

A balance point between the Science of Nutrition and “Fat Studies”

Ponto de equilíbrio entre a Ciência da Nutrição e “Fat Studies”

Andreia Araujo Lima Torres¹

¹ Universidade de Brasília, Faculdade de Ciências da Saúde, Departamento de Saúde Coletiva. Programa de Pós-graduação em Saúde Coletiva. Brasília-DF, Brasil.

Correspondence
Andreia Araujo Lima Torres
E-mail: andreiat@gmail.com

Abstract

The concern for physical appearance is great in the West. However, the search for such ideals can trigger body image dissatisfaction, eating disorders, body image disorders, stereotypes and negative attitudes towards individuals outside the standard valued by the media. Groups linked to sociology, gender studies and feminist activism have joined the debate that forms an interdisciplinary field called *fat studies*. The field shifts the focus from the pathophysiological aspects associated with body fatness to the situation of these people in society, and harshly criticizes the biomedical model and its ineffectiveness in treating obesity. On the other hand, health researchers are concerned about defending that health would be possible with any weight or body fat percentage by simply adopting a healthier lifestyle. This article explores the subject and aims for an approximation between the research fields.

Keywords: Obesity. Weight Loss. Feminism. Body Image.

Resumo

A preocupação com a aparência física é grande no Ocidente. Contudo, a busca por tais ideais pode desencadear uma insatisfação com a imagem corporal, transtornos alimentares, distúrbios de imagem corporal, visões estereotipadas e atitudes negativas voltadas aos indivíduos fora do padrão valorizado pela mídia. Grupos ligados à sociologia, estudos de gênero e ativismo feminista uniram-se ao debate, constituindo campo do saber interdisciplinar denominado “Fat Studies” (estudos sobre

a gordura ou dos “gordos”). O campo muda o olhar dos aspectos fisiopatológicos associados à adiposidade corporal, para a situação desse grupo de pessoas na sociedade. Criticam duramente o modelo biomédico e sua ineficácia no tratamento da obesidade. Por outro lado, pesquisadores da área de saúde preocupam-se com o discurso de que a saúde seria possível com qualquer peso ou percentual de gordura corporal, bastando um estilo de vida saudável. Este artigo explora o assunto e busca uma aproximação dos campos de pesquisa, um ponto de equilíbrio entre a ciência da nutrição e “Fat Studies”.

Palavras-chave: Obesidade. Perda de Peso. Feminismo. Imagem Corporal.

Introduction

Concern with physical appearance is expressive in the Occident.¹ In this lipophobic society, an ideal body model is thin for women and muscular for men.² The search for the “best physical appearance” can be positive when it facilitates the adoption of health promoting habits. On the other hand, the pursuit of a specific aesthetic ideal can trigger problems ranging from greater dissatisfaction with body image to severe eating disorders or body dysmorphic disorder (BDD),^{3,4} even among students and professionals in the field of nutrition.⁵⁻⁷

The quest for an aesthetic standard is, for the most part, justified in the medical and nutritional areas due to improving health. There is strong evidence of a relationship between poor diet and cardiovascular disease,^{8,9} hypertension,¹⁰⁻¹² dyslipidemias,¹³ diabetes,¹⁴ metabolic syndrome,¹⁵ some cancers types,¹⁶ hepatic steatosis¹⁷ and mitochondrial dysfunction.¹⁸

In today’s society, health and beauty have been associated in such a way that physical activity and diet are considered not only for the purpose of avoiding physical and mental decline but also for achieving a specific aesthetic pattern.¹⁹ More than health, the valuation of a certain aesthetic is related, in the western world imaginarily, to the idea of happiness, beauty, prestige and success. For Cesar & Vargas,²⁰ the social discourses adopted by the media, such as women’s magazines, are developed with those of the young and are compatible with the social mechanisms of sexuality control. The cult and normalization of the body have contributed to opening a market niche that includes not only aesthetic and cosmetic services but also medical and nutritional ones.²¹

Within these ideals, the body should be constantly controlled and watched⁴. Magazines disseminate a pattern of beauty that contributes to the formation of an aesthetic sense of femininity and masculinity^{20,22} and to the diet mentality. In addition to the media influence, one can not

ignore the active participation of individuals in interpreting and practicing the information they receive.²¹ The “diet mentality” depends on the intersection among different factors, gender, socio-cultural context and subjective aspects.

