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Breaking WEIGHT BIAS

Promoting Health without
harming through digital
training tools

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4. Weight & Fatness in modern society

4.1. Belief system about weight in western societies





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TRAINING CONTENT

Module: 4. Weight & Fatness in modern society

Learning Objectives

By reading this module, health care professionals will:

- connect with their patients authentically;
- be unbiased for better diagnosis and treatment;
- eliminate the societal norms related to perceptions of the perfect weight.

4.1. Belief system about weight in western societies

4.1.1. Diet culture & thin idealisation

Over the past few decades, western societies have largely adopted what is now called a diet culture. This kind of culture idealises certain body types and lifestyles while rejecting others by associating negative stereotypes and feelings with them. While pretending that the diet culture is about healthy choices and general well-being, perverse motives linked to consumerism and mass manipulation fester in the shade.

The diet culture began as a (supposedly) social movement to promote healthy and morally acceptable lifestyles. In this context, society eagerly accepted the association of dieting with the ideas of self-control, self-discipline, and good citizenship (Dolan, 2018). This arbitrary association was not without ulterior motives: it sought to promote the ideology of thinness through complex and misleading advertising of healthism as something inextricably linked with consumption and consumerism.

The thin ideal (ideology of thinness) refers to the acquisition of socially reinforced ideas related to the weight and shape of individuals. This idea leads to body dissatisfaction and the pressure of perfection, as individuals are not able to conform to this ideal. The thin ideal is linked to the presentation of a successful and more attractive individual being approved by society. These perceptions are catastrophic and enhance weight stigmatisation. (Wilson S., Benning D. S., Racine E. S., 2001)

The discourses developed to support the diet culture constructed the fat body as “a negative or spoiled identity” connected to “unhealthy, costly and immoral” lifestyles, thus implicitly justifying the unequal treatment of people who are overweight (Dolan,



2018, p.2). The promotion of self-help as the ideal reaction to being fat was established by equating losing weight with ‘becoming better’ and self-transformation with happiness (Dolan, 2018, p.2).

Striving towards *unachievable ideals* became quite common in western societies through the normalisation of *body shame* (Dolan, 2018, p.21). As a result of the thin idealisation, feeling fat (and not *actually* being fat) became a *social phenomenon*, revealing how unsound the relationship between the Self and society can become. Body shame and body dissatisfaction can actually have adverse consequences and augment phenomena like obesity or eating disorders, instead of promoting healthy lifestyles.

The way western civilisations embody cultural norms has quickly allowed for feelings of fatness to gain social meaning and allowed them to manifest as social functions that affect lives and relationships. Subsequently, *self-monitoring* and *disciplinary regimes* have become the new normal in discussions promoting the body as something that must be *controlled* and only occasionally surrender to small pleasures (Dolan, 2018, p.21).

Despite appearances and healthism-pretences, this phenomenon is actually the product of an extremely profitable industry exploiting human vanity and insecurities: billions are spent each year on dieting and diet-related products, as well as in cosmetic surgeries and procedures aiming at improving physical appearances (NEDA, 2005). For millions of people, physical appearance, weight and size have become an obsession and the thin idealisation dictates many of their choices, while -at the same time- reducing their self-esteem and their commitment to health goals.



<https://pixabay.com/photos/doll-barbie-blonde-posing-model-1497823/>

The diet culture is so widespread and powerful that it has become dangerous. The thin idealisation and the normalisation of body shame are known to harm people of all sizes: they can cause mental health problems, physical health problems (e.g. by perpetuating eating disorders, by damaging certain organs, etc.), and severe social deficits (Chastain, 2019). By obsessively accentuating the importance of size and weight, the diet culture *pathologises* certain body sizes, thus augmenting the weight stigma through manipulative healthism and sizeism discourses (Chastain, 2019). Consequently, popular narratives and the pressure to fit certain norms and ‘beauty standards’ become constant sources of anxiety and stress and accentuate manifestations of internalised weight bias based on *perceived inadequacies* (WHO, 2021).

Having a culture dictate *what, when* and *how* much one can eat, as well as define what is *good, moral and worthy* just for the sake of profit, can have devastating effects on people’s health and lives; it is also a phenomenon known to establish and spread inequalities in society, as is the case, for example, with healthcare professionals who automatically treat people with overweight and obesity as second-class citizens (Chastain, 2019). In this context, rejecting the diet culture would not mean that one



does not care about what they eat: rather, it would be a political statement against oppression.

