Commentary: There is a public health crisis—its not fat on the body but fat in the mind and the fat of profits

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Campos et al. persuasively rebut the claims of what Alicia Mundy calls ‘Obesity Inc’. These are those industries and the supporting media structures, which would have us believe that Obesity, with a capital O, is at epidemic proportions and is swamping our health budgets; that obesity and overweight are indicators for hastened mortality; that higher than average adiposity is a direct cause of nefarious, dangerous diseases; and that long-term weight loss is beneficial and achievable.

The war on obesity is clearly misguided on scientific and statistical grounds. So the question is, why are the ideas associated with it, so compelling? Why do we believe that obesity and overweight are bad for us? How have these two words, fat and overweight, taken on the weight of moral disapproval? How has fat and overweight become demonized? What are the more hidden and less recognized consequences of this belief system, including the psychological injury to millions—some of whom are fat or overweight and some of whom are ‘normal’ weight and decidedly thin, but they believe, however, that they are too fat? And, briefly, what can be done to re-orientate this so-called public health crisis into an area in which it might do some good rather than increase harm?

How has fat become demonized?

Campos et al. pinpoint some of the players who stand to profit from the belief that there is an obesity crisis. These are the pharmaceutical companies searching for their next big drug, the diet companies, and all those industries that foist their wares on a public primed to believe that but for constant vigilance they would slide into obesity. These players and their handmaidens in the media have created the kind of blanket of insecurity that has come to infect our relationship to our body, to our eating, and to our appetites.

Often unrecognized are those industries—the fashion, cosmetic, and media industries—whose dreams and whose products have constructed particularly narrow notions of the kinds of bodies we should live in and from. Purposefully or unwittingly these style industries demonize fat and ‘overweight’ (a category we should question in and of itself, over what?). They promote thin as the only body to have and this has a devastating impact on the lives of girls and women, leading them to interrupt their appetites in order to achieve bodies that conform to the bodies projected and promoted by those industries.

The export of body hatred

The style industries love to represent themselves as simply a bit of fun that people can take or leave. This is disingenuous. The money these industries spend on positioning their wares as essential routes to achieve desirability and glamour demonstrates their wish to captivate ever-bigger audiences for their ‘must have’ products. We now know unequivocally that the result of their promotion of thin is having serious psychological and physical impacts on girls and women. Consider for the moment one of the hidden aspects of global culture: the export of body
insecurity and body hatred throughout the world. In 1995 TV, with mainly US programming, was introduced to Fiji, a country not known to have eating and body image problems. Three years later, 11.9% of teenage Fijian girls were found to be bulimic. Anne Becker identifies this phenomenon as a move towards perceiving modernity and upward mobility on the part of Fijian teenage girls. To be part of the new global village, girls believe that they need a body that approximates the ones they see on their televisions and billboard. They need to be thin. In Japan, young women, slim as can be, believe they are too fat. As China enters into modernity, so an operation to break the upper leg bone and have a 5 cm implant to lengthen it is now on offer and being taken up. In Iran behind the hijab, 35,000 cosmetic nose operations are being performed each year. The lithe, long, body has come to be desired by women all over the world. Their inclusion in global culture depends on their uptake of this conformist body.

Visual culture has disturbed girls’ and women’s relationships to their own bodies. They are increasingly unable to feel their bodies from the inside. Instead they rely on what they see in the mirror to give them a sense of their bodies. Tragically, for most girls and women today, whatever their actual body measurements and whether or not they conform to the current thin aesthetic or not, what they see in the mirror fails to please them. They see themselves and they experience themselves as too fat. They are fat in their minds.

The disturbance of eating

Fatness in the individuals’ minds leads to attempts to manipulate their appetites and to see food and eating in complex ways, which rarely relate to the satisfaction of hunger. Individuals feel they are eating too much. They diet. They limit their intake, often below what their bodies require. When this occurs for more than a week or so, biological mechanisms that encourage the individuals to increase their food intake kick in. The individuals then interpret these signals as an indication of their failure to manage their appetite. They start to eat a bit more and yet may feel as though they are ravenous, out of control, or bingeing when in fact their appetite is simply catching up and replenishing the body’s stores.

In a food and fat phobic culture, this can be a distressing experience. The individual feels that her attempts to lose weight have been thwarted and that she is greedy. Eating and not eating becomes vested with a host of symbolic meanings that not only take on a moral tone but also signify painful psychological states. A cycle ensues in which the more the individual attempts to clamp down on her appetite and desire for food, the more invested she becomes in increasing her food intake. This cycle results in the individual becoming preoccupied with food and how to manage it and she will read into her eating behaviours, evidence of her psychological capacities. She does not know that her body has a set-point that regulates her metabolism so that when she occasionally eats less her metabolism slows to conserve her food and fat stores and when she overeats, at Christmas for example, her metabolism speeds up. In fact because she is by now continually interfering with her appetite and her eating, the mechanisms that regulate her metabolism to keep her body at its set-point are damaged.

The reproduction of troubled eating

The psychological and physiological damage are part of the story. But what we haven’t taken account of over the last 35 years as an aesthetic of slim has taken a grip over more and more people is the troubled eating patterns that are being unwittingly passed on to the next generation along with their mothers’ milk.