The “diet mentality” is defined as the social control and consequent malaise that go through the experience with food and the body. Such a mentality interferes with food choices, disempowers and generates loss of autonomy for individuals to make decisions about what to eat and when they are hungry.²³

Also affected by such imaginarieness, obsession with perfect bodies has been observed in speeches and images released by health professionals in social media, such as (mobile photo-sharing application and service) Instagram. In many speeches, the only instrument necessary to reduce body fat is ‘self-control’,²⁴ disregarding a range of social determinants of health intervening in the accumulation of adipose tissue.

Although food and nutrition issues are increasingly accessible through the Internet in general and social networks in particular, a narrow and dichotomous view persists between “healthy” and “unhealthy,” “good” and “bad,” “permitted” and “forbidden” foods and the replacement of eating pleasure by guilt. Thus, some make the mistake of reducing nutrition science to a new way of indoctrinating diets, not taking into account other meanings of food present in different cultures, religions, relationships and families.²⁵

The cult of thinness and low fat percentage is paradoxical, since the media promotes and advertises food with high energy density, while encouraging the building of a lean body.²⁶ In schools there are also contradictions. A study carried out in the Brazilian city of Salvador, Bahia, has observed that some school cafeteria would have varied menus planned by a nutritionist. As for an open-access canteen it would have the differential of offering processed foods.²⁷

Lack of correspondence between the “ideal body” and dietary practices contribute to unhealthy actions such as severe dietary restrictions, permanent concern for calories and specific components of the diet, unnecessary use of medications and dietary supplements, feelings of anguish and inadequacy⁴, in addition to bias toward other overweight people.²⁸⁻³¹

Eating behavior is associated with what a person knows and believes about food and nutrition, as well as what they feel about food. Cultural representations that permeate diets are loaded with symbolisms and express aspects associated with life history, eating behavior from childhood, memories, affective relationships, preferences, beliefs, values and myths related to food, influence from the media, family and friends, the socioeconomic scenario, globalization, among other factors.²⁷

Seeing food solely as a calorie supplier or as an enemy creates malaise with food and the body. The war against fat and body that is different from the established standard is harmful to people

of all sizes.²³ Research shows that there is a culturally accepted negative attitude toward obese people, who are often stereotyped as less attractive, lazy, unwilling or self-indulgent.^{29,32}

The stigma of real or imaginary fat affects self-esteem and its consequences and other labels or improper treatments reach other social spheres, even reducing these people's chances of being appointed for job openings, aggravating a series of inequalities, contributing to psychosomatic disorders and stress-induced diseases. Ignoring stigmatization means ignoring the suffering of an important part of society,³³ since more than 50% of the Brazilian population is above what is considered an ideal weight.^{34,35}

Considering that obese individuals are part of human diversity, have their own experiences and identity and also the unacceptability of the abuse they suffer, a new field of knowledge has been constituted. Activists in the field argue that obese people are not just bodies to be criticized and modified because of possible adverse health effects. Following this line of thought, in American universities, especially in groups related to sociology, gender and feminist activism studies, experts in *Fat Studies* (studies about fat or fat people) have emerged, changing the look from the pathophysiological aspects associated with body adiposity to this people group's situation in society.³⁶

This article aims to discuss how this new interdisciplinary field has influenced nutrition professionals' work. It also discusses studies that support the shift from the paradigm focused on body weight and weight loss diets to the paradigm of conscious eating, a new strategy that is nonpunitive and nonpolice.

Fat Studies

The bulk of research on obesity is situated within the biomedical paradigm, which addresses nonmedical or social problems in terms of diseases or biological disorders.³⁷ The nutrition field traditionally also reproduces biomedical thinking, medicalizing food to obtain immediate results or specific actions in the body.³⁸ Health researchers and professionals often reinforce the hypothesis and the dominant discourse that overweight should be tackled in order to prevent chronic diseases. However, for several authors the discourse only serves to legitimize the market for dietary supplements and the physical exercise and aesthetics industries.^{39,40} Thus, there is a need for more in-depth approaches, in addition to counting the number of calories or restriction of food or nutrients.

