

Episode: *Author Interview: “Why We Need to Stop Labeling Behaviors Influencing a Person’s Weight Ideal or Healthy”*

Guest: Madeline Ward, PhD

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[bright theme music]

TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Madeline Ward, an assistant professor of philosophy at Western New England University in Springfield, Massachusetts. She’s here to discuss her article, “*Why We Need to Stop Labeling Behaviors Influencing a Person’s Weight Ideal or Healthy*,” in the July 2023 issue of the Journal, [How We Over Rely on BMI](#). Dr Ward, thank you so much for being on the podcast. [music fades]

DR MADELINE WARD: Yeah, thank you for having me. I’m really excited to be here and chat with you about this piece.

HOFF: So, what’s the main ethics point that you’re making in this article?

WARD: So, the main point in the piece is that using normative terms to describe behaviors that influence weight, I think, ultimately reinforces the power of an ideology called healthism, and I think that’s bad. So, I can go through the view in the piece and talk about what healthism is and why I think that’s bad. So, healthism is, as I mentioned, an ideology. It’s really pervasive in America, and it’s basically the view that says that people are personally and morally responsible for their own health. Now, I think that healthism has some really intuitive appeal because it does seem like the decisions that we make are the decisions, they’re decisions that affect our health. So, when I’m smoking, if I’m a smoker, it’s literally true that I am the person who’s making a choice to light a cigarette and put it up to my lips. Similarly, when it comes to behaviors that influence the weight, I am making choices about the food that I put in my body and how much of that food I’m eating. I’m making decisions about whether and when to engage in exercise. So, healthism being the view that people are personally and morally responsible for their own health seems like it makes sense. But as I argue in the piece, that doesn’t really account for social and structural factors that can reduce the options that people have available to them, and that in turn affects the decisions that people make which influence their health.

So, when it comes to something like body weight, it’s a lot easier to do things like cook whole foods and exercise regularly when you have a schedule that affords these possibilities, when you have free time to go to the grocery store or go to the gym, when you have enough money to shop for fruits and veggies instead of buying Easy Mac. Lots of things can influence the decisions that you make that affect your weight. So, living in an apartment with a stove and a range as opposed to living somewhere where you can just have like a hot plate. Having to work multiple jobs to make ends meet is going to maybe push you to eat fast food more often or eat things that are easy and quick to make, which can be really calorically dense. If you have to take care of children and feed a family, this can also affect the decisions that you make about what kinds of foods you eat.

The reason that I think healthism as an ideology is harmful is that it marks fat people as legitimate targets of stigma and shame, and I think that this can compound other inequities, so, discrimination that people face from being a person of color, from being disabled, etc. So, that's the main kind of view and line of thought that I'm discussing in the article, and I apply this to talk about, in particular, company wellness plans that give people incentives for meeting certain BMIs. So basically, you might weigh in as a part of trying to meet this wellness requirement for your job, and you might get like an insurance bonus or something like that.

HOFF: And so, what's the most important thing for health professions students and trainees to take from your article?

WARD: So, I think that the point that I want to emphasize the most is that, well, firstly, the relationship between body shape, weight, and health is not super straightforward. And even though there are lots of chronic medical conditions that are comorbid with obesity, this doesn't mean that fat people deserve to be shamed or stigmatized. There's evidence, empirical studies have been done, you can see this on the NIH website. For example, health care providers tend to see fat patients as being lazy, noncompliant, undisciplined, and weak willed. And so, I think it's really important for students and trainees to be conscious of these stereotypes and work to decouple moral language from talking about weight and weight-related behaviors.

HOFF: And finally, if you could add a point to your article that you didn't have the time or the space to fully explore, what would that be?

WARD: Sure. So, Americans, I think, have this really what I think of as a weird obsession with diet culture and moralizing eating behavior. So, it's really normalized to hear like your coworkers talk about dieting all the time, for example, and say things like, "Oh, I'm going to be so bad. I'm going to eat a cookie," or something like that.

HOFF: Mmhmm.

WARD: And it seems to me that these behaviors or the way that people talk about this stuff is so pervasive, and it starts to seem like food choices and behaviors around diet and exercise are seen as almost intrinsically moral. And so, I think that health care providers can start to combat this kind of pervasive ideology about the morality of food choices by using non-normative language when they talk about things like diet and exercise. I talk about this in the article, but I just want to emphasize how widespread I think this moralizing attitude about food is and how it's really pernicious. It's an attitude that has its roots in, I think, early American Puritanism and Protestant work ethic. [theme music returns] And I highly recommend Julie Guthman's 2011 book, *Weighing In*, on this topic, which I also cite in the piece if people are interested in reading more about it.

HOFF: Dr Ward, thank you so much for your time on the podcast today and for your contribution to the Journal this month.

WARD: Thank you for having me. It's been a delight.

HOFF: To read the full article as well as the rest of this month's issue for free, visit our site, [journalofethics.org](http://journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.