Tidsskriftet Tidsskrift for Den norske legeforening

# Overweight – lifestyle or poor life chances?

EDITORIAL

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Ingrid Sørdal Følling PhD, researcher at the Centre for Obesity Research (ObeCe), St. Olav's Hospital, Trondheim University Hospital. The article is based on the author's doctoral trial lecture entitled *Begrepet livsstil – til nytte og besvær for pasienter og folk flest* ('The concept of "lifestyles" – for better or worse for patients and most people').
The author has completed the ICMJE form and declares no conflicts of interest.

## A singular focus on lifestyle can increase social inequalities in health.

The concept of *lifestyles* was introduced by the German sociologist Max Weber (1864–1920), who studied various consumer groups (1). The concept consisted of two parts. The first part was *life chances* (Lebenschancen), which indicated the likelihood that an individual would achieve his or her goals given certain factors over which the person had little control. These factors involved access to resources, both tangible (food, clothing and shelter) and intangible (education and health care). Life chances overlapped somewhat with what is known today as socioeconomic status. The other part of the term was *life conduct* (Lebensführung), which dealt with choice and self-direction in a person's behaviour. In the translation of Weber's work *Class, Status, Party* from German to American English, the original meaning of 'life chances' was subsumed in the term 'lifestyle', an error that has since been criticised.

Self-proclaimed experts and health professionals tell us how to lose weight by living a healthy lifestyle, but conceptualising lifestyle has a dark side that can have an increasingly negative impact on health. Many people may feel they do not measure up. A US study found that only 11 % of the population satisfied the criteria for a healthy lifestyle, and those with the most lifestyle risk factors were people of a lower socioeconomic status (2).

Having a normal weight and being physically active and a non-smoker with a healthy diet and a moderate alcohol intake is good for a person's health. According to a meta-analysis, the presence of four of these five factors reduces the risk of death by 66 % over a 13-year period (3). However, lifestyle correlates with socioeconomic status (4), and people of a lower socioeconomic status have a higher prevalence of overweight and obesity (5). Interventions and recommendations that only involve exercise and diet can contribute to greater inequalities in health. Exercise programmes and dietary weight-loss classes tend to attract people who are already interested in exercise and diet, while those who need them the most do not participate (6).

*«The misconception that overweight and obesity are simply a matter of willpower can, in the worst case, become an added burden for those affected»*

Social and psychological factors, such as chronic stress, adverse childhood experiences and emotional strain, are also associated with overweight and obesity (7). The more negative experiences a person had as a child, the more illness he or she will experience as an adult (8). Societal attitudes about people with obesity cause many to feel shame (9). *Lifestyles*, as the concept is applied today, implies a personal responsibility for a weight problem. This can intensify feelings of shame (10), which is a response to the constant reminders of failing to live up to society's standards for exercise and diet. Internalising these attitudes and feelings of shame can promote unhealthy coping strategies, which in turn can lead to more overweight and obesity.

The misconception that overweight and obesity are simply a matter of willpower can, in the worst case, become an added burden for those affected. The causes of overweight and obesity are complex. Genetic and epigenetic systems are part of a dynamic interaction with environmental factors, living conditions and a social framework that determines behaviour (11). 'Life chances' should reclaim its role in the 'lifestyles' concept. When meeting patients with overweight and obesity, it is important to take into account their life histories and previous experiences, not only how often they exercise and how many calories they consume. In order to fight weight gain among the population, interventions should be targeted towards social structures, in arenas that reach everyone, regardless of socioeconomic status – and preferably as early in life as possible. The focus on lifestyle has not made a difference. Now we must improve people's life chances.

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Publisert: 9 November 2020. Tidsskr Nor Legeforen. DOI: 10.4045/tidsskr.20.0852
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