MINISTERUL EDUCAȚIEI
ROMÂNIA
UNIVERSITATEA DE MEDICINĂ, FARMACIE, ȘTIINȚE ȘI TEHNOLOGIE „GEORGE EMIL PALADE" DIN TÂRGU MUREȘ

FACULTATEA DE ȘTIINȚE ȘI LITERE „PETRU MAIOR"

Acta Marisiensis. Philologia
Volume 4 (2022), Issue 1
p-ISSN: 2668-9537, e-ISSN: 2668-9596

sciendo

10.2478/amph-2022-0061

OBESITY AND FAT STIGMA VERSUS EATING DISORDERS AND SLENDERNESS IDEALIZATION - THE HUMANITIES' ROLE

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Abstract: *The paper defines and exemplifies the multiple ways in which the humanities - history, linguistics and discourse analysis, doctor-patient communication, narrative therapy, and bibliotherapy - will complement and enhance the synergistic approach in the management and teaching of obesity and eating disorders through the international educational Erasmus+ project "Connected4Health - A Medical and Humanities-based Approach to Navigating Obesity and Eating Disorders in Young People"(C4H).*

Keywords: *humanities, obesity discourse, bibliotherapy, stigma, communication.*

1. Background Information - *Connected for Health Project*

The inextricable link between medicine and the humanities, as reflected in current projects such as *The Doctor as a Humanist,* is crucial and desirable for the evidence-based, patient-centred medicine in our technology-driven society, afflicted by unprecedented pandemics such as the Covid-19 and worldwide epidemics. Obesity, initially a characteristic of affluent countries, is one such epidemic of the past decades that has spread around the world, its dramatic increase forecasting an "eco-health catastrophe" (Dixon, 2020). Experts in medicine and public health consider that the obesity epidemic should be controlled and prevented, an endeavour that has become national health priority in some states (National Preventative Health Taskforce 2009; Lupton, 2018). In a similar line of combat, public discourse news reports vigorously declare that a "war on fat" be waged, obesity representing a major life "threat", a "crisis", and a "ticking bomb".

Obesity is a severe but at the same time sensitive condition as in the contemporary slenderness-biased societies, fat bodies have been reviled and associated with stigma, especially children and adolescents being bullied, teased, and ridiculed as gluttonous, lazy, ignorant, and disgraceful, making it more difficult for them to lose weight and engage in social activities (Rubino, 2020). The obesity stigma is triggered by a negative body image, rooted in the belief that weight can be controlled by the individual alone. Given this discrimination of

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people with obesity, it is not unlikely for them to be more vulnerable and have low self-esteem and reduced life quality (Lupton, 2013).

At the same time, many adolescents feel the slenderness and body idealization pressure of the media, social media, and advertising ideals that leave them prone to body/weight dissatisfaction, low self-esteem, and development of eating disorders (anorexia, bulimia, and binge eating). This constant pressure in the social media to fit an idealized and digitally enhanced body image has been associated with unhealthy weight control practices, self-harm, avoidance of social events and health care seeking (American Psychiatric Association, 2013) (Diedrichs, 2021)

Although apparently two opposite poles, obesity and eating disorders have much in common in terms of approach and management, as well as shared risk factors that include: childhood obesity, weight stigmatization and weight-related teasing, excessive TV watching, exposure to social media and obesogenic environments, dieting, low self-esteem and poor body image, and constant family talk about weight (American Psychiatric Association, 2008).

