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FREE THEMES

Suffering and prejudice: paths taken by obese nutritionists seeking weight loss

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Abstract *Obesity is a problem of public health, seen as a "moral panic", which disables the obese person from social acceptance. For obese nutritionists the paradox between the premises of their jobs and their state of morbidity makes the debate complex by the conflict with the professional identity. This study sought to bring to discussion the meanings of health care adopted by obese nutritionists in Salvador and to understand their experiences with their obesity in everyday life. The study was based on a qualitative approach, through semi-structured interviews with eight narratives on being an obese nutritionist, analysed under hermeneutics basis. The research revealed that being obese generates a stigma which is worse to the nutritionist, now seen simultaneously as unable to care for oneself and on being obese. Some of the stories of suffering seen on job routine are: strangeness of the body, social exclusion, strategies for defence on the relation professional-patient, desperate rely on miraculous diet plans which are far away from the scientific discourse, and the obese body seen as imprisonment. It is concluded that institutions of public health must have knowledge of this problem and must establish strategies to the condition of obese nutritionists, considering that this contradiction may happen on different occupations.*
Key words *Obesity, Nutritionist, Stigma, Work, Health*

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Introduction

Obesity is considered by World Health Organization as one of the main public health problems of the 20th century, therefore an epidemic of modern times. On social sphere it is considered as "moral panic", seen as a dangerous disease while getting on a diet is modern[1,2]. The definition of obesity as a disease that affects people comes along with but the desire of food and the impossibility to go on a diet. To this specialist the moral implication of carrying an obese body makes people seek for "eating well" and has raised the issues about the importance of food[1].

The condition of the obese body was considered as equivalent of health, strength, beauty and vitality. Such conception has historically changed and the fat that is now shameful led the fat body to have a pathological connotation until nowadays[2].

For being understood as a disease, obesity had become object of medicalization and had been associated to other illnesses, resulting in changes on its conception and approach. The shift on understanding obesity throughout the years had implications on both biomedical and cultural aspects[2]. That which was initially seen by medicine as unwillingness and psychological disorder was later on subject of debate on religious basis (once it was understood that how much a body weighed could be related to one's belief), being it disregarded from medical affairs[1,2]. Regardless of any aspect worship by an specific time in history, it is known that comparisons regarding the illnesses that exist in a fat body but not existing in a thin one started to be established[1,3].

The conception of stigma as a situation in which an individual is disabled from full social acceptance[4] derives from society's categorization of people, which establishes the probability of finding them in a given social environment. The social diagnosis of obesity reveals a borderline between the proportional body (seen as "normal") and the one containing fat. Such borderline is constantly exchanged among health and culture scientific fields[1].

Stigma can be considered as an element of social exclusion, once it leads to lack of self-steam and deterioration of one's social identity. The obese person is undervalued and put aside from society due to the weight of the aesthetic look that befalls on them, bringing up obesity as a meaningful social stigma[5,6]. On the same track, the representation of health/illness as (in)aptitude to the job is a tradition on working classes.

Nowadays the desired body image demands from one to fit in anthropometric parameters acceptable to the biomedical and aesthetic pattern defined by the media. The obese body hits this trendy and is consequently marginalized by modern society[7]. Once obesity is seen as an illness it is always being highlighted on national and worldwide scenario, often has it been subject of countless studies.

When considering body image as a way for social and self acceptance it helps to draft nowadays eating habits that can lead to both physical and mental problems. In turn, the society that encourages thinness – making it a moral value – is the same that gives in to food industry which grows fast and invite us all to overfeeding[8]. All this makes of the presented issue a very difficult equation to be solved.

The growth of industry and food products has encouraged the intensification on consumption of sugary drinks and fat food, which reduces the quality of food. At the same time the urbanization of the cities aids the creation of the obesogenic environment, known for the influence of exposure to environmental pollutants and the convenience of the automatism which promotes sedentary behaviour[9].

