

Why Weight Matters: Addressing Body Shaming in the Social Justice Community

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Alarmist messages surrounding the obesity epidemic have influenced many in the social justice community to adopt a combative stance against the purported “fat explosion.” However, by aligning itself with the corporate interests, biased research, and buried prejudices driving the nation’s fear of fat, the social justice community is distancing itself from its original purpose and unwittingly perpetuating a hostile and antagonistic environment for fat people. This paper will serve as a critique of the mainly uncontested obesity narrative and provide justification for why social workers should frame weight-based discrimination as an issue of social justice.

The national picture of obesity is a negative one. Alarmist headlines refer to fat¹ people as “coronary time bombs” (Blake, 2009) and a “national security threat” (Frum, 2010), and messages surrounding the childhood obesity epidemic perpetuate a doomsday-like atmosphere that questions whether today’s youth will be able to outlive their parents (Hilpern, 2002). Now, even members of the social justice community have entered the anti-fat foray, with Elizabeth Clark, the Executive Director of the National Association of Social Workers, referring to obesity as a “scourge” (Newsweek, 2010).

However, emerging research suggests that such alarmist representations of obesity may be unwarranted. For instance, weight may be an unreliable predictor of future disease and mortality (Campos, Saguy, Ernsberger, Oliverly, & Gaesser, 2006), and sustained weight loss is not always possible or even healthy (Bacon & Aphramor, 2011). Nonetheless, there is a noticeable silence among social workers denouncing the perpetuation of anti-obesity rhetoric. This inaction suggests a certain discomfort in providing support for size acceptance and may be indicative of a belief that weight loss should be the main aspiration for fat peo-

ple.

This is troubling, considering that weight-based discrimination may not be an entirely separate form of oppression, but rather a continuation of the same social forces aimed at oppressing other marginalized members of society. For instance, Campos et al. (2006) note:

Negative attitudes towards the obese are highly correlated with negative attitudes towards minorities and the poor, such as the belief that all these groups are lazy and lack self-control and will-power. This suggests that anxieties about racial integration and immigration may be an underlying cause of some of the concern over obesity. (p. 58)

It has similarly been observed that anti-fat sentiment is associated with negative views toward women (Campos et al., 2006), implying that weight-based discrimination is not only facilitated by other prejudices, but also may be a venue through which they are further supported.

Yet as long as the social justice community's endorsement of the prevailing view of obesity endures, various forms of weight-based discrimination will remain unexplored, and any attempts to address them will be inadequate. This paper, therefore, encourages social workers to critically reevaluate their negative assumptions and explore innovative approaches toward advocating for size acceptance.

(Re)Examining the Relationship Between Weight and Health

Much of the difficulty in addressing weight-based discrimination arises from the stigma surrounding obesity, which is tightly woven into the accepted notion that it is universally unhealthy to be fat. This subsequently permits a culture in which weight-based discrimination and stigmatization are frequently justified as forms of health promotion (Ernsberger, 2009).

Yet, the empirical evidence assessing the relationship between obesity and adverse health outcomes is often contradictory,

speculative, and marred by confounding variables. For example, mortality rates may be lower among those whose body mass index (BMI) defines them as “overweight” (BMI > 25) than those who are of “normal” weight (BMI between 18.5 and 25) or are “underweight” (BMI < 18.5) (Flegal, Graubard, Williamson, & Gail, 2005). Fat patients with coronary artery disease may have lower risk for cardiac death compared with thinner patients (Kang et al., 2006), and there are documented survival advantages of obesity against kidney disease, infection, heart disease, cancer, anemia, rheumatoid arthritis, AIDS, and chronic obstructive pulmonary disease (Horwich, Fonarow, Hamilton, MacLellan, Woo, & Tillisch, 2001; Kalantar-Zadeh, Abbot, Salahudeen, Kilpatrick, & Horwich, 2005; Kalantar-Zadeh et al., 2007; Kalantar-Zadeh et al., 2006; Pavelka et al., 2006).

Even if obesity were as detrimental to health as is commonly reported, there are still no definitive ways to treat it in the long-term (Ernsberger & Koletsky, 1999). An interesting irony of traditional weight-management approaches is that they are notoriously ineffective in promoting long-term weight loss and may actually be harmful (Aphramor, 2010). For instance, frequent weight cycling, preoccupation with thinness, negligence of other health issues, low self-esteem, and food obsession are commonly observed among dieters (Bacon & Aphramor, 2011). Research also shows that dieting may actually increase the likelihood that fat youth remain at their present weight or even gain weight (Neumark-Sztainer, Wall, Guo, Story, Haines, & Eisenberg, 2006).

