

Why Language Matters for Health Justice: Our Framing of Obesity as a Condition

At Centric Lab we are making a shift in the way we conceptualise and communicate obesity. Science is a process that creates opportunity for clarity and accuracy over time, meaning that the longer we observe a phenomenon, the more information we will gather to make adjustments. We have now been focused on obesity for three years, working directly with doctors and patients.

This new stage of updates to our language and communications has come from listening to community voices and learning from their experiences, as well as from feedback when sharing our materials with people living with or affected by obesity and/ or weight-related medical gaslighting. We also conducted more science research and conducted multiple conversations with the doctors helping us shape this work. We concluded that it was time to update our language to add more accuracy in how we conceptualise obesity.

From Disease to Condition

The words we choose influence how people experience care, how funding is directed, and whether people feel safe to seek support. While there are arguments for describing obesity as a disease, we have found that the term “condition” better supports our focus on inclusion and health justice. Therefore, where we previously used the term *disease*, we are now using the term *condition*. This shift is not a position on whether obesity should or should not be classified as a disease. It is about the language we are using in our own materials at this time. Our aim is to avoid potential alienation, stigmatisation and harm, and to create language that better reflects the voices of the communities most affected.

It is important to note that is not a position on whether obesity should or should not be classified as a disease. It is about using a language that creates more clarity and accuracy, so those experiencing obesity can self-advocate with more agency. We also want to note that obesity is a dysregulation of multiple physiological systems, it can affect your blood pressure, mood regulation, digestion, sleep, and so on. It is not “one thing”, it is this vastness that makes it challenging to communicate and understand.

The aetiology of obesity is also vast and highly complex, and influenced by a plethora of factors including stress, deprivation, environmental exposures, food environments, and unequal access to healthcare. These factors are largely outside an individual's control, yet people often experience judgement, reduced care, or exclusion from treatment because of their body size. In this new conceptualisation we are looking to better address the dysregulation obesity creates in the body as well as its complex aetiology.

Through engagement with community members, we have heard that the word “disease” does not always serve its intended purpose. While some value the term because it signals that

obesity deserves proper medical attention to help with the dysregulation of physiological systems, others find it as stigmatising and alienating, as though their bodies are being pathologised purely on the basis of size. The stigma comes from obesity being seen as a problem with weight or body size, erasing the dysregulation it creates in the body.

In our work, we have never focused on weight or body size as both are aesthetics, which we believe serves limited use in medical settings, especially in the context of obesity. Furthermore, weight has not been a reliable indicator of “good” or “bad” health. In fact, using weight as a tool to determine health has roots in eugenic science and has a long-standing history of supporting classism and racism within the medical industry.

This tension with using disease in reference to obesity was also recognised at the 2021 Association for the Study of Obesity conference, where it was shown that “disease” can be empowering for some, but divisive for others (Luli et al., 2023).

Why we are not using “disease” as a blanket term

We are not suggesting that obesity can never be described as a disease. There are valid reasons for that framing, particularly when it comes to unlocking funding and improving treatment.

However, obesity is heterogeneous. It involves many different pathways and outcomes. A single term risks masking these differences. There is also no universal consensus on the classification of obesity, which remains a subject of debate (Luli et al., 2023).

Disease usually refers to a specific, identifiable process with a known cause, while condition is a broader term that encompasses both diseases and other states of health. “Condition” allows us to hold complexity and incorporate the wider determinants of health.

Why “condition”

We are adopting the term *condition* in our materials as a direct response to what we have heard from people in the community. This framing helps us to produce tools, resources and narratives that reduce stigma, improve access to care, and avoid adding to shame or exclusion. It acknowledges that health is shaped by the conditions in which people live and by structural inequities that influence outcomes.

An evolving position

This is a practical decision for now, not a final conclusion. Science evolves as knowledge deepens, and so does language. We expect our terminology to change as the evidence base grows, as debate progresses, and as community perspectives shift.

For the present, using “condition” supports our immediate aim: to create materials that work with communities, reduce barriers, and promote inclusion and health justice.

Our aim is to avoid potential alienation, stigmatisation and harm, and to create language that better reflects the voices of the communities most affected. This includes continuing to find more accurate language that helps doctors and patients conceptualise the dysregulation and subsequent diseases obesity creates.

In Practice

There are multiple ways that we envisage applying this new conceptualisation in your work

1. We will use this to focus on the dysregulation that causes, and is caused by obesity. This will open up conversations about the links between obesity and depression, anxiety, gut symbiosis, and cardiovascular diseases.
2. It will allow us to have more expansive conversations about the various events and diseases that can lead to the dysregulation experienced with obesity. For example, there is a link between Polycystic Ovary Syndrome and obesity.
3. The goal of this work is to create more accurate language around obesity, so patients can receive more robust healthcare. To date many experiencing obesity have their health ignored as the healthcare system focuses on their weight rather than their dysregulation.

Reference

Luli, M., Yeo, G., Farrell, E., Ogden, J., Parretti, H., Frew, E., & Miras, A. D. (2023). The implications of defining obesity as a disease: a report from the Association for the Study of Obesity 2021 annual conference. *EClinicalMedicine*, 58.