Considering the context where the determinants of obesity are socio-historical constructions, one quarter of the population nowadays follow any kind of diet plan, mainly influenced by the media that sells the image of the slim body as synonymous of good health. At the same time, this very media encourages the consumption of certain kinds of food that distance consumers from the possibility of having a healthy and socially accepted body.

The "globesity" believes that the healthy eating habits have been impaired by globalization, once fat is a product of modern times[3]. It is easy to blame the globalization for all the sins of the world […] but it is needed to notice that due to the increase income and the offer of a variety of food everyone wishes to improve their eating habits. Beyond the individual desire the environment affects the choice of what to eat. To the society the nutritionist is viewed as a professional who is capable of taking care of the health of individuals and of peoples by promoting a healthy diet. However, besides the growth of this profession and according to the epidemiological scenario, obesity rates in Brazil and worldwide is also growing.

By considering obesity as a disease that can also strike professionals from the nutrition area – which requires a multidisciplinary understand-

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ing – it is possible to bring closer the debate on the condition of being obese for those women interviewed for this study. It is mandatory, however, to understand the different paths taken by these obese nutritionists seeking weight loss, understanding their conception of the process health-illness-care.

For obese nutritionists, the existing paradox between the premises of their jobs and their state of morbidity makes the debate even more complex because the difficulty in controlling their own weight puts them in conflict with their professional identity. On this perspective, this study raises the issue to the subjective dimension of obese nutritionists in Salvador, seeking to promote a discussion on the understandings of health care adopted by them due to their technical knowledge. Moreover, it tries to understand the experiences of their obesity on everyday life.

Methodology

The study presented here is a result of a research based on qualitative approach developed on healthcare workspaces in Salvador (hospital, restaurants, industries, health care clinic and classrooms) where obese nutritionists develop their jobs and in their houses (or where they thought to be more appropriated). The criteria was: being a nutritionist, female, be/feel obese, work/worked on the nutrition field.

The methodology used to identify key informants was grounded on snowball sampling, meaning that the nutritionists who were interviewed were recruited by an acquainted who was also participating[10]. This process took place until verifying the similarities among the narratives shown in the intersubjectivity (similar elements on their speech) of the interviewed.

For data collection we recorded individual in-depth interviews to ensure the integrity of speech, followed by a full transcription of the obtained report, having a semi-structured interview script as an instrument, as well as notes of the observations made during the interview on a field journal. The interviews were made on September, 2013, in a single only session with an average duration of forty-five minutes, with a total of eight participants to this study.

The technique used for this study brought up approaches on reporting the experience of being an obese nutritionist and how their body image affects their life in society and how does it determine their way of health caring. The pre analysis was done through constant reading of the transcriptions in a way to identify key expressions and the categorization of speech. Dummy names were given to the informants for this study.

For data analysis we used the hermeneutic approach, one that is considered the most useful for an interpretation which is closer to the reality, once it places the discourse in its historical context to better understand it[11]. Thus, it was possible to interpret the narratives produced by the obese nutritionists and understand their perception about this illness regarding their sociocultural system and their everyday life.

The interpretations were regarded by categories whose theme emerged from the informants' reports and they were about the concept of obesity, embarrassment and stigma, guilty and suffering for not "fitting" in the society. The choice of the themes to discussion in this article was based on excerpts from the narratives of obese nutritionists who were interviewed; we just highlighted words that could translate their conception of being obese.

The research was availed by the Ethics Committee from the college of Medicine of the Federal University of Bahia in September fourth, 2013, considering the Resolution 466/12 of the National Health Council (Conselho Nacional de Saúde – CNS)[12].

Results and discussion

They hypothesis that triggered this study is that the statements which explain the phenomenon are not accepted by society if they are applied to the nutritionist, due to the fact that they are experts on what concerns eating standards that must guide the relation between men and the food and their implications to the health – such fact should determine their eating choice and rule their body. Nonetheless, to base the eating habits of nutritionists due only to scientific guesses regardless of the socio-economical and cultural system around them is a detachment to these persons' lives. Furthermore, it would also be a way of hiding the power of food globalization whose incentive to consumerism meets the premises of medical science and plays great influence on today's society as a whole.

