

Attitudes to weight

February 13, 2019 /No Comments



My alma mater, the University of Alberta, send me a magazine 3 to 4 times each year. Unlike some alumni magazines, the U of A one is actually a really good read. In the latest issue there was a brief article (Young, 2018) about the work of Obesity Canada, asking the question “Do you have a weight prejudice?” So there’s the trigger for this blog, and yes it seems that I do have a weight prejudice. No matter how hard I wrestle with it, and no matter how far I think I have come, there’s a residual weight bias, stubbornly clinging on and refusing to budge.

To illustrate our biases, Ximena Ramos Salas (Managing Director, Obesity Canada) posed 5 questions.

When you see a person with obesity eating do you think that they are lazy and lack willpower?

When you see someone with obesity do you think, what a shame, they need to lose weight?

Do you think that obese people could change their health if they were personally accountable?

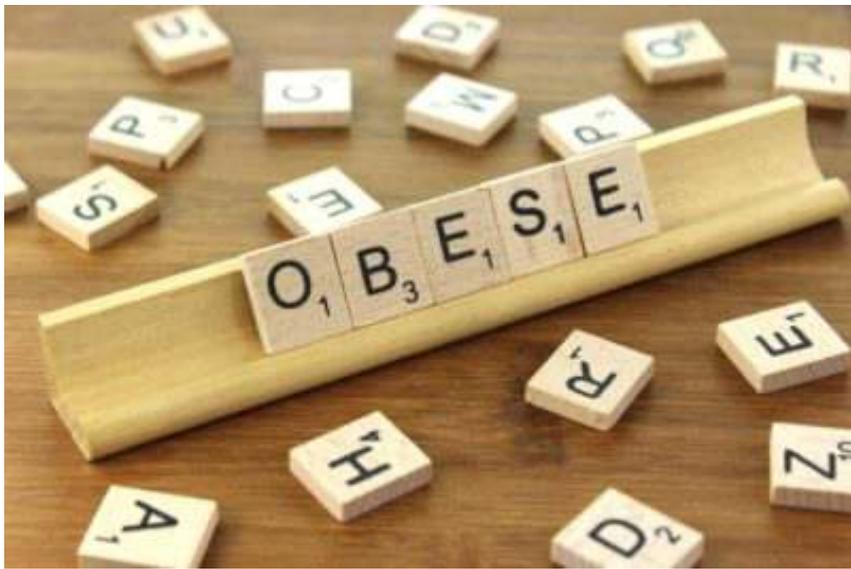
Do you laugh at fat jokes? (Despite your best intentions)

Do you have colleagues or friends in your social circle who are large or obese?

So you can clearly see where those questions are heading, and some of the prevalent biases and assumptions that kind of anticipate how you might answer those questions. As exercise professionals I wonder whether we are more likely to hold on to weight prejudices? After all most of us were taught at some point that ‘energy in’ just needs to be adjusted relative to ‘energy out’ in order for body weight to be changed. No surprises then that many people continue to evaluate the value of exercise and exercise modes on the basis of calorie expenditure.

Obesity as a disease

Obesity Canada has some interesting policies. For example they want public health policy to recognise obesity as a chronic disease and help get rid of the idea that being overweight is a self-inflicted lifestyle choice. I think a key point that they make is that not everyone develops obesity for the same reasons, and those reasons extend beyond eating too much (calories in) and not exercising sufficiently (calories out). If we accept that premise we can see that generalising behaviours and attitudes on the basis of physical appearance (body size in this case) is simply wrong and unfair. Just because a person is large or overweight does not necessarily mean that they are making poor decisions with their diet and/or their physical activity.



That word ‘obese’

At this point, I’m going to stick my neck out and confront that word ‘obese’ that we bandy around so readily. I’m not really sure why but I have come to loathe that word. It makes me very uncomfortable and I feel like it’s one of those words that should be on a list of naughty words that should never be spoken! I find it demeaning, hurtful and I don’t really think it is in any way helpful. I spent probably the last 15 years of my academic career trying to correct students and stop them using and misusing the term, yet it was everywhere and was constantly used by some of my former colleagues – and those kind of habits can be hard to break!

