Ozempic, Weight, & Identity—
A Guide for Mental Health Providers

Marty Klein, Ph.D

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Financial disclosures: None

Today’s goals

- Describe how these drugs work
- Describe what the experience of these drugs is like
- Explore unexpected consequences
- Explore implications beyond weight and bodies

- Note: This is just an introduction.

Note: I’m not fat-shaming or pathologizing/normalizing any given weight.

Obesity is a medical condition, not a moral one.
Unhealthy weight is a medical phenomenon, not a criticism.
Compulsive eating is often emotionally distressing.

We can acknowledge both our weight-mad culture AND the medical/emotional disadvantages of
1) being overweight
2) out-of-control eating

Radically new, ultra-processed food
now undermines our ability
to ever feel full.

Addressing this fact requires emotional skills
that many people lack.

Therapy can help.
Medication can help.

GLP-1 Agonist:

glucagon-**l**ike **p**eptide-1 receptor agonists.

Agonist:

a manufactured substance that
causes the same action
as a naturally occurring substance.

GLP-1 agonists available in the U.S.

- Dulaglutide (Trulicity®).
- Exenatide (Byetta® & Bydureon®).
- Liraglutide (Victoza®).
- Lixisenatide (Adlyxin®).
- Semaglutide (Ozempic® & Rybelsus®).
- Tirzepatide (Mounjaro®, Zepbound®).

How GLP-1s affect users

- Affects areas of the brain that process hunger & satiety. This reduces appetite, hunger, and food intake.
- Increases how full someone feels during (& after) eating
- Slows stomach emptying, so people feel full longer.
- Satiety: “I could eat a little more…but why?”

Disadvantages of GLP-1s

- GI issues such as nausea, vomiting, constipation, diarrhea
  Usually mild; typically subside over time
- Expensive
- Lifelong use of drug is required
- Shame or guilt about $ or ease of weight loss
- Can lead to a loss of lean muscle mass
- Not safe to take during pregnancy
- They don’t work for everyone

1/2 of people who start these drugs discontinue within a year.

Side effects

Expense

Shortage/hassle

Reach their goal

Limited efficacy or weight loss plateau

Psychological & relational issues

The experience of GLP-1s

- Change focus from desire to contentment/satiation
- Quiet “food noise”: *When can I eat? What? How much?*
- Eating may be less of a social event
- Reduces alcohol, tobacco, other addictive desires
- “My body now looks more like the self I have always felt inside”
- Completion of a lifelong project; feel more normal
- Weight loss & maintenance are virtually effortless (although exercise requires self-discipline)
- Encourage people to reconsider their narratives about themselves, their body, their desirability, their agency

Perhaps the most powerful experience:

"I can have my heart's desire—
with very little effort."

How do we respond to this?

What do people lose besides weight?

(Some of) their narrative of powerlessness.

GLP-1 users are called upon to notice
when they feel full and therefore satisfied—

rather than simply eating
to engage with hunger reduction & prevention
or other emotional needs.

“I could eat more, but why?"

GLP-1s invite people to ask,
“If I don't honestly want food right now,
what do I actually want?“

This is a good question to ask ourselves
before we reach for anything—
TV, masturbation, cellphone, sex, an argument.

That self-discipline is the key
to almost every kind of happiness.

Most patients don’t embrace it enough.

Couples issues

- Reduce meals as a time of closeness OR conflict
- Diverging experiences if only 1 takes drug
- One mate changes w/o the other; the other may feel abandoned
- One mate exercising unusual level of autonomy
- Getting new attention from others
- Power struggles: over the money, attention, old & new desires

- Many of these are familiar to us—like a drinker becoming sober

Unexpected/uncomfortable consequences

- The new attention the user gets at work
- Lifelong-shy person gets increased encouragement to socialize
- Parent observes their teenagers' envy or insecurity
- Discomfort telling others how they've lost all that weight
- Either spouse losing their sexual inhibitions
- The de-centering of food in one partner's life
- *"I thought losing weight would change <u>everything</u>"*
- And what about the loss of identity—of user or others?

Many physicians don’t discuss likely effects when prescribing GLP-1s.

