

Weight Loss Culture and Public Health

by Casey

Casey is a Civil Engineering major from Dallas, TX who wrote this essay in the "(De)Constructing Gender" class taught by Eric Bosse.

When I was 16, I decided to become a vegetarian for a mixture of economic, moral, and environmental reasons. I certainly wasn't doing it with the expectation of weight loss or even improved health; I had resigned myself years ago to the unpleasant reality that I was a chubby kid and was going to continue to be an unattractive, fat adult. Although I hadn't started out with health goals, my physical and mental health improved as I ate more fruits and vegetables and paid attention to my food choices, which had the side benefit of quieting the eating disorder I had been nursing for years. When I got to college and had to function better through the depression I had been coping with since middle school, I learned that regular exercise was shown to help as much as antidepressants in some cases. I already knew that I felt better when I ate better; I was determined to improve my physical health to improve my mental health.

There was a world of resources available to me to improve my general health, and I dove in, adding protein to my diet and actually using the gym access included in my mandatory college fees. It worked, and I felt better, but I was noticing a disturbing trend in all the literature I consumed; even though I was explicitly not trying to lose weight, and had a surprisingly positive body

image, all the culture and literature surrounding health and fitness focused overwhelmingly on weight loss, and I had to actively fight to maintain the positive attitudes toward food and my own body that I had cultivated in recovering from my eating disorder. I didn't want to stop because the fog of depression was lifting, but the fitness culture I had become a part of was causing the disordered thoughts I had worked hard to change to return. Why was the best treatment for my depression, general health, and mood also the worst trigger for my eating disorder?

Much of popular culture focuses on weight loss and fat shaming. The magazines in the checkout line at the grocery store ask in bright, bold letters if the latest celebrity is pregnant because she has some belly; commercials for Jenny Craig, Weight Watchers, Nutrisystem, and various expensive in-home exercise machines play on most networks (especially those frequented by women); and there are entire

1902 ad for "Obesity Soap," a product that promised to "reduce fat without dieting or gymnastics." As the illustration in the ad indicates, this product was marketed predominately to women.

sections of stores for diet pills, shakes, frozen meals, and juices. Even official governmental releases reference the "obesity epidemic" in fear-mongering terms. The culture of anti-fatness that pervades our society uses health communities, health professionals, and governmental endorsements as means to justify its behavior, ultimately encouraging disordered eating and unhealthy attitudes toward the body. "Weight loss" is used synonymously with health to the point that it becomes impossible to avoid conflating the two, especially in any sort of health-conscious community; a visit to the doctor's office, a shopping trip, or an infomercial can expose people to the pervasive idea that weight loss is the ultimate goal of diet and exercise, which complicates and defeats wider personal and public health concerns about actual health and fitness.

There are genuine public health concerns about the lives of Americans. Only 20% of American adults are "meeting both the aerobic and muscle strengthening... recommendations" set forth by the Center for Disease Control ("Press"), and 87% of Americans are not eating enough fruits and vegetables ("Adults"). Sedentary lifestyles, unbalanced diets, food deserts, and class-based access to healthy food are all issues contributing to the mortality, diabetes, and cardiovascular disease that are common public health concerns. According to a 2010 Mayo Clinic study, "habitual sedentary behavior [is] a ...risk factor for cardiometabolic disease and all-cause mortality," probably because humans did not evolve to spend most of their waking hours sitting (Owen). The American population does not eat well, it does not exercise enough, and it does not spend enough time on its feet. These are legitimate and well-documented public health concerns, but public and personal efforts to address them are overshadowed and complicated by the culture of weight loss and anti-fatness, and by the immediate mental and institutional connection between these and fat.

The common argument is that obesity is a risk factor for diabetes and cardiovascular complications, but, in fact, obesity is likely just another result of the same diet and exercise habits that lead to mortality. It's possible to be fat and perfectly healthy (Scott-Dixon), and it's possible to be thin and a medical disaster (Sim); in fact, those classified as overweight by body-mass-index (BMI) standards have longer life expectancies than those classified as obese and as normal (Tatera). That doesn't prove anything, of course, but it does complicate the common claim that being overweight is inherently unhealthy. The focus on fat as a metric of health to the exclusion of more legitimate medical metrics is actively harmful to the public's health, and simply not useful. Another complication occurs when the organizations that distribute public health information, such as the Centers for Disease Control (CDC) and Mayo Clinic, also endorse the rhetoric surrounding fat by referencing the "obesity epidemic" and setting guidelines for "healthy BMIs" ("Press"). It could be argued that CDC press releases are shorthand for healthy living and eating, but why mention weight at all, given the prevalence of yo-yo diets and eating disorders?

