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Changes in social identity of the obese: from stigma to the *fat pride*

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Abstract

The phenomenon of nutritional transition brought as major consequence high prevalence of overweight / obesity in the world population. Beyond the reflections on health, obesity brings important social changes to those who suffer of this condition. Despite the growing epidemic of obesity, we can see the emergence of a lipophobic model of society, that puts on obese a stigma by association of obesity with a number of negative moral values. The arise of the fat pride movement features a reaction of the stigma of obesity, and the medicalization of obesity points to bariatric surgery as medical technology able to change the condition of the obese. This paper aims to justify the need to understand the changes in the social identity of the obese from studies of authors who address obesity under the framework of the Public Health. The overall objective is to understand the transformations of the social identity of the obese, and specific objectives: examine obesity as a social stigma, and briefly describe the medicalization of obesity and the phenomena involved in the emergence of fat pride. The emergence of this movement in Brazil differs from the original American movement, based on the media appeal, and tends to create a commercial movement.

Keywords: Obesity. Nutritional Transition. Stigma. Medicalization.

Introduction

Obesity is defined as the condition of body weight into fat accumulation, which can lead to the appearance of comorbidities that can greatly impact the health of individuals.[1]

Brazil, has followed global trend and experienced in the last 40 years increased levels of obesity in the population, resulting from the combination of several factors. This phenomenon, known as nutritional transition, is a consequence of changes in people's way of life in general, especially as a result of industrialization, urbanization, sedentary lifestyle and women's inclusion in the work market.[2]

Currently, 50.1% of the Brazilian population is in some degree of overweight, and about 16% of the adult population is obese.[3] Such changes in the population nutritional status bring direct consequences to the health of individuals, reflecting for the health of the population as a whole. Another relevant aspect is how this epidemic increase in obesity levels generates important social changes that impact the daily lives of patients in such conditions.

Despite the growth levels of obesity, the emergence of a lipophibic society is noticeable, that which establishes values associated to body worship, and that are strengthened by the media, putting obese individuals socially apart, as bearers of a stigma.[4] The social condition of obese people is marked by several types of discrimination, and obesity is associated with a range of concepts and negative values, placing individuals in a situation of less value and depreciation.[5]

To become free of this social condition, obese individuals undergo a series of therapies, which are not always successful. Among the therapies used for the treatment of obesity, bariatric surgery appears as a newer alternative, and apparently more efficient, to reverse the condition of obesity, and emerges as an obesity medicalization icon nowadays.

However, for the great group that still suffers with obesity, a movement begins to emerge as an alternative route to the obesity stigma. The *fat pride* is a phenomenon that begins to emerge in Brazil, with a media trend, compared to the original movement in the U.S., more focused on social issues, and that could make the obese condition a little more tolerable, more accepted in society nowadays.

This article is justified by the need to understand the social issues related to obesity, from theoretical contributions of social sciences and humanities in the field of Public Health, based on studies of authors who deal with the subject. The general objective of this paper is to understand the transformations of the social identity of the obese; and the specific objectives include: analyzing obesity as a social stigma, by briefly describing the medicalization of obesity and the phenomena involved in the emergence of *fat pride*. This work will address the phenomenon of nutritional transition and the expansion of obesity, the social stigma of obesity, the role of the media and society with regard to this issue, the obesity medicalization process and the emergence of the *fat pride* movement, pointing out the perceived differences between the American and the Brazilian movements.

Obesity and nutritional transition

Brazilian society, following an existing global trend in developed countries for nearly half a century, presented in the past 40 years an accelerated process of urbanization, which brought direct consequences to the health of its population. This process has radically changed the traditional ways of life of the people who migrated to the cities, with new types of work and eating habits, in addition to providing greater access to basic health services. As a result of these changes, the demographic composition of the population also changed, allowing increased life expectancy, decreased birth rates and changes in dietary patterns. However, these changes are accompanied by important epidemiological changes such as the growth of chronic diseases, especially obesity, type 2 diabetes mellitus, hypertension, among others, that have causal correlations with changes in the energy pattern of diet and decreased physical activity related to the urban way of life.[2]

These changes are reflected in a negative way, especially if the important changes in energy expenditure associated with work and changes in food consumption are considered. The country's industrialization process caused important changes in the distributive framework of labor, as the reduction of occupations in the primary sectors of the economy throughout the population, accompanied by increased goods and service.[6]

Regarding the changes in mode of work, it is possible to note that with the migration from rural to urban areas, there was a strong downward trend in the daily routine and labor caloric expenditure, greater use of collective and individual transport in place of walking and cycling, and more automated or semi-automated types of jobs, replacing physical works..[7]

