Bobbie:

As part of the nine protected characteristics act, there are two characteristics which can be argued for in addition: one of these being Body Shape and Size. In a world that is image obsessed, people in bigger bodies bear the brunt of body discrimination and whilst there are more body positive movements that celebrate and denounce discrimination against those in larger bodies, body image still remains a socially acceptable form of stigma, with negative assumptions about those in bigger bodies becoming everyday de facto. What will be examined in this essay will be the fixation on something called the BMI scale and how language is used around bigger bodies and the impact this has on wellbeing, particularly for those in bigger bodies. The driving force behind the narratives of what is 'aesthetically' pleasing will also be considered, looking at the racist implications and origins of modern perspectives on body image.

There appears in media, medical approaches and capitalism the notion of 'normal vs. abnormal', 'good vs. bad' and a kind of fearmongering around being 'fat' and this is where the BMI scale comes into its own since it was introduced into the medical field by Ancel Keys in the 1970's as a way to "identify obesity". Although it states that is it a tool to measure populations as opposed to individuals, it has created a clear divide: the desirable goal being thinness and low BMI and the 'undesirable' opposite of being fat with a high BMI. One is 'good' and the other is 'bad'. Add this alongside media campaigns that use language like 'beat the bulge', 'be beach body ready', 'unsightly fat' and the until recently lack of visibility of different body shapes, it steps out of becoming just a medical 'concern' and a question of what is also aesthetically acceptable. 62% of Britons disclosed that they discriminate those in bigger bodies (a higher percentage than discrimination against ethnic background, sexuality or gender) and medical professionals have also disclosed seeing overweight/ obese patients less favourably, assuming they are noncompliant, difficult, overindulgent, lazy, and unsuccessful.

BMI is used to categorise people's weight against their height a bid to identify and label healthy and unhealthy norms. BMI charts are mainly used for working out the health of populations rather than individuals. According to the BMI perspective, within a population there will always be people who are at the extremes – have a high BMI or low BMI – and a high or low BMI may be an indicator of poor diet, varying activity levels, or high stress. A common use of the BMI is to assess how far an

individual's body weight departs from what is normal for a person's height – there are five categories on the scale: underweight, healthy, overweight, obesity and severe obesity, so the greater the weight against height the “unhealthier” a person becomes.

However, there have been questions raised about the reliability of the BMI scale in relation to people’s health, especially when we consider the origins of it. The BMI scale was not created by a medical professional, nor for medical purposes. Adolphe Quetelet, a Belgian astronomer, mathematician, statistician, and sociologist, devised the basis of the BMI between 1830 and 1850 as he developed what he called "social physics". Quetelet himself never intended for the index, then called the Quetelet Index, to be used as a means of medical assessment. Instead, it was a component of his study of l'homme moyen, or the average man. Quetelet thought of the average man as a social ideal and developed the body mass index as a means of discovering the socially ideal human person.

However, what this does do is veer towards a dangerous concept of ‘normal’ or ‘abnormal’ – to step off the scale and into the ‘abnormal’ is to infer that something is wrong and needs to be rectified and this is where those in bigger bodies come under the most scrutiny, because it is assumed that that the bigger/heavier a person is, the unhealthier they must be. If this gives licence to an automatic assumption that those in a bigger body must be unhealthy, then it means that assumptions may be made by medical professionals simply looking at someone without doing any further investigation. It has been reported by those in bigger bodies that many medical complaints they have sought advise for have been dismissed as a result of their weight, with several cases being reviewed showing the stigmas around an individuals weight meant they did not receive treatment that they needed. 70% of those in bigger bodies in the UK also reported feeling a fear of judgement from clinicians, leading to self-consciousness that meant they are less likely to book or attend medical appointments. Despite new research highlighting the issues with using the BMI scale on an individual level and encouragement to use it in conjunction with more patient-centred approaches, it remains a part of the medical system in the UK and people in bigger bodies still report feeling that this is being weaponised against them.

People in smaller bodies, or low BMI, don’t report experiencing this on the same scale, or if they feel negligence, it doesn’t usually feel connected to their weight. This is highlights face-value assumptions and something known as ‘Thin Privilege’, this being the notion that because you are thin or within

the ‘normal/healthy’ range of the BMI scale then you must be healthy. The BMI scale alone does not take into account any high-risk behaviours (like smoking or drinking) or family history and genetics.

The modern term "body mass index" (BMI) for the ratio of human body weight to squared height was coined in a paper published in the July 1972 edition of the Journal of Chronic Diseases by Ancel Keys and others. In this paper, Keys argued that what he termed the BMI was "if not fully satisfactory, at least as good as any other relative weight index as an indicator of relative obesity". So, from the onset it appears that Ancel himself recognised that the BMI isn’t perfect and further research highlights this even further when it considers the fact that the Quetelet scale focused solely on and drew it’s results from the study of only one demographic: white European men. Adolphe did not include people of colour, women or any varying age groups and as new research shows, the BMI scale shifts on a universal perspective – those of African descent are healthier at a higher BMI, South Asian populations do better at a lower BMI. BMI origins are founded based on a prosperous white demographic, not an ethnically diverse one and if the BMI scale was made to measure the obesity within a ‘population’ and then the more recent research findings show that different demographics fair better at different places on this scale, can it still be applied to the modern western populations, which are more ethnically diverse than ever before?

