

The Problem with Obesity

Obesity has become the popular term for a set of problems that result in premature death and injury from diabetes, heart disease, and cancer. It is a convenient term, but we should stop using it. This Framing Brief explains why.

HOW IS OBESITY CURRENTLY BEING FRAMED?

The word “obesity” triggers in people more than a technical idea about “energy balance” or people burning fewer calories than they consume. This is because people understand words only as part of larger systems of ideas called frames. Ideas about what obesity means, or why it happens, are the unspoken parts of the frame that appear automatically in people’s heads when they hear the word.

Current popular frames on obesity center around appearance and health. These frames include the idea that the direct cause of obesity is overeating and that overeating is bad for health and bad for appearance. But the frames evoke more than that. Expressed in terms of character, people become obese when they lack willpower. And, even more deeply imbedded is the idea that people who lack willpower are of poor character.

These underlying assumptions about obesity can be evoked whenever obesity is referred to, without ever saying, for example, “willpower” or “character.” Willpower and character can be evoked—packaged with obesity—regardless of whether the speaker intends them to be included, simply because those concepts have previously regularly been coincident with obesity. In this sense, “lack of willpower” is the default frame for obesity.

But willpower is only part of the story because people make choices about what to eat or whether to exercise in the context of an environment. Creating schools and neighborhoods where healthy foods are widely available will have a beneficial effect on all kinds of health outcomes, including obesity. Reframing obesity will make it easier to help people understand how changes in the environment can help.

WHAT’S WRONG WITH HOW OBESITY IS FRAMED NOW?

Obesity is a bodily condition, not a social condition—people are obese, communities or neighborhoods aren’t obese. Using the term makes it harder to illustrate the conditions that inhibit healthy eating and activity. Specifically:

■ **Obesity narrows the problem, elevating one risk factor above others.**

Obesity is only one of many risk factors for diabetes and heart disease and in some cases may not be the most important one. Skinny people can also be malnourished and at risk for diabetes. A focus on obesity obscures the other risk factors and equates thinness with health. A focus on weight instead of nutrition may lead people to adopt popular weight-loss diets rather than eating nutritious foods.

■ **Obesity is stigmatizing.**

The stigmatization can lead to extreme responses like bulimia or anorexia. Less extreme responses are also damaging: obese people may be too ashamed to exercise and so avoid health promoting behaviors. There is also evidence that obese women are discriminated against in health care settings and as a result avoid or postpone seeking medical care. This is about more than feelings; stigmatization can put people's health at risk.

■ **A focus on obesity favors powerful stakeholders like the food, pharmaceutical, and diet industries.**

The food industry benefits when the focus is on obesity because the way obesity is typically framed puts the blame on the person with the problem. The food and beverage industry can blame people's inability to control themselves and argue that problem "users," not problem products or problem promotions, cause obesity. This argument is akin to the way the alcohol industry benefits if the public focuses on alcoholics rather than the broad spectrum of alcohol problems. Pharmaceutical companies benefit from an individualized focus on obesity because it medicalizes the problem, suggesting drugs and surgery as the solutions. And, of course, the diet industry benefits because overweight and obese people are a key market for diet plans and products, despite the fact that little evidence shows diet products to be beneficial and in many cases may do more harm than good.

■ **"Obesity" moves the conversation downstream.**

Because obesity is considered a personal condition, not a social condition, the term keeps the conversation focused downstream on the bodies of specific individuals, making it harder to shift the focus upstream to the conditions that inhibit healthy eating and physical activity for the overall population.

IF WE DON'T SAY "OBESITY" THEN WHAT SHOULD WE SAY?

Currently there is no easy answer to this question. The challenge is to reframe the concept of obesity so that it can be more easily understood as an issue that is social, economic, and political in nature. We need new terminology that encompasses obesity but names the problem in the settings and circumstances that surround individual decision-making about what food to eat and whether to move more or move less.

The task for reframing is to be able to describe these issues so they invoke the environment from which food comes and the limited options that some people have in those environments. Descriptive phrases, such as "healthy eating and active living environments," are cumbersome but useful because they make the environment visible in the frame. Similarly, when public health advocates frame physical activity, they need to bring the environment to mind, including how the environment fosters or hinders health-promoting choices.

In the meantime, do what you can to avoid using the term when the message you really want to convey is about changing environments.

■ **Describe the environment you want to see.**

This may take more than a single word like "obesity" but it will be more precise.

■ **Say why it matters.**

Go beyond reciting doomsday statistics and name the values that motivate you to advocate for the changes. If something is unfair, say so. If we, as adults, have responsibility for creating neighborhoods, homes, and schools where kids can be healthy, say so.

■ **Know how you'll respond when opponents say it is all a matter of personal responsibility.**

We've all heard it before: Tobacco companies point out that they sell a legal product. Alcohol companies insist that most people drink responsibly. Car companies say that the key to greater safety on the road is changes in driver behavior. Similarly, food companies say that it is parents' responsibility to control what children eat. All companies feel they should not be blamed if some people abuse their products. These are tough arguments to counter. After all, each one is truthful—if incomplete.

Reframing is about who decides the terms of debate and what the terms will be. Reframing and message development need to be connected with community organizing, constituency building, and detailed knowledge about policy development and the political process. The field needs more research on the best way to reframe obesity, and the Rapid Response Network will bring you the latest on what's learned about reframing the issue.

This Framing Brief was written by Berkeley Media Studies Group for the Strategic Alliance's Rapid Response Media Network and is based on Cohen L, Perales DP, Steadman C. The O word: Why the focus on obesity is harmful to community health. Californian Journal of Health Promotion 2005;3:154-161, and Dorfman, L, Wallack, L. Moving nutrition upstream: The case for reframing obesity, forthcoming in the Journal of Nutrition Education & Behavior. Both Strategic Alliance and the Rapid Response Media Network are funded by The California Endowment. For more information about this piece or the Rapid Response Network, contact Sana Chehimi, sana@preventioninstitute.org or 510-444-7738.

