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The relationship between narrative classification of obesity and support for public policy interventions

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ABSTRACT

In 2013, the American Medical Association made the controversial decision to classify obesity as a "disease" in the hopes of encouraging research, reducing stigma, and ultimately lowering the prevalence of the condition. Critics argued that the disease label would reduce feelings of personal responsibility among the obese and therefore discourage healthy self-regulation, a possibility that has received some recent support in the psychological literature. However, public health issues such as obesity are complex and depend not only on personal action, but also on wider societal trends such as social policy interventions. In the present study, we systematically investigated the relationship between four narrative classifications of obesity ("sin", "addiction", "disorder" and "environment") and support for a variety of policy interventions designed to address the issue. An initial norming study revealed that the obesity narratives differed reliably in how much they attributed blame for the condition to the individual versus the environment. A correlational study showed that participants who agreed with narratives that blamed the individual were more likely to support policy interventions that penalized people for being overweight while participants who agreed with narratives that blamed the environment were more likely to support policy interventions designed to protect people suffering from obesity. A follow-up experiment revealed that these narratives had causal power as well: participants exposed to just one of the narratives were more likely to support policy interventions consistent with the blame attribution of the narrative for both obesity as well as anorexia. Individual differences in political ideology and personal experience with weight issues also influenced agreement with the narratives and support for particular policy interventions across these studies. These findings suggest that public messaging campaigns that utilize extended narratives may be a useful tool for increasing support for effective policy interventions.

How should obesity be classified? Is it a "disease," (and if so, what kind?) a "risk factor" for other diseases like diabetes, a "symptom" of underlying pathology, all of these things, or something else entirely? This is an important issue not only in the context of accurate medical classification, but also because different labels may affect how the general public reasons about obesity. Here we ask, what are the goals of labeling obesity as something like a "disease", and does such labeling actually achieve its intended purpose?

Over the last 50 years obesity rates have risen rapidly all over the world, at all levels of age, race, and sex (Wang and Beydoun, 2007). The condition has been linked to an increase in the risk of serious medical conditions (Bray, 2004; NIH, 1998), and is associated with decreases in quality of life (Fontaine and Barofsky, 2001; Jensen, 2005; Withrow and Alter, 2011) and expected lifespan.

A recent survey found that most of the American public (81%) believes that obesity is an "extremely" or "very serious" problem (Mendes, 2012). This is up from 69% in 2005; for the first time, there is more concern among the general public for obesity than health problems relating to alcohol or cigarettes. And the majority of the public (57%) feels that the government should implement programs that address health risks associated with obesity (Mendes, 2012).

Although a wide range of strategies for stemming the rise of obesity have been promoted and implemented by health professionals, the American Medical Association's recent decision to formally label obesity a "disease" has proven especially

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controversial. The AMA hopes such a classification will help lower the prevalence of the condition by encouraging research, reducing stigma, and "chang[ing] the way the medical community tackles this complex issue that affects approximately one in three Americans" (p. 1, AMA, 2013).

Of course, simply calling obesity a "disease" does not necessarily reduce the stigma associated with the condition. There are many different types of diseases, which are associated with varying levels of stigma. For example, people generally take a more sympathetic view toward cancer or Type 1 diabetes than alcoholism, Type 2 diabetes, or mental illness (Dean and Poremba, 1983). Therefore, it is not obvious that people will react to the disease label in the way the AMA intends. It is even possible that this labeling might lead people to overestimate the actual harms associated with being obese (Campos et al., 2006).

For conceptual clarity, it is useful to contrast the term "disease" with the related constructs "illness" and "sickness". Whereas "diseases" are the purview of the medical establishment and medical practitioners (typically appealing to anatomical and/or physiological factors), "illness" and "sickness" are tied more directly to the subjective experience of an individual, and how that relationship is experienced in a social context, respectively (Boyd, 2000). One way to characterize the efforts of the AMA in classifying obesity as a "disease" appeals to this important distinction: publish health officials hope that changing the way the medical establishment conceptualizes the condition also changes the societal perception of obesity (obesity as "sickness") as well as the personal experience of obesity (obesity as "illness").