BMI categorizes a sense of ‘normalcy’ and anything outside this realm is ‘abnormal’ – this gives consensus to the idea that people who are overweight are ‘wrong’ to go against this. As stated before, it highlights a sense of ‘good or bad’ and becomes rigid in what is suggests is the ideal, meaning there is little movement for diversity in our often-capable bodies and the possibility that healthy doesn’t have to ‘look’ a certain way.

We need to look at the negative language used around fat bodies and unpack the fear that capitalism and outdated medical approaches have sewn into the fabric of modern consumerism – there is no absolute and categorization is dangerous.

Shabana:

Simplifying body types has been a significant part of the problem. Factors such as race, socioeconomic status, illness, and genetics have been consistently overlooked and reduced to simplistic categories—why? Because it’s convenient for those in power. The media, in particular, has

played a critical role in confining people, especially women, to narrow, unrealistic standards. This oversimplification isn't just a minor oversight; it has implications for mental health and drives a never-ending cycle of consumption in hope the be 'normal'. Globally, the weight management market is now worth $142.58 billion and is projected to grow at nearly 10% annually through 2030. This growth is fueled by a society obsessed with body image, largely due to the oversimplification and misuse of metrics like BMI. According to the WHO, as of 2022, 2.5 billion adults were classified as overweight, and 890 million of those were living with obesity. These numbers stem from a reliance on the BMI theory—a concept that dates back to the 19th century and was never intended to be used as a measure of individual health.

The obsession with body image, and the negativity fuelled by the media, is out of control. There is no accountability for the harm done to people who, despite being in good health, are made to feel they need to do more. The BMI was originally used to define what was 'normal,' based on a narrow group of white European men. This concept of 'normal' is not only outdated but harmful. A healthy weight varies greatly depending on your race, gender, and age, yet the pressure to conform to a singular standard remains relentless. The diet fads and fitness trends that dominate social media and celebrity culture are causing more damage than entertainment. There's a pervasive belief that weight stigma, while unpleasant, might act as tough love and motivate people to change—but that's simply not true. Ninety-five percent of diets fail.

In the UK, BMI is still widely used, though its credibility is increasingly questioned. In the U.S., experts are beginning to recommend against using BMI as the sole indicator of health, following years of criticism. The metric's historical harm and its use for racist exclusion are well-documented. Studies have shown that BMI overestimates fatness and health risks for Black individuals, while underestimating health risks for Asian communities. Yet, the narrative persists.

Being called fat is still often seen as a negative statement. It's a label that can carry connotations of laziness, unhealthiness, and ignorance. This stigma is deeply ingrained in our culture, and it's time we challenge it. Reclaiming the narrative around body size and shape is crucial. We need to start by redefining terms like "fat" in a way that strips them of their negative connotations. Being fat should not be seen as a flaw; it's simply a description of body size, and it's about time we stop attaching moral judgments to it.

We must also celebrate body diversity as a strength. Everybody is different, and that diversity should be embraced, not stigmatised. Different body types bring unique strengths and perspectives, and recognizing this diversity can lead to a healthier, more inclusive society. Communities are beginning to form around these ideas, both online and offline, providing support and challenging harmful norms. These movements are essential in creating spaces where people of all sizes feel valued.

Racial disparities in body perception and treatment have deep historical roots, particularly during the era of colonisation. One stark example is the exploitation of Sarah Baartman, often referred to as the "Hottentot Venus," a South African woman of Khoikhoi descent who was paraded across Europe in the early 19th century due to her physical features, which Europeans deemed exotic and abnormal. Her body was objectified and dehumanised, reinforcing racist stereotypes that associated Black women with hypersexuality and deviance. This exploitation was not just a curiosity of the time but part of a broader colonial agenda that sought to justify the subjugation of non-European peoples by depicting them as inherently different and inferior. These historical narratives have had lasting effects, contributing to ongoing racial disparities in how body types are perceived and treated, where larger bodies, especially those of Black women, are often stigmatised or fetishized rather than celebrated.

On an individual level, resisting the pressures to conform to narrow body standards is key. This might mean embracing body positivity, educating oneself about the limitations of BMI, and rejecting the harmful diet culture that dominates our media. It’s about understanding that health is multifaceted and can’t be reduced to a single number or size. Societally, we need broader changes. Advocating for inclusive health policies is a start. This includes challenging media portrayals of body types and supporting legislation that protects against size discrimination. Healthcare systems, in particular, must shift towards more comprehensive health metrics that respect and accommodate all bodies. This means training healthcare providers to be size-inclusive and ensuring that all patients receive respectful and dignified care.

The challenges faced by people living with diverse body sizes are significant, but they also present an opportunity for us to change the narrative. By rejecting oversimplified standards and embracing diversity, we can create a society where everyone is valued for who they are, not how they look. It’s

time to move towards a more inclusive and compassionate approach to body size and shape—one that celebrates diversity and promotes equality.

RESOURCES

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