As research shows, healthy attitudes are not inextricably linked to weight loss; on the contrary, weight loss and weight focus are known to have several contraindications in physical and mental health, as well as in social interactions. In stark contrast, *Health at Every Size (HAES)* approaches prove to have much better results in “physiological measures (e.g., blood pressure, blood lipids), health behaviours (e.g., eating and activity habits, dietary quality), and psychosocial outcomes -such as self-esteem and body image” (Bacon & Aphramor, 2011). This illustrates the fact that dieting is not the solution to a healthy living and losing weight is not a permanent solution that can ensure “the putative benefits of improved morbidity and mortality” (Bacon & Aphramor, 2011).

In conclusion, the diet culture does not promote a healthy relationship with food that lasts, nor does it help people stay committed to health goals. The diet culture aims at distracting people into demonising pleasure, flexibility, tolerance, and diversity for the sake of profit.

4.1.2. Thin privilege & fat oppression

Imagine the following scenario:

You are a hiring manager interviewing people for a position at your company.

After screening CVs, you pick out two people that seem ideal for the job. They are both very qualified and they are both available to start working for your company immediately. However, one of them is (considered) thin, and the other one is (considered) overweight. Who do you hire?



<https://pixabay.com/illustrations/recruitment-opportunity-employment-3942378/>

The diet culture creates and sustains thin privilege and fat oppression. In this divisive culture, anything accommodating and beneficial is reserved for the idealised thin body. This causes injustices within all human life domains and denies anyone who does not meet the strict constructed beauty standards of equal opportunities.

“Thin privilege is created by a world that is based upon accommodating thin people, and seeing thin bodies as more deserving than fat bodies”

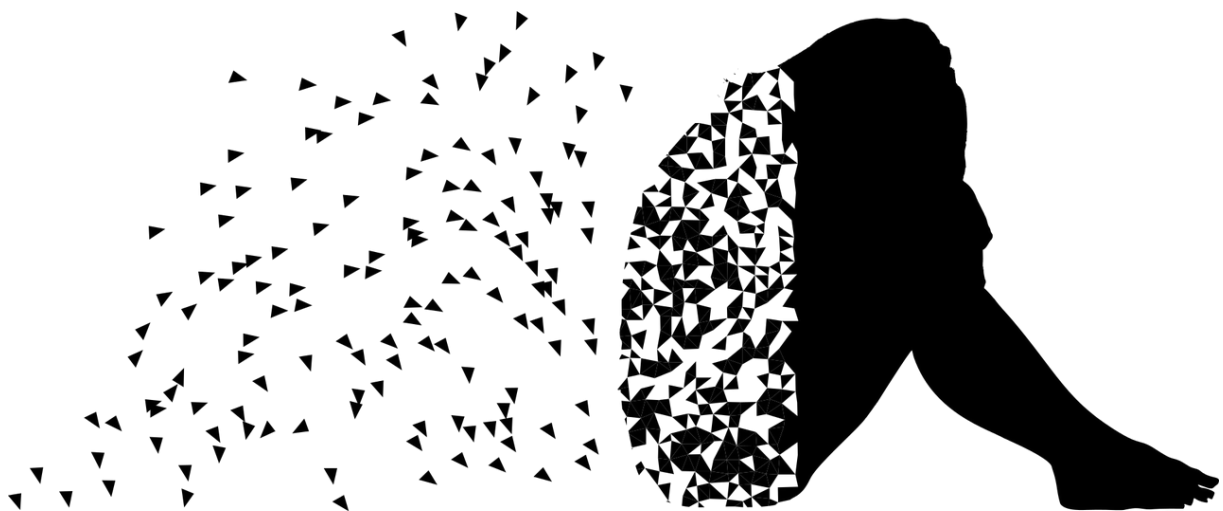
(Chastain, 2019).

The term *privilege* refers to the advantages that certain people receive, much to the dismay of others who are wrongfully excluded and underprivileged. Thin privilege - in particular- is the consequence of weight discrimination and the pervasiveness of weight stigma. Research shows that weight is a discriminatory factor in domains such as employment, education, social relationships, healthcare, popular narratives and so on (Bacon, 2010). Negative beliefs and attitudes towards people with overweight and obesity are prevalent in western societies and perpetuate these people’s exclusion and marginalisation.



However, the focus on weight and size can harm people of all sizes in the form of internalised weight bias. The obsession with meeting society's expectations and reaching unattainable ideals creates mental health problems such as stress, anxiety and low self-esteem; it also perpetuates eating disorders and can damage people's physical health in many ways (Bacon, 2010).

