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Covibesity and the weight of the norms. A cultural epidemic

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Abstract *How we shape and socially present our body has extraordinary social importance: appearance is our first business card by which people frame and judge us. This evaluation ends up conditioning our daily lives, from social to professional opportunities. In Portugal, as in many other contexts, one of the most important criteria for determining whether someone is healthy and beautiful is thinness. In a society where thinness and physical perfection are pursuable ideals, this article explores through qualitative methodologies the impact of the discourse linked to the problem of obesity caused by the COVID-19 pandemic on the multiplication and exacerbation of body-related conflicts in Portuguese women aged 18 to 65.*
Key words *Body, Pandemic, Gender, Obesity*

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Introduction

The COVID-19 pandemic has modified all aspects of life in an unprecedented way, confronting us with what Ulrich Beck called the metamorphosis of the world[1]: a radical change in life, which has led us to reevaluate our priorities and plans for the future and reconfigure our aspirations. Experiencing the pandemic changed self-perception and the experience of our bodies, redefining daily routines – from food to hygiene, beauty, and self-care practices.

This article explores through qualitative methodologies the impact of the ideological construction of the "obesity epidemic" in Portugal during the COVID-19 pandemic on body weight management in middle-class Portuguese women 18 to 65, seeking quick weight loss solutions to return to "normal life" in the best possible shape.

Throughout the text, I will not use terms such as "fat", "overweight", "excess weight", and "obesity" as synonyms. I will consider the first notion as neutral (as long as it is not linked to a value judgment based on the definition of a norm), the second and third as 'emic' concepts because they are highly normative, and the fourth as an 'ethical' concept, that is, far from the people's experience as part of the medical lexicon.

The research was developed within the scope of the project EXCEL (*Searching for Excellence. Biotechnologies, Improvement, and Body Capital in Portugal*) that I coordinated at the Institute of Social Sciences of the University of Lisbon from October 2018 to September 2022[2]. This project interprets physical appearance as capital – erotic, physical, aesthetic, and, in particular, as predominantly female capital.

Aesthetic capital can be understood as a combination of different resources related to appearance (e.g., facial beauty, body shape and size, skin and eye color, and hairstyle) and has the same qualities as other forms of capital. Beauty is a social value, an individual aspiration, and a moral obligation. Several consumer culture theorists argue that people invest time, money, and energy in improving their appearance even during crises[3].

The research began with the observation that in the years immediately following the 2008 economic crisis, the consumption of cosmetic products and aesthetic procedures paradoxically increased in Portugal, an event defined by Leonard Lauder (heir of the American cosmetologist Estée Lauder) as the "lipstick effect", widely documented by economists[4] and social psychologists[5]. The motivations are multiple and intuitive: improving appearance raises self-esteem and self-confidence. It is an act of resistance and non-giving up. It gives the consumer comfort and a feeling of control and power, which is why the aesthetics sector resists economic crises and increases profits.

I was working on the effects of the economic recession on the aesthetics industry in Portugal when suddenly we entered another, however, planetary crisis: the COVID-19 pandemic. The pandemic has led us to take stock of our priorities: we realize that life can be short, and we make decisions with the specter of death before us. However, as the data I presented in other works on the consumption of beauty products and procedures during the pandemic demonstrate, the aesthetic medicine and plastic surgery sectors recorded very positive results: the market for weight loss products and services grew exponentially from the second half of 2020.

If the primary concern in the dystopian setting of the first pandemic months was ensuring survival, the resolution of the physical changes caused by the impact of social distancing became a priority at the end of the first confinement. The weight gain issue has become a common social concern, amplified by the alarming discourse delivered by most different social media about the relationship between the pandemic and the obesity epidemic as a public health emergency. A specific term was created to indicate weight gain during the COVID-19 pandemic, namely, "*covibesity*"[6]. The concept refers to the threat of an obesity epidemic resulting from confinement and quickly gained great visibility in different media. These messages emphasized the correlation between confinement, weight gain, and increased risk of mortality from COVID-19.