Social and natural sciences share the body as an object of study.¹⁹ Thus was created the *Fat Studies* field of interdisciplinary studies. It is marked by an aggressive, consistent and rigorous criticism of negative assumptions, stereotypes and stigmas related to body fat and overweight individuals. One of the movements arising from such studies is Health at Every Size, or HAES®, which shifts the focus from weight loss to health promotion and acceptance of body type and size. HAES®

conceptual model includes acceptance of body shapes and sizes diversity, exposes the dangers of weight loss diets, highlights the importance of a relaxed eating environment that respects the feelings of hunger and satiety and seeks to collaborate for research on social, emotional, spiritual and physical factors that contribute to a happy and healthy life.^{41, 42}

Clinical studies on the HAES® approach show that it is positively associated with improvements in blood pressure and lipidic profile, healthy behaviors such as the adoption of physical activity and psychosocial outcomes such as good mood, self-esteem and body image.⁴¹

In Brazil, the program has been adopted successfully at Brazilian university *Universidade de São Paulo*. In a one-year quasi-experimental prospective clinical trial, 30 women participated in the “Health and well-being in obesity” intervention conducted by a multi-professional group with physical educators, nutritionists and an anthropologist. After the intervention, participants reported feeling more empowered to deal with expectations about their bodies and more comfortable with their current body condition. They also reported moving from negative experiences associated with body movement to positive experiences with them, motivating them to insert more physical activities into their routines.⁴³

Bacon & Aphramor⁴⁴ defend HAES®, since other paradigms, centered on weight loss, have been inefficient, harming the relationship of science beneficence and non-maleficence. In the authors’ view, diets do not always have positive results, they are not the only way to benefit obese people’s health and can cause damages, weight gain and loss cycles and even higher stigmatization. In addition, individual choices are not the only ones responsible for health or illness.

Although the *Fat Studies* field of knowledge and its approaches offer scientists new lenses for the study of obesity,⁴⁵ it is not free from criticism. Sainsbury & Hay⁴⁶ warn that excess body fat increases the risk of metabolic diseases and that adopting the view that it is possible to be healthy regardless of body weight would be an error. For the authors, the appearance of health problems in obese people is almost always inevitable. The neurologists also advocate the idea that there is a window of opportunity for weight management. They recall that overweight and obese individuals who do not adopt measures to reduce the percentage of body fat suffer modifications in the brain such as the appearance of resistance to leptin, which contributes to increased binge eating and fat deposition in the adipocytes. Therefore, they consider models like HAES® irresponsible.

LeBesco⁴⁷ also argues against criticism from the activists themselves. According to the researcher, activists suffer discrimination from their own peers when they intentionally resolve to lose weight.⁴⁷ Accepting one’s own body, irrespective of weight, one of the proposals raised by the *Fat Studies* field of study may clash with the need (or will) to lose weight. Activists constantly advocate the idea that body weight and adiposity are not related to morality, they are not personal failings or signs that the individual does not care about their bodies. And if the acceptance is so large, why would such people feel the need to lose weight? One of the reasons is the ambivalence about body image.

Murray⁴⁸ encourages activists to also look beyond the biomedical model, which separates the body from the mind and emotions, and accept the natural ambivalence of human beings.

The topic of weight loss is experienced as a taboo by approximately 33% of activists in the *Fat Studies* field. For some scholars in the area there is a somewhat hypocritical attitude, since there is no criticism when an activist “accidentally” loses weight following the HAES approach[®].⁴⁹ The same is not true when weight loss is intentional.

Discussion

Eating has undergone a rationalization process that has given it a dietary, therapeutic and restrictive character.⁵⁰ The unreachable standard imposed and the unrealistic restrictions in diets contribute to body dissatisfaction in Brazil.⁵¹⁻⁵³ For Campos (2016), imposing on people an achievement requirement in all spheres, including aesthetic impositions, represents a disregard for the difficulties faced in each one’s lives.²²

Researchers from different areas, including nutrition, have been discussing different approaches, more holistic ones, free from moralistic discourses or perpetuating erroneous or limiting views on the health-disease process and on corporeality. The intention is to find a balance between nutrition and the *Fat Studies* area.