The culture of prioritising body size and weight over other essential aspects of life severely affects people's choices and attitudes in their social and professional circles, as well as in matters concerning their health and well-being. As a result, internalised weight bias has the power to distort people's views of what is important, what they *actually* deserve and what they are able to achieve. In this context, body size categorisations can have a larger impact on lives than (for instance) self-preservation and can impose detrimental consequences on human bodies and psyches.



<https://pixabay.com/vectors/mental-health-abstract-anatomy-art-3285625/>

The binary approach “fat versus thin” creates categorisations that cannot include large parts of the human population. The dominant discourses promote beauty as totally dependent on body sizes and, hence, limit substantially people's chances of fitting within what is considered as the *norm*. As part of ‘*western hegemonic patriarchal culture*’, these discourses leave little room for contestation and function as oppressing commentaries over constructed social differentiations (van Amsterdam, 2013).



In that sense, body-related discourses and their pervasiveness in popular narratives, educational settings, workplaces, government policies and every other aspect of everyday life, establish forms of discrimination as brutal and unjust as those relating, for instance, to race or gender.

4.1.3. The moral panic about obesity & personal responsibility

Body-types and sizes that deviate from the dominant discourses and expectations are being increasingly stigmatised in western societies. The stigma accompanying negative (and arbitrary) interpretations of *Difference* based on weight and size has permeated every aspect of life with the excuse that fatness and obesity are bad for public health. However, **the stigma itself is much more detrimental for public health and social justice.**

As research shows, weight bias and all relative negative attitudes and discourses have elevated the levels of weight discrimination. By placing the blame on people with overweight and obesity, the weight stigma is rarely seen as a social issue with wider implications- if ever. Using the stigma itself to promote healthier choices camouflages social injustices and public health neglect with personal responsibility.

Historically, stigma has always been socially constructing certain groups of people as responsible for their proper misfortunes, even in the cases of diseases. This mentality abides by discriminatory principles based on preconceptions, ignorance and even hostility towards specific groups of people (Puhl & Heuer, 2010). As a result, stigma often leads to panic and falsely raises issues of morality.

Contrary to recognised diseases and epidemics, obesity is not (yet) recognised as a public health issue that would call for systematic interventions. Rather, it is seen as a personal choice and a matter of personal responsibility. Negative assumptions about people with overweight and obesity lead to interpretations of body-size differences as the result of problematic behaviours and personal characteristics (e.g. laziness, lack of willpower, etc.).

“Societal attributions about the causes of obesity contribute significantly to expressions of weight stigma”

(Puhl & Heuer, 2010).



Weight stigma implies that people *can* and *should* control their bodies. By failing to do so, they are categorised as morally blamable and are treated with contempt. The stereotypical views on obesity are enhanced by anti-obesity campaigns in the media, that insist on narratives about personal control and responsibility. In this way, they justify stigma as an appropriate *societal response* (Puhl & Heuer, 2010).

Subsequently, body-related issues and physical appearance become central preoccupations for the average citizen, thus creating a sort of moral panic about obesity. By definition, moral panic involves *exaggerations, fabrication of risks, disaster analogies* and “the projection of social anxieties onto a stigmatised group” (Campos et al., 2005). In what may be seen as a ‘*media frenzy*’ sanctioned by governments and health strategists, the fear of being fat spreads like wildfire (OpenLearn, 2014). In this context, even the idea of gaining weight can become extremely stressful in a society that cultivates unrealistic expectations and social division.

By depriving obesity of its complex aetiology and by insisting on assigning blame instead of treating the problem, western societies fail to promote healthy lifestyles and reduce obesity rates, since the panic that they cultivate does not facilitate sustainable weight loss or healthy regimens; rather, it causes erratic or maladaptive eating patterns, high levels of stress and other serious mental health issues (e.g. depression). Existing literature successfully compares the negative effects of stigma-induced stress in the cases of racial discrimination with the detrimental effects of weight stigma (Puhl & Heuer, 2010). In both those cases, individuals are denied (explicitly or implicitly) the right to simply look different than others (Landow, 2021).

Moral panic is also responsible for social injustices occurring because of weight bias. In healthcare, for example, people with obesity do not receive equal treatment as the rest of the patients; they are often victims of disrespectful attitudes, and generally face several other barriers in getting appropriate care. The same applies to all aspects of daily life, thus denying people with overweight and obesity the right to dignity, respect, and equality.

Moreover, since obesity is stigmatised, society accepts the lack of systematic efforts to treat or prevent it: governmental policies usually favour socially desirable groups and exploit the narratives of personal responsibility when obesity is concerned (Puhl & Heuer, 2010). As a result, no large-scale interventions or well-funded programs are implemented to treat obesity effectively, whereas health disparities and social inequalities increase, and multiple significant factors of obesity are overlooked.



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