Alarming news about the obesity/COVID-19 equation[7] were published in the leading Portuguese daily newspapers (*Público*, *Diário de Notícias*, *Expresso*, *Jornal de Notícias*, *Corriero da Manhã*, and *Observador*). Some studies stated, on the one hand, that the COVID-19 pandemic deteriorated the obesity problem in Portugal and, on the other, that overweight people were at higher risk of hospital admission and death. The population was warned about the risks associated with weight gain, claiming that the risk of ending up in a hospital bed increased by 113% in people with a Body Mass Index (BMI) above 30, with obese people having a greater need for intensive care (74%) and higher risk of death (48%). With concern, we read in the newspapers that vac-

cines may not be effective in overweight people and that 88% of deaths from the virus occur in countries where more than half of the population is overweight. A state of alarm was created, defined as "fat panic"[8], in which overweight individuals became the target of shame and guilt for not being able to maintain their ideal weight and for being potentially harmful to collective health when Portugal was facing immense pressure on the National Health Service.

As a reaction to this "fat panic", public health campaigns were launched to show people better, healthier food options and more active lifestyles. In October 2020, the Directorate-General of Health launched the *National Program for the Promotion of Healthy Eating* (PNPAS), which presented measures for food education and combating a sedentary lifestyle (REACT-COVID-19 program). Scientific societies such as the Portuguese Society for the Study of Obesity, the Portuguese Society of Endocrinology, Diabetes, and Metabolism (SPEDM) and the Association of Obese and Former Obese People of Portugal (ADEXO) asked the State for "urgent" measures to curb overweight due to the pandemic, requiring, for example, the creation of a program of weight loss appointments in primary health care and the co-sharing of medicines costs for weight loss and obesity treatment. In 2021, government measures to promote healthy eating and physical activity were reinforced, considering that 26.4% of Portuguese people gained weight during the pandemic (Resolution of the Assembly of the Republic No. 195/2021). In all these government programs and public health campaigns, the "fat" body is considered a "sick" body or at least predisposed to developing or deteriorating pre-existing diseases.

Medical diagnosis works as an instrument of social control: it defines, creates, and legitimizes, establishing the limits between what is normal and pathological. As obesity is largely socially frowned upon, fat people are the leading target group for marketers of instant solutions that promise easy, quick, and effortless weight loss. It is the individual's responsibility to correctly choose the best solutions from this panoply of possibilities.

From a neoliberal logic, individuals are expected to be directly responsible for controlling and monitoring their weight: good health depends on investment and personal commitment to continuous self-monitoring and self-discipline. Medical discourse – which is based on the connection between responsibility, guilt, and shame – functions as a moralizing tool to regulate behaviors from a discourse based on the possibility of "free choice" and highlights how obesity is linked to added "costs" to the individual and the community. By giving individuals responsibility for their health and its socioeconomic impact, forgetting structural socioeconomic conditions, this discourse simultaneously promotes their blaming. The fat person would answer for a triple accusation: lack of beauty, lack of rectitude of spirit, and lack of ability to manage one's health and, ultimately, life. Such blaming and devaluation (defined in English as *fat-shaming*) function as moralizing tools to regulate and manage those considered less disciplined and responsible.

Objectives, methods, and state-of-the-art

This article does not aim to debate the arbitrariness of using the BMI Table as an epidemiological tool, nor do I pretend here to argue against the scientific "truths" that define obesity as a global health problem or consider whether the pandemic affected the obesity epidemic. There is already vast literature addressing these issues and criticizing fat pathologization, deconstructing the medical-scientific discourse that considers excess weight – that is, the deviation measured based on what is considered to be normal weight – as a disease[9].

In this article, the body is a discursive category created, produced, and reproduced in social interaction and through diverse social practices. I analyze the experience of fatness as an experience inevitably shaped by these discourses, institutions, and practices. This work adopted a predominantly qualitative strategy, with participant observation, collection of life stories, and semi-structured interviews held with 38 Portuguese women who consider themselves to be overweight and self-identify as white, heterosexual, middle-class, aged 18-65, with secondary and higher education levels, of which eight are students, and 30 are employed in highly valued professional categories, residing in Lisbon. Some respondents already belonged to my network of personal contacts. I met others during research at the gym, in beauty salons, and in aesthetic and weight loss clinics. After the interview, the women were asked to indicate new contacts using the snowball technique. I also did fieldwork in four weight loss clinics and three aesthetic medicine centers in Lisbon that opened their doors during confinements to respond to the in-

creasing demand. The predominant criterion for establishing the sample size was saturation, considering the investigation's objectives when the data obtained started to be somewhat redundant and did not bring anything significantly new.

