The Anti-Obesity Assemblage Lecture Analysis Tool

The “anti-obesity assemblage” is the standards and practices that both create and attempt to solve the "problem" of "obesity." Any people, institutions, actions, policies, or discourses that legitimize “obesity” as a pathology, dehumanize fat people, and/or funnel fat people towards weight loss are contributing to the devaluation of fat people and the harm they face.

Other works make compelling arguments on why treating “obesity” as a disease is flawed from a scientific perspective (see Lily O’Hara and Jane Taylor, “What’s Wrong With the ‘War on Obesity?”). This tool incorporates some of that work, but focuses more on how pathologizing weight hurts fat people. It’s true that statements that weight causes disease are harmful because they’re scientifically inaccurate, but more egregiously, they’re harmful because they justify the elimination of a group of people.

This tool is intended for analyzing class materials from health sciences curricula. It can be used to guide lecture development, as a reporting tool for students, or to gather data for a curriculum scan. The original tool was written by Fox, Kriete, Mercedes, & Payne, and presented at the 9th International Weight Stigma Conference on June 28-29, 2023. This version was adapted by Laurel Neufeld, Monica Kriete, MPH, and Rachel Fox, for use in a curriculum scan guided by Andrea Westby, MD, FAAFP; and Brian Muthyala, MD, MPH. This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivs 3.0 United States license.

A note on language: this tool uses “fat” and “larger body” when talking about people, as neutral descriptors of size consistent with the field of fat studies;[1] and “obesity” when talking about the construct or diagnosis. As anti-obesity efforts are structural sources of fat oppression, many fat people perceive “obese” as a slur, and clinicians should avoid its use.

+++ = *adapted from The Weight Stigma Heat Map*
*** = *adapted from the Upstate Bias Checklist*

Lecture information

1. Course: AMA Ed Hub: Obesity Medicine Association
2. Lecture title: “Clinical Practice Statements for the Management of Obesity”
3. Lecture date: Copyright 2022, accessed 21 Aug 2023
4. Instructor(s): Dr. Harold Bayes and Dr. Lydia Alexander

1. Does the lecture enable the elimination of fat people in any of the following ways?

1a. Creating or upholding the construct of “obesity” as a disease

The creation and pathologization of “obesity” leads to the widespread devaluation of, and discrimination against, fat people. Weight scientists argue that classifying obesity as a disease is an effective way to reduce stigma, but medicalization causes harm.[2] When people are trained to see fat people through the lens of “obesity,” it—and the medical information linked to it, such as its causes and harms—can become the defining characteristic of a fat person.[3] Fat people are dehumanized when their lives become defined by the message that their bodies are killing them.[4]

Creating or upholding “obesity”

- [x] Using Body Mass Index
- [x] Using the terms “obesity,” “people with obesity,” “obese,” to describe fatness and fat people
- [ ] Describing other ways to measure “obesity” (body circumference, classifying types of fat, etc.)
- [x] Other: *Reclassified the “overweight” BMI category to “pre-obesity”*

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1 continued. **Does the lecture enable the elimination of fat people in any of the following ways?**

Pathologizing "obesity"

- [x] Implying or stating that weight and health have a linear or straightforward relationship***
- [x] Reporting associations between weight and disease without correcting for covariates such as weight fluctuation history and degree of health care discrimination or factors likely to affect outcomes such as energy restriction.+++
- [x] Using correlation between weight and disease to state that weight causes disease
- [ ] Depicting fat people as having negative traits due to pathologic processes
- [ ] Other:

Provide examples from the lecture that create, uphold, or pathologize "obesity," and explain one reason this is harmful:

- *<u>Creating obesity:</u> The whole podcast is called "Obesity: A disease," and the featured guest is an "obesity medicine specialist" who is the chief medical officer at a startup that sells obesity medicine strategies to doctors.*
- *<u>Pathologizing obesity:</u> Describes a hypothetical situation (see question 1c) where a patient loses "substantial amounts of weight" and then says "Maybe their diabetes goes away and their blood pressure goes down, and lipids get, you know, say their glycerides are decreased and such… exactly how does that ultimately end up affecting cardiovascular disease risk? I think most people would say if your risk factor is going down then, your risk goes down, but that's another story." They also present associations between weight and disease like "the prevalence of hypertension in individuals who have a BMI over 30 kg per meter squared is greater than 40%. It's around 42 or 43% of individuals will have hypertension. And we know that nearly 70% of first heart attacks and 77% of first strokes occur in people who have hypertension."*
- *<u>This is harmful because</u> categorizing fat people as "pre-obese" or "obese," then saying that those statuses cause disease, is inherently stigmatizing and justifies anti-obesity efforts.*

1b. Portraying fat people as a threat

Consistent portrayals of fat people as threats—to themselves, to others, and to their countries or groups—creates associations between fatness and moral badness (i.e., harm, suffering, and waste) and leads individuals to avoid or feel repulsed by them. This causes tangible harm to fat people: research has shown that healthcare providers are less likely to physically examine their fat patients.[5] An individual who sees fat people as threatening or diseased may also discriminate against them in hiring contexts; fat women face disparate treatment in "hiring, promotion, performance evaluation, and compensation."[6]

