

# Overweight and weight control: lay thinking and its normative dimensions

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**Abstract:** This article aims to describe the social representations (SR) related to overweight and body weight control practices. Semi-structured interviews were carried out with 20 men and 20 women, aged between 30 and 57 years old, with and without excess weight. The data analysis involved a descending hierarchical classification using IRaMuTeQ software. The results are organized in five lexical classes that illustrate different representational dimensions, reflecting different ways of internalizing body standards. Fat is treated with affective distancing. It seems difficult to talk about the overweight without addressing its behavioral origin and the need for change. The SR of weight control practices are anchored in health standards. Eating stands out and reveals the polarity: control versus lack of control. The health ideal, based primarily on individual accountability, reiterates the blaming of overweight individuals for their condition, which reinforces stereotypes and makes weight control more difficult.

**Keywords:** social representations; overweight; weight control; body; social norms.

## SOBREPESO E CONTROLE DE PESO: PENSAMENTO LEIGO E SUAS DIMENSÕES NORMATIVAS

**Resumo:** Neste artigo, pretende-se descrever as representações sociais (RS) ligadas ao excesso de peso e às práticas de controle do peso corporal. Realizaram-se 40 entrevistas semidiretivas. Participaram 20 homens e 20 mulheres, entre 30 e 57 anos, com e sem excesso de peso. A análise dos dados envolveu classificação hierárquica descendente com o auxílio do software IRaMuTeQ. Os resultados organizam-se em cinco classes lexicais que ilustram dimensões representacionais, refletindo diferentes formas de internalização dos padrões corporais. A gordura é tratada com distanciamento afetivo e parece difícil falar em excesso de peso sem abordar sua origem comportamental e necessidade de mudança. As RS das práticas de controle de peso ancoram-se em normas de saúde. A alimentação é saliente e revela a polaridade controle versus descon-trole. O ideal de saúde, pautado na responsabilização individual, reitera a culpabilização do indivíduo acima do peso pela sua condição, o que fortalece os estereótipos, dificultando o controle do peso.

**Palavras-chave:** representações sociais; corpo; sobrepeso; controle de peso; normas sociais.

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## SOBREPESO Y CONTROL DEL PESO: PENSAMIENTO LAICO Y SUS DIMENSIONES NORMATIVAS

**Resumen:** Se objetiva describir las representaciones sociales (RS) ligadas al exceso de peso y prácticas de control del peso corporal. Se realizaron entrevistas con 20 hombres y 20 mujeres, entre 30 y 57 años, con y sin sobrepeso. El análisis de los datos involucró la clasificación jerárquica descendente con IRaMuTeQ. Los resultados se organizan en cinco clases lexicales, reflejando diferentes formas de internalización de los modelos corporales. La grasa es tratada con distanciamiento afectivo y parece difícil hablar en exceso de peso sin tener en cuenta su origen comportamental y la necesidad de cambio. Las RS de las prácticas de control de peso se anclan en modelos de salud. La alimentación es saliente y revela la polaridad: control versus descontrol. El ideal de salud, basado en responsabilidad individual, reitera la culpabilidad de la persona con sobrepeso para su condición, que refuerza los estereotipos, lo que hace difícil controlar el peso.

**Palabras clave:** representaciones Sociales; cuerpo; sobrepeso; control de peso; normas sociales.

### Introduction

Brazil, which just a few decades ago invested in campaigns to combat hunger, today develops programs aimed at controlling the excessive weight gain of the population. The number of obese people has increased significantly. In Brazil, the percentage of obese people corresponded to 18% in 2014 (Brazil, 2015) and half of the population weighs more than what is considered healthy, which can result in strong implications for health and quality of life, especially when considering people's great difficulty to controlling or lose weight. Overweight and obesity are discussed in our society as public health issues, although this has not always been so. Changes in the lifestyle and life expectancy in the past two centuries have had an impact on the epidemiological transition, have directly influenced the body patterns and represent a social phenomenon (Ferreira & Benicio, 2015).

The human body, as an object of health, is inevitably inserted into historically and culturally situated social systems that are constructed based on interpersonal and group interaction and communication. More than a natural object, the human body can be understood as a psycho-socio-cultural structure and functions as a symbolic vehicle, permitting social interaction. Representations thus play an important role in the elaboration of collective ways of seeing and living the body, disseminating patterns of thinking and related behaviors (Jodelet, 1994).