Due to confinements, some interviews were held telephonically or using video conferencing on digital platforms (Zoom, Teams, WhatsApp, and Skype). Other, more generic data was collected by participating in interactions in online groups and forums dedicated to beauty and weight loss. I had several face-to-face meetings with the women who showed greater availability of time during all phases of the pandemic and after returning to the so-called "normal" life.

Weight or Body Mass Index (BMI) were not the criteria for selecting the respondents, as what interested me was their self-perception as fat women. The personal/experiential interpretation of body weight does not necessarily correspond to weight as numerical data. The experience of a fat body does not depend on the kilos on the scales or the parameters in the BMI table but on the relationship with others. Therefore, I also interviewed women who are considered normal under the BMI classification but who believe they are fat and live in constant struggle with their bodies. However, some respondents made a point of providing biometric data such as height and weight as "proof" of "real" fat to distinguish themselves from those who "feel fat".

If they all had a history of dieting and all gained weight during the pandemic, I noticed that for some respondents, it was essential to underscore who had the legitimacy to talk about the experience of being fat and who didn't, showing some irritation towards the women who, in their opinion, could not be considered "authentically" fat. The feeling was that the latter did not "really" suffer what a fat person suffers because they are not the target of fatphobic attitudes. Respondents' body size transgressed the limits of social acceptability. It highlighted how complaints from women with normative bodies about the kilos gained during the pandemic made them feel even more deviant or inadequate, causing suffering.

The questions of "if" and "how" the pandemic affected body weight management were not assumed to be certain but were posed as a hypothesis to be analyzed through observation. The questions explored some issues related to the experience of corporality, in particular, changes in diet, physical activity, perception of bodily changes due to long periods of home confinement, changes in priorities and behaviors during lockdowns, and strategies to return to social life in post-COVID-19.

Gender differences in concern about body size, shape, and appearance have been the focus of feminist social scientists (e.g., Bordo[10]). Although men today take more care of their appearance, there is a clear difference between men and women regarding the amount of time, attention, and money legitimate to dedicate to beauty work.

In general, even regarding weight loss and control, men are socialized to perceive their bodies in terms of functionality and women in terms of appearance, which gives some practices masculine connotations (training, for example) and other feminine connotations (using aesthetic medicines, taking drugs, or dieting). Resorting to pharmacology or aesthetic medicine to eliminate fat is a female "passive" practice. On the contrary, "active" practices that involve high physical performance (such as cycling, running, or gymnasium) are appropriate for masculinity.

Also concerning the normative body volume and weight limits, feminist and queer literature highlights how women are discriminated against more than men, and that is why women are more vulnerable to developing eating disorders[11]. For these reasons, I decided to conduct fieldwork only with women.

The fat body contrasts with the gender performance that women have to put on stage in our society: an elegant, pleasant, discreet, delicate figure that occupies a small space and does not disturb too much. Few things remain as frightening as a woman who overeats, follows impulses and satisfies her desires, pursues the pleasure principle with voracious appetites, and expands and transcends the rigid boundaries society imposes on her. We are constantly bombarded by messages that reinforce the need to 'discipline' and 'tame' the female body – its shapes, weight, smell, fluids, appetites, contours, excrescences, the covering skin – to bring it closer to an ideal of beauty and femininity, which in reality few women fit into. As stated by Bartky[12], femininity is a *mise-en-scène* that can only be achieved through disciplinary practices of controlling the body's size, shape, surface, and movements and its display as an ornamental element.