Promoting population-level elimination of fat people

- [ ] Using "obesity epidemic" language, including statistics about obesity prevalence
- [x] Has the goal of reducing the number of fat people in the world or eliminating fat people all together (e.g., "obesity prevention," "reducing obesity rates")
- [x] Other: *Main purpose is to help doctors gain confidence in treating obesity*

Depicting fat people as burdensome or threatening

- [x] On themselves (e.g., comorbidities, morbidity, mortality)
- [ ] On others (e.g., "obesity is transmissible," obesity will harm offspring, obesity harms family members)
- [x] On healthcare providers and systems (e.g., fat patients are difficult to provide medical care for, fat patients are noncompliant, obesity is a drain on the healthcare system)
- [ ] On the state or other large institutions (e.g., obesity creates a financial burden)
- [ ] Framing obesity as a contributor to major social issues (e.g., obesity causes climate change)
- [x] Other: *Using the term "pre-obesity" implies that fatness progresses and worsens*

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1 continued. **Does the lecture enable the elimination of fat people in any of the following ways?**

Depicting fat people as gross or undesirable

- ☐ Negative imagery of larger-bodied people, for example, heads cropped out of the image, paired with stigmatized objects or tasks, shown as sad or angry when considering their own or other's bodies, grabbing body parts in a disparaging manner +++
- ☒ Demonizing foods with the assumption that they lead to fatness. For example, sugar, sugary drinks, fat, fried foods, energy dense foods.+++
- ☐ Other:

Provide examples from the lecture that portray fat people as a threat, and explain one reason this is harmful:

- *This podcast contains lots of posturing about good vs bad foods and their effects on health. For example, the guest says "you could be, you know, an Oreo vegan and that is not going to help. Interviewer: Is that a term? Guest: [laughter] It's a term that we use." They consistently vilify "ultra-processed food," saying it's bad to "substitut[e] a piece of bacon, which is a saturated fat, for a cupcake." Instead, they elevate "whole fresh food" (a phrase that is used 10 times in a 15-minute podcast), even saying "we also actually cook fresh food for our dog and she has had better joint health as a result of that." This is harmful because tying certain foods to fatness and disease and then demonizing those foods also demonizes fatness, leading to stigma and discrimination.*
- *Although they never explicitly say that obesity increases cardiovascular disease risk, this risk is mentioned frequently (13 times) when talking about obesity (e.g., asking how weight loss, certain foods, etc. affect disease risk). This is harmful because it creates associations between fatness and disease, leading to avoidance of fat people and justification for obesity elimination.*

1c. Promoting the elimination of fat people

Efforts that promote the elimination of fat people result in harm and oppression. Engaging in weight loss practices produces many physical and mental consequences, and fat dieters endure the added psychological burden of being repeatedly told that if they do not lose weight, they will die. Moreover, research has shown that weight loss, and especially weight cycling (repeatedly losing and regaining weight) can cause significant health problems. Such cycling is the most common outcome of weight loss dieting, as the vast majority of dieters regain the weight they lose within five years.[7] In healthcare, the imperative to eliminate fatness can override typical clinical or caretaking logics, leading healthcare providers to ignore a fat patient's presenting ailment in favor of blaming their condition on their weight.

Discussing causes of obesity:

- ☒ Biological causes (e.g., genetic factors, "neuroscience of obesity")
- ☒ Behavioral causes (e.g., "junk food", sedentary lifestyle)
- ☐ Social or structural causes (e.g., food deserts, the built environment)
- ☐ Other: _____

If causes are discussed, what purpose does this serve?

- ☒ Pathologizing frame (e.g., to identify "solutions" or treatments; to position fat people as a consequence of social issues)
- ☐ Harm reduction frame (e.g., to decrease blame and responsibilization)
- ☐ Fat positive frame (e.g., it is good that fat people exist)
- ☐ Other: _____

Provide examples from the lecture that discuss the causes of obesity, and explain one reason this is harmful:

Many causes are discussed, including biological ("some of the pathophysiology behind obesity and central obesity is around insulin resistance") and behavioral ("being sedentary," eating "unhealthful" foods as in question 1b). This is harmful because it provides the groundwork and background for anti-obesity interventions, a central source of anti-fat oppression. *Continued →*

1 continued. **Does the lecture enable the elimination of fat people in any of the following ways?**

Discussing or suggesting anti-obesity interventions (e.g., diets, drugs, surgery) - what interventions are recommended, what are the promised benefits, and what (if any) risks are discussed?

