These days, it seems rather difficult to live on the planet for even a short time without encountering references to what is perceived to be the problem – for some, the epidemic - of obesity. Whether it is a news item on the TV, a journal issue focused on the issue or simply a conversation with yet another friend who is personally engaging with the issues on one level or another, obesity has become the latest topic of moral and medical panic to impact our lives, drive our conversations and occupy thousands of column inches. Yet how well do we really understand this issue, and is the current approach of "naming, shaming and blaming" that seems to underpin so much of this discourse really appropriate or helpful?

Naming

Take, for example, the differences in the language that people use in this area. While 'fat' is an adjective and 'fluffy', 'curvaceous' and 'rubenesque' are euphemisms, 'obese' is very definitely a medical label. As such, although exact definitions vary, obesity is defined in terms that are population-based and externally measurable; for instance in relation to somebody's BMI or percentage of weight over what is perceived to be the normal weight for their height and gender. However, Wray and Deery (2008) argue that women's perceptions of their bodies and health are more important than medical labels, not least because BMI "is at best a blunt instrument" (231) and note that there is no direct and simple relationship between higher body weight and ill-health.

The nuances of this issue are increasingly coming to light. Tailor and Ogden (2009) carried out a small study to look at the effect of GP's language in this area. Overall, when compared with a euphemism, the term 'obese' caused people to be more upset and to perceive that they had a more serious problem. However, when these results were analysed in relation to the person's BMI, it turns out that the term 'obese' was more upsetting to people who were not obese (according to the authors' definition of this). By contrast, larger people found euphemisms more upsetting. This is clearly a complex area, and one that deserves further research, ideally of a kind that is very person-centred and that challenges some of the less empowering perspectives that have been taken in this area.

Shaming and Blaming

The modern term obesity derives from the Latin obesus, meaning something like 'to eat away', and, as Wray and Deery (2008) show, "large body size has come to be symbolic of self-indulgence and moral failure" (227). The recent picture of a towering sandwich on the front cover of a midwifery journal that also focused on obesity led to an epidemic of rolled eyes amongst those who are passionate about trying to help and support women in ways that are non-judgemental and evidence-based. There is a long-standing assumption that fat people eat too much, or that they eat the wrong things, and the related assumption that diets and lifestyle changes are the solution certainly helps the multi-million pound diet industry, yet is not borne out by the evidence. Anybody who remains overweight while eating all of the "right" things, or who lives with a very slim person who almost literally eats for England without gaining a pound (and I have some experience in both of these areas) will understand that there are no simple, direct correlations here. Bick (2009) discusses the complexity of this area, citing the fact that changes in a person's diet or exercise habits are not necessarily effective (and often tend to increase weight gain in the long term) and proposing that one-off interventions may be less useful than counselling, advice and support.

Support, however, is not always forthcoming from health professionals. Women are not only blamed for being the sole creators of their size and shape; they are also made to feel ashamed of it on many levels. Wray and Deery (2008) discuss the level of stigmatisation experienced by fat women and argue that this "may lead to mistreatment and inappropriate health care" (240). This was also raised by the women in Nyman et al's (2009) study, who reported experiencing humiliation during maternity encounters. How any caregiver can think that this is going to have a positive effect on women's health or their experiences of childbearing is, quite frankly, beyond me.

Alternative Perspectives

It is heartening to see that the increasing attention given to this issue is accompanied by a small but significant shift in the perspectives that are being taken towards it. Dixon and Broom

(2007) are among those who have challenged the level of blaming and shaming that has characterised the modern view of obesity and led to a view of overweight people as morally weak, greedy and slothful. They remove the blame from individuals and place it firmly upon the environmental, structural and cultural developments that characterise modern life, including artificial baby milk. Others (e.g. Ternouth et al 2009) are exploring the emotional aspects of weight gain, while Gabriel (2007) realised that traditional diets were compounding his own weight problem and explored the biochemistry of weight loss from a totally different perspective which culminated in a more holistic approach which turns traditional ideas about weight loss almost upside-down.

To my knowledge, these approaches have not yet been systematically evaluated, and it is thus impossible to comment on their effectiveness, but this is not really the point. The point is that the value of traditional approaches is clearly limited and we need as much new thinking as we can gather. If this new thinking can be holistic and person-centred and consider issues such as how our thinking, beliefs and prior experiences affect our bodies and our weight, then so much the better. As Nyman (2009) reminds us, women are individuals regardless of their weight or size, and need to be treated as such. We may not fully understand the issues surrounding obesity, but we can work towards making a difference for those women who others are trying so hard to name, blame and shame.

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