In this context, to know obese nutritionists' life experiences will help us better understand the obese condition.

To know more about the informants it is necessary to categorize the subjects for this study:

they are women, nutritionists, obese, between 30 and 62 years old. This study has many different interpretations produced by the informants' discourse, to make it more tangible these interpretations are divided in topics: 1. Explanatory models of obesity; 2. The imperative of thinness to the nutritionist: paths taken for weight loss; 3. Strangeness of obesity: on others and on self; 4. I am the authority when dealing with patients!; 5. Fatty's guilty: the obesity in the nutritionist as imprisonment.

1. Explanatory models of obesity

In a world where health sciences present their conceptions and explanations to the sickening states of individuals, all the nutritionists who were participating in this study built their own models to explain their obesity under the condition of a person and a professional who masters weight loss strategies, as can be seen in the following:

Beatriz: 30 years old, she holds a degree from a Federal Institution of Higher Education in Bahia for six years, she works with clinical nutrition in a hospital (also in an ambulatory station to follow-up the hospital treatment) and shows a historical of sickening due to her early obesity. The world points to her her obese body.

Carol: 39 years old, she holds a degree from a Federal Institution of Higher Education in Bahia for fifteen years, she has another occupation in the health field and left nutrition due the stigma of her body and she says that her obesity comes from another chronical disease: depression.

Diná: 49 years old, she holds a degree from a Federal Institution of Higher Education in Minas Gerais for twenty-six years, she works on food quality control field and her obesity comes from her stressful life, thus stressing out that it has nothing to do with biological limitation.

Eduarda: 37 years old, she holds a degree from a Federal Institution of Higher Education in Bahia for seven years, she works out of the health field and had left nutrition due to her frustration with the job market. She reckons obesity as hassle against which she need fight.

Rita: 62 years old, she holds a degree from a Federal Institution of Higher Education in Bahia for forty years. She had left the profession after being fired due to her obesity – which she considers a terrible and untamed evil that follows her even after a bariatric surgery.

Candice: 57 years old, she holds a degree from a Federal Institution of Higher Education in Mato Grosso for thirty-five years. She works as a teacher, and considers obesity as a metabolic disorder that is harmful to health.

Diana: 46 years old, she holds a degree from a Federal Institution of Higher Education in Alagoas for twenty years. She works in the administration of a Food Nutrition Unity, and she sees obesity as a disease that must be controlled.

Grazy: 42 years old, she holds a degree from a Federal Institution of Higher Education for thirteen years and she works on the production of meals for communities. She considers obesity as a disease that must be seriously treated.

Thus, each one of them built explanatory models centred on biomedical discourse and on social conditions, understood their disease and shared their views, once "every important happening in human life requires an explanation: it is necessary to understand its nature and find their causes"[13].

2. The imperative of thinness to the nutritionist: paths taken for weight loss

The itineraries of the body are vital individual processes that occur in concrete social structures that see the body as a space of living, reflecting and questioning[14]. To this author, "the body as agent is at the same time a body as subject, protagonist of a narrative".

In this study, the trajectories for treatment of the obese body, made by these women, reveal the effort to take property of a body that does not seem to be theirs. On the paths taken by the nutritionists concerning health care, their reports highlight the search for various ways to treat obesity.

In compliance with the findings of a research with low-class and low-educational background women[15], these nutritionists too sought various alternatives for health care, from trendy diets, with professional monitoring, until the use of medicine.

All alternatives to weight loss reported by the surveyed nutritionists had as background the desire to be accepted, once their obese condition affects negatively their family and work relationships. Weight-watching the body aiming to reach thinness and to keep slim is a common practice among women[3]. Thereby, in everyday life obese women keep on trying to model their body in a way that they can be put in a comfortable place, socially speaking – the same happened with the nutritionists in this study.

