

1 Telling people they are overweight: helpful, harmful or beside the point?

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27 Weight status misperception refers to when a person's subjective perception of their own or
28 another person's objective weight status is incorrect. Parents of children with overweight and
29 obesity often fail to identify their child as being 'overweight' and in a similar vein, a large
30 number of adults, adolescents and children with overweight or obesity fail to recognise that
31 they are overweight. These observations are not new and have long been presumed to be a
32 concern; if people do not realise they are overweight, how will they change their behavior to
33 lose weight? For example, the failure of parents to identify their children as overweight has
34 recently been described as 'promoting the silent rise' of obesity¹ and new research reported in
35 the International Journal of Obesity suggests that healthcare professionals not notifying
36 children and their families of their 'unhealthy weight status' is a missed opportunity to
37 combat obesity². These sentiments are echoed in public health intervention approaches. One
38 example is national weight measurement programmes that monitor child weight and notify
39 parents if their child has an 'unhealthy' weight status.

40 The presumption that ignorance is damaging in this context has face value and is
41 supported by some cross-sectional evidence, as numerous studies have shown that individuals
42 who fail to recognise they are overweight are less likely to be attempting weight loss.
43 However the best prospective evidence to date suggests that ignorance may be bliss when it
44 comes to overweight and obesity. If ignorance is damaging, then children whose parents fail
45 to identify their overweight status should be the most at risk of further weight gain. The
46 opposite, however, is true: When a parent identifies their child as being overweight, that child
47 is most at risk of future weight gain³. Likewise, if ignorance is damaging, then adolescents
48 and adults with overweight who fail to identify themselves as such should be at risk of
49 gaining further weight. Again, the opposite is true: it is self-identification of being
50 overweight that is prospectively predictive of greater weight gain⁴. A recent quasi-

51 experimental study has also shown that, among adolescent females, notification of being
52 overweight was associated with increased weight gain⁵.

53 What can explain these counter-intuitive findings? Overweight and obesity are widely
54 stigmatised, and knowledge that you possess a characteristic devalued and derogated by
55 society is likely to be psychologically damaging. Theory from social psychology suggests
56 such stigmatization impairs self-regulation and makes weight management more difficult⁶. In
57 line with this suggestion, one of the reasons that self-identification of overweight is
58 associated with increased weight gain is because it places a person at a greater risk of stress-
59 induced overeating⁴. Likewise, other research has shown that perceived weight discrimination
60 predicts a range of negative health outcomes, including further weight gain. Thus, the stigma
61 attached to identifying as being a person with overweight or obesity may ironically
62 exacerbate these conditions.

63 Aside from weight gain, evidence links self-identification of overweight to mental
64 health problems. Cross-sectional and longitudinal work examining differences between those
65 who identify vs. fail to identify themselves as being overweight support this argument and
66 suggest that this process plays out across the lifespan: Adolescents who identify as
67 overweight are at higher risk of major depression than those who believe they are of normal
68 weight⁷. It is plausible that lower psychological wellbeing predisposes an individual to
69 recognise that they are overweight rather than lower psychological well-being being a
70 consequence of identifying as overweight. Longitudinal data, however, support the former
71 proposition: identifying as being overweight is predictive of poorer psychological outcomes
72 over time. For example, one study found that adolescents who self-identified as overweight
73 (as opposed to not self-identifying) were more likely to experience declines in mental health
74 by young adulthood⁸. Importantly, the evidence also suggests that whether or not someone
75 identifies as being overweight is predictive of poorer psychological outcomes independently

76 of their objective weight status. See Table 1 for additional studies that link self-identification
77 of overweight to negative health outcomes. These findings suggest that the stigma attached
78 to overweight and obesity not only exacerbates obesity but also damages mental health.

79 What relevance do these findings have to public health efforts against weight gain and
80 obesity? First, they reinforce the idea that the psychosocial experience of obesity is part of the
81 etiology of obesity and is likely to be one major contributor to why it is such a devastating
82 condition. Second, they suggest that ‘light touch’ public health approaches directed at the
83 ‘individual’, such as informing people that their weight is ‘unhealthy’, probably have no
84 beneficial effect on health. Moreover, if such approaches do not consider the stigma attached
85 to overweight and obesity they may even be to the detriment of the individual. In terms of
86 successful weight management across the life course, those who identify as overweight fare
87 worse than those who fail to identify as overweight⁴. A large amount of obesity research to
88 date has focused on intervening at the ‘individual’ level and few would argue that these
89 efforts have by and large have failed; we lack convincing ‘individual’ level interventions that
90 achieve meaningful weight loss that is maintained in the long-term⁹. This outcome is not
91 surprising when we consider the environment in which the individuals we target reside.
92 Changes to the food environment have been widely accepted as one major cause of the
93 obesity crisis¹⁰. With this in mind, if we are serious about tackling obesity we should in part
94 accept that approaches targeted at the individual will be doomed to fail unless the obesogenic
95 food environment is addressed. ‘Renormalizing’ our obesogenic food environment will
96 require substantial government investment and policy change. Critically, this process will
97 need to be research led. One benefit of taking aim at the environment, rather than the
98 individual, is that this approach does not stigmatise the individual. This approach also takes
99 aim at the cause and therefore most likely solution to the obesity crisis; our current
100 obesogenic food environment.

101 **Table 1: Additional References**

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