However, these outcomes are not reported in the academic literature to the same extent as are negative associations between weight and health. Ernsberger and Koletsky (1999) examined this trend by reviewing two articles that studied the effects of obesity on heart disease and how often they were cited in the *Annals of Internal Medicine*. The authors stated that the anti-obesity article was referenced more frequently than the article making no connections between weight and negative health outcomes. Similar results are observed even when articles examine the same dataset, leading Ernsberger and Koletsky (1999) to conclude, “authors show a clear preference for articles that assign a high

risk to obesity, regardless of journal stature or data quality” (p. 248).

The reasons for overstating the health risks of obesity are diverse, but Campos et al. (2006) suggest that financial incentives are partly to blame, because much funding for obesity-related research is provided by the pharmaceutical and weight-loss industries. Therefore, researchers are encouraged to support anti-fat attitudes by broadening the definition of unhealthy weight and exaggerating the associated health risks of obesity in order to sell their products (Campos et al., 2006).

A conflict of interest has similarly given rise to the formation of the “obesity epidemic” in public health. The Centers for Disease Control and Prevention (CDC) in particular has played an influential role in hyping the epidemic to increase funding for their programs (Campos et al., 2006). For example, in 2004, the CDC released a study estimating that 400,000 deaths result annually from obesity; however, that number was found to be an overestimation, leading some to question whether the data were purposefully falsified (Kolata, 2004). In actuality, evidence indicates that people are only slightly heavier than they were a generation ago, with an average per person weight gain of 7 to 10 pounds (Campos et al., 2006; Flegal, Carroll, Kuczmarski, & Johnson, 1998). These gains subsequently inform the public health definition of the epidemic in which more people are classified as being “overweight” and “obese” (BMI > 30), leading Campos et al. (2006) to conclude that “this is hardly the orgy of fast food binging and inactivity widely thought to be to blame for the supposed fat explosion” (p. 55).

Weight-Based Discrimination and Social Justice

While much of the nation focuses on obesity prevention, discrimination against fat people remains largely unnoticed (Wann, 2009). A discussion of the sources of weight stigma and how they manifest into the everyday realities of fat people will not only facilitate an understanding of the gravity of weight-based discrimination, but also broaden the lens through which oppression is viewed.

Origins of Stigma

Stigmatization is facilitated by conservative ideology that emphasizes individual accountability and self-control (Crandall, 1995). The concept of personal culpability in justifying discrimination is based on the assumption that being fat is a choice, resulting from a lack of discipline regarding eating and exercise habits (DeJong, 1980). These views negatively affect how others interact with and ultimately treat fat people. For example, stigmatizing conditions that are considered to be within personal control, such as obesity, are less likely to elicit helping behaviors and empathy, and are more likely to evoke anger and dislike (Puhl & Heuer, 2010; Weiner, Perry, & Magnusson, 1988). A perceived lack of body awareness attributed to fat people also instigates society's need to persistently remind them of their size either through more subtle forms of discrimination or direct harassment. This societal practice of body policing assumes that discrimination is an appropriate means of promoting weight loss (Puhl & Heuer, 2010).

In public health work, labeling fatness as a disease is not only a flawed concept, but also forms a dangerous metaphorical link between health and morality (Oliver, 2006). That is, intrinsic within our ideas about health and morality is the notion that fat is bad and thin is good; therefore, thin people must be "good" and fat people "bad" by proxy. Therefore, using a disease metaphor to diagnose body deviancy is troublesome, as fat people cannot be separated from their bodies, and public health models emphasizing personal culpability and blame tend to contribute to a mass outrage not against the environmental contributors to ill health, but against fat people themselves.

Weight-Based Discrimination: Prevalence and Consequences

A discussion of the manner in which weight-based discrimination can adversely affect the physical, mental, social, and economic well-being of fat people provides further justification for framing weight-based discrimination as a social justice issue. Fat people are at a severe disadvantage when it comes to access-

ing adequate healthcare that addresses their needs with both care and respect. Hospital visits are particularly stress-inducing experiences, because fat patients tend to fear that they will be lectured and criticized by their physicians because of their size (Merrill & Grassley, 2008). Medical equipment is unaccommodating to the needs of fat patients, who may fear that examination gowns, blood pressure cuffs, and waiting room chairs will not be large enough to accommodate their size. This subsequently contributes to feelings of anxiety, shame, and embarrassment around being examined by their doctors as well as a sense of being less than human (Merrill & Grassley, 2008).

Health care providers often exhibit significant anti-fat bias. Physicians may view their fat patients as awkward, ugly, weak-willed, sloppy, noncompliant, and lazy (Foster et al., 2003). Nurses and dieticians similarly report having negative attitudes (Oberrieder, Walker, Monroe, & Adeyanju, 1995; Poon & Tarrant, 2009). Some mental health professionals have even proposed that “obesity” be considered a psychological disorder (Volkow & O’Brien, 2007).

Due to their negative experiences, many fat people delay care or avoid visiting their health care provider altogether. Fat women have fewer Pap tests and mammograms than their thinner counterparts (Wee, McCarthy, Davis, & Phillips, 2000). Even when fat women suspect that they have symptoms of gynecological cancer, many still delay having cancer screening tests (Amy, Aalborg, Lyons, & Keranen, 2006).