On this topic, it is possible to see that some people seem to have an arsenal of methods for

weight loss, such as "tea, shakes, pills, programs, recipes, and diet plans that promise to be miraculous"[7]; during the interviews this aspect was reported when questioning about the use of medications trendy diet plans aiming weight loss, as can be seen on Chart 1.

Brazil is one of the biggest consumers of anorexigenic drugs, and this ranking is followed by USA and Argentina[16,17]. To feed this statistics, the surveyed women claimed to had taken these drugs and reported their inefficacy in the long run. The surveyed nutritionists also mentioned other ways for weight loss, for instance the trendy diet plans, which are also inefficient.

There are many different treatments to lose weight that are disclosed on society and are inefficient in the medium and long term[5]. To this author " the flourishing industry of weight loss", with their various diet plans and miraculous pills, take advantage of obesity leading those who are obese to enter an "infernal circle: stigmatization – loss of self-esteem, compulsive food intake (compensation) – maintenance of obesity development", as it happens with the obese nutritionists of this study, once they are not out of this context.

The study[18] shows that "the failure on the treatment of weight loss and the eventual harm to individual's both physical and psychological health makes researchers and professionals from health area try to understand how psychological and behavioural aspects are important to deal efficiently with the problem". The authors[19], however, state that what health cannot be taken as a good, as a product to be sold. It is necessary to reflect over this question, since "the discourse to have a slim body can be a cultural goal and an open door to the expansion of a market with countless products and services"[20].

The nutritionists surveyed in this study, in search of the thin body, have access to diet plans that are far behind the academic discourse. As it can be seen in the narratives, the strategies to lose weight that they used are no different than the ones that can be found in the general population, besides the technical and scientific knowledge certified by the academy.

Chart 1. Strategies for Weight Loss Tried by Obese Nutritionists.

Method	Narratives
Pharmacological	1. *I've already taken it* (pill for weight loss). (Beatriz, 30 years old) 2. *I've got one* (pill for weight loss) *once* that the doctor had prescribed. But it didn't work on me. (Carol, 39 years old) 3. *I've tried many formulae* (medicine for weight loss) prescribed by the doctor, but I used to put on weight again. (Eduarda, 37 years old) 4. *I've taken it* (pill), following my colleagues' suggestion, but I used to feel sick. The success was momentary. I kept on getting weight. (Rita, 62 years old) 5. *I've never taken it* (medicine for weight loss). But for some colleague it was like drinking water. (Grazy, 42 years old)
Non pharmacological	1. *I've done a treatment accompanied by a doctor, a nutritionist, a psychologist and a physical trainer.* I've lost 14kg – I didn't need to lose that much – but I've put on weight again and it was frustrating. (Eduarda, 37 years old) 2. *I've lost weight when I went after a treatment with a multidisciplinary team* (doctor, psychologist, physical trainer, and nutritionist). (Diná, 49 years old) 3. *I've done an intensive treatment with therapy, diet plan and physical exercises.* That's how I keep on maintaining my weight (a suitable weight). But I've once weighted 100kg. (Diana, 46 years old)
Broadcast on media / Trendy diet plans	1. *I've tried everything: moon diet plan, sun diet plan, sea diet plan, world diet plan, damn diet plan, even the out-of-my-mind diet plan, everything you can imagine! […] I've tried all of those trendy diet plans.* (Beatriz, 30 years old) 2. *I've tried a diet plan from a magazine.* (Eduarda, 37 years old) 3. In my house you can find a book of *Dukan's diet plan, South Beach's, Atkins'* and *Diet Point.* I buy everything that is released, I read it do it. (Candice, 57 years old). 4. *I've had a shake once* (meal substitute) that was highly broadcast on media, but I stopped it because I didn't believe it could give much of a result. (Rita, 62 years old)

3. **Strangeness of obesity: on others and on self**

On self-reporting about obesity, as connoisseurs of the clinical conditions that affect the obese body, the authors of this study seem to keep distance from the problem to talk about other's obesity, not their own, as it is shown later on.