Research proposals that strike a balance between nutrition, sociology and other sciences views are important. Such balance has implications for public health.⁵⁴ On the one hand, one should not adopt a policing position, pressing individuals with excess weight to lose weight or contributing even more to the commonly found self-esteem problems observed in the literature. On the other hand, there is some need to develop new research that test different approaches to support people in search of a healthier life. Interventions are suggested on several fronts, including (1) inclusion of self-esteem topics in school curricula; (2) training educators and health professionals in prevention and identification of eating disorders and body dysmorphic disorder (BDD); (3) implementation of anti-bullying policies that protect the integrity of each person, especially in schools³⁹; (4) nutritional monitoring; (5) therapies or interventions constructed within a holistic perspective that considers the physical, emotional, social, occupational, intellectual, spiritual and ecological aspects of health;⁵⁴ in addition to (6) development of self-affirmation strategies.⁵⁵

Recently, approaches promoting an attunement between food, mind and body have been empirically tested in a number of contexts. In the United States, a new technique called conscious eating has been studied. It aims to improve the food experience of those who feel oppressed by food and the language used by society, including health professionals when referring to diet.

Studies on conscious eating have been adapted from those of “Mindfulness.” The “Mindfulness” state refers to the ability to bring attention to the present moment without judgments or criticism and an attitude of openness and curiosity.⁵⁶ This state can be trained through a series of techniques, such as meditation and psychoeducational exercises, which have great potential in treating conditions such as pain, anxiety and depression.⁵⁷⁻⁵⁹

There is evidence that “Mindfulness” practices also contribute to adopting a healthier and less caloric diet and, consequently, reduction of risking obesity.⁵⁸⁻⁶⁰

Researchers at Indiana University in the United States have developed an 8-week training that involves conscious eating (Mindfulness-Based Eating Awareness Training – MB-EAT). It has been well accepted in the scientific community for its positive results in promoting weight reduction and maintaining lost weight when desired.⁶¹ The program does not focus on calorie counting or on food tables and it does not prohibit the consumption of any type of food and does not rely on the knowledge of “food experts.” On the other hand, it works on developing attention without judgment to physical and emotional sensations aroused during the act of eating or in contexts related to food.⁵⁷

The program utilizes exercises that help participants to apply mindfulness to day-to-day decisions, especially those related to eating. For example:

- Consumption of raisins slowly, with time to explore its appearance, texture, aroma and taste;
- Consumption of foods that are not usually on the so-called healthy menus, such as cookies or sweets, slowly and with care so that feelings and sensations are evaluated and understood;
- Consumption of water or food and observation of the effects on hunger and satiety;
- Sharing meals with attention.

Such practices allow participants to make their own decisions about what and how much to eat, stimulate reflection on bodily and emotional sensations during the act of eating, recognize that there is no right or wrong way to eat, accept that eating experiences are unique and focus on interrelations between food, the environment, living things and cultural activities.

Other approaches such as intuitive eating and motivational *interviewing*²⁵ have also been proposed as tools that give more flexibility to nutritionist’s work and make intervention proposals less rigid by considering individual stories and social and cultural elements involved in eating. It is worth noting that, while powerful, such approaches are not definitive or rapid solutions to any food-related issue. Choices should be made several times a day and the proposal of new technologies, techniques or approaches is to facilitate conscious decision-making regarding food.

Final thoughts

Increased adiposity has been treated primarily within the biomedical model. Despite the importance of recognizing the role of diet in disease prevention and health promotion, advancement in nutrition science may also contribute to the medicalization of eating and obesity. One must always keep in mind that food also involves social aspects that, when left out, can contribute to suffering and inequities in health.

Thus, the need for a dialogue between nutrition know-how and other areas is emphasized, rejecting simplistic views about the body. Obesity is considered a public health problem in many parts of the world, including Brazil. However, nutrition and public health professionals need to develop a differentiated view of the issue without perpetuating misconceived or biased discourses and without contributing to the widespread bodily dissatisfaction observed in our society.

Professionals in the area of sociology, especially in the *Fat Studies* field, have been contributing to this debate. Interdisciplinary research that approaches the areas is urgent, in favor of the population's physical and mental well-being.

During the construction of government policies, debates are also important. Public health solutions can not be narrow, linking obesity only to health or disease or else exclusion and marginalization of the obese may continue to grow.

The role of research can not be overlooked either, as there is an open field for nutritionists and other professionals to explore people's experiences by coming when in contact with discourses on obesity. New strategies and technologies, such as conscious eating, also need to be empirically tested in the Brazilian context. Lastly, it is necessary for the nutritionist to enter into partnerships with other health professionals to adequately care for their clients. It is necessary to think and establish a discourse that does not blame people and favors the reduction of feelings of incapacity and inadequacy for not having the weight or body often imposed by society.

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Received: March 25, 2016

Resubmitted: October 8, 2016

Accepted: October 27, 2016