Aggravated by the Covid-19 pandemic and due to their complexity, the overlapping of genetic, environmental, and cultural factors, the stigma and biases they are associated with, but also the lack of proper communication with family and peers, many cases of obesity and eating disorders remain undiagnosed and difficult to treat. Acquisition of evidence-based knowledge and complementary abilities to communicate and deal with these patients through the joint contribution of medicine and the humanities represent the major goals of the project "Connected for Health – *A Medical and Humanities-based Approach to Navigating Obesity and Eating Disorders in Young People"* (https://connected4health.pixel-online.org/index.php), an Erasmus+ strategic partnership coordinated by UMPhST in cooperation with six other European partners from Italy, Spain, Portugal, Czech Republic, and Serbia. The multidisciplinary, integrated approach that the project proposes involves academics and specialists from healthcare (nutrition, psychiatry, diabetology, endocrinology, physiotherapy, psychology) besides specialists in humanitites: history, linguistics, and medical communication. Starting from the premise that a person's weight/body image is a sensitive topic to address, the project will share some best practices in communicating with young people about healthy weight, eating habits, and body image, for early identification of obesity and ED problems and, if the case, for behaviour change. To these, the humanities will contribute both theoretical and practical aspects that are materialized in the publication of a *Handbook* (Project Result 1 - PR1), a teaching module and syllabus on Communication and bibliotherapy (PR2), and multimedia resources for autonomous learning (PR3).

2. The Historical Perspective

The *Handbook* provides a historical and cultural perspective on body image and obesity, attempting to show how fatness and thinness have been portrayed and how they have changed in time while answering the questions why the fat body has become reviled and debated and if there is a socially acceptable global or local body dimension (Petre, 2020).

By reviewing artifacts, feminine figures, archeological findings, documents, and other historical, art or medical history evidence referring to males' and females' body image and their diets, this introductory chapter will observe the ways in which fatness/thinness and physical attraction were defined in different periods of time and cultures. Reference to milestones such as the overweight Paleolithic Venus of Villendorf, Nefertiti, and the ancient history of Egypt could be made, continuing with Greece and China, the Italian Renaissance or Rubens' women, the Victorian era, and the more recent stick-thin long-legged models on the cat walk, ending with reference to the postmodern body.

3. Fatness and Slenderness in Public Discourse: Mainstream Advertising and Social Media

Since beauty standards and body image are shaped and enforced by the media and social media, the *Handbook* chapter on *Public Discourse perspectives on Obesity and EDs* will focus on social and cultural aspects that illustrate specific ways in which fatness and thinness are portrayed in each participating country. By employing research methods from the humanities and building on the tradition of gender studies, linguists in each partner country will study the perception of fatness and the associated language in literature, film, the arts, as well as food advertising in the mainstream media (television, journals, and news media). Through case studies and quantitative and qualitative analyses, studies of local media advertising on the one hand, and social media with its selfie-holic culture and slenderness idealization on the other (Facebook, Instagram), the project will identify the triggers in the development of body dissatisfaction and disordered eating, any stigmatizing language and stereotypes, and other local biases associated with obesity and EDs.

The study of advertising and its persuasion can answer questions related to the risk factors for obesity. To exemplify, a cursory empiric glance at Romanian TV food advertising shows that it is replete with commercials for fat-, salt-, and sugar-rich products that can influence our healthy choices, some of them being promoted by and targeting precisely children and young people: Caroli cremwurst (Carolino napkin), Fanta (associated with youth courage), Fanta Halloween and FantaPortogroaza ("Who doesn't drink doesn't have fun" - our translation). Despite regulations imposed by the Romanian Council for Advertising and the National Council of Audiovisual against using children to promote unhealthy empty-calorie fizzy drinks, cold cuts, liver pastes, flavoured and sweetened yoghurts, such products are presented as desired and highly attractive. Young people are enticed to drink and taste them through soft selling techniques, bandwagon, subliminal messages, and carefully crafted mnemonic jingles and slogans (Pop, 2008). The *Oreo* biscuits commercial, for instance, employs famous cartoon characters (Oreo Batman is here!) while Milka uses multimodal stories based on standard persuasion through "hingeless" comparatives and personification ("Milka – fiecare dimineață merită puțină tandrețe. *Tandrețea* are gust *mai bun*. Descoperă crema de alune Milka"), while Coca Cola or KFC commercials use directives: "*Dă play* magiei alături de Coca Cola"; "*Comandă* de poftă de la KFC delivery".