In this study, social representations theory (SRT) is using as a framework for reading the phenomenon in question. According to Vala and Castro (2013), SRT is a theoretical approach to the processes through which individuals in social interaction absorb innovations and construct explanations about social objects. Social representations (SR) consist of a kind of lay or common-sense thinking and are constituted to make the unusual familiar, allowing meaning to be attributed to new or unknown facts (Moscovici, 2012). They involve the knowledge developed in the daily relations and practices of individuals and groups, serving as guides for action and for reading reality, insofar as they characterize belongings and define proximities and differences (Jodelet, 2001). They permit

making sense of behavior, possibly by considering group memberships. In addition to guiding behavior, they signify it (Vala & Castro, 2013; Wagner, 2015).

Oriented by the SR on the body, people adhere to different practices of body modification and care. By weight control practices, in this study, we refer to those daily actions that aim at the reduction or maintenance of weight; that is, practices through which people seek to lose weight or keep their weight, so they do not get fat. Especially with regard to weight loss, weight control is a complex phenomenon with recurrent failure which, in addition to the establishment of negative energy balances, requires that behavioral modifications be established, in order to effectively and definitively interfere with lifestyle habits (Leão et al., 2015).

Therefore, with the support of social psychology – more specifically SRT, we aimed to deepen knowledge about this social phenomenon that involves beliefs and standards, which interfere in the relationship of people with their body and related practices. At the same time as excessive weight accumulation can aggravate health, the most negative psychosocial repercussions, already identified in the literature, are also evident (Araújo, Pena & Freitas, 2015). The esthetic and health standards emphasize the importance of a lean and active body. Nevertheless, there seem to be other socially shared beliefs or dimensions of knowledge that contradict these standards and support the prevalence of overweight in the population. In this sense, in this article, we intend to explore and describe the lay knowledge about overweight, relating it to the SR regarding body weight control practices.

## Method

An exploratory and descriptive case study was developed based on semistructured interviews.

## Participants

Twenty men and 20 women participated in this study, who were administrative workers from Southern Brazil aged between 30 and 57 years [ $M = 38$  years and 5 months;  $SD = 7$  years and 9 months]. The following inclusion criteria were considered: age within the age group of 30 to 59 years, agreement to participate, residing in the region of the state capital. The exclusion criterion was: to be professionally engaged in the health area, physical education, or other areas related to the subject of the study. All participants had their BMI calculated based on the self-referred weight and height during the interview and were then divided into two paired groups: overweight and no overweight. It is established that people with a Body Mass Index (BMI) of 25 or over are overweight and those with a BMI equal to or greater than 30 are considered obese. According to the Ministry of Health (2017), “excess weight” is the nomenclature used to define the condition both experience. Thus, the overweight group had a mean BMI of 31.44 [ $SD = 6.60$ ] and the non-overweight group had a mean BMI of 22.67 [ $SD = 2.62$ ].

## Data collection techniques and instruments

The semistructured interview technique (Ghiglione & Matalon, 1993) was developed based on guiding questions, which aimed to contribute to the research objectives, with the following guiding questions: 1) What do you think about excess body weight?; 2) What do you think about people who are overweight?; 3) In your opinion, what defines a person as being fat?; 4) And what do you think society thinks about it?; 5) What do you think about weight management practices?; 6) Do you try to do something to control your weight? What?

At the end of the interview, participants answered a figure scale (Kakeshita Silva, Zanatta, & Almeida, 2009) with appropriate validity and reliability for the Brazilian population, to assess the self-image and ideal image evaluation; and reported their weight and height (to calculate BMI), also clarifying some aspects to characterize the sample.

## Procedures

Participants were contacted at workplaces linked to federal and municipal public institutions in a state capital in the South of Brazil. For convenience and willingness to contribute to the study, three educational institutions and one municipal executive body were selected. In an initial contact, the invitation to participate in the survey was extended, and the interviews took place at a previously scheduled time, always ensuring an environment that preserved the confidentiality of the interviewee's information. All research interviews were recorded and transcribed. The research obtained a favorable opinion from the Ethics Committee for Research involving Human Beings (Opinion 334.570 and CAAE 16904213.6.0000.0121) and all ethical guidelines were followed.

## Data analysis

The data regarding the characterization of the sample and BMI were submitted to descriptive statistical analysis. The questions related to the interview were organized in a single two-themed corpus (questions 1 to 4 composed the topic overweight and questions 5 and 6 the topic weight management practices – WMP), submitted to basic textual analysis through Descending Hierarchical Classification (DHC), using IRAMUTEQ. DHC indicates lexical contexts, associated or not with descriptive variables of the persons who produced this material, which according to Veloz, Nascimento-Schulze and Camargo (1999) can be considered aspects of an SR, or even as indicators of different SRs.