This distinction also helps clarify one line of opposition to the AMA's classification of obesity as a disease. Classifying obesity as a "disease" may lead people to adopt a stronger "illness" narrative for their experience of obesity. This may, in turn, lead them to view obesity as a condition grounded in genetic and physiological factors beyond their control, which may negatively impact healthy self-regulatory behavior. Indeed, some go so far as to call the AMA's decision a case of "inventing illness and another step towards eroding people's autonomy and making them passive participants in their health" (p. 1, Ablow, 2013). A recent empirical study found some support for this concern (Hoyt et al., 2014): when obesity was described using disease language, overweight participants seemed to show a decrease in both healthy self-regulatory behavior as well as concern for being overweight.

However, the distinction between "disease", "illness" and "sickness" also helps to illuminate the broader goal of the medical establishment. Namely, the decision to classify obesity as a "disease" is not only intended to influence those who are obese, as some claim (e.g., "the message that obesity is a disease may undermine important psychological determinants of salubrious behaviors for obese individuals — the very people these public health messages are targeting"; p. 998, Hoyt et al., 2014; see also Teixeira et al., 2012). In fact, the goals of this particular framing strategy are much broader, aimed at a societal level, attempting to instill widespread support for policy interventions that address the complex set of factors that contribute to obesity (Allison et al., 2008). In other words, one critical goal is to get the wider public to view obesity not only as a disease, but as a "sickness" that requires broader social support (Boyd, 2000).

Implicit in this approach is the assumption that people do not currently think of obesity as a disease — or else how would such a classification shift people's conception of the condition? However, eating disorders like anorexia have long been identified as symptoms of an underlying pathology (e.g., Crisafulli et al., 2008). For this reason as well, it is important to empirically test the effects of describing obesity as a disease on people's attitudes toward the condition.

Here, we investigate how classifying obesity in different ways affects support for obesity-related policy interventions. While obesity treatment and prevention can be facilitated by self-regulatory behavior (Israel et al., 1994), it is widely recognized that there are a complex range of causal contributors to being obese, many of which are outside a person's control (Allison et al., 2008). These include, critically, environmental factors (e.g., corporate manipulation and cultural stigma) that can be best addressed at the societal level through the implementation of targeted public policy programs (Brescoll et al., 2008; Miller, 2004).

In three studies, we explored a range of narratives that differed in how they described and apportioned blame for obesity. We chose to explore extended narratives, rather than single-word or short-phrase classifications, because people tend to think and reason about complex issues like obesity through the use of larger narrative structures that include, for example, extended metaphors and analogies (Lakoff, 2002; Stone, 1988). Prior work on attitudes toward and conceptions of obesity have shown that both the general public (Barry et al., 2009) and health professionals (Neumark-Sztainer et al., 1999) view obesity as a complex condition with a variety of causes on consequences. Grounding discussions of obesity in narratives, therefore, may be a more fruitful mechanism both for measuring people's conception of obesity and for targeting attitude change (see, e.g., Thibodeau and Boroditsky, 2011).

We predicted that exposing people to narratives that highlight causes of obesity that are outside a person's control would increase support for interventions designed to protect obese individuals. In contrast, exposing people to narratives that identify intrinsic factors for obesity should increase support for relatively punitive policy interventions. We also predicted that individual difference variables (e.g., political ideology, personal experience with a weight problem) would influence how people responded to the narratives and support for the policy interventions, as previous work has found that factors such as political ideology can mediate the effects of narrative frames (e.g., Thibodeau and Boroditsky, 2011; see also Gollust, 2013). Specifically, we predicted that people with a personal history of weight issues and a left-leaning political ideology would be more likely to support policy interventions designed to protect obese individuals (Oliver and Lee, 2005).

1. Norming study

We adapted obesity narratives from work by Barry and colleagues (2009), who cataloged seven metaphors for obesity that varied in the degree to which they highlighted individual (e.g., laziness) and environmental (e.g., corporate manipulation) causes. We sought to *quantify* four of these narratives ("sin", "addiction", "disorder", and "environment") along a dimension of Blame Attribution to understand the relative degree to which they apportioned blame to environmental and individual factors.

1.1. Method

1.1.1. Participants

We recruited and paid 100 people for the norming study through Amazon's Mechanical Turk (www.mturk.com; Buhrmester et al., 2011). This pool of participants is often more representative of the general population than convenience samples (Berinsky, Huber and Lenz, 2012). We chose to sample data from 100 participants to ensure reliable point estimates for ratings of the four narratives (Simmons et al., 2011). These data were collected in May of 2014 with approval of the Oberlin College IRB.

We restricted our sample to people living in the US with a good performance record (90% approval rating). Participants ranged in age from 19 to 69 (median = 34), and roughly half were male (46%).