In schools, bullies frequently target fat children (Janssen, Craig, Boyce, & Pickett, 2004). These individuals miss school more often than their thinner peers, which may be a strategy to avoid harassment from their classmates (Geier et al., 2007). Weight-based teasing contributes to fat children’s avoidance of physical activities, as they fear being judged by their peers (Faith, Leone, Ayers, Heo, & Pietrobelli, 2002; Pierce & Wardle, 1997; Storch, Milsom, DeBraganza, Lewin, Geffken, & Silverstein, 2007). These individuals are consequently more likely to engage in binge eating and use harmful tactics such as self-induced vomiting, fasting, and smoking as a means of weight reduction (Neumark-Sztainer, Falkner, Story, Perry, Hannan, & Mulert,

2002). Peer victimization over body size contributes to depression and increased suicide attempts among school-aged children (Eisenberg, Neumark-Sztainer, & Story, 2003).

Inequality persists into young adulthood, as fat people are less likely to attend college (Crandall, 1994). A lack of college education contributes to fat people's economic downward mobility, as Canning and Mayer (1966) seminally note: "obesity is, in part, characteristic of the lower social classes because the obese are prevented from obtaining the education and ultimately the occupation and income necessary to raise or maintain present social class levels" (p. 1174).

In the workplace, fat people are subject to discrimination, particularly in terms of hiring and wages. In experimental hiring scenarios, fat job seekers for managerial positions were less likely to be hired than thinner ones, despite having the same qualifications (Swami, Chan, Wong, Furnham, & Toveé, 2008). Similar experiments suggest that fat women are especially subject to this bias (Pingitore, Dugoni, Tindale, & Spring, 1994).

The impact of weight on earnings also differs across gender. Fat women are more likely to work in low-paying jobs and face more wage penalties because of their weight (Pagán & Dávila, 1997). In contrast, men appear to earn the same salary regardless of weight. However, fat men are overrepresented in labor-intensive occupations and underrepresented in managerial positions where they are typically paid less, which implies that fat men may be avoiding occupations where wage penalties based on weight are more common (Pagán & Dávila, 1997).

This discrepancy in earnings and other discriminatory practices suggest that, when compared to their thinner counterparts, fat people among the higher social classes are more downwardly mobile, whereas fat people among the lower social classes are less upwardly mobile (Ernsberger, 2009). Additionally, it provides more meaningful context to the common observation that poor people also tend to be fatter than non-poor people, as Ernsberger (2009) notes, "although there is some evidence that poverty is fattening, there is much stronger evidence that fatness is impoverishing" (p. 32).

Recommendations

This paper seeks to legitimize weight-based discrimination as a social justice issue by highlighting the origins of stigma and its adverse effect on the well-being of fat people. To promote size acceptance, it is necessary for social workers to advocate for a national health policy that is inclusive of all body types and encourages healthy living based on broader physical, mental, and spiritual factors, rather than solely on weight.

One such approach to wellness is referred to as Health at Every Size (HAES), which embraces body diversity, acknowledges that health is not solely determined by weight, advocates listening to internal body cues to signal hunger, and promotes finding exercise that is enjoyable and not done for the sole purpose of losing weight (Association for Size Diversity and Health, 2009). By taking a more holistic approach to health, individuals are encouraged to evaluate their bodies not exclusively in terms of a number on a scale; doing so helps prevent maladaptive eating habits and attitudes (Bacon, Stern, Van Loan, & Keim, 2005). Such an approach is also crucial to improve societal attitudes and reduce stereotypes by recognizing that weight is not always indicative of individual eating habits, physical activity levels, or psychological issues (King, Katrina, & Hayes, 2003).

Conclusion

Weight-based discrimination is a pervasive social force. Its presence is so ingrained in our culture that it is perceived as being a deserved form of discrimination, not only among those who perpetuate it, but among those who experience it as well. When the social justice community unwittingly participates in anti-obesity rhetoric, its existence is further perpetuated, and fat people are left without any allies—who will advocate for their acceptance and dignity if fat people themselves have an internalized anti-fat bias (Puhl, Moss-Racusin, & Schwartz, 2007)? An alarming contradiction exists when the social work profession, which promotes ideals of social inclusion, antihate, and acceptance, does not extend those same ideals to fat people. When we

live in a society where people would rather lose a limb than be fat (Schwartz, Vartanian, Nosek, & Brownell, 2006), it becomes apparent that anti-fat bias affects people of all sizes, and it is therefore up to those in the social justice community to reverse this trend, not to advance it.

Note

Throughout this paper, the term “fat” will be frequently used. Contrary to popular usage, this phrase is actually meant to neutralize weight stigma and is the preferred word choice compared with other, more stigmatizing medical terminology such as “overweight” and “obese” (Wann, 2009).

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