Even when a person's behavior doesn't qualify as an eating disorder, it can look unsettlingly similar to one; some of the tenets of behavioral eating disorder treatment include getting patients to abandon rules they've constructed about food, eating regular meals throughout the day, and not weighing themselves obsessively. All of these behaviors are encouraged by diets and popular media; for example, keto, a popular fad diet that a friend of mine claims "actually works," focuses on cutting out carbs almost entirely and provides lists of common foods that are not allowed. *Cosmo*, a popular women's magazine, published the diet tip to "step on the scale daily" (Ruderman), and *Women's Day* recommends in its health and fitness section "drink[ing] filling water" and

compensating for eating too much by restricting at the next meal (“Our”). This doesn’t mean everyone or even most people have an eating disorder, but it does show the unhealthy relationship to food encouraged by media and culture.

This culture is damaging to everyone who participates in it, but women pay the highest price. Fat women are less likely to be hired and, if they are hired, will probably be paid less than their thin coworkers—a phenomenon that does not occur for fat men (Fikkan). In interpersonal relationships, fat women also suffer more than their male counterparts: fat high school girls are more likely to be held back in school and suffer socially than fat men are, and men of all sizes are less willing to date fat women than thin ones (Fikkan). This linking of weight, social status, and perceived attractiveness shows itself in more serious ways than romance—although more men are classified as overweight or obese than women, 80% of gastric bypass patients are women (Maggard). Even objectively healthy women feel social pressures related to their weight. Krista Scott-Dixon’s 2008 study focusing on fat women who also held titles in fitness arenas such as powerlifting and martial arts reports that a judoka felt that “carrying extra weight does not become a social problem for men, I think, until they are incapacitated in some way,” whereas the women in the study felt that society judged them for bodies that were highly trained to be athletic and powerful, but also happened to be fat. Thin or average women are also adversely affected by negative constructions of fat in culture. According to a 2007 study, sorority women, who on average have rather low BMIs, show higher rates than non-Greek women of disordered eating and body-image issues, such as a focus on how the body looks over how the body feels (Basow, et al.). Concentration on the appearance of the body over the feelings of the body is common in eating disorder patients and undermines general health and fitness by allowing people to lose touch with their body’s

physical signals, such as hunger, pain, fatigue, and cravings, that are usually good indicators of what that body needs to be healthy. A public health campaign focused on feeling better through posture, sleep, exercise, and eating well would both encourage the public to improve their health and to remove its emphasis on disordered thought and eating patterns.

Of course, there isn’t a quick fix, nor an easy one. There are more obstacles between Americans and good health: class intersects hugely with food access and exercise, as does race. When gym memberships costs anywhere from \$30-\$60 a month, and when fast food frequently has more calories per dollar than vegetables, it’s the rational choice for many people to sacrifice their personal health in favor of rent or gas. Further, poor, predominately minority neighborhoods are less likely to have grocery stores, forcing residents to buy most of their food from convenience stores (Reyes), which stock much less nutritious food. The race and class implications in America’s attitudes and behaviors surrounding food and health need to be examined, but that would be an easier task if food deserts and gym costs were the focus of change, not purely of weight loss.