Significant changes in the Brazilian food standard have also taken place in parallel with this phenomenon of urbanization, shifting from a traditional pattern characterized by the presence of roots, fruits and grains to a more globalized pattern, characterized by a significant increase in intake of sodium, sugars and total and saturated fats, a model defined as "Western diet".[8]

These important changes related to the adoption of new eating habits have caused a significant increase in obesity, especially childhood obesity, associated with a significant decrease in malnutrition rates, featuring the Brazilian nutritional transition.[9]

The main result of the Brazilian nutritional transition is a significant increase in the prevalence of overweight and obesity in the population. According to the latest Household Budget Survey (POF - Pesquisa de Orçamentos Familiares) 2008-2009, 50.1% of the Brazilian population is overweight, and 16% of the population are obese.[3]

The stigma of obesity

According to Goffman,[10] societies tend to define more or less rigid categories for attributes considered normal, natural and common to human beings, or the creation of a social identity. If individuals have characteristics that are not classified as normal, natural or ordinary, than they are considered to have a stigma. The stigmatized individual is then one whose social identity includes any attribute that frustrate the normal expectations observed by the society concerned. Stigma then becomes a form of social classification, which includes the body and the social relations of subjects.

We can find references to obesity as a stigma from the Bible.[11] The aesthetics of "thin body" emerged in the late nineteenth century and gained momentum throughout the twentieth century,[4,5,12-1] intensifying in the last two decades.[16] Obesity can be viewed as a favorable condition where thinness is related to patterns of disease, starvation and deprivation. With the change in population caloric intake patterns, the result of increased access to food production, a typical condition of contemporary industrialized societies, the phenomenon of lipophobia originates and settles throughout the twentieth century.[17] According to Eknoyan[13], at the end of the nineteenth century, the extremely obese individuals were seen by American society as morally reprehensible. And, according to Boero[12], in the early twentieth century the aesthetics of the "naturally thin" arose, which, for white women, was seen as a *sine qua non* condition to make them suitable for marriage. Being thin, in the past 50 years, came to be considered more intensely as synonymous with health, social distinction and self-control.[17]

In the start of the twenty-first century we are living a social devotion to perfect bodies, with the hegemony of the triad "beauty, youth and health" in a movement supported by the scientific community and the media. Individuals start to be considered responsible for the developing of core values of this triad in their bodies, and are blamed by society if they are unable to depict such values in their bodies.[5]

The body becomes an instrument of identity construction, greatly affected by social charges (ranging from education to the media), and exposed to different forms of control intended to achieve the ideal pattern of balance between health and beauty, through exercise, medications, and rough dietary practices.[14,15] The American cultural ideals of appreciation of the effort, hard work and self-control make people believe that obesity is a condition of being lazy.

With regard to this ideal body model, obese bodies would represent the exact opposite values to those in vogue in society. The perfect model of being healthy, based on perfect thin bodies, with no imperfection, strengthens social prejudice against obesity.[5,4] Excessive appreciation of lean body makes body fat something undesirable, a symbol of failure. Obese people carry such stigma, because they do not meet the prevailing standards of beauty and conformity.[4]

Oppression against obese bodies establishes from the moment thin bodies become a priority condition to allow a whole social life experience. There is a cultural pressure to lose and control weight, a condition that reinforces the lipophobic feeling nowadays. And it is exactly this overvaluation of the thin body, "tamed" body, which associates being fat with moral bankruptcy, by lacking control over the body, and the obese individual has their stigma strengthened.

When correlating the main moral values related to obesity to the idea defended by Sontag[18] that disease is a metaphor or a symbol, one can see that obesity has reached in the structure of society a role similar to that described by this author for cancer. The two conditions are associated with excess, to patients' (emotional or physical) lack of control.

According to the ideas of this same author, recovery from illness depends on energy expenditure the will to create recovery conditions, and healing the effectiveness of the patient's own ability to create or use their own resources to overcome the causes of that condition. Obese, as part of the stigma they carry, are defined as individuals unable to control their will with regard to food, thus, obesity is seen as a situation of weakness and little moral toughness comparable to the situation of an addict of some sort.[15] This concept can encourage their stigma or guilt. Sontag has stated: "Nothing is more punitive than to give a disease a meaning—that meaning being invariably a moralistic one".[18]

According to the article by Rosa & Campos,[19] the so-called "obese condition" generates a large impact on subjectivity, with much suffering and social impediments, especially how society (and also those with obesity) deal with the consequences of this so-called "obese condition. " This form of social representation individualizes the issue of obesity, placing it under the strict liability of the obese individual, centralizing the problem in the control of their own bodies and wills.[20] In a model of society that worships personal image, increasingly being valued, obese do not fit this profile by the impossibility of building a nice picture to themselves and to others.[21]

Using the ideas of this same author, there is currently a model of society that appreciates and values speed and lightness; in this context, an obese body evokes values associated with immobility, non-productivity. This condition seems to bump into the frantic pace imposed by the labor market, associated with the possibility of being away from industrial activities due to comorbidities present in the obese condition, promoting discrimination of obese by the labor market.