In terms of print news articles, obesity is associated with standard images: overweight people are captured while eating fast food and gorging or they are idle and passive rather than active. Other images associated with obesity present cropped headless people and big bellies, which reflects lack of understanding, dehumanization, and blaming, thus perpetuating the stigma (Petre, 2020).

On the other hand, a qualitative study of social media can identify elements of the slenderness culture paradigm, detecting perceived pressures to be thin, the thin-idealization, body dissatisfaction and negative affect as risk factors for eating disorders. The attempts to use models of different sizes are few (Dove commercials), women's magazines and teens' journals constantly exposing the "thin ideal" and the message that "thin is beautiful", which is a linchpin factor for developing distorted body images in teenage girls who are twice as likely to develop an eating disorder (EDReferral blog, 2020).

4. The Language of Obesity

As far as the linguistic aspects are concerned, words and their connotations are crucial in communicating with patients suffering from obesity and eating disorders. The term *obese* is itself considered inappropriate, as it would be the term *cardiac* for a patient suffering from a heart condition or *cancerous* for a person who has cancer, because such a term is demeaning, reducing the person to a condition (Obesity UK, 2020). In terms of predication, the verb "to be" is employed with stigmatizing conditions such as [*you are*] HIV positive, dyslexic, autistic rather than [*you are*] lupus, meningitis, cancer. Since obesity is a medical condition, it is something patients *have* or are diagnosed with rather than something they *are* ("he *is* obese").

Calling patients "obese" is thus a process through which persons are assigned a narrow, disease identity, which they are not (Coltman-Patel, 2017).

Instead, researchers recommend employment of respectful language, meaning, among others, the use of "person-first" language, i.e.: "person with obesity" rather than "obese". Other studies on patients' favoured terms underline that "weight" or "BMI" were preferred to "excess", "fat", and "obese" (Kyle and Puhl, 2014; Wittert et al., 2015; Meadows, 2016), while Thomas et al. (2008) remark that patients would rather be called "fat" or "overweight instead of "obese" and "morbidly obese". It is noteworthy that in the fat activism and fat/size acceptance movement, the word "fat" does not seem to have pejorative connotations (Trainer et al., 2015) whereas "overweight" and "obese" can be stigmatizing and offensive (Ellis, 2014). Other specialists propose neutral terms, e.g.: patient with "weight problem" and patient with "higher weight/BMI".

When communicating with patients with obesity and eating disorders, one must use tactful, sensible, and non-face-threatening language. The doctor's requirement, despite his/her position of authority, that "If you don't lose weight you will get diabetes", is inappropriate and face-threatening as it assumes that people who are not trying to lose weight will be motivated by the threat of illness. A more meaningful approach should focus on desired, potential gains such as, the patient's ability to spend more time outside with his/her child or friend (Obesity UK, 2020). Language awareness must also consider that obesity-focused campaigns can be harmful to people with eating disorders, especially after long periods of isolation and lack of physical exercise, on top of which are the frequent jokes and memes on gaining Covid-19 weight.

5. Humanistic Therapies

The insights from the medical humanities (communication, gender studies, literature, arts and movies, linguistics) gained through the evaluation of body image in the media, the evolution of the concepts of healthy eating, fat stigma, weight stereotypes, and people's attitudes towards them will be capitalized on in PR2 of the project for complementary approaches in communicating with patients. In what follows, we will detail on some humanistic therapies for obesity and EDs, e.g.: narratives/story-telling, reflective writing, and bibliotherapy that *C4H* project proposes in its last Communication module syllabus.

According to the literature, humanistic therapy (i.e.: Gestalt therapy – focusing on the patients' current life) is intended to reduce weight stigmatization and stress, to promote motivation, confidence, trust, body acceptance, and resilience to cope with emotions and promote a healthy life style (Cherry, 2021).

