TERMS OF BELONGING: WORDS, WEIGHT AND ETHICAL AUTONOMY

Lucy Aphramor
PhD RD
Dietitian
Self-Employed

Lucy Aphramor developed Well Now, an approach to nutrition that teaches compassion, fosters self-care and advances social justice. She is an award-winning dietitian, and a spoken word poet.

In this article, I explore how the language we use to describe body size impacts our practice and shapes people's lives. I unpick some of the assumptions behind the terms we use and finish with a vision of difference. The article is influenced by my practice as a UK dietitian working to promote body respect and health justice through Well Now,[1] a practice that in turn is shaped by personal experience.

As nutrition practitioners, we take care with the words we use to describe ourselves. Our professional organisations are strongly invested in delineating the terms nutritionist, dietitian and nutritional therapist because words impact identity and status.

HOW LANGUAGE FRAMES THE BODY AND POSSIBILITIES

As a dietetic student 20 years ago, I wasn't aware that I was being taught to look at fatness and thinness through the particular lens of reductionist science. I mean, I knew this was science, but I didn't know that there was more than one way to approach science. And so I thought that what I was taught to think about body size was the best, indeed the only, credible way to think. It seemed self-evident that fatness was always a public and personal health issue in need of intervention. It never occurred to me that there could be alternative ways of thinking about fatness that did not centre on health, or calories, or fixing. I never questioned where all the fat student dietitians were, I mean, obviously there weren't any, right?

I took it for granted that professional guidelines were based on an unbiased analysis of the 'best available evidence', though the term itself was yet to enter dietetic rhetoric. It never occurred to me to ask about adverse effect, or social determinants of health, or fat rights. I have a mix of emotions when I remember casually ridiculing fat people in a department sketch: shame for diminishing anyone, and especially as a thin person shaming fat folk; outrage and bewilderment that my education supported this world view and I was unable to see how wrong this was myself; compassion when I reflect on some of the things that blocked my view; an enduring passion for change.

Within this framework I had no cause to question the fact that the language used to talk about fat people and larger bodies was one of pathology - the 'o' words. Neither did I think to question the associated use of BMI categories as a reliable way of assessing and intervening in individual illness or health. I mean, why would I?

As you'll have guessed, I have since thought lots about how we use language in dietetics. And I have also come to realise that reliance on BMI as a pivotal health measure indicates allegiance to a particular stance, or ideological position. That it is not, after all, an inevitable hard fact, it's one choice among others.

Why does any of this matter? I'll focus on just three areas. First, what are we saying when we use the 'o' words: obesity, obese and overweight? Second, what BMI implies about lifestyle, social determinants and health. And third, what are we saying when we won't say 'fat'?

REFERENCES
For full article references please
CLICK HERE . . .

USING THE 'O' WORDS: THE FAT BODY AS A DIAGNOSIS

The term obgobbing[2] (Box 1) was coined to name the practise in which fat people's bodies are described using words that foster oppression - the 'o' words again. Naming obgobbing as a phenomenon problematises something that might otherwise pass unnoticed. It serves to draw attention to norms that harm and to alternatives. It is a strategy that helps us envision a different world.

What's wrong with the 'o' words? A starting point is that they diagnose fat people as always and essentially unhealthy and wrong-bodied. So obgobbing irrevocably links a person's physicality with disease. Of course, people of different weights and heights may or may not be ill, that's not the point. The point is that when we use the 'o' words we create a world in which there is nowhere a fat person can exist outside of medical reference. And where they are always deemed to be flawed and at fault.

Obgobbing is oppressive because it perpetuates myths and stereotypes concerning health, weight and social justice that impede justice.

We know that there are links between height and poor health and yet dietetics has ways of referring to people's stature outside of medical reference. Of course, a key reason we do not routinely flag up height-health links hinges on the fact that our height is not seen as a matter of choice, whereas our weight is. Inherent in the diagnosis "too fat" is the assumption that everyone can and should be thin. So, when we use the 'o' words we make fat people culpable: guilty of not being thin, guilty for any health problems they may have. Moreover, in this framing, BMI is pivotal to health and social factors barely register.

PREJUDICE-BASED MEDICINE?

The 'o' words construct categories that ratify a model of health in which BMI functions as a reliable indicator of personal health, and is deemed largely under personal control.

The BMI model asserts that trying to lose weight does more good than harm. But does it? I know it can seem ridiculous to query this cornerstone belief, but if you're never searched the primary data, bear with me. I researched the evidence when I realised the shortcomings of my 'eat less, move more' advice. Ideally, for evidence-based medicine (EBM), we need to find a systematic review of randomised controlled trials of intentional weight correction with long-term results. Fortunately, such a review does exist, with results at two years.[3] This shows that efforts to lose weight did more *harm* than good. It is an understatement to say that this finding has huge implications. Bluntly put: the best available evidence within the parameters of EBM shatters any claim that advice on weight correction is consistent with EBM.

When we use the 'o' words we reinforce conventional beliefs about the evidence base, beliefs which are erroneous and harmful. To reiterate, in the review mentioned above - a gold standard of EBM - authors conclude the following: 'The benefits of dieting are simply too small and the potential harms of dieting are too large for it to be recommended as a safe and effective treatment . . .'[8]

You can check out the quality of the review by accessing it online here: www.janetto.bol. ucla. edu/index_files/Mannetal2007AP.pdf.[8] What does this mean for your practice? For the profession?