As an example of this statement recently in the United States, the severely obese patients or those with body mass index (BMI) above 40 kg / m^2 were considered able to request protection through legal statutes that restrain discrimination against disabled in the market.[11]

Media, society and obesity

The model imposed by the new cultural pattern of this start of century has been legitimized by the biomedical discourse and produces a model in which individuals should fit. This set of measures form a pattern of beauty and health that spreads by society through magazines, newspapers and television. The biomedical way of representing the body prioritizes quantitative questions, using only biological parameters, ignoring and not valuing subjective issues such as cultural, social aspects, among other. However, considering only the biological dimension, without considering cultural and social issues, is part of a reductionist model.[5] Promoting the study of obesity from socio-cultural contextualization provides the emergence of a number of issues related to the cultural construction of the body that exceeds such reductionist model.[11]

The ideal models of the body are touted by the media, and strongly contribute to the deformation of the self-image developed by the obese.[21] The media, when constantly exposing the aesthetics of the disciplined, carved, built body at the expense of effort and mastery of self-will, neglects individuals on the margins of this condition, helping to strengthen the idea of the obese as lacking will, and self-control.[5,21]Historically, Gilman,[11] addressing the problem of obesity

in the Jewish people, reports that obesity was considered a signal of lack of discipline, punishable as it is not consistent with the necessary control to a righteous and worthy subject. The historical relationship between obesity and derogatory moral values has been long perceived, as for instance in the relationship between fasting and lean bodies and spirituality, portrayed in the culture of the Middle Ages, and the aversion of the Spartans for obese people.[13]

Derogatory values, such as lack of will, laziness, lack of health, lack of sexual attraction, among others, are still strongly related to obesity.[22,23] Obese people are portrayed in the media through sub-representations and stereotypes. For example, overweight people, especially female characters are portrayed as objects of humor and are less portrayed in romantic relationships, unlike thin people.

Recently, popular reactions against a TV series that showed a kiss between a romantic couple formed by two morbidly obese brought up issues related to sexuality, and how obesity is viewed by much of society as a deterrent to full sexual experience.[23] Meanwhile, the mass media associate happiness with slender figure; advertisements about goods and services slimming highlight the concern with the individual consequences of obesity, centering on individuals.[20]

These media representations of obesity reinforce the association between body fat and the stigma of laziness, inability (related to work, physical, etc.) and even exposure (voluntary, since obesity is considered to be associated with lack of control) to a number of physical risks, such as obesity comorbidities. The slim body is exposed as a control signal, a sound mind indication, while the obese body is related to the lack of control and compulsion, seen almost as if threatened a contemporary form of insanity.[14]

The medicalization of obesity

Medicalization can be defined as the process by which originally non-medical situations are to be treated as medical problems or concerns.[24] According to Rasmussen,[15] obesity, throughout the twentieth century, has transitioned between stigma and medicalization.

Biomedical explanations for obesity came up with enough evidence in the United States in the period between world wars, with the advent of endocrinology and forms of medical treatment based on hormones.[15] Obesity medicalization began to occur more frequently way from the end of World War II.[12]

The term "epidemic" of obesity was first used by the media, medical journals and the public health policy to describe increase in prevalence, a fact noticed initially in the United States. The use of this term has become increasingly common to describe the growing levels of obesity in the United States, and can highlight the role of the media in the construction of the concept of epidemic in society, and how the population perceives the growth of overweight / obesity, based on discourses on weight, morality, science etc.[12] Thus, the discourse of it being epidemic began providing ways for individual explanations to social questions.[21] In addition to the "epidemic" perspective, other metaphorical terms commonly used by obese to describe their attempts to lose weight are the "war on obesity", which is composed of several war "fights" or "battles" against a vicious and tough enemy: body fat.[21]

According to the biomedical paradigm, diseases are like concrete objects without social, cultural, emotional or psychological meanings, and make the doctors' perspective, while health care professionals, very different from that of patients undergoing this process.[25]

In the case of obesity, a disease with severe social, psychological, emotional, etc., the sight of other health professionals who deal with the question of the patient's needs can be decontextualized, being severely affected by the reductionist model put in vogue by the paradigm biomedical. Despite the sets of medical definitions of obesity, the influence of cultural context on obese patients is variable, changing from one culture to another over time.[11]

Thus, when considering obesity as a disease, as defined by the technical and scientific literature, it is necessary to find an effective treatment for the disease, and the choice of surgery is justified. The belief in the power of medical technologies intervene in the body, turning it and adapting it to the normal standard, legitimizes the choice of surgery as an appropriate way to correct "deviations" of the obese body, allowing its normalization.[21]