To start with, **narrative therapy** exploits the power of words to influence the patients' behaviour and decision-making, to foster motivation, and increase their self-esteem. According to Osler, the father of modern medicine, the patient's story-telling is crucial in anamnesis taking: "Listen to the patient, he may be telling you the diagnosis". Likewise, in obesity and eating disorder therapy, narratives will add an in-depth, exploratory perspective from the patients' own (emic) point of view. By focusing on their personal stories, patients can identify their skills and values while reflecting on their own health priorities. The so-called "You're not alone" stories or "Narratives of Trust" are likely to facilitate the health carers' and parents' understanding of stigma while for the patients, narrations achieve a sense of motivation and connection with others in a similar situation, especially young people with EDs finding it difficult to connect with the others. Self-esteem enhancing topics will focus on defining success, happiness, self-worth, and acceptance.

Next, C4H will describe and document **expressive writing** as an alternative therapy for patients with obesity and EDs. At many times in her writing, Virginia Woolf commented on the use of writing as sense making and therapy. Reflective and exploratory writing can offer patients with anorexia and obesity a possibility to evade from illness while communicating

what they feel and regard as their priorities and benefits for their life quality and wellness (Ramsey-Wade, 2017).

Finally, the Communication module will focus on **bibliotherapy** which is also known as "textual healing" or "Read Yourself Happy" (Troscianko, 2018). The use of self-help books or "mood-boosters" has been an acknowledged treatment in EDs, whereas **creative bibliotherapy** is the therapeutic (guided or unguided) use of literature as a reading cure that consists in prescribing uplifting fiction, poetry, and sometimes film.

The idea that fiction can be an alternative therapy, offering support in battling life's challenges is as old as ancient Greece where signs above library doors informed readers that they were entering a "healing place for the soul". The value of literature, as Billington (2011) distinctly puts it, rests in its being the single area of culture that invites "exploration of the inner life". Stories, but also poetry, offer perspective, self-awareness, a deeper understanding; they lower the communication barriers and propose strategies and solutions to problems through the patients' emotional identification with the characters (Glavin, 2017; Billington, 2010). Other studies, however, consider that the reader-character similarity does not have the expected positive effects on all the studied dimensions (e.g.: feelings about one's body, self-esteem) (Troscianko, 2018). Nevertheless, as recent research underlines, reading a book can be a more effective stress reliever than even listening to music or walking: "After just six minutes with a book – any book – subjects found stress was reduced by up to 68 per cent" (Anderson, 2015). Nowadays, bibliotherapy has been formalized, being included in the public health interventions and guidelines (Reading Agency, 2015) and different models have been developed for the use of shelf-help rather than self-help books for addressing emotional and mental health problems, fostering motivation, self-esteem, well-being, and battling eating disorders.

Humanities-based alternative strategies in module 7 of PR2 such as the ones listed above will be consolidated with the medical therapies in the other 6 modules of the syllabus.

6. Conclusion

Obesity, a complex condition with a multitude of drivers, is associated with stigma and bias, the discriminatory beliefs and actions towards individuals due to their weight and size, a shaming and (self) blaming attitude, which is harmful and should be discouraged since it stems from the misconception that body weight can be controlled by the individual alone. Regrettably, media portrayal of obesity can perpetuate weight stigma and dehumanization through presentation of cropped images (headless people) and stereotypes (gluttonous, eating junk food, idle). Mainstream media also support the obesogenic triggers through advertising persuasion for unhealthy empty-calorie foods addressed to adolescents.

Besides the influence of idealized, air-brushed and stereotypically thin people in social media, unintended harm can be caused by obesity-related campaigns for young people who are vulnerable to eating disorders, predisposing them to unhealthy eating habits and decreased self-esteem (Watson, 2011).

There are many humanities-related therapies, but also historical, linguistic, and doctor-patient communication aspects in need of widespread attention that can contribute to the expected change in the obesity and slenderness discourses, so as to reduce stigmatization and promote health and well-being in young people with obesity and eating disorders. *Connected for Health* project is innovative in the sense that it enhances this understanding and raises awareness of obesity stigma and eating disorders attitudes through the humanities' perspective.

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