For all its focus on thinness, America is the heaviest country on the planet (Melnik); obviously, something is not working. Only 5% of those who have significant, intentional weight loss keep the weight off over a period of five years (Brown); even half of people who undergo surgery to help their efforts will regain some of the weight (Kruseman). Yo-yo dieting, or the cycle of months or weeks of intense diets followed by months or weeks of unmonitored eating, can result in an increased risk for heart disease, arterial damage, and cancer—and it doesn’t work to keep weight off. The continued failure by dieters to achieve the ideal of lasting thinness generates shame and feelings of low self-worth, which they, in turn, repeat to their friends, coworkers, and children, perpetuating a cultural conversation of anti-fatness and emotional angst. Many women use their dieting efforts and body

shame as small-talk material, since they assume, and rightly so, that it's a relatable topic. Phrases like "I'm hungry, but I'm telling myself no... Just thinking of those jeans!" are common, and the socially correct response is for her friends to tell of their own body troubles and efforts to "fix" them. In some people, such conversation is enough to push them to extremes to lose weight. Doctors are more than willing to prescribe diet pills, which can have more side effects than benefits, and surgeries that come with a host of side effects and ultimately aren't all that effective (Brown). In fact, doctors encourage such disordered behavior when they recommend weight loss to patients without emphasizing healthy ways to do it, or to patients who won't benefit from being thinner. Educating doctors about being careful with their words about weight, or individual efforts from doctors to encourage healthy eating and exercise over pure weight loss, would improve the relationship people have with their food and with their bodies.

Children are not exempt from the influences of this culture. How could they be? They follow their parents to the grocery store and see the magazines at checkout; they see their mother weighing her portions for entry into *MyFitnessPal*; they consume media that ridicules fat people and watch commercials with the message that weight loss is expected and mandatory. By the age of ten, 80% of girls are afraid of being fat – something that will come true for many of them, especially with the physical fluctuations that come with puberty ("Issues"). This is not helped by a public health focus on childhood obesity complete with frequent statistics from the CDC. In the lucky ones, fear will manifest as they only grow only into the eating and body-shame patterns common in adult women, but some of them will develop eating disorders. The girls who were skinny to begin with will probably be recognized as unwell and treated, but the struggles of adolescents who

were chubby or fat and who then lost weight will go largely unnoticed. A growing percentage of boys also have eating disorders, but they will also be underdiagnosed, whether because eating disorders are traditionally framed in feminine contexts or because parents and health professionals do not look for symptoms in boys. A 2013 study revealed that the majority of teenagers with anorexia had been or were obese, and detailed case studies in which, even though teenagers adopted disordered eating, doctors did not refer them for eating disorder (ED) evaluations (Sim). Behaviors such as restricting amounts or types of food obsessively and extreme exercise were ignored, and health issues such as stress fractures and irregular or missed periods, which were directly related to eating disorders, were misdiagnosed; in one case, a teenage boy who lost half his body weight was determined to not have any symptoms of the eating disorder he was definitely struggling with (Sim). Quick, dramatic weight loss is a sign of eating disorders, and a rise in fat is expected and necessary during puberty, but doctors are failing to realize their patients are dealing with eating disorders. Reasons include an over-reliance on BMI, since many doctors will not diagnose an ED without an "underweight" classification, and a framing of weight loss as a positive change regardless of other health complications such as irregular periods, dehydration, and fatigue. That doctors ignore warning signs of eating disorders in patients who were or are fat is both symptomatic of the culture of fat-shaming and an endorsement of unhealthy dieting by health professionals who should know better. Their negligence is encouraged by assessments from public health agencies that focus on obesity rates, thus, a shift in focus from the CDC and other national public health organizations from weight to other health measures would influence doctors to make more accurate diagnoses and prescribe better treatments for their patients.

Doctors also fail to provide quality treatment to their fat patients who are not losing weight or trying to. Fat patients are consistently misdiagnosed or told that their concerns are not valid. When given profiles identical except for weight, medical students consistently viewed obese patients as less healthy, less cooperative, and less likely to benefit from medical help than the thin versions of the same patient profiles (Fikkan and Rothblum). Janna Fikkan and Esther Rothblum reported in 2012 that “close to three-quarters of the women [with BMIs 25 or higher] reported... disrespectful treatment, ... negative attitudes by health care providers, [and] unsolicited advice to lose weight” in their experiences with the health care system. It is incidents like these that lead fat women to delay necessary visits to the doctor, even among populations who know the full importance of regular visits; even heavier nurses “delayed medical care” because of concerns over the perception of their weight by themselves or the doctor (Fikkan and Rothblum). If these women cannot trust their own industry to understand them and treat them well, it’s not surprising that women outside of the medical industry fare no better. A woman rower reports switching doctors frequently because each one told her to “lose about 20 pounds” despite her excellent health when judged by different standards – in her case, cardiovascular measures such as a resting heart rate of 45 and a very low blood pressure, and athletic measures such as coaching collegiate rowing and training for a marathon (Scott-Dixon). She was in very good health, able to carry out both daily life and strenuous sport, and happy with herself, but all of her doctors took a different view, one directly influenced by the culture of anti-fatness and governmental focus on obesity. They could not fathom a healthy, athletic woman who weighed more than they’d like, and they did not believe her reports of how much she exercised, because what else is exercise than a means to become smaller?

