

# OBESITY

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October 12, 2025

## RECOMMENDED CITATION

mohammad looti (2025). *OBESITY*. PSYCHOLOGICAL SCALES. Retrieved from <https://scales.arabpsychology.com/?p=42257>

## OBESITY

**Primary Disciplinary Field(s):** Medicine, Public Health, Psychology

### 1. Core Definition

The term **obesity** defines a complex, chronic medical condition characterized by the abnormal or excessive accumulation of body fat that presents a significant risk to health. This state results in an individual being severely overweight relative to standard biometric measures. The condition is not merely a matter of excessive caloric intake but is officially recognized as a disease state by major medical bodies, owing to its severe pathophysiological consequences and its status as a leading preventable cause of death worldwide. The definition is multifaceted, relying on quantitative measurements while also acknowledging cultural and behavioral influences.

Quantification of obesity typically relies heavily on the **Body Mass Index (BMI)**, a simple ratio calculated by dividing a person's weight (in kilograms) by the square of their height (in meters). While BMI is a widely accepted screening tool, its limitations are recognized, particularly its inability to distinguish between lean muscle mass and fat mass, or to specify the distribution of adipose tissue. For clinical purposes, obesity is generally defined as a BMI of 30 or higher in adults. This classification is further refined into classes I, II, and III (morbid obesity), reflecting increasing severity and associated health risks. Other important definitional criteria include the dispersion of subcutaneous fat, often measured via waist circumference, which provides a more accurate assessment of visceral fat--the fat surrounding internal organs that is highly correlated with metabolic syndrome and cardiovascular disease.

In addition to physiological measurements, the definition of obesity must also account for the socio-cultural factors that influence body image, acceptable weight standards, and dietary practices. While medicine establishes clear clinical guidelines for diagnosis, the external and cultural standards of weight often contribute to the psychological distress experienced by affected individuals. The core medical concern, however, remains the substantial health impairment caused by the excess body fat, which stresses numerous biological systems.

### 2. Etymology and Historical Development

The word "obesity" derives from the Latin *obesus*, meaning "that has eaten itself fat," combining *ob-* (over or by reason of) and *edere* (to eat). The recognition of excess body weight as a medical problem is ancient; Hippocrates noted that sudden death is more common in those who are naturally fat than in the lean. However, historical views often fluctuated, sometimes associating plumpness with prosperity or health, particularly in times of widespread food scarcity.

The formal medical study of obesity gained prominence in the 19th and 20th centuries alongside

advancements in endocrinology and metabolism. The development and widespread adoption of the BMI metric in the mid-20th century standardized clinical definitions, allowing for large-scale epidemiological studies. Prior to the 1980s, obesity was primarily viewed as a cosmetic issue or a simple failure of willpower. However, the late 20th century witnessed a dramatic shift as epidemiological data confirmed the strong correlation between rising BMI levels and increases in chronic diseases, leading to its eventual classification as a global epidemic and a recognized chronic disease requiring therapeutic intervention.

### 3. Key Characteristics and Measurement

**Body Mass Index (BMI) Thresholds:** The primary tool for classification. An adult is classified as overweight when BMI is 25.0-29.9 kg/m<sup>2</sup>, and obese when BMI is 30.0 kg/m<sup>2</sup> or greater. Extreme or morbid obesity (Class III) is defined as a BMI of 40 or higher, or a BMI of 35 or higher with significant comorbidities.

**Adipose Tissue Distribution:** The location of fat storage is a critical characteristic. Abdominal or visceral fat (apple shape) is metabolically more dangerous than peripheral fat (pear shape). Waist circumference and waist-to-hip ratios are utilized to identify individuals with high central adiposity, regardless of their overall BMI, as this pattern significantly increases the risk for diabetes and cardiovascular disease.

**Metabolic Dysregulation:** Obesity is characterized by chronic low-grade inflammation and resistance to insulin, leading to a cluster of metabolic disturbances. This metabolic component is a hallmark of the condition and drives many of the associated disease risks, distinguishing healthy individuals who may have a high BMI due to muscle mass from those with true excess adiposity.

### 4. Etiology and Predisposing Factors

The causes of **obesity** are complex and multifactorial, stemming from an interaction between genetic predisposition, environmental influences, and specific behavioral factors. It is fundamentally a disorder resulting from a sustained positive energy balance--caloric intake consistently exceeding energy expenditure--but the underlying drivers of this imbalance are highly varied and individualized. The primary causes can be broadly categorized as inherited, climate-related (environmental), behavior-based, or a critical interplay among these factors.