A side story: a few years back I attended a controversial symposium on “fat and fit” (as part of an American College of Sports Medicine Conference). Something that really stuck with me was one of the speakers, a medical practitioner, who recounted his memory of writing down ‘obese’ on a patient’s medical record (as they were required to do). The patient must have been trained in code cracking because upside down, she managed to read what the doctor had written. With tears in her eyes she asked – ‘why did you just write that about me?’ Of course he couldn’t really rationalise why based on her appearance and maybe her height and weight, he had medicalised this woman’s body size and emotionally agitated her. That anecdote highlights a couple of sad realities; 1. many people don’t know, or don’t believe, that they are ‘obese’ (the American Medical Association estimates that nearly a half of the population do not realise that they are ‘obese’), and 2. there is a massive social and personal stigma attached to the word. For goodness sake, it’s not even a real medical word! I did some homework – like many words and terms ‘obese’ supposedly has Latin roots – from the word “ob” (which means over) and “edere” (which means to eat).

In Latin “obesus” translates as something that has eaten itself fat. We routinely use this word to label our fellow humans; a label that is heavily loaded with innuendo and subtle accusations.

Being large vs being obese

One of the most salient points made by Obesity Canada is that it is critical to distinguish between being obese and being large. I’ve blogged on the bizarre thresholds with BMI and we know full well that BMI is a terrible marker of adiposity. The reality is that size is not a disease and people can and do live healthy lives in larger body sizes – so I’m a little conflicted about the idea of recognising obesity as a disease (as Obesity Canada suggests) when we know that that label is a little dubious.

Consider what overweight people might want

The Obesity Canada group advocates for involving overweight individuals in developing public health policies. Most contemporary weight management programmes (that have typically failed) have been developed by well-meaning medical and public health collectives, and have not really respected the needs and the wishes of people living with being overweight. Another side note here: I was stunned by the bizarre reactions of some delegates at that same “fat and fit” symposia. Some were literally jumping up and down and frothing at the mouth disturbed that some of speakers were making a (pretty good) case for how it was possible to be fat and fit, and fat and healthy. Those physical activity and health dogmatists just couldn’t imagine a world where that could be possible! These individuals who are largely responsible for researching

and developing policy for physical activity and health appear to have no real insight into the potential damage from their initiatives that typically label, blame and shame those who are overweight. In our exercise prescription practicum at Phys Ed School, we routinely encountered clients who had been beaten down by those messages, labelling themselves as obese and virtually conceding that they were lazy with poor impulse control – so I've seen some of those harmful consequences of generic public health policies.

There absolutely is a problem

In all of this I am not trying to be a 'denier' and suggest that globally and locally we do not have a problem with excessive adiposity. We absolutely do, and there is evidence that excessive body fat is more prevalent and more prevalent at younger ages. I don't doubt that these increases have largely a social basis and are related to poor nutritional choices and inactivity. It just seems to me that the way that health professionals are going about it is questionable. Shaming individuals with 'obesity' will rarely motivate the intended changes in behavior and may drive unintended behaviours. A survey found that almost 90% of Canadians with 'obesity' had never sought help from a healthcare professional (Sharma & Ramos Salas, 2018). Instead, these people appeared to be hoping for a solution from the multi-billion-dollar weight-loss industry! Ironic really as the weight loss industry rides on the wave of fear created by medicalising 'obesity'!



Thinking forward

I can't really see myself stepping up and trying to change public health policies – those things are firmly entrenched with a momentum of their own. Although, I do sense that in pockets they are demonstrating a little more insight. I think we can examine how we think and act as exercise professionals. I remain confused about the role of exercise in weight loss, but I'm pretty clear that physical activity has much more to offer than weight loss or calories burned. Exercise can help people be large and fit, it can help people be large and healthy, and we know that it can do wonders for social and personal wellbeing. Maybe we all need to reflect on our responses to body weight. The fitness industry probably needs to rethink how it markets and presents itself in the eyes of those with weight issues. I suspect that similar to the Canadian reluctance to consult health practitioners, many overweight people will have a similar reluctance to seek help from an exercise professional, and that's a real shame. Surely as exercise professionals we have a responsibility to society to make physical activity appealing and accessible to all.

Selected references

Araújo, J.A., Queiroz, M.G., Dias, A.R.L., Sousa, L.C.J.L., Arsa, G., Cambri, L.T. (2019): Isolated Obesity Is Not Enough to Impair Cardiac Autonomic Modulation in Metabolically Healthy Men, *Research Quarterly for Exercise and Sport*, DOI: 10.1080/02701367.2018.1549357

Sharma, A.M., Ramos Salas, X. (2018) Obesity Prevention and Management Strategies in Canada: Shifting Paradigms and Putting People First *Current Obesity Reports* 7:89–96.

Young, L. (2018) Do you have a weight prejudice? *New Trail*, Winter 6, University of Alberta