Despite the many achievements of feminist movements regarding body positivity in recent years, the results of the survey we conducted on a national scale in the first year of the project on Portuguese aesthetic preferences show

that the ideal of feminine elegance in Portugal continues to be a slim and slender body of mannequins: thin, tall, young, cisgender, white, and normative in their roles[13]. Thinness is associated with health, beauty, intelligence, wealth, and self-discipline. Fat people are, on the contrary, perceived as sloppy, poor, uneducated, and irresponsible. Body size becomes an immediate marker of social class, economic status, and individual moral virtue: the three bodies (individual, social, and political) referred to in 1987 by Margaret Lock and Nancy Scheper-Hughes[14] are strongly interconnected in the representation of obesity. In several works, Samantha Murray explores the connection between physical appearance, responsibility, and moral value.

The weight of standards

Body weight control practices are highly present in women's lives. Practically all the women I interviewed during the years of the project said they had undergone some diet or weight loss treatment in their lives.

In my upbringing's social context (Northern Italy, fashionable city, upper-middle social class), fat was never beautiful. From early childhood, I remember the concern with containing body volumes (of flesh, but also hair and nails). Clothing had to be sober and minimalist, without excess, within the limits of good taste and bourgeois elegance. The thin body standard conveyed positive messages of success, control, professional success, luck in love, class, and elegance. I grew up believing that if I were thin, I would have been able to achieve all these goals.

The beauty standards I had internalized as ideals, influenced by my proximity to the Milan fashion world, greatly influenced my concern with weight control. The research projects we develop always have something to do with our history and personal concerns. I report excerpts from interviews and conversations with other women in this article. However, my bodily experience is also part of these narratives: I shared memories and imaginaries constructed by the same hegemonic discourse with my respondents.

Therefore, I will write with a rather personal, emotional, and essayistic style. I have defended the legitimacy (and need) of using more personal, emotional, and sensorial writing[15] in ethnographic accounts for many years, advocating artistic and experimental methodologies[16].

In the eighties, I crossed that subtle line – which can be extremely heavy – between childhood and adolescence. Like most children of my generation, I spent much time watching cartoons and commercials aimed at my age group. I remember in particular the advertisement for a *Kinder* brand chocolate (*Kinder Bueno*), in which a boy asked his friend – a beautiful, happy, smiling, and, above all, a thin young woman – if she wanted to have a snack, and she replied shocked: "Are you crazy? Do you want me fat and full of pimples?". The message that was conveyed to the public was not just that the *Kinder* product was low in calories but that the worst thing that could happen to a girl was being fat and having acne. In those years, the world was not exactly "politically correct", and in cartoons, films, and television series, chubby people were portrayed as clumsy, lazy, undisciplined, and ridiculous.

At most, they could represent the leading roles' funny friends, who, on the contrary, were always thin and beautiful: that category of human beings that young people in Lisbon define as *popular*, as opposed to *nerds*. In short, *nerds* tend to be the best students; they are shyer and ignored at recess, perform poorly in sports, eat without concern for their appearance, are not considered attractive and beautiful, and are fatter or excessively thin and asthenic. The *popular* dress according to current fashion, engage in cool behaviors (such as smoking weed or drinking alcohol), are successful in the romantic relationships market, invest time in the gym, and eat counting calories. An essential point in our discussion: popular people are always thin and strive to match ideal beauty models.

I suddenly realized that I was a nerdy teenager who desperately wanted to become popular in those years of Kinder Bueno advertising: at 15, I started dieting, skipping meals, and doing much physical exercise. Within a few years, I had adopted inadequate weight control practices, such as smoking and self-induced vomiting.

Most of the middle-class and urban women I interviewed during the project and the friends with whom I share my daily life have similar stories. They constantly control their weight, switching from one diet to another and taking pills to increase their metabolism or reduce their appetite. They buy slimming products and undergo more or less invasive aesthetic treatments to lose volume and reduce their shape. Even women who, according to BMI calculations, can be considered clinically thin exchange tips and advice among themselves to avoid gaining weight, losing weight, and losing kilos and volume. They know that the closer they get to size 36 (XS), the symbol

of the fashion elite's perfect body, the more social value they will have.

Fatter women think they have less of a chance than their thin friends regarding seduction. They talk a lot about the fear of not being considered attractive and report strategies to hide curves and volumes – such as wearing monochromatic, dark dresses with broad lines and long sleeves.