Just as with so many other interventions:

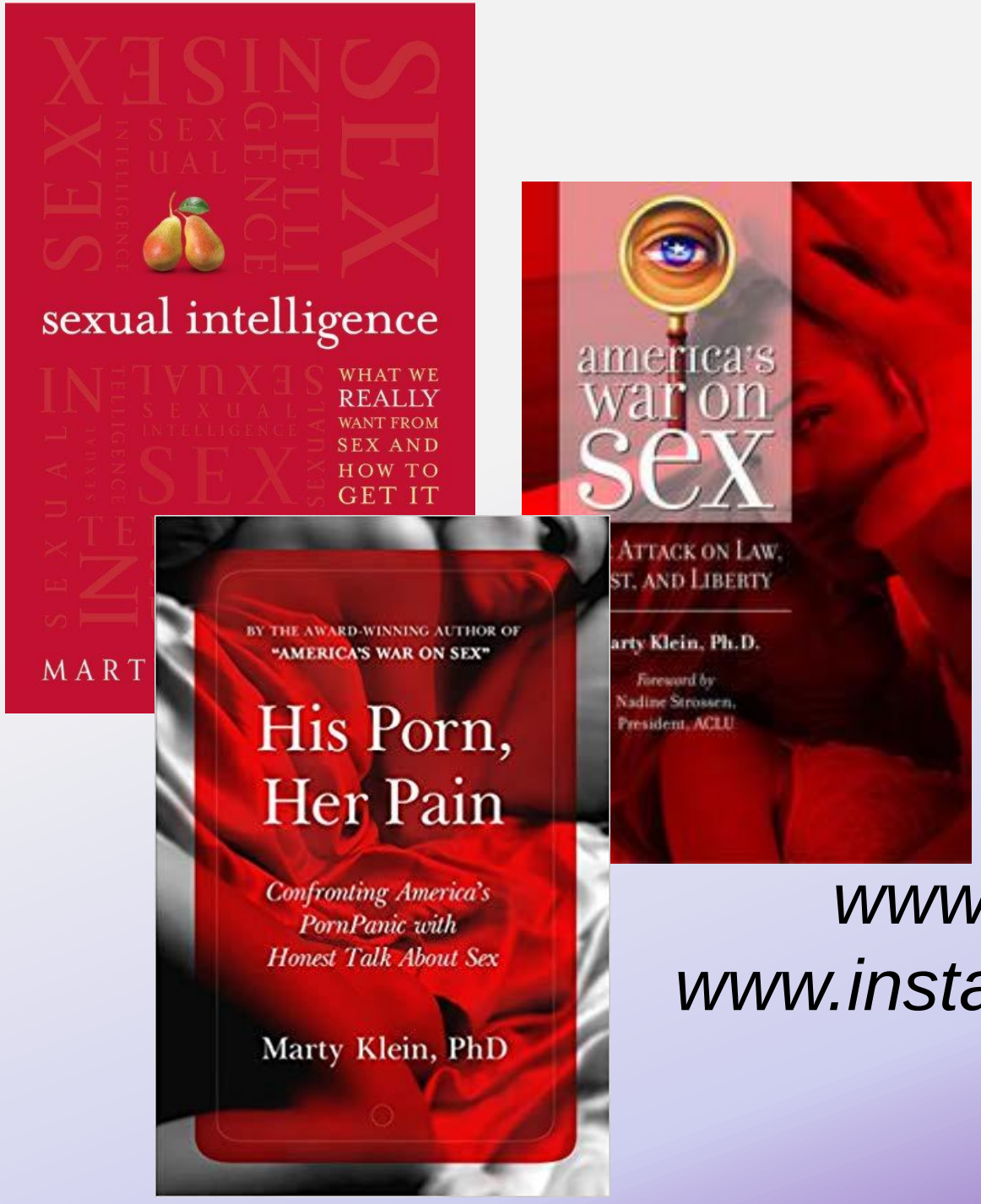
Crohn’s diet
Anti-depressants
Sleep meds, CPAP machine
Exercise regimen
Infertility treatments
Eliminate alcohol

Our role includes helping users…

- decide about lifelong medication
- deal with unanticipated relationship/system issues—intrusion into power dynamics, narratives, identities
- navigate guilt, shame, or secrecy
- name and deal with sexual issues
- deal with having their heart's desire (while others don't)
- who are disappointed about what didn't change

Summary

- GLP-1s are wildly successful for SOME people
- Cost, side effects, and access can be discouraging
- Participation should be considered LIFE-LONG
- Weight loss can be EASY; consequences can be challenging
- Relationship effects—positive & negative—can be substantial for both user and others



@DrMartyKlein
www.SexEd.org
Klein@SexEd.org
www.youtube.com/@Marty_Klein
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