If doctors, the people most educated and experienced on how to increase and maintain health, are influenced by negative cultural attitudes toward fat in their professional practice, it is no wonder the fitness community is full of these same ideas. I have learned that my experience, although unpleasant, is in no way unique. A few days ago, I was researching beginning cardio routines on the Internet – I think my exact search phrase was “how to run without feeling like you’re dying.” After half an hour of searching, I gave up; not only did I not get an answer to my question, but I became overwhelmed by the mass expectation that everyone doing cardio is in it for weight loss and not general cardiovascular health. In online communities, gyms, and fitness communities, even those not explicitly geared for weight loss, there is an element of fat shaming and a fear of weight gain that runs beneath the conversations and makes it impossible to avoid those messages. I only recognize these patterns as disordered because of my own relationship with food; for most people, such conversation feels routine.

For people who came into the fitness sphere looking to lose weight, these patterns keep them in the mindset that exercise’s primary goal is weight loss, which can lead them to push themselves too hard, especially in cardio, which frequently leads to dejection and giving up, or to only doing certain exercises that are supposed to help burn fat. For women especially, lifting weights and resistance training gets a bad reputation because people fear it will make them bulk up, gain weight, and look too masculine. As femininity is frequently associated with waifishness and frailty (Bunrs), the common gym routine for many women is to spend hours on a cardio machine, which, besides being boring, admits an incomplete picture of health. When women are encouraged to build muscle, it is often based in the idea that muscle burns more calories than fat does, which means you’re losing weight in your sleep and at your desk! Even though the CDC recommends adults get regular weight-

based exercise ("Press"), there is little to no talk aimed at women about the health benefits of resistance training, or the practical benefits, such as being able to lift your own boxes. Framing exercise as a tool for weight loss also takes away a benefit of exercise that's almost essential for long-term compliance to the routine: enjoyment. Exercise has the potential to be fulfilling and fun, if people choose an activity that engages them and that they actively look forward to doing, but when exercise is just a tool for weight loss, and weight loss is about stress, obsession, and denial, it becomes a hapless chore that few will make a habit or feel good about doing.

Those who arrive at fitness communities for health reasons and who have no desire or intention to lose weight can also suffer from the unhealthy biases of the fitness community. Many motivational posters and sayings are about weight loss, which can feel irrelevant, and small talk at the gym frequently centers around calories burned. For example, when my roommate was telling me about a kickboxing class she was taking, she wouldn't talk about the class atmosphere, skills she was learning, or the increases in her strength, even when pressed; her main point was that it "burned 600 calories — that's lunch!" It can be ostracizing to realize that the goals of most of the people in a space do not align with yours. Of course, there is frequently less of a focus on weight loss in men's gyms and communities, where the goals are oriented more towards strength. This isn't to say men aren't feeling societal pressures to "look good" when they work out; only that their measures of cultural acceptance and attractiveness allow them more leeway to be heavy and to focus more on musculature than thinness. That existing fitness communities can exclude people based on gender, current fitness levels, or goals means that many people who were enthusiastic when they first bought their gym membership find the space so hostile and confusing that they do not come back through the end of it.

The cultural expectations of weight loss and idealized thinness have created a culture that's unhealthy both mentally and physically. A focus on dieting normalizes disordered eating, which is mentally stressful and physically damaging. The idea that exercise is useful only for weight loss discourages many people when they don't drop pounds and pushes people to work too hard doing exercises they hate and that don't give them a well-rounded fitness routine. Idealized thinness can create self-esteem and body-image issues in people who do not fit that ideal, and generate prejudice toward fat people in those who are more saturated in the culture, as demonstrated by the oppression felt by fat people, predominantly women, in most aspects of social life. The shame that comes with being fat can also cause those who do not eat well to eat more poorly, and to avoid exercise or other everyday activities entirely for fear of ridicule. If in medical, public health, and fitness spheres the focus was shifted from fat shaming to seeing weight as only a small facet of overall health, Americans would become healthier: more would exercise if it wasn't laden with expectations, more would eat more greater quantities of fruits and vegetables if food isn't seen as a pathway to the moral failure of being fat, and the mental health of the population would improve as it stops obsessing over what it eats and how it looks, and starts thinking about how it feels.

