

Changing Meanings of Fat: Fat, Obesity, Epidemics, and America's Children

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“Elise: I hope you realize that a dissertation defense is *not* a boxing match.”

- F.O. Ramirez, Informal Conversation, 2009.

Obesity today...

Is perceived as a serious health problem;

Is discussed as an epidemic;

And is part of the “risk society” discourse:

We are all “at risk” for obesity (Boero, 2007),
and our society runs major risks if obesity
is not addressed.

In the Literature

There have been, schematically and oversimplistically, two main perspectives on obesity (Saguy & Riley, 2005):

1. Obesity as a disease, an economic threat, and as requiring forceful intervention (“the main paradigm”);
2. Obesity as a social construction and a moral panic (“the counter paradigm”).

Dissertation Overview

- Review the two paradigms of obesity and adjudicate the evidence each presents (Part I);
- Discuss the development of the obesity discourse, particularly in the medical literature – what I have called the “medicalization of fat” (Part II);
- And discuss the way schools and education have been mobilized to solve the “obesity problem” in the United States and in Singapore (Part III).

Intellectual Tradition, I

Dissertation falls within a tradition of studies in the social construction of knowledge and scientific facts (Berger 1966; Collins and Evans 2002; Fleck 1935; Hacking 1990, 1990; Latour 2004; Latour and Woolgar 1979; Swidler and Arditì 1994).

Here, obesity and the obesity epidemic are “facts” with a history. They are embedded in a social, intellectual, and scientific context.

Intellectual Tradition, II

Dissertation also inspired by neo-institutionalist studies of science and of science education (Drori et al. 2003; Meyer 1977; Meyer 1987; Meyer and Jepperson 2000; Meyer and Ramirez 2000; Meyer and Rowan 1978).

Science is seen as:

- A set of assumptions about the world;
- A legitimating force for choices, actions, and labeling;
- A cultural authority across domains;
- A force with descriptive and normative powers.

Presentation Overview

Discuss some of the evidence that shows that fat is, beyond a “medical” phenomenon, a “medicalized” phenomenon.

Present the different steps of the process whereby fat became medicalized, as seen in major scientific events and in the medical literature over time (proxy: PubMed database).

“The Medical”: Definition

The biopsychosocial model of health includes the biological / physiological factors that cause ill health and disease, and the psychological and sociological factors that influence or complicate them.

e.g., Cancer: The result of uncontrolled growth in a group of cells. Its risk increases with smoking, physical inactivity, and exposure to certain chemicals. It affects a time-varying percentage of the population, and is a stigmatizing condition (Jain 2010; Sontag 1990).

“The Medicalized”: Definition

Medicalization (Conrad 1992; Zola 1983) is the process whereby previously non-medical conditions come under medical purview. It is the consequence of the expansion of the medical profession, and seen in the multiplication of publications, loci of intervention, and claims to authority (Starr 1982).

e.g., Mental illnesses are often discussed as medicalized conditions (e.g., Brumberg 1990; Metzl and Kirkland 2010). Other conditions include baldness (Powell et al. 2005) and erectile dysfunction (Conrad 2005), which were not always seen as medical problems.

Fat as medical condition.

After reviewing the medical literature, I concluded:

- That obesity rates have been increasing;
- That obesity *correlates with* illness;
- The data on mortality and morbidity often fails to control for factors proven to be major determinants of health, such as:
 - Weight Cycling (–)
 - Cardiovascular Fitness (+)
 - Stress Levels (–)
 - Insurance Coverage (+)
- Weight loss is not a sustainable, safe, or proven strategy for improving health outcomes.

Fat as medicalized condition.

The legitimating force of science has turned fat into a medical problem, in contrast with fat as merely an esthetic concern.

The medicalization of fat has taken on proportions that exceed the proven medical problem with fat.

I argue that the medicalization of fat went through three major discursive shifts: from **fat** to **obesity**, to **epidemics**, and finally to concern with **America's children**.