Those who report having success in the sexual field speak of different (or dissident) tastes and 'estimators', considering themselves fetishized precisely by bodies that overflow and exceed the accepted measures of the norm. They consider that many things would be simpler if they were thinner and tell me about vulgar comments in private that offend them. If the fear of not being considered attractive is very present in the statements collected, however, suffering is not linked solely to an aesthetic issue. Plus-sized women report having some difficulty finding young, sexy clothing or lingerie. Until recently, in the city's leading stores, it was challenging to find clothes larger than a size 42 (Portuguese size corresponding to Large or XL).

The most reported issue, however, is the social embarrassment caused by perspectives and words, the feeling of repulsion, moral judgment, disqualification, jokes, and disbelief in the looks and words of people close to us (family, friends, and colleagues). Non-compliant bodies endure continuous patrolling and surveillance and receive unsolicited advice and comments full of 'good intentions' but offensive. Almost all people interviewed report embarrassing situations of bullying (moral harassment) in their circle of friends. Most report suffering constant micro abuse also within the family context, as exemplified in the statements below:

It's a matter of repetition: if you're constantly told that you have to close your mouth and suffer to be beautiful, you end up internalizing that that's what you should do (Maria, 41 years old, architect).

Every time I asked to repeat a dish, they immediately said there was no more food for me. They still scare me when they say that I will never get married, that I will have health problems, that it will be difficult to get pregnant... (Sara, 19 years old, university student).

At school, my friends monitored each other's diet. Now it's my husband who jokes about Fernando Botero's women (Vanessa, 32 years old, professional makeup artist).

The pandemic: exceptions and excesses

The crisis is a highly complex and multifactorial event with biological, health, economic, political, socio-cultural, and educational consequences. Experiencing the crisis calls into question hope for the future, forcing us to reorient plans and aspirations and redefine rules and behaviors. We faced a dystopian setting in the first months of the pandemic: the deserted, silent city, the declaration of a State of Emergency based on verifying a public calamity situation, and the impressive number of deaths. In a society where death is generally given little thought – if not to push it away and hide it – the possibility of dying from the virus has become very real. Many of us have lost friends and family, and we feel like never before the specter of loneliness, separation from family, and the impossibility of saying goodbye.

The pandemic changed how we experience sociability, consume, and our self-perception and bodily experience. In 2020, many people witnessed a lack of positive, social, and in-person opportunities to see the reflection of one's image in the eyes of others. In the first months of 2020, no one thought about their appearance or worried about the prospect of gaining weight. If, in the first weeks, they made emergency purchases (essential goods and toilet paper), they quickly started buying comfort food (chocolate, potato chips, sausages and cheeses, wine, and spirits). Locked at home, almost all women interviewed got involved in activities they had never even imagined before: they baked bread, sweets, cookies, pies, and homemade pasta, made appetizers, and even gourmet dinners online with friends. As there was no need to leave the house to go to work, the consumption of alcohol and spirits increased during the day.

Studies by the National School of Public Health of the Universidade Nova de Lisboa and the School of Medicine of the University of Minho show that the average consumption of high-calorie food, alcohol, and tobacco doubled, and 26% of Portuguese people gained significant weight in 2020. My respondents spoke of the need for compensation and gastronomic treats to make forced confinement a little more pleasurable. People who lived in marriages supported by routines made by professional commitments outside the home suddenly had to live all day in the same space with their partners: food became a way of communicating, creating sharing, and a feeling of community. Women who faced confinement alone completely disorganized their

schedules and spent nights watching television, accompanied by aperitifs and carbonated drinks:

I ordered family pizzas and cakes. My husband and I wouldn't eat anything else. It was our way of communicating and giving us joy at home (Moana, 39 years old, researcher).

Of course, being always at home, we are less worried about our image... it got to a stage where I gave up on diets and let myself stay on the sofa, not even leaving the house (Iolanda, 54 years old, social psychologist).

In a regime of exceptionality, changes in daily habits went unnoticed. Many of my respondents say that after returning to "normality" after months spent at home in pajamas, they noticed their jeans no longer fit:

I went to weigh myself, and to my surprise, I realized that I had gained 8 kilos! How horrible! (Clara, 42 years old, designer).