- *Their first recommendations focus on nutrition. They talk in detail about different macronutrients, going over which substitutions are "beneficial" or not. For example, they say to eat "healthful fats" and focus on "the quality of those macronutrients." But further in, it becomes clear that these nutrition recommendations are specifically focused on weight loss. This is couched at first; for example, when recommending the "DASH diet and the Mediterranean diet," they say they're "not really a, you know, a diet." But then it gets more explicit, for example saying the DASH diet is "not really a diet designed for weight loss, but honestly, more for active weight maintenance, but it can result in weight loss if it if used properly." and "if you just simply implement Mediterranean diet, as healthful as it is, if you're not giving any sort of guidance with regard to caloric restriction, if you're giving no guidance whatsoever with regard to physical activity and such, you may not lose so much weight." They instruct that patients need to "layer the Mediterranean diet pattern on top of" other weight loss measures.*
- *No risks are discussed*
- *They also recommend being less "sedentary" by being more inefficient: "pacing while you're talking on the phone, putting away your laundry a few socks at a time." The benefits promised of this are immense: "taking a healthful walk after meals to digest has so many health benefits… it helps, of course, decrease the risk of heart disease. It reduces the risk of certain cancers, even. It reduces the risk of dementia, helps promote positive mental health overall, and lowers the risk of type-2 diabetes, improves bone health and strengthening."*

Depicting fat people losing weight

- ☐ Patient stories
- ☒ Hypothetical case studies
- ☒ Celebration of weight loss regardless of circumstances.+++
- ☐ Using weight loss as evidence of increase in 'healthiness'.+++
- ☐ Other: _____

Provide examples from the lecture that depict fat people losing weight:

They say they're "not looking at situations where you have people on low carb diets and now they're losing substantial amounts of weight, for the people in which that works. Maybe their diabetes goes away and their blood pressure goes down, and lipids get…so that's not really what we're talking about, because that hasn't been studied very well. That if you had a major impact upon obesity and improvement in a lot of metabolic parameters, you know, exactly how does that ultimately end up affecting cardiovascular disease risk?" If they're not looking at this, why describe it in such visceral detail? This anecdote paints weight loss as an aspirational but elusive cure-all. This is also harmful because it's written as a justification for funneling more resources into anti-obesity research.

Discussing social harms of obesity to justify interventions (e.g., bullying, fatphobia, stigma, access to care/clothes/travel/etc.)? Provide examples:

N/A

2. Finish the following sentence: According to this lecture, weight stigma is a problem because…

Does not address weight stigma

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3. Does the lecturer share any goals about how they want this content to be received by students (e.g., wanting to avoid weight stigma)? If so, what are their goals?

They share that they want to avoid controversy, saying "I think there's just so much information here and a lot of times people think that a lot of this stuff is controversial. I'm one of those people. I don't think it's as controversial as people make it out to be, as long as we all have one thing in mind, and that's how we best take care of patients based upon the evidence." Clearly, this is not achieved.

4. Does this lecture use social justice language or themes (beyond those discussed in section 1c as social/structural causes of obesity, and in question 2 about weight stigma)?

- *They use some interesting language shifts, like saying "healthful/unhealthful" instead of "healthy/unhealthy" when talking about foods, and "adherence" instead of "compliance" when talking about diets. Despite these language changes, the stigmatizing effects of the podcast discussed in question 1 are unchanged, just slightly obscured.*
- *As discussed in question 1c, at first the authors avoid recommending weight loss, focusing instead on equal-calorie substitutions for different nutrients and how that affects disease risk. Even once they bring up weight loss, they still try to come across as focusing on health, not weight. For example, they say, "look, nobody denies the laws of thermodynamics, that in order for people to achieve clinically meaningful weight loss, I mean it's going to require decreased energy intake, decreased calories in food. It's just really hard to get around that. Okay, but having said that, if you're going to focus not just on the weight of patients but the health of patients, then you've got to not just look at the quantity of food that people are eating—you've got to look at the quality of the food that people are eating." With this, they attempt to position themselves on the side of people who argue that we should focus on behaviors and health, not weight, neglecting the fact that this focus on weight is produced and sustained by their work.*

5. According to this lecture, the proper way to take care of fat patients is…

Put them on a diet, but don't call it a diet, call it healthful eating. Encourage equal-calorie substitutions with "higher quality foods" for the purpose of health, not weight loss, but also encourage calorie restriction with the goal of weight loss.

Does this lecture encourage you to…

- [x] See elimination of fat people as care?
- [x] Prioritize weight loss over other forms of care?
- [ ] Withhold other forms of care until weight loss is achieved?

6. How could this lecture harm the fat students in the class?

If given as a lecture, this content's mixed messages around calorie restriction and its narrow nutrition advice framed as easy-to-follow would leave students feeling confused and guilty. It would also worsen other students' biases as discussed in questions 1 and 7, leading to interpersonal harm.

7. Finish the following sentence: This lecture contributes to fat oppression by…

Upholding "obesity" as a pathology, vilifying behaviors they associate with fatness, spreading scholarship about obesity treatment, and trying to pass this all off as a focus on health, not weight. Together, this creates stigma and justifies more anti-obesity efforts, which in turn create more stigma and discrimination.

References:

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