The technical and medical technologies of body transformation beckon with the promise of overcoming barriers and borders of the social order,[14] allowing obese to have more control over their body. Changes in the treatment of obesity can be perceived how societies intended for treating this condition are named. For instance, in the United States, there is the *National Obesity Society*, which has been renamed in 1950 to *National Glandular Society*, and later to *American College of Endocrinology and Nutrition;* from 1961, it was named *American Society of Bariatrics*, and finally *American Association of Bariatrics Surgery*, by the end of the 90's, with the introduction to surgery as treatment of obesity. This change clearly reflects the changes in the concept of treating this condition.[13]

Considering that severe obese people, and according to clinical protocols eligible for this procedure, have increased risk of death and often recurrent failures of clinical histories with conventional anti-obesity therapy models (diets, medications, exercise and even psychotherapy), bariatric surgery has become idealized as a way to permanently get rid of this physical risk and hence to gain greater acceptance in the social environment. With the advances of the techniques used, the risks and inadequacies generated by the surgical treatment are considered less important for severely obese patients, compared to the myriad of possibilities for new forms of life.[19,26]

The *fat pride* movement

The fat pride movement arose around the mid-60s, in the United States, with public demonstrations against discrimination and social acceptance of obesity. One of the organization that has survived to the present day, and can be considered a major exponent of this movement is the National Association for Advance of Fat Acceptance (NAAFA), founded in 1969, and which has as main objectives the construction of a society in which individuals "of all sizes" can be accepted as equals and with dignity.[27]

The NAAFA was founded by William Fabrey, husband of an overweight woman, tired of the daily social discrimination suffered by his wife, and was originally called the National Association to Aid Fat Americans. Currently, NAAFA develops a series of measures based on support, public education and legal support against discrimination of obese people, such as actions against airlines that charge twice for obese people to take only one seat.[22,27]

Based on the studies of Goffman10 on stigma, the emergence of fat pride can be considered a strategy used for addressing stigma, as a possibility to reduce the social burden of stigma and make coexistence possible.

The book *Fat!So?* was milestone in the struggle for acceptance of obesity (or overweight people) and was released subsequent to the fat pride movement by Marilyn Wann, in 1998. Wann is a leader of fat pride movement in the United States, and with the launching of book and magazine with the same title, the matter gained international awareness.[22] The social acceptance of nature promoted by the US arm of the movement brings some reflections and important advances, such as better experience of sexuality by active participant obese women.[23] Another study makes correlations between gay activist movements and for gender equality with the *fat pride* movement.[22]

In scientific circles, it still has very little relevance. In November 2012, the search for "fat pride" in Google Scholar website carries only 141 results.

In Brazil, the rise of *fat pride* is much more recent. The first manifestations appeared only at the end of the 90s, with a more "media" trend compared to the more structured social movement, as in the United States. The movement was the subject of national magazines recently, but with a strong focus on product announcements for people who are overweight. Recently, fashion shows and beauty contests for overweight people have started. An example of this are the underwear ads for people with excess weight, showing a sexualization of advertising observed in the model of the movement originally emerged in US soil, which features a great diversity in the principles of the fat pride movement in Brazilian soil.

Final remarks

One can see, from the non-systematic review of the literature on the subject, that obesity is a stigmatizing condition. This condition is strongly supported by the media appeal, while the media's role to set a standard of beauty and health away from much of the reality of the world population, ravaged by the nutritional transition and suffering obesity levels in advance of the consequences an epidemic scale. Media vehicles still associate with negative values with obesity, since historically associated with the condition, but gain great enhancement with the placement of a body model controlled by strict diets, strenuous exercise and use of body modification technologies, and characterize obesity as a condition associated with negative moral and social values.

Since obesity is a condition that is difficult to control, and as part of the current social medicalization process, obesity goes through a major medicalization process. Bariatric surgery appears as exponent of this process, playing icon role in the fight against obesity by promoting important body changes, more effective therapies that conventionally used in weight loss attempts. It is noteworthy that this growth of bariatric surgery relies heavily on a highly reductionist model of health, characteristic of the biomedical paradigm, which considers only the bodily changes promoted by the surgery, without considering the psychosocial aspects resulting from the surgical procedure.

To individuals who battle daily against the obesity condition and against the stigma caused by this condition, the fat pride movement appeared as an attempt to overcome the stigma, playing an important role in the acceptance of obese individuals by society through structured actions. The emergence of this movement in Brazil, however, is characterized more by the media appeal, and underlies a tendency to create a commercial move, aimed at achieving a population willing to consume, but jettisoned to consumption patterns of lean and shaped bodies.

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