I wasn't aware of the change until it was time to wear my more formal clothes again... spring was outside, summer was just around the corner, and I was like a badger! I immediately ran to Doctor XXX (Sónia, 45 years old, entrepreneur).

The second confinement, between November 2021 and February 2022, was experienced differently, almost oppositely. Nobody was surprised. Somehow, we were all expecting that. The pandemic began to be considered a "new normality": precautions and security levels decreased, and, even during the lockdown, people began to break the rules to get together socially without much moral disapproval. However, in spring 2021, the vaccine began to be administered with the promise of herd immunity. The will to live surpassed the fear of death. After a year of extreme social deprivation, we dreamed of a virus-free summer. A new era of consumption, hedonism, excess, parties, freedom, hope, and vitality was defined by experts as the "roaring 20s of the 21st century".

My respondents reported that their physical appearance suddenly became a significant concern: they had to lose weight quickly and regain good physical shape to return "in style" after a year in which they had so little control over their destiny. During the second confinement, they consulted aesthetic advice websites and blogs to look for tips on quickly remedying the damage caused by the first confinement's indiscipline. From a quick overview of the websites dedicated to post-quarantine beauty routines, we can deduce that the main message was: "*confinement is not an excuse for sloppiness; we have to take care of ourselves and return to social life in style*". The warning is clear: fat is harmful to your physical, mental, and social health. We have to return to everyday life in good physical shape so that it is not thought we spent months in neglect and excess.

Weight loss drug companies, apps that sell personalized diet and fitness plans, and aesthetic medicine clinics lived a great time in the summer following the first confinement (from March 2020 to May 2020) and during the second confinement (from November 2020 to January 2021), and the weight loss industry's revenues doubled in 2021. The news defined the "pandemic effect" as the boom in plastic surgery interventions, cosmetic medicine, and the sale of products and procedures to lose weight and spoke of the danger of a new epidemic (this time, obesity) and overweight as a public health problem. The respondents said that they had used methods, plans, treatments, and drugs designed for weight loss to lose the kilos they gained during the pandemic quickly. In their conversations, they highlighted that "*it is not just a matter of aesthetics, but a question of health*", suggesting a hierarchy between health and aesthetics, as if the aesthetic question were less critical and the health discourse legitimized investment in weight loss treatments. Suddenly, they had adopted the lexicon of public health campaigns to validate the use of rapid weight loss solutions, stating that "*weight loss far exceeds aesthetics; it is a matter of health, well-being, and longevity*"[17].

Eight of the respondents underwent very invasive cosmetic medicine treatments without considering the possible side effects. They injected solutions and took medications of which they were unaware of the components without worrying about adverse effects, allergies, or other dangers of use. Following the instructions of two doctors who are a reference in weight loss in Portugal, four women took diabetes drugs, laxatives, and antidepressants to curb hunger anxiety-related attacks.

Two women from the sample group purchased miracle teas, Thai pills (IBS, Mishki, and LiDa are the most popular Thai medicines purchased online), and metabolism accelerators online. They all followed ketogenic diets (a diet that consists of a drastic reduction of carbohydrates in the diet, giving preference to meat consumption) and paleo (the Paleolithic diet is a type of diet rich in natural and healthy foods such as fruits, vegetables, nuts, and lean meats) or based on proteins (Portugal has many "protein" diets with food replacement, and the most famous are LEV, Mincidelice, Yourketo, MyProtein, and Nutricia).

They favored foods labeled as "light", started replacing meals with shakes that promise quick and consistent weight loss and engaged in intermittent fasting without considering possible short-term health issues. Five women who went on strict diets invented clinical situations so as not to have to admit that they were following diets to lose weight publicly. For example, they said they discovered an intolerance to gluten, dairy products, nuts, sugar, and carbohydrate-rich foods, such as bread, rice, sweet potatoes, and pasta. One of the women had liposuction and the other an abdominoplasty; four signed up to gyms, and one opted for a costly center that offers personalized training using electrical muscle stimulation. Women aged 35-50 years invested heavily in aesthetic medicine treatments: they reported separations, divorces, personal development, self-esteem, professional reasons, and relationships with younger partners among the reasons. Three women who had always been very thin decided to lose the pounds they gained during confinement. After the diet, aesthetic medicine interventions were carried out to give the chest and cheeks more volume, restore the aesthetically appreciated volumes, and rejuvenate their face.

