

# What we talk about when we talk about obesity

March 16 2015, by Catherine Womack

---



Credit: AI-generated image ([disclaimer](#))

In philosophy classes, one of the first lessons in logic that students learn is what fallacies are and how to avoid them. One of my favorites is the [false dichotomy](#), mainly because of its crystal-clear examples: you're either for us or against us; it's my way or the highway. Of course, the dichotomies are false, because each scenario has more than just the two

possible options provided. Political rhetoric is filled with false dichotomies, which provides ample fodder for lighthearted classroom discussion about ways reasoning can go wrong.

It's less amusing, however, that public discussions about obesity can fall prey to false dichotomies in portraying complex relations among weight, eating, activity and disease risk. Applying the logic of false dichotomies, obesity is either caused by individuals [eating too much](#), or an [environment](#) that promotes weight-gain. It's [either a disease](#) or the [result of gluttony](#). To fix the problem ourselves, we should focus either on [reducing calorie intake](#) or [exercise more](#).

In the meantime, across the globe [we are getting fatter](#).

## Reframing the conversation about obesity

We need to move beyond these dichotomies when we talk about obesity. These either/or statements don't help us develop good policy solutions, or help us understand the myriad causes that can contribute to obesity. If the conversation needs to change, where do we start?

[The Lancet](#), a leading medical journal, recently published a special [series on obesity](#), addressing the lack of progress in combating the global obesity trend. These six research articles, as well as perspectives, commentaries and reviews, were written by a group of experts in the science, policy, treatment and ethics of obesity. Their goal? To take on the weighty task of identifying, defusing and moving beyond simplistic dichotomies in order to reframe the obesity debate and offer useful directions for reducing obesity and its effects on people, communities and governments.

Does reframing the debate help fight obesity? Yes – in fact it's necessary, says series lead author [Christina Roberto](#) in "[Patchy progress](#)

[on obesity prevention: emerging examples, entrenched barriers, and new thinking.](#)" They suggest a variety of new or retooled strategies ranging from educating [health care providers](#) about the dangers of weight stigmatization to mobilizing citizens to demand policy changes to address obesity. Their key insights are locating problems of obesity in the interactions between individuals and their environments, and breaking the vicious cycle of unhealthy food environments that reinforce preferences for those foods.

But reframing is just the first step in the process of reversing the trend of obesity. Researchers also have to ask the questions that health [policy makers](#) want to hear and act on, says food and health policy expert [Kelly Brownell](#) in a commentary, co-authored with Roberto. Historian of science [Naomi Oreskes](#) says that scientists tend to follow a [supply-side model of information](#), assuming their results will somehow naturally reach those who need it. Brownell and Roberto underscore this error, and strongly advise obesity researchers to frame questions and convey results in ways that understandable and relevant to policy makers' and the public. Otherwise their work will remain unheard and unused.

## Talking to policy makers

Okay, now that the debate has been reframed, and the policy makers are listening, what should we tell them? The Lancet authors offer the many approaches below – some new, some retooled, and all designed to address obesity on multiple fronts.

Make the public angry. Mobilize citizens' groups to demand changes in the types of food they can buy and the ways that food is produced, packaged and marketed.

Improve people's diets. Use social science and [public health interventions](#) to create avenues for people to develop palates for

healthier food and sustain those healthier eating patterns.

Drop the regulatory hammer on Big Food. Empower governments to pass regulation and legislation to reduce junk food and soda marketing targeted at children.

Treat obese patients better. Shift our health care models to treat obesity with greater sensitivity to its social, political and economic determinants, and teach health professionals to avoid stigmatizing patients about their weight.

Hold all accountable, all the time. Mobilize and hold all obesity stakeholders accountable – government, community groups, industry, advocacy groups and so on – through an array of strategies, while monitoring progress.

## **Better communication helps, but we need to understand how these messages come across**

All of these approaches come with challenges. Mobilizing the public requires making them aware, making them care, and finding a single message they can agree on – easier said than done. Public health interventions to improve people's eating habits are well underway, but with [limited long-term success so far](#). The [Institute of Medicine](#) and the [Robert Wood Johnson Foundation](#) have noted the need for increased regulation of food marketing to children, but political will on the part of legislatures or federal agencies to implement their recommendations is still lacking.

Improving health-care systems for better treatment and prevention of obesity is key to any successful approach. One suggestion to further reduce the corrosive effects of [weight stigmatization](#) that is not

mentioned by the authors: de-emphasize BMI in interactions with patients who are overweight and obese. There is ample evidence that it is [overly simplistic and can be clinically misleading for individuals](#), in addition to a trigger for [stigmatizing behaviors](#) by health-care providers. Finally, while accountability recommendations for programs are clearly called for, the devil is in the details – they need funding, strong leadership, oversight, more funding, sustained commitment and then even more funding.

In the spirit of reframing and flipping the [obesity](#) debate, let me close with a modest proposal. In addition to talking to scientists and doctors and policy makers, let's do more research to ask the public [how they want to eat](#) – what does healthy eating look like to them in the contexts of their lives? Also, keeping in mind that food means taste, pleasure and community for us, researcher [Annemarie Mol](#) urges a shift from asking "Am I being good?" to ["Is this food good for me?"](#) In focusing on people's lives, tastes and needs, we may find the low-hanging fruit, as it were – some easier and lower-cost avenues to moderately healthier eating that could create a series of positive effects and lead to greater engagement of the public in food and health policy.

*This story is published courtesy of [The Conversation](#) (under Creative Commons-Attribution/No derivatives).*

Source: The Conversation

Citation: What we talk about when we talk about obesity (2015, March 16) retrieved 13 March 2024 from <https://medicalxpress.com/news/2015-03-obesity.html>

<p>This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.</p>
--