A response to “A critical analysis of obesity prevention policies and strategies”

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ABSTRACT

This commentary provides a response to the article “A critical analysis of obesity prevention policies and strategies” from a feminist fat studies perspective. We argue that a fundamental disjuncture exists between the authors’ desire to redress fat stigma, and their understanding of “obesity as disease”, which inherently draws on a neoliberal, healthist paradigm of health and body weight that is at the root of fat stigma.

KEY WORDS: Body weight; obesity; discrimination; policy

La traduction du résumé se trouve à la fin de l'article.

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In this commentary, we offer our joint response to Ramos Salas et al.’s article, “A critical analysis of obesity prevention policies and strategies”, published in the current journal issue.¹ We commend the authors for acknowledging the problem of fat stigma and for drawing attention to the erroneous emphasis that Canadian health policies put on lifestyle choices. We contend, however, that this paper is troubled by a fundamental disjuncture between the authors’ aim to address weight stigma and their conceptualization of “obesity”^{*} as a disease that requires prevention, management and treatment. We also argue that although the authors claim that they are inspired by critical feminist and fat studies scholarship, they actually write from the opposite perspective. Fat studies scholarship may be traced to the feminist fat and lesbian activism of the 1970s.² Since the beginnings of fat activism, and particularly over the last decade, fat studies scholarship has flourished. Today, fat studies is a well-established body of literature that draws on critical social theory to address a wide breadth of issues through in-depth empirical and theoretical scholarship.^{3–8} In 2012, fat studies scholars also established a peer-reviewed journal, *Fat Studies: An Interdisciplinary Journal of Body Weight and Society*. In what follows, we draw on some of the key ideas developed by fat studies scholars to explain how the paper by Ramos Salas and colleagues falls short of providing a comprehensive critique of the phenomena and issues at stake, instead actually contributing to weight bias.

The three-fold objectives of Ramos Salas et al.’s study are to identify, assess and make recommendations to change “dominant obesity narratives that may be contributing to weight bias” insofar as this is codified in Canadian health policy. Yet, their work does not question the neoliberal, healthist, biomedical perspective that

undergirds the lifestyle-focused health policy and that leads to weight stigma.[†] In contrast to one of the fundamental tenets of feminist fat studies scholarship, Ramos Salas et al. reaffirm the medicalization of weight. The authors’ use of the term “obesity” and phrases such as “people living with obesity” itself shows the authors clearly accept the biomedical definition of obesity as disease instead of questioning it. Hence, the authors do little to trouble the root cause of weight stigma. Marilyn Wann, an activist and author, whose widely-known work has been central to the development of fat activism and fat studies, argues that the belief that fat people should and could lose weight, the belief that “obesity” is a disease, the belief that fat is inherently ugly, and even the use of the terms “obesity” and “overweight”, are fundamentally opposed to the work of fat studies and its commitment to social justice.⁹ Presumably the authors’ impetus of adopting the “obesity as chronic disease” construct is to reduce stigma and moral judgement of individuals. Yet, few chronic disease diagnoses are without stigma; cardiovascular disease, type II Diabetes Mellitus, cancer, and drug or alcohol addiction are all heavily stigmatized. Rather, we see this paper as another contribution to the already vast literature that medicalizes and stigmatizes fat bodies and leads to public health policy that does similarly. What is more, underlying the

[†] Medicalization and healthism are two key concepts in the feminist fat studies literature. These concepts are used by fat studies scholars to illuminate and problematize the linguistic and epistemological framing of fatness in biomedical terms. For a definition and discussion of medicalization, see Conrad P. The discovery of hyperkinesis: Notes on the medicalization of deviant behaviour. *Social Problems* 1975;23(1):12–21. For a discussion of healthism, see the seminal work by Crawford R. Healthism and the medicalization of everyday life. *Int J Health Serv* 1980;10:365–88.

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^{*} We place the word “obesity” in double quotation marks to emphasize our rejection of the word and the biomedical frameworks on which it draws to construct the fat body as object. Throughout the commentary, we use the term fat to demonstrate our solidarity with fat activists, fat studies scholars, and fat bodies, as well as to draw on the political potential of this word to destigmatize body weight as one aspect of normal human variation.

medicalizing, stigmatizing language of “obesity” is “eliminationist rhetoric”,¹⁰ which seeks to eradicate fat people – an aim that is incompatible with health, equity and justice.

Further evidence of the disjuncture between the authors’ work and their aim to reduce weight stigma is seen in the authors’ suggestion that what is needed is a better, more “precise clinical definition” of obesity to diagnose individuals for whom body fat is reducing their “emotional, physical, or functional health”. Given the authors’ interest in curtailing weight stigma, it is surprising that the authors go on to highlight the need to further concretize a biomedical definition of obesity. Why not instead focus on how *weight stigma*, not weight, impairs individuals’ emotional, physical and functional health? Indeed, it is weight stigma and not weight per se that causes material and representational marginalization for fat people across all sectors of society.