When asked about the health risks, they focused on the benefits of weight loss, repeating the advertising slogans and the doctors' statements that minimized the possible side effects of the manipulated drugs, highlighting that the risk of obesity is much worse. They all wanted to make up for lost time and experience their return to "normal life" to the fullest and in the best way possible:

It was summer outside, and I looked at myself in the mirror... I went to Clinic XXX for phosphatidylcholine injections in my stomach, arms, and in the wings. It's just that time is short, and I'm not going there just with exercise and diet (Íris, 56 years old, journalist).

I needed to lose the weight I gained during the pandemic. So, I took Dr. XXX prescribed pills, recommended for obesity. I calculated my BMI and saw that I was almost at Level I Obesity! I was scared! (Maria Manuel, 51 years old, teacher).

I took advantage of the confinement to have liposuction. I wasn't going to return to normal life with these aisles (Luana, 47 years old, singer).

We invested more than three thousand Euros in the XXX diet, but it was to lose weight quickly. Basically, it's a health choice (Bárbara, 21 years old, university student).

My Personal Trainer told me that I was Level I obese and that I was at severe health risk. He sold me pills to lose weight and suppress my appetite and something with testosterone (Luisa, 44 years old, science and technology manager).

Participant observation, time spent together, and long hours of informal conversations with the women in this sample indicate that thinness is an idealized and desired feature for all of them. The first confinement was a natural state of exception and would have legitimized exceptional behavior. When it became clear that the pandemic did not mean certain death, the dominant paradigm's values, models, and discourses again reigned with full force. The biopedagogical practices promoted to reduce the risks of obesity during the pandemic influenced women's perception and management of their bodies. Almost all of them calculated their BMI to discover that they belonged to risk groups for being overweight or obese.

Although these messages are intended to improve the health of citizens and morbid obesity is indeed a condition that is challenging to manage and linked to numerous health and social inclusion problems, we should consider that they served to increase the profits of pharmaceutical companies, aesthetics, and dietetics industries, and doctors who manage weight loss clinics while contributing to the definition of national strategies for the fight against obesity. It is also essential to consider that the recommendations for healthy eating and daily physical exercise assume that everyone has money and time to spend, simplifying a much more complex issue based on systemic inequalities. I interviewed only middle-class women with economic possibilities that allowed some options. We know that the weight loss industry offers a wide range of solutions on the market that promise quick results and that nutritionists recommend increasing the consumption of lean proteins, organic vegetables, chia, oats, and flaxseed, eliminating flour and processed foods.

However, not all consumers have the same choice regarding the foods they can consume or the exercises they can practice. The purchasing capacity and the freedom of choice are determined by our structural position in society. In this way, discourses that consider weight gain as a result of wrong consumption choices and eating habits or as a mirror of a lack of self-discipline avoid analyzing the social conditions that determine the real possibility of choosing between different possible alternatives. They are highly discriminating statements, reproducing and reinforcing pre-existing social and economic differences. The risk of

obesity does not depend on lousy will, laziness, or some behavioral disorder. If I had interviewed poor, non-Portuguese women with tiring jobs, socially excluded and with highly demanding working hours and rhythms, in the context of poverty on the outskirts of Lisbon, the experiences of the pandemic, concerns about their weight, and possible choices would have been different. For many people, the pandemic has meant unemployment, poverty, or even time constraints due to demanding work schedules. Our income and current job affect the possibility of buying and preparing healthy meals, undergoing beauty treatments, going to a gym, or even practicing physical activity outdoors. Recognizing the multidimensionality and intersectionality of obesity with other dimensions such as age, family situation, socioeconomic class, profession, housing, education, and other identity and environmental aspects is essential to avoid pathologizing and blaming people who are already targets of discrimination and social exclusion.

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