The Changing Meanings of Fat

Before there was obesity, there was...

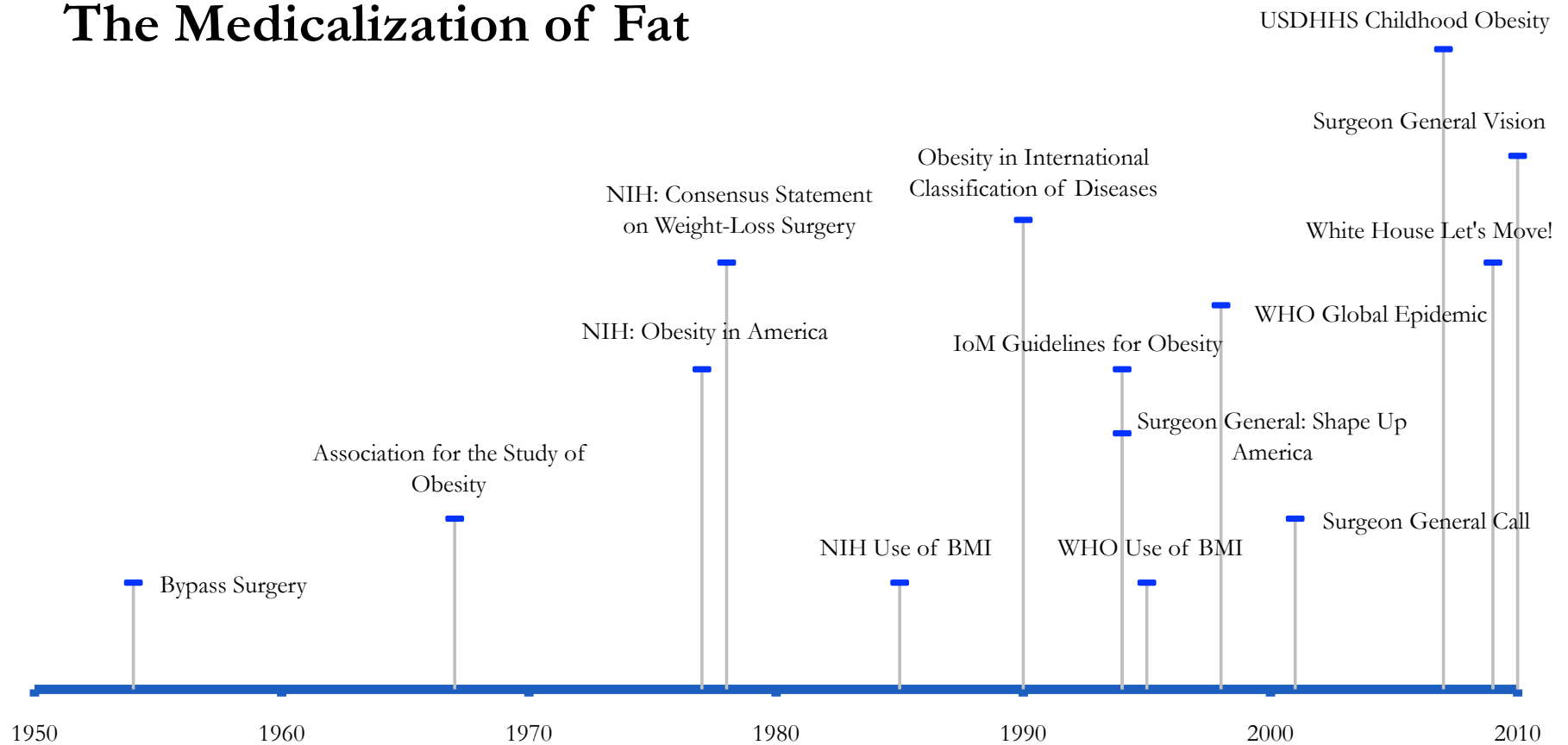
FAT.