Inherited factors play a substantial role, influencing appetite regulation, metabolism, and fat storage efficiency. Genetic variations can affect hormones that regulate hunger (ghrelin) and satiety (leptin), predisposing certain individuals to over-consume food or to expend fewer calories at rest. Beyond genetics, the behavioral component is critical, involving dietary habits characterized by high consumption of energy-dense, processed foods and a sedentary lifestyle. Climate-related or environmental factors, often termed the obesogenic environment, involve the pervasive availability of inexpensive, high-calorie foods combined with societal structures that

discourage physical activity, such as reliance on automotive transport and desk-bound employment.

Furthermore, the over-ingestion of food, or hyperphagia, might have a significant psychological etiology. Emotional eating, stress-induced consumption, or disordered eating patterns can contribute to weight gain, serving as maladaptive coping mechanisms. However, in certain circumstances, this increase in appetite or metabolic dysfunction might be directly attributable to a natural or biological disorder, such as endocrinopathies (e.g., hypothyroidism, Cushing's syndrome) or the use of specific pharmaceutical agents (e.g., some antipsychotics or steroids) that disrupt normal metabolic and homeostatic regulation.

## 5. Health Consequences and Comorbidities

The consequences of **obesity** are cause for serious worry across the entire medical spectrum, affecting nearly every organ system and drastically reducing life expectancy and quality of life. The excess adiposity is not merely inert storage but is metabolically active, secreting hormones and inflammatory mediators (adipokines) that initiate or exacerbate severe medical conditions. These conditions are known as comorbidities, and their presence defines the clinical severity of the disease.

Crucially, obesity highly predisposes the individual to being diabetic, primarily Type 2 Diabetes Mellitus, due to profound insulin resistance. It also significantly increases the risk of contracting heart disease, including hypertension, coronary artery disease, congestive heart failure, and stroke. Other severe medical consequences include non-alcoholic fatty liver disease (NAFLD), obstructive sleep apnea, various forms of cancer (including colorectal, breast, and endometrial), gallbladder disease, and debilitating musculoskeletal problems such as osteoarthritis due to increased mechanical stress on joints.

Beyond the physical ailments, overweight people might cultivate severe psychological and emotion-based problems with regard to their body image. These issues often manifest as low self-esteem, clinical depression, anxiety disorders, and social isolation stemming from widespread social stigma and weight bias. The psychological burden of managing a chronic disease, coupled with societal pressures and perceived failure to adhere to idealized body standards, contributes significantly to the overall morbidity associated with obesity.

## 6. Significance and Public Health Impact

Obesity represents one of the most critical public health crises of the 21st century. The condition has transitioned from a localized health concern to a global pandemic, recognized for its massive strain on healthcare systems and global economies. Its prevalence is on the rise worldwide, driven by urbanization, globalization of food systems, and decreased physical labor across populations.

This upward trend poses a monumental challenge to health policymakers globally.

The situation has reached astounding levels in many developed countries, notably the United States, where adult obesity rates exceed 40 percent. This prevalence translates directly into astronomical healthcare expenditures dedicated to treating obesity-related comorbidities, such as heart disease management, diabetes care, and cancer treatments. The epidemic necessitates comprehensive public health interventions, focusing not just on individual behavior modification but also on large-scale changes to the food environment, urban planning, and socioeconomic factors that promote healthy lifestyles. The chronic nature of the disease demands lifelong management, underscoring the shift in medical perspective from a lifestyle choice to a chronic, relapsing disorder.

## 7. Debates and Criticisms

Significant debate surrounds the clinical management and societal understanding of obesity, centering primarily on measurement validity, the role of personal responsibility, and the impact of weight stigma. A major criticism revolves around the reliance on BMI, as it misclassifies muscular individuals and fails to capture the metabolic health status of individuals defined as "obese." This has led to concepts like "metabolically healthy obesity" (MHO), though the long-term prognosis for MHO remains debated.

Furthermore, the psychological and sociological dimensions of obesity are heavily scrutinized. Critics argue that the intense focus on weight loss often neglects underlying causes, such as trauma, socioeconomic disparity, or severe mental health conditions, and perpetuates harmful weight bias. The emphasis on cultural and external standards, as mentioned in the definition, highlights the pressure placed on individuals. Advocates for the Health At Every Size (HAES) movement propose shifting the focus from weight reduction to health-promoting behaviors, arguing that weight stigma itself is a profound barrier to health equity and psychological well-being for larger-bodied individuals.

## Further Reading

[World Health Organization \(WHO\) - Obesity](#)

[Centers for Disease Control and Prevention \(CDC\) - Defining Obesity](#)

[Wikipedia: Body Mass Index \(BMI\)](#)

[Wikipedia: Obesity](#)