

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:
2. Lecture title:
3. Lecture date:
4. Instructor(s):

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”

- Using Body Mass Index
- 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.)
- Other:

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

Pathologizing “obesity”

- Implying or stating that weight and health have a linear or straightforward relationship***
- 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.+++
- 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:

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
- 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”)
- Other:

Depicting fat people as burdensome or threatening

- On themselves (e.g., comorbidities, morbidity, mortality)
- On others (e.g., “obesity is transmissible,” obesity will harm offspring, obesity harms family members)
- 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)
- Other:

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:

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

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 responsabilization)
- 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:

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?

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:

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

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

Does this fit into a:

- Pathologizing frame (e.g., weight stigma causes weight gain; weight stigma stops people from engaging in “obesity treatment”)
- Harm reduction frame (e.g., weight stigma promotes blame and responsabilization)
- Fat positive frame (e.g., fat people deserve to be full and equal members of society)
- Other: _____

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?

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)?

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

Does this lecture encourage you to...

- See elimination of fat people as care?
- 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?

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



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