Works Cited

- "Adults Meeting Fruit and Vegetable Intake Recommendations—United States, 2013." *Centers for Disease Control and Prevention*. 10 July 2015. Web. 17 Apr. 2016.
- Basow, Susan A., Kelly A. Foran, and Jamila Bookwala. "Body Objectification, Social Pressure, and Disordered Eating Behavior in College Women: The Role Of Sorority Membership." *Psychology Of Women Quarterly* 31.4 (2007): 394-400. Web. 4 Apr. 2016.
- Brown, Harriet. "Planning to Go on a Diet? One Word of Advice: Don't." *Slate Magazine*. 23 Mar. 2015. Web. 17 Apr. 2016.
- Bunrs, Maree. "Eating Like an Ox: Femininity and Dualistic Constructions of Bulimia and Anorexia." *Feminism & Psychology* 14.2 (2004): 269-295. Web. 4 Apr. 2016.
- Fikkan, Janna, and Esther Rothblum. "Is Fat a Feminist Issue? Exploring the Gendered Nature of Weight Bias." *Sex Roles* 66.9/10 (2012): 575-592. Web. 4 Apr. 2016.
- "Issues, The." *NYC Girl's Project*. 2016. Web. 17 Apr. 2016.
- Kruseman, Maaïke, Anik Leimgruber, Flavia Zumbach, and Alain Golay. "Dietary, Weight, and Psychological Changes among Patients with Obesity, 8 Years after Gastric Bypass." *Journal of the American Dietetic Association* 110.4 (2010): 527-34. Web. 13 Dec. 2016.
- Maggard M, Li Z, Yermilov I, et al. "Bariatric Surgery in Women of Reproductive Age: Special Concerns for Pregnancy." Rockville, MD: Agency for Healthcare Research and Quality (US); 2008 Nov. (Evidence Reports/ Technology Assessments, No. 169.) 1, Introduction. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK38563/> Web. 4 Apr. 2016.
- Melnick, Meredith. "Study: America Is Officially the Fattest Developed Country in the World | TIME.com." *Time*. Time, 23 Sept. 2010. Web. 17 Apr. 2016.
- "Our 75 Best Tips for Losing Weight." *Woman's Day*. Woman's Day, 11 Mar. 2015. Web. 26 Apr. 2016.
- Owen, Neville et al. "Sedentary Behavior: Emerging Evidence for a New Health Risk." *Mayo Clinic Proceedings* 85.12 (2010): 1138-1141. *PMC*. Web. 18 Apr. 2016.
- "Press Release." *Centers for Disease Control and Prevention*. 2 May 2013. Web. 17 Apr. 2016.
- Reyes, Emily Alpert. "Poor, Mostly Black Areas Face Supermarket 'double Jeopardy'" *Los Angeles Times*. 30 Oct. 2013. Web. 13 Dec. 2016.
- Ruderman, Zoe. "The 10 Best Weight-Loss Tips Ever." *Cosmopolitan*. 06 Feb. 2015. Web. 17 Apr. 2016.
- Scott-Dixon, Krista. "Big Girls Don't Cry: Fitness, Fatness, and the Production of Feminist Knowledge." *Sociology of Sport Journal* 25.1 (2008): 22-47. Web. 4 Apr. 2016.
- Sim, Leslie, Jocelyn Lebow, and Marcie Billings. "Eating Disorders in Adolescents With a History of Obesity." *Table of Contents*. AAP Gateway, Sept. 2013. Web. 17 Apr. 2016.
- Tatera, Kelly. "'Overweight' People Actually Tend to Live Longer Than 'Normal' Weight Individuals." *The Science Explorer*. 16 May 2016. Web. 13 Dec. 2016.