When we discover something previously unimagined like this, we find ourselves at a crossroads. We can close our eyes to the new perspective and resume business as usual, or we can exercise our ethical autonomy (a concept from the educator Parker Palmer) and act on the new knowledge.

Box 1: Obgobbing[2]

A phenomenon in which fat people's bodies are described using words that foster oppression. The words may be used thoughtlessly, inadvertently or intentionally. Paradoxically, obgobbing is strongly prevalent in healthcare where it buttresses a neoliberal ideology. Obgobbing enacts power relations that strengthen existing hierarchies in knowledge creation and so it is helpful to those whose interests are best served by maintaining medical and academic norms. It serves to repress marginalised voices and cultivates systems of thoughts and practice that deny people their agency and dignity. It is, therefore, relevant to human rights, and is a health hazard.

WHAT'S MISSING IN BMI-BASED HEALTHCARE?

There are far-reaching ramifications in learning that advocating weight loss is harmful. The problem is not just that "diets don't work" or that dieting is linked with individual health detriment, shocking as this may be, but, that BMI-based health encapsulates the belief that focusing on lifestyle change will significantly enhance population health. This is a fallacy: the lifestyle change approach conceals the fact that non-lifestyle factors[4] (so-called ecosocial determinants) overwhelmingly determine population health. This distortion is a topic in itself, for another time.

WHAT ARE WE SAYING WHEN WE DON'T SAY 'FAT'

It is easy to find work by fat activists, allies and academics explaining why they reclaim fat.[5] This begs the question "what are we saying when we won't say fat?" Whether we intend it or not, we are saying that the voices and agency of civil rights groups don't count. We enact oppressive power dynamics as we disdain the stance of a marginalised group. This is incompatible with professional integrity, with profound ethical implications.

On a personal level, if you feel squeamish about saying fat, why is this? What does this say about fat prejudice, about thin privilege, about your own body confidence, your own body shame? Reflecting compassionately on our intellectual and visceral responses can be valuable work.

CATALYSING CHANGE

Fat bias is rife. Thin privilege reigns. Institutional sizism[6] and the related belief in 'lifestyle health' shapes dietetics, counselling and public health. How does our language impact this? How can we use our power responsibly? Change starts by questioning the habitual. In my experience, dropping the 'o' words for descriptive terms like fat, or larger bodies, has an immediate disruptive effect on routine professional narratives. This interruption opens space for a different conversation on fat, one that engages with language and values and ethics. One that contains within it the seeds of transformation, where we educate ourselves as allies in the struggle for weight-justice.

So, it is of pressing importance that we figure out how to talk newly about body size with clients of any weight so that we challenge fat bias and foster body respect for all. At the same time, we need to ensure that we remain sensitive to people's personal histories of fat shaming, and mindful of the ways our own embodiment, and our learning and unlearning, influence therapeutic dynamics.

Grappling with new insights has personal consequences too. Alongside growth in understanding there can be grief, relief, confusion, ambivalence, guilt, and more. Both emotional and intellectual labour are called for. Further still, it may feel frightening to start the conversation with colleagues. The moment we consider speaking up may be the moment we first become aware of the privileges we hold from adopting normative views. How do you think your questions will be received by colleagues? What does this tell you? Raising the issue of language and justice prompts us to consider what else is at stake as we bring into focus the question 'How does saying fat and dropping the 'o' words impact professional legitimacy?'

ADVANCED COMPETENCIES

The European Federation of the Associations of Dietitians is currently revising advanced competencies to support an ethos of deep engagement. We are enjoined to ensure that our work meets core values of health promotion, including social justice, equity and participation, with competencies that reflect the work needed rather than reinforce the practices that already exist.[7]

To this end, it is necessary to continually reflect on language, but this will not be enough. We also need to become aware of the deep roots of sizism and work to dismantle them. If these views are new to you, why is that? Does it matter that you weren't introduced to them in training? If you think these perspectives are relevant to practice, how can you continue the learning? Why does dietetics disregard activist voices?

BODY RESPECT: THE FUTURE OF FAT

I reject the 'o' words because I am not working for a world without fat people. I use fat and

other descriptive terms, because I am working for a world that is weight diverse, where nobody is starved of food, company or dignity - or equitable healthcare. To get there, we need to draw on a knowledge base that extends beyond reductionist science. Along the way, dietetics would become more representative of the population we serve, welcoming students of all sizes and identities.

Our work would be theorised within a framework that is socially aware, so that we feel confident in promoting body respect, linking self-care, structural change and sustainability. We commit to supporting each other as we grapple with new ideas, not getting stuck in caretaking our professional fragility, or stopping at critical thinking, but as an ongoing and integral part of advancing social justice and wellbeing.

People of all identities, including fat folk, belong here now, and in the future. In a fair, health-promoting world, nutrition practice will communicate this.

Box 2: Excerpt from 'Planning for Fairness' by Dietitians for Social Justice

- Are images of this group respectful and inclusive?
- Is the language used to describe this group respectful and inclusive?
- How do you engage with people in the group, including activist voices, to understand need and experiences in relation to health services?
- Is this group appropriately represented in all levels and practice areas within the dietetics profession? If not, does anything need to change? What are the short-term and long-term goals? How can this change process be started? How are we learning from students' experiences?
- Does the research include the voices of the people from the group, critical perspectives and rights-based work?
- How does the proposed treatment and framing enhance health equity?
- How does the proposed treatment and framing detract from health equity?