When questioned about what they understood by obesity the surveyed nutritionists answered:

It is the accumulation of adipose tissue. [...] But *not necessarily an obese person is sick.* [...] *Not all obese person will be dyslipidemic.* (Beatriz, 30 years old)

It is a disease that needed to be treated with clarification because people are ignorant. (Grazy, 42 years old)

They put themselves out of the condition of being obese to explain the problem. Thereby, it seems that they deny the disease trying to fool themselves, which lead to the discourse of the existence of an "individual and subjective perception of the disease"[21].

I am overweight, I reckon. But I have no problem (stress on "no"). [...] *I have no health problem*. (Grazy, 42 years old)

I decided to seek these treatments (for weight loss) *that I do nowadays when I saw my mom die of diabetes and the blood sugar in my body getting changed.* (Diná, 49 years old).

That makes you to have something ticking in your mind and it seems that it (the fat) will never be out of yourself. (Beatriz, 30 years old)

I don't feel well everywhere (she cries), because of my body [...]. *It is a thing that gets on my self-esteem.* (Carol, 39 years old)

Along the narratives it is clear that, on the informers' view, the body starts to be felt as if it had sickened, when beyond the overweight this condition is expressed, for instance, through clinical exams results. Concerning Beatriz, there is also the distancing, for she does not talk about her obesity, but of someone else's, a third person. Thus, the informer reveals in her interview her difficulty to talk about obesity itself, as a perception of something strange, not really in the body. The individuals seldom see fat as a problem on their self-evaluation[1], because for them they are healthy, even knowing they are fat, as shown in Beatriz's and Grazy's speeches.

In this aspect, Beatriz, while distancing, is also keeping her distance from the suffering and hardship and can feel as if she belonged to the society. When idealizing a "normal" body, according to clinical results, she feels she belongs, at least in her mind. She holds the sorrow of wishing to be what she could not be up until now, for obesity is like a burden to be carried, to her – and according to her, it will never be out of her shoulders. Beatriz uses the word "it" to refer to obesity, allowing the inference that speaking the word makes her suffer even more.

For Carol, the experience of being obese can be understood as an entity – influenced by her sociocultural system – that drains her life. It is revealed when the nutritionist names obesity as "thing" to talk about her struggle.

For Diná, her reasons to find treatment has to do with the current prevailing biomedical standards, making it evident that obesity is a "thing", it is "this", it is "that" which is strange to the body, besides being in the other.

4. I am the authority when dealing with patients

It is inherent to the nutritionist job the care with the food on what concerns the prevention of harm to the health of individuals and the people. Therefore, it is possible to infer that for the obese nutritionist to set guidelines on healthy eating habits along with the patients it is necessary to build a rapport in this relationship where confidence is fostered in the prescribed conduct.

In the doctor-patient relationship, the nutritionist must have a watchful eye on small details, capable of reading the sick one[22]. And regarding the nutritionist, the subject is a phenomenon that interprets and worships different forms in the society, according to their personal or professional experience[23]. It is believed, though, that to have a good rapport on the doctor-patient relationship it is mandatory a commitment from both sides looking for better possible solutions to the problem, considering their wishes and necessities[24].

A woman's narrative in this study shows a conflict between the "cold" professional and their patient. Diná's experience shows that the clinical appointment is portrayed in a relationship of "patient's abiding" and it implies on the underqualification of the one who does not reach the goals that were set by the nutritionist on the prescribed treatment.

When failed on the prescribed died I was very scared of returning because I knew she would judge me and would question me about the reasons for not having it done. (Diná, 49 years old)

Still on this, a nutritionist who is questioned by a patient about her dietotherapeutic conduct says:

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When they question me I start speaking in jargons […] *I instantly show them* (the patients) *that I am the one in charge.* […] I have a high tone of voice, besides being fat I am tall, so I intimidate them. (Beatriz, 30 years old)

The health science seen in the interview shows standards, procedures and recommendations to be taken, however forgetting that behind a person who eats there a story telling who they are, what they have lived, what makes them behind their social identity. Beatriz seems forgetful about herself as a "social being" when she speaks as if she was not aware of the sorrow of those who listen to the prohibitions by the "professional". It is an attempt to mediate her relationship with the patient through the authority certified by her technical knowledge to overcome a (possible) critical look of the patient at her obese condition.