Without intending to, mothers who are uneasy about their own eating and appetites, who worry that they are too fat when they are often of a perfectly ‘normal’ weight, can come to early mothering with considerable anxieties that then permeate the early feeding nurturing ambience. In a recent cultural development, we have seen celebrities choosing elective caesareans at 36 weeks in the somewhat mistaken belief that this will provide a speedier return to a pre-pregnancy figure for the mother. This fantasy that one can cheat the post-partum body and that the biological processes of pregnancy and post-partum can be dispensed with, is a consequence of the compelling cultural narrative that fat is bad and that it behoves a woman in whatever stage of her life to manage her body, her appetite, and her size. These beliefs then skew aspects of the early mother–child relationship making it a relationship that unwittingly becomes a breeding ground for body insecurity and potential eating difficulties.

A mothers’ watchfulness towards her own eating and her wish to inoculate her child against the difficulties she may experience, cruelly rebounds. The inoculation, which usually involves rigidity around food and eating, can prevent the developing baby and toddler from discovering its own experience of satiety. Food is very personal. Satisfaction and delight in differing tastes and textures is part of our individual idiom. Of course every mother has to introduce her child to how to eat and to find sensitive ways to respond to her baby’s signals around desire and satisfaction. But if the mother is herself deeply concerned about controlling her own eating and making eating a non-issue for her child, the clash in values around desire and satisfaction. When the child begins to have more independence, the precipitates of these conflicts and the child’s personal management of them, may incline the child to use their food psychologically rather than as a biological response. The next generations’ eating behaviour then is unstable and available for manipulation by the very same industries that have destabilized the mothers’ eating.

Conclusion

Behind the so-called obesity crisis is a serious public health emergency. Eating today is a real problem for many because it is inflected with guilt, confusion, regret, and worry. Addressing such concerns should be what drives the public health agenda so that those industries, which operate as a negative force on girls’ and women’s and increasingly boys’ and men’s self experience, are regulated out of existence. Public health policy at present is captive to the Obesity Crisis narrative. It risks being part of the problem rather than part of the solution. It risks demonizing particular foods and particular sizes and will, unless it has a serious rethink, add dangerously to the seen and unseen eating problems which beset our population.
Commentary: Current perspectives on obesity and health: black and white, or shades of grey?

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Obesity has become one of the most discussed issues of our time. An Internet search on August 12, 2005 yielded 753,000 hits for ‘obesity epidemic’ and 9,680,000 hits on ‘obesity and health’. These numbers lag behind ‘relationships’ with 99,100,000 hits, but are impressive nonetheless. Campos et al. focus on whether or not the emphasis on obesity as a public health problem is warranted or whether it represents alarmist claims that are not well supported by current data. To make our position clear at the outset, we believe that (i) obesity is a public health problem, (ii) the health hazards of obesity have been overstated and a mismatch exists between the strength of empirical evidence for obesity as a health risk and the intensity and amount of attention this issue receives in the scientific and lay press, (iii) most of the large prospective studies on obesity and health outcomes (e.g. mortality or non-fatal incident disease) fail to account adequately for a major confounder of this association—physical activity, and (iv) the focus should not be on obesity per se but on poor diet and physical inactivity, which are the principal lifestyle factors leading to obesity. These themes will appear throughout this report as we comment on each of the four major points discussed by Campos et al.

Issue # 1: Are we experiencing an obesity epidemic around the world?

Time trend analyses in several populations indicate that the prevalence of BMI-defined obesity (BMI ≥ 30 kg/m²) has increased markedly during the previous two decades, from ~14.5% during 1976–80 to ~30% in 1999–2000. Consistent with the definition of epidemic, the prevalence of BMI-defined obesity is well in excess of expected population levels and there is a plausible propagating force underlying the excess phenotypic expression.

An average positive caloric balance of 5.5 kcal/day is all that is required to produce the average weight gain of 24 pounds in 42 years recently reported in the US. We agree with Campos et al. that this hardly indicates ‘an orgy of fast food binging and inactivity’. Nonetheless, if sustained over time, even this small positive caloric balance results in a sizable amount of fat accretion, and thus increases in average body mass and BMI at the population level. Energy balance is a complex issue and the causes of positive caloric balance are unclear. Our genetic constitution has not changed significantly in the past 10,000 years; thus, maladaptive homeostatic changes in body mass regulation are probably a result of environmental and lifestyle forces interacting with a given level of genetic susceptibility. Environmental potentiators include a more mechanized built environment and lifestyle potentiators include readily available and low-cost energy-dense foods and declines in daily physical activity-related energy expenditure. Considerably more research is needed to better define the specific roles of energy intake and energy expenditure in relation to sustained positive energy balance. Because currently available data do not identify a single (or most important) causal agent of the recent positive energy balance that has afflicted many, it is crucial for both the scientific and lay communities to be vigilant in promoting sensible healthy eating habits and regular physical activity as attainable strategies for long-term weight management in the population.

References

2 Mundy A. Dispensing with the Truth: The Victims, the Drug Companies, and the Dramatic Story Behind the Battle Over Fen-Phen. New York: St Martin’s Press, 2002.