Then, through medicalization, fat
became

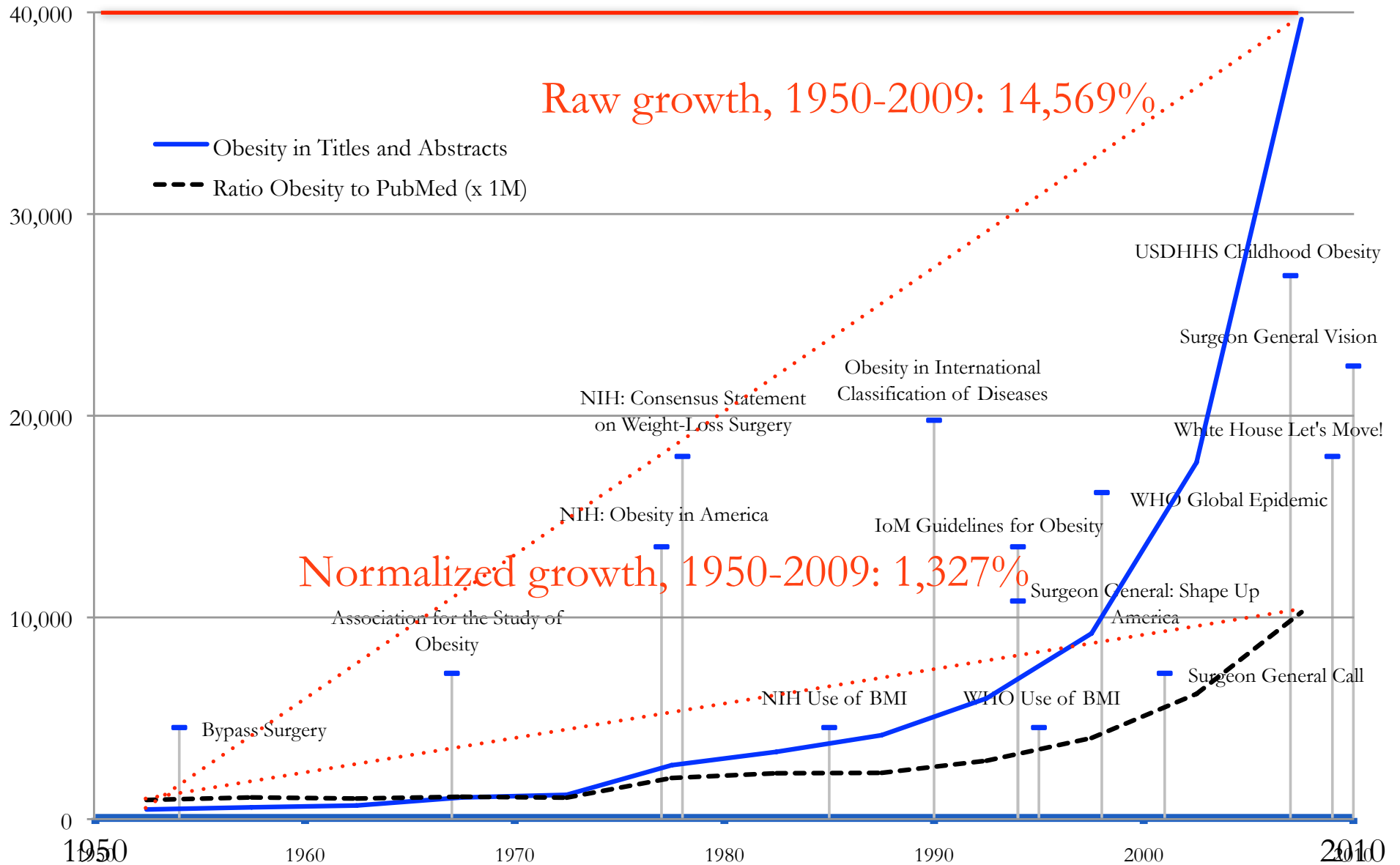
Obesity.

The medical community mobilizes.