In this account she talks about the patient as if she were speaking to herself. She builds the whole speech to herself, though talking to somebody else. She says she has a loud voice, like a high pitch, revealing a singular strategy in the doctor-patient relationship that tries to silence the patient in order to avoid the inconvenience of a possible criticism with the stigma of obesity.

We present a report in the following lines in which the nutritionist takes advantage of her biomedical knowledge in relation to the patient to self-preserve herself, ignoring her patient's feelings.

Such behaviour is similar to the previous one and it represents a contradiction that invites us to reflect over the fact that she is trying to compensate her low self-esteem by making use of her authority, maybe taking extreme measures as a strategy of protection against the stigma that can be found in the relationship with the patient, as we can see below:

When dealing with patients I show them who's in charge. I'm the one who says what they're gonna eat. They can make their own choices at home, but at the hospital they only eat what I demand. *I know what they need and what they can eat.* (Beatriz, 30 years old)

This narrative shows that to ensure a medical power a committed patient is needed, for such disobedience is an embarrassment to the job[25] – by reminding the patient that the doctor is the one who holds the monopoly of knowledge. However, on previous reports the informant deals with various determiners that underlie their food choices and the reasons for these factors have more impact than the ones learned at a health club; but it seems that there is a great distance when dealing with another person's food desire. Being that person a patient, someone who she intends to take care of.

Such technician, scattering and cold look (as registered on journal), when it comes from the society to herself, ignores the nutritionist's sorrow – and she acts likewise with the patient, for she, based on professional view, knows what is better and more important to her patient. It seems that the incomprehensibility from the other/the society towards her is abnormal, but not when it is from her towards her patient. The caring with others needs listening and empathy with the existing suffering[15].

The doctor-patient relationship could be a neutral place to provide a solidary prognosis and a non-conflictive relationship in face of sickening.

5. Fatty's guilty: the obesity in the nutritionist as imprisonment

An obese person has affective and relationship strains[26]. The following reports show that the experience of being obese affects both the body and the social and affective relationships[21].

In that sense, the informants show they long to be another person, to be the one who is admired by the spotlights of our time. That can be noticed when they say:

"*People cannot accept that you are an obese nutritionist;* they cannot accept that *a nutritionist is a human being, too.* Even in the man-woman relationship. *The problem is that society stereotype that one must have 18 of BMI to be beautiful. […] You even feel guilty afterwards,* but eating is the way you find to forget the problems you're living, got it?" (Beatriz, 30 years old)

Studies[5] conclude that *negative attitudes towards obese people may become true discrimination and affect their social trajectories.* As we can see, there is a feeling of powerlessness in Beatriz to face the illness that is in her body. Given the importance of the fact in her life, she classifies the situation of the prejudice she once felt as an unforgettable pain, and she keeps on saying:

I wish I could tell her [the teacher] *that they respect me for what I am and not for the way I present myself to them.* […] *But that* [teacher's suggestion to undergo a bariatric surgery] *was a lack of sensibility, a lack of respect, it was an unparalleled aggression.* (Beatriz, 30 years old)

When remembering her experience as being obese, she does not find the words to explain her grief. As if it was not enough to represent a

non-applied knowledge, now she faces the stigma among her peers. The grief expressed in her eyes, in her tone of voice when reporting, in her hands that open as a sign of inconformity, seems to express that if she could she would run from her own body as someone who flees from the back door to guarantee safety.

In western society it is common to shape the body to society's rules, on which the body is something to be shown and carefully taken care of, it must be modelled by a diet plan and by physical exercises, requesting self-control[27]. To Beatriz, the pleasure she finds in eating is followed by guilty, as if the food was some kind of punishment or disease (obesity).