The authors wisely acknowledge that “researcher subjectivity”, namely weight bias, may impact the application of methodology and interpretation of data, and note their past complicity in constructing “powerful discourses” that add to the dominant obesity narrative. However, they also make subtle claims to expertise in pointing to their “in-depth knowledge” about “obesity”. We can only assume that their in-depth knowledge of obesity is rooted primarily in positivist, quantitative, biomedical science. This kind of expert claims-making is but another facet of the dominant “obesity” narrative whereby the voices and knowledge of fat people, fat activists, and critical feminist and fat studies scholars who draw on other epistemological paradigms are overlooked. Note also that listening to people who are discriminated against because they are fat is what fat studies and critical obesity scholars are about. Voices from fat people emphasize the profound effects of discrimination and shaming they suffer, and not necessarily a desire to lose weight. Listening to voices of stigmatized people highlights resistance and fat activism, and can complement the evidence base to create sound, anti-oppressive health policy.

What is more, the authors’ use of the “obesity as disease” narrative is based on a selective sampling of positivist scientific evidence. The “obesity as disease” narrative does not take seriously the substantial flaws in the scientific research that supports this narrative (i.e., oversight of the social determinants of health, namely income), and disregards the data that refute this view. We also question the integrity of upholding and perpetuating the “obesity as disease narrative” when the evidence shows that post-intervention weight loss is almost always regained, and that dieting and weight-cycling negatively impact health and well-being independent of body weight. Finally, we note an irony in the authors’ appeal to the lack of evidence to support the idea that “obesity” is the result of individuals’ poor lifestyle choices as the impetus of their study. Yet, they write, “There is currently not sufficient research to know whether treating obesity as a chronic disease will reduce weight bias and obesity stigma”. Perhaps it is time to shift the mainstream biomedical focus on treating and managing obesity altogether, and start focusing on social and material inequity.

Although the authors briefly refer to their foray into fat studies and feminist literature, they demonstrate a glaring lack of understanding of this literature. The single article cited as evidence of the feminist and fat studies literature¹¹ is arguably neither, as it is informed by the

same neoliberal, individualistic paradigm of health that feminist fat studies scholars vehemently oppose. Another vitally important influence on feminist and fat studies scholarship that the authors overlook is intersectionality. Intersectionality is a theoretical framework that names the ways in which multiple axes of oppression and privilege (e.g., race, gender, class, sexuality, (dis)ability, among others) intersect to engender more complex relationships and experiences of power and marginalization. Hence, while those in fat bodies experience multiple forms of discrimination, this is compounded for those in fat bodies who are also racialized, gender non-conforming, LGBT+, low-income, (dis)abled, and so on. Attention to the way that multiple forms of oppression intersect is an important facet of feminist work on intersectionality, but is absent from Ramos Salas et al.’s study, as well as other such literature.^{*}

Despite their focus on policy, the authors have also overlooked or misinterpreted much of the important recent critical fat studies literature in the field of public health policy in Canada.^{8,12} The authors quote Beausoleil and Ward’s article on fat panic in Canadian public health policies, yet seem not to comprehend these feminist scholars’ critique of the assumptions behind the production of health panic in Canada (and elsewhere). Beausoleil and Ward use the concept of biopedagogies to explain how anti-obesity discourse is creating a moral panic, and how fat is constituted as a health problem in Canadian policies.^{12,13} They build on literature that unpacks the science of obesity and its certainties to show the uncertainty and moralization that runs through this literature, which has profound negative implications.¹⁴

The authors’ recommendations also reinforce fat bias. The authors suggest that more money be spent on treatment, even though we know treatment does not “work” (people tend to lose weight fast and regain more), is unhealthy, and contributes to further shaming, marginalization and exclusion.^{15–20} The authors also note that few policies endeavour to address the “factors that have created obesity in the first place”, such as food industry practices, agricultural policies, food pricing, and the social determinants of health. While we categorically oppose the emphasis on “obesity”, we support the view that policy changes in the areas identified by the authors are crucial, but not because of “obesity”. Policy changes to reduce inequities, enhance the safety, security and accessibility of our food supply, and reduce the environmental degradation caused by the global agri-food system are important to the health and well-being of everybody, regardless that some of those people are fat. In short, these changes are vital to social and environmental justice, not as a means to prevent, manage or treat fat people.

The dominant obesity narrative is based in fat hatred. Ultimately this discourse is so powerful that even researchers who mean to combat stigma remain mired within its framework. The health industry benefits from the continued reinforcement of a dogmatic regime propagating fat hatred, without questioning the “evidence” on which it is based.^{21,22} The obesity discourse, more often than not, produces a willful blindness in health researchers’ own positions, as is the case in the article we are examining. We contend that the obesity discourse is itself the really dangerous

^{*} For a discussion of intersectionality within the feminist fat studies literature, see van Amsterdam N. Big fat inequities, thin privilege: An intersectional perspective on ‘body size’. *Eur J Women Stud* 2013;20:155–69.

epidemic. One cannot simply remain within a positivist, medicalized perspective, add social justice and stir. Through the authors' underlying assumption that something has to be done about obesity, they are themselves unwittingly contributing to weight stigma, the very problem they are denouncing.

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RÉSUMÉ

Notre commentaire répond à l'article « A critical analysis of obesity prevention policies and strategies » selon la perspective des études féministes sur l'adiposité. Nous soutenons qu'il existe une disjonction fondamentale entre le désir des auteurs de remédier à la stigmatisation de l'adiposité et leur notion de « l'obésité en tant que maladie »; cette notion s'inspire intrinsèquement du paradigme néolibéral et « santiste » de la santé et du poids corporel qui est à l'origine de la stigmatisation de l'adiposité.

MOTS CLÉS : poids du corps; obésité; discrimination; politique (principe)