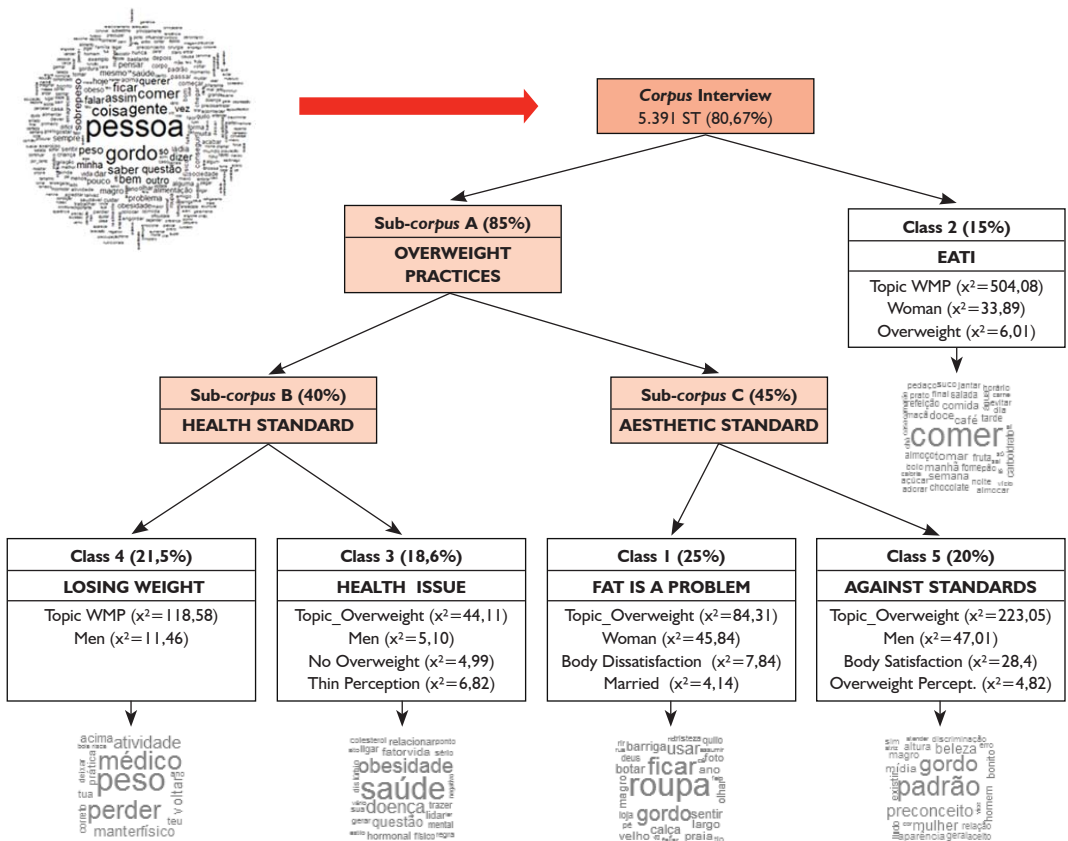
## Results

The “Interview” corpus presented 175,333 occurrences with 5,212 distinct words. The word cloud in the upper left of figure 1 illustrates the corpus analyzed, in which the main elements can be graphically highlighted, as the size and centrality of the words are directly proportional to their frequency.

The word "person" was the most frequent in the interviews (n = 2,148), followed by fat (n = 1,339), people (n = 994), thing (n = 975) and eating (n = 901). Note the central role of the idea of "fat person" when addressing the topics overweight or weight control. A feature is evidenced that is present throughout most of the interviews, which regards the distancing from the phenomenon. Much is said about the fat person, in a discourse that is usually in the third person and less often about the person him-/herself.

The prevalence of the word fat (n = 1,339) is highlighted in relation to weight (n = 650), overweight (n = 582), obesity (n = 307) and obese. Fat (or chubby) is the denomination the participants used throughout the interviews to refer to the people with excess weight. Another highlight is the verb with the highest frequency: to eat, followed by the verbs know (n = 721), say (n = 593), want (n = 584) and speak (n = 572).

**Figure I. Graphical display of textual analyses processed using IRAMUTEQ.**



Source: The authors.