The stereotype of beauty which is broadcast in the media has popularised the idea that one must be thin to be beautiful. That is reinforced by Beatriz when she states that thinness is the aesthetic standard appreciated in today's world. To reflect over the obese body allows us to think about the "existing woman", who does not have a body, she "is a body", a unique, social and political subject[28.]

"Obesity has been considered as a stigmatized condition by society and it is related to negative characteristics, allowing room to discrimination and to feeling of insatisfaction"[29]. In that sense, to the authors of this study there is no room to the "different body", in society, as their narratives show:

I spent 8 years avoiding social events because people who knew me would look at me and ask: 'Gee, why are you so fat?' The sensation was as if I had committed a crime. [she cries]. Being fat something ugly [emphasis on her voice] […] *To be fat is a crime because you want to be fat* […] *To me obesity is a body imprisonment.* […] So home for me was the best place. [Silence and cry]. (Carol, 39 years old)

In this context, fat silhouettes are target of depreciation, making it necessary to shape the body to the social image expected. Thus, Carol's report denotes her experience with the distance made by her fat body in her everyday life – obesity has shown this woman that exclusion made by the stigma characterized by the lack of social acceptance and the "obligation" to bring forth a reason to the "problem"[15]. Not showing up in public protects her from the violence from the eyes and from the words of those who are close to her.

To her it is the other – the one who embarrasses and sentences her – that tells her how fat she is, besides her BMI. Obesity is shown by the looks of a body which does not belong in society; to Carol there is a body, seen as imprisonment, and a home, seen as shelter. From this point of view, the fat affects her more for the stigma she suffers than for the disease in her body.

Researchers[20] state that it is not rare from obese people to create metaphors, such as "body as imprisonment" – seen in Carol's report. We can see that there is a hard sentence to be served while this nutritionist remains obese. She committed the crime of being fat and was sentenced and sent to a symbolic imprisonment that does imprison her.

Concluding thoughts

This study reveals that obesity is felt through difficulties faced by these fat nutritionists in their social and professional environment. There is a clear social disadvantage in being obese, which engenders the stigma which is zoomed in the obese nutritionist's professional life, now seen as unqualified. The stories of sickening of the protagonists of this study show that the social environment has influence over the physical body, being it capable of reducing its health.

To the women of this study, obesity is a 'thing', it is the unaccepted condition to the biomedical and social sphere, and it is a disease caused by a food consumption which is disregarded by academic subjects. In this context, the obese nutritionist, by living the demand of thinness, undergo diet plans that are distant from scientific discourse – showing no difference between the one found in people's discourse, besides the technical knowledge certified by the academy.

The contradiction between the technical-scientific knowledge and personal/risky behaviours is paramount and it involves a good deal of professionals in the everyday life of health services. They are fat cardiologists, smoking pulmonologists, and so on. For this reason this study points to the necessity of a deep interaction among biological and social sciences, thus unveiling ways to build stigmas related to illnesses that directly involves the job and the professional practice.

In this case, the obesity seen in its multiple meanings expresses the suffering of nutritionist in their singular way to care for themselves and others. Nevertheless, this paradox is seen in many other professional situations, such as fat endocrinologists and cardiologists. This condition points to the necessity of educational and public health institutes to measure how big this problem is, deconstruct the guilty which befalls on both

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the individual and the professional aspects, to formulate strategies of support to those who face similar dilemmas.

This study does not intend to exhaust this discussion, only to make visible the importance of the issues here raised and discussed, also to suggest a debate among nutritionists and their professional class, regarding the a shift on the development of this professional. Beyond the anthropometric and dietotherapeutic knowledge it is needed to seek consolidation of a proposal for intervention that understands the subject in their biological, psychosocial, cultural and economic aspects, so that the treatment is in commitment with the life of the obese person.

Collaborations

KL Araújo was part of the conception, collection and analysis of dada and of the writing of the article. PGL Pena and MCS Freitas was part of the analysis of data and of the writing of the article.

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