors have been found in the literature to take many forms among women who experience stigma as a result of obesity, from emotion-focused to problem-focused. Emotion-focused coping involves attempts to avoid emotions and use humor, which can temporarily distract from the problem, but may spread negative self-concept (Dibb et al., 2025). Problem-focused coping, however, like advocacy, reframing, and engaging in body-positive communities, is associated with empowerment and flexibility. Furthermore, self-compassion practices have been associated with decreased internalized stigma and increased psychological well-being (Fekete et al., 2021; Pearl, 2024).

However, coping is not consistent; it changes across time and is influenced by personal history, social support, and cultural norms. Findings from the longitudinal data indicate that women tend to move from concealment and withdrawal to proactive responses to the crisis, especially if they have access to peer networks and online communities. However, there are limited studies that explore the process of adapting to weight stigma across the lifespan and in marginalized groups, and therefore a limited understanding of long-term adaptation to weight stigma (D'Adamio et al., 2024). Furthermore, the effectiveness of the coping strategies varies based on the nature of the stigma, including derogatory jokes and sarcastic remarks, which can cause body disappointment and anxiety (Simione & Gnargnarella, 2023).

Interpersonal and Cultural Contexts of Stigma

The interpersonal context (family, peers, partners) is a key determinant of women's experiences of stigma. Research shows that feedback from those close to them, such as from family members, can actually reinforce shame and body dissatisfaction (Pearl, 2024). Supportive communication, on the other hand, with a focus on unconditional acceptance, can help to prevent the psychological consequences of stigma. Culturally, the ideals of society around femininity, beauty, and morality add to the stigma. Thinness is regarded as a moral value, especially in Western culture (Heitmann, 2025). Although cross-cultural research is still scarce, such data indicates that there are supportive narratives in the collective culture that diminish the sense of personal responsibility (Padar et al., 2022). But, across all cultures, it is a universally acknowledged stressful experience. However, how people react to this stress in their lives is still not well understood in a robust stress coping model.

Although such knowledge is available, current research is still rather scattered, and most studies have been carried out in high-income, Western nations. Research could focus on the interaction of cultural narrative with stigma and coping and incorporate multiple voices to develop comprehensive health communication and social policies. Furthermore, the need to recognize the different types of weight stigma and its impact is immediate, given that weight stigma is generally discussed as a one-size-fits-all phenomenon (Nutter et al., 2024). This lack of specificity makes it difficult to devise interventions tailored to the specific type of stigma, because they may need to follow different coping strategies and support mechanisms (Himmelstein et al., 2018).

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Gaps, Challenges, And Future Directions

A number of important gaps are identified across studies. One, research is still largely Eurocentric and ignores the diversity of culture in the experience of obesity and stigma. Second, although communication is acknowledged as fundamental, few studies have investigated communication mechanisms systematically, such as how the tone and language used in communication and the dialogue structure relate to emotional outcomes and coping behaviors. Third, there is a lack of longitudinal and intersectional research that tracks the changes in women's coping over the life course, and the effects of intersecting identities (race, class, sexuality) on stigma experiences.

A multi-disciplinary approach is needed to address these gaps that require integration of health communication, psychology, sociology, and public health. More attention needs to be focused on training health care professionals to learn how to communicate with patients and others in an empathetic, weight-inclusive manner, and increasing the education of the public about the need to address the bias of society against overweight and obese individuals. From a policy perspective, embedding stigma reduction models in health care guidelines and media guidelines for representation can create more equitable, compassionate spaces. Future studies should shift from reporting harm to uncovering practices of communication that can be transformative and increase women's ability to resist and dismantle systemic stigma.

Overall, communication is a key challenge as well as a potential pathway to resilience, while experiences of obesity-related stigma are complex and multifaceted for women. Empathetic conversations, inclusive stories, and supportive communities can help to shift the focus of stigma from a personal responsibility to a social problem that requires systemic awareness, empathy, and action.

Limitations

While this narrative review provides a comprehensive synthesis of current research on the lived experiences of women with obesity, particularly their communication processes and coping strategies toward stigma, several methodological and conceptual limitations must be acknowledged.

The selection of literature was an interpretive process, rather than systematic, and could be open to selection bias, because of this. While great efforts were made to ensure transparency and comprehensiveness during database searches (Scopus and ScienceDirect), without a formal systematic screening or quality appraisal protocol, replicability is limited. This may have been an unintentional omission of some relevant studies, especially those published in non-indexed or regional journals. Further, only English-language studies (2021– May 2026) were included, which could also create language and publication bias and potentially exclude valuable insights from non-English or older research that could enrich the understanding and global perspectives of obesity stigma.

Second, the current evidence base of the lived experiences of obesity among women is inconsistent in terms of coverage and quality. There was a high proportion of studies that used small and similar samples, typically from Western, high-income countries, making the results less generalisable to other cultural, racial and socioeconomic settings. Additionally, the methodological quality, depth of analysis and reporting transparency of qualitative studies is

often not comparable across studies or thematically synthesized. Very few studies used a longitudinal or intersectional design, and therefore few studies captured the changing ways in which coping strategies are enacted over the life course or how coping interacts with other aspects of identity such as race, class, and sexuality.

Third, the interpretation of findings was challenging because they came from a variety of methodologies. The studies reviewed were based on different theoretical approaches ranging from social constructivism to feminist theory and health communication models, which made it difficult to incorporate concepts within a single analytical framework. Diversity enriches the learning experience, but it also raises the possibility of concept overgeneralization and loss of contextual nuances. Further, narrative synthesis involves researcher interpretation, which could lead to confirmation bias in the thematic classification and presentation of the evidence.

Lastly, fewer studies focus on structural and institutional factors that contribute to stigma, and more focus on individual-level coping mechanisms. This imbalance can create an individualistic mindset surrounding responsibility, which ignores systemic factors like health policies, media portrayals, and sociocultural norms.

Future studies should use more systematic, intersectional, and longitudinal approaches to better account for the complexity and variability of women lived experiences to overcome these limitations. An expansion of the evidence base into other languages and other parts of the world needs to enrich the evidence base, and mixed methods and participatory designs could enhance validity and inclusivity. Further, it would be beneficial to have a common system of communication and coping analysis to increase comparability and theory integration between studies. These gaps can be filled with future scholarships, bringing us closer to building a complete, equitable, and comprehensive worldview of weight stigma and women's lived realities.

Conclusions

Finally, in this narrative review, we draw attention to the intersection of interpersonal communication, societal narratives and self-perception as they contribute to women's experiences of weight-related stigma. Integrating results from qualitative and psychosocial research, this review shows that women with obesity often experience stigmatizing interactions in health care, family, and social contexts, resulting in emotional distress and self-silencing. Adaptive coping strategies, however, like body acceptance, peer support networks, and assertive communication, prove to be key factors in resilience. These insights directly relate to the aims of the review, shed light on the mechanisms through which communication can contribute to the perpetuation and alleviation of stigma and on coping mechanisms that can promote psychological well-being. There are still some gaps in knowledge regarding intersectional experiences (such as ethnicity, socioeconomic status) and in the effectiveness of communication-based interventions. Studies that follow a participatory and longitudinal approach and include perspectives of women in the development of stigma reduction strategies, enhance the provider-patient dialogue, and guide public health messaging should be prioritized in future research. This will further the knowledge of obesity and health communication and encourage equitable and empathetic practices.

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