After the basic lexical analysis, the "Interview" corpus was submitted to a DHC, which unfolded the 40 initial texts in 6,683 text segments and classified 10,213 distinct

forms that occurred at a mean frequency of 22.91. The first split distinguished the sub-corpus that directly originated the class "Eat" from the rest of the text material (Sub-Corpus A). In a second split, "Sub-Corpus A" was divided into two sub-corpora: one relating to being fat and its implications for social life (Sub-Corpus C) and another emphasizing health issues and weight-loss practices (Sub-Corpus B). In the third and fourth partitions, each of these sub-corpora has been divided into two distinct classes, so that, in total, 5 classes are formed. Three of these were associated with the subject overweight and two to control of body weight. Figure 1 presents the tree diagram with the decomposition of the corpus in the five classes identified in the analysis. For each class, we can verify the associated descriptive variables, as well as the most significant words, illustrated through word clouds.

The "Eat" class represents 15% of the content analyzed and was associated with the theme "Weight Management Practices" for women and overweight people. Its content revolves around the food behavior and the description of food, talking about the act of eating based on antinomies. On the one hand, food control is expressed based on accurate information about what is considered "healthy" food and compliance with appropriate food practice is experienced as rewarding and positive. On the other hand, hedonism is shown in the lack of control of food, which leads to accumulation of fat and weight gain. Eating is more than nurturing the body and also an act of pleasure, of indulging in one's desires to the point of exaggeration. The food depends on the state of mind, reflects loneliness and anxiety experienced in daily life. "Because you can have these moments of stress, moments of anxiety, which can generate a certain lack of control when you are going to eat" (P12, Woman, without overweight).

The social character of eating behavior is shown when the influences of family and friends in the purchase, preparation and ingestion of food are mentioned, as well as the social events that take place around the table. Control is difficult and the food is sometimes considered the greatest villain. Lack of control is associated with guilt and the desire to do differently, as evidenced in the excerpt from the following interview, where the participant is in a kind of dilemma between what he likes to eat and what he should eat. "God forbid, I'm no glutton who eats everything that passes by, but I know I have to know how to re-educate myself because everything I'm eating right now I am not consuming" (P05, overweight woman). This statement evidences the contradiction between control and lack of control within the same discourse.

The sub-corpus that originated classes 1 and 5 is associated with the subject of "Overweight" and addresses the fat person and fat from two different perspectives – which are also associated with differentiated socio-identity characteristics, but which are constructed on a common ground: the social standard that links beauty to thinness and disapproves of overweight people.

The "Against the Standards" class was the most associated with the subject of "Overweight" and is associated with men, people satisfied with their figure and those who perceive themselves as overweight. In this lexical context, one refers to "fat people" as individuals beyond the socially imposed standard of beauty disseminated

by the media, as the following excerpt illustrates: "But in this society, with this standard of beauty that is shown in soap operas and on television all the time it is difficult, the person watches the eight o'clock soap opera and those standards of beauty are already stereotyped"(P03, overweight man). Thus, what defines overweight is the negative evaluation fat people receive from society, whose prejudice hinders work relationships as well as love approaches. The fat people, due to this social discrimination process, have diminished self-esteem and become the target of bad jokes related to their corporal condition.

The discourse present in the text excerpts characteristic of this class is characterized by the predominance of third-person speech, both when talking about social standards (the prejudiced society) and mentioning overweight people (the fat, the chubby), although the class is significantly associated with people who in the figure scale identified themselves as overweight.

In the class "Fat is a Problem," in turn, the bodily norm is internalized, mentioned explicitly using the first person singular. It is worth noting that this class, besides representing the subject "Overweight," is associated with women and people who have demonstrated bodily dissatisfaction. The pattern of bodily beauty is clearly reflected in the participants' discourse, who declare that they adhere to this standard, stressing the importance of maintaining a lean body and using weight control practices. Here, the evaluation in terms of what is fat/thin, beautiful/ugly does not come from third parties, but from the individual himself, with the help of feedback obtained from the size of his clothes or his image in the mirror. Perceiving oneself above a certain weight limit, or with obvious localized fat, means to feel fat, which in turn is synonymous with discomfort: "This will make you feel with lower self-esteem, my clothes are not fitting anymore ... I'm getting older ... which is what bothers me, the localized fat bothers because it's something there that you put on clothing and it does not look good anymore"(P02, woman without overweight).

The frequency of "Fat," as in the previous class, also stands out and is predominantly represented as "he/she." He/she is considered to be inappropriate, with physical and emotional problems, often associated with ideas of sadness, apathy, slowness, restraint and exclusion.

The other part of the corpus, formed by classes 3 and 4, shows health as the background and the representation of excess weight as a health hazard justifies the need for weight control practices. The "Health issue" class is associated with the subject overweight, for men, for people who are not overweight and who perceive themselves without being overweight. It deals with a more objective representation, in which excess weight stems from inappropriate habits, especially sedentary lifestyle and exaggerated eating, as well as from emotional difficulties and/or a demanding work routine: "I think that overweight is linked basically to 3 things food, physical activity and what I can call mental health"(P18, overweight man). The attribution of causality is part of this class, which enumerates the causative agents of overweight, and the interdependence between these causal agents in the participants' discourse is clear.

Overweight is directly associated with health problems, whether current or future problems, and is considered a risk factor for cardiovascular diseases. "I have I am very concerned about this I have a concern both with myself and with others over the issue of overweight because I associate too much overweight to health problems" (P41, man without overweight). In addition to the diseases themselves, functional limitations are also present in this class, expressing negative attitudes about overweight, justified by the countless damages to the health and quality of life of the people who are in this condition.

Finally, the class "Losing Weight," associated to the theme of "Weight Management Practices" and men, relates to the need to maintain the quality of life with the help of weight control. "Losing weight, doing physical activity to have the right quality of life, keeping up with the pace of everyday life, it's easy to keep up with health to at least live up to the age of 80 with a good quality of life" (P18, man without excess weight).

The need for control is based on the idea that there are certain weight standards or limits, imposed by medicine and by the people themselves in order to feel good. Body weight should be controlled, which can happen through weight maintenance or loss. The expression "managing to lose weight" is recurrently used and losing weight is imbued with individual accountability as, according to the participants, "one needs willpower" and "there's a solution to everything."

Weight control and success in weight loss are made possible in two ways: adhere to "healthy" habits, or resort to treatments with the help of specialized professionals. The first option is set at the individual level and is based on information that is disseminated by the media regarding health and weight control. It is mainly about joining an exercise routine, where walking and going to the gym prevail, with weight training practice. Some participants emphasized the importance of choosing a physical activity that is associated with pleasure. "I think that, if you adjust your diet and set out to do some physical activity and reduce, I think you get big gains, big weight loss" (P38, man without overweight).

Although the combination of exercise and diet appears to be a way of controlling weight, the emphasis in this class is on the statements related to weight loss supported by specialized professionals, more specifically by medical monitoring, as it can be dangerous to seek weight loss without this type of monitoring, especially in cases where many kilos need to be lost, as can be seen in the following section: "Then there's the medical issue, the medical monitoring issue, so that you can lose weight or even an extreme, that you do a stomach reduction" (P03, overweight man).

Weight control is almost unanimously considered as positive and necessary in this class. Those who already adhere to the practices highlight their benefits. And, in turn, those who do not adhere show the intention to promote this change of habits in the near future. This intention to control the weight is justified here by the logic of disease prevention and health promotion.



## Discussion

The excess weight is objectified in the figure of the fat person – or chubby, which is the denomination the participants used. The valorization of thinness is hegemonic and overweight is considered a deviation from the standard. Nevertheless, the SR analysis shows that lay theories on the subject reveal two distinct normative dimensions.

On the one hand, there are those who consider the social standard widely disseminated in the media as the core issue (Justo, Camargo & Marcon, 2013). In this context, what defines overweight is not the excess weight itself, but the evaluation that comes from the comparison in relation to the standards people receive from society. This representation is based on descriptive and subjective standards, directly linked to external pressure in relation to what is desirable or not (Aronson, Wilson & Akert, 2015).

The other dimension, however, refers to a personal standard (Bertoldo & Castro, 2016), in which the figure control is internalized and perceiving itself above a certain weight limit reflects in discomfort with one's own body. It is a judgment that is made by the individual and depends less on feedback or external pressure and is linked to already internalized standards. In this sense, we agree with Wagner (2015) when the author suggests that the SR concept permits the integration between individual and social levels in the understanding of human behaviors.

Two different positions are expressed in the interviews: opposite or favorable to the current esthetic standard, which also implies two distinct ways of evaluating overweight people, the "fat" ones. One of the roles of the SR is to explain phenomena relevant to the social context and, in this sense, the causal attribution is inherent in the act of representing an object. Why are things the way they are? The whole answer involves common-sense theories and consequently SR. Here are two ways to explain the phenomenon of overweight. The first, which refers to the class "Against the Standards," stresses the external attribution to the phenomenon: it is the society that imposes extremely strict esthetic standards, which are detrimental to fat people. The second explanation, typical of the "Fat is a Problem" class, shows an internal attribution, in which the fat people would be responsible for their present condition, people with problems and who end up causing even more serious problems because of their current condition.

When considering these two ways of expressing the bodily standard, it is observed that these were not associated to the current body condition (BMI), but to sex and body image. The first, characteristic of men and those with greater bodily satisfaction, while the second was characteristic of women and those less satisfied with their body. Both of them share the same social context, but women would be more prone to internalizing the standards because they suffer from greater and repeated social pressure on the body (Morin & Dany, 2010). It is also highlighted that, in recent years, this internalization is expressed through health standards, more valued than esthetic ones (Justo, Camargo & Alves, 2014) and widely disseminated by the media, which are as severe as or more severe than the beauty standards to indicate the ideal body and behaviors. Personal identification with the category in question is almost non-existent

in the discourse. In other words: he's the fat one. The articulation between identity and difference is an elementary form of natural and social thinking (Jodelet, 1998). Excess fat is attributed to the other, to the "non-I" and, therefore, should remain a strange or distanced phenomenon, as it disseminates characteristic opposed to the features that express what is associated with one's identity. In affective terms, this dislocation from the "I" to the "he" implies distance from the object in question.

When addressing excess weight within the health scope, we refer to the third representational dimension expressed in the study. In the DHC, the pragmatic dimension of SR was identified as the closest to weight control practices. Negative attitudes about overweight are evident, justified by the countless damages to the health and quality of life of the people in this condition. The idea present in this representational dimension refers to the traditional saying "mens sana in corpore sano," which associates the need for a healthy mind in a healthy body. In the meantime, there is a notion of mental health manifested in the body. This relationship appears for the people without excess weight, who consider that the fat ones are people with problems, as well as for the people with excess weight, who identify emotional aspects linked to their weight gain.

It is worth noting that the notion of health depends on a prism of reading reality that can only be understood based on a social and cultural context. Health and disease; rather than physical states of the individual, imply standards and values and, as such, are dependent on the culture and knowledge shared by a group or a society (Herzlich, 2017). Health is a fundamental value in Western society, associated with the metaphor of self-control (Joffe, 2015). That is, health is not a result of luck, hereditariness or education, but results from adherence to health-promoting behaviors. Consequently, there is a moral verdict that associates the lack of health with the inability to exercise that control. Body weight becomes the symbol and sign of self-control, as it allows us to quickly infer – from stereotypes, the state of health.

It seems difficult to think of excess weight without mentioning its behavioral origin linked to food consumption, which refers directly to weight control. Far beyond nutritional and functional aspects, food involves culture and also reflects moral and ideological aspects (Fischler, 2013). It occupies an important part of the interviews and reveals antinomies that are shown in the binomial: control/lack of control. This polarity organizes a dilemma in thoughts about food, proposing a confrontation of ideas that can be understood based on the concept of themata, creating a source of tension (Vala & Castro, 2013). When we think of it in terms of the dichotomy of control versus lack of control, food is polarized in terms of good or evil. Thus, the notion of food pleasure is identified as something wrong, associated with the feeling of guilt, as proposed by Fischler (2013). Pleasure in overeating also characterizes lack of control and involves the use of metaphors. "Good" food, on the other hand, is controlled and takes into account the food components, to the detriment of the taste or the way of preparing meals, an idea that refers to "medicalized" food, which in the words of Fischler (2013), becomes artificial and denatured, and the information and the technical-scientific knowledge preponderate over sensory aspects.

The social representations emerging in the study manifest two distinct dimensions of the social standard, reflecting different degrees of internalization of the bodily standards. Fat is usually treated through affective distancing, which may have a direct influence on the population's weight gain. Although it is a subject that involves people, its aversive nature results in non-identification with this condition. That is, although overweight is unanimously considered to be harmful to health, people do not perceive themselves at risk. It is reiterated that, within a psychosocial perspective, it is not from the actual or physical body but from the symbolic body that the thoughts, affections and actions are established.

With regard to the population that participated in this study, there are clearly no difficulties with regard to health and nutrition information, but in relation to the social pressure that involves being "fat." Campaigns that emphasize the negative aspects of overweight for health are thought to be at risk of producing less effect on the population's behavioral change as, due to excessive regulatory pressure, identification with this bodily condition is difficult. Therefore, there is a need for campaigns that do not only consolidate the standard but also make it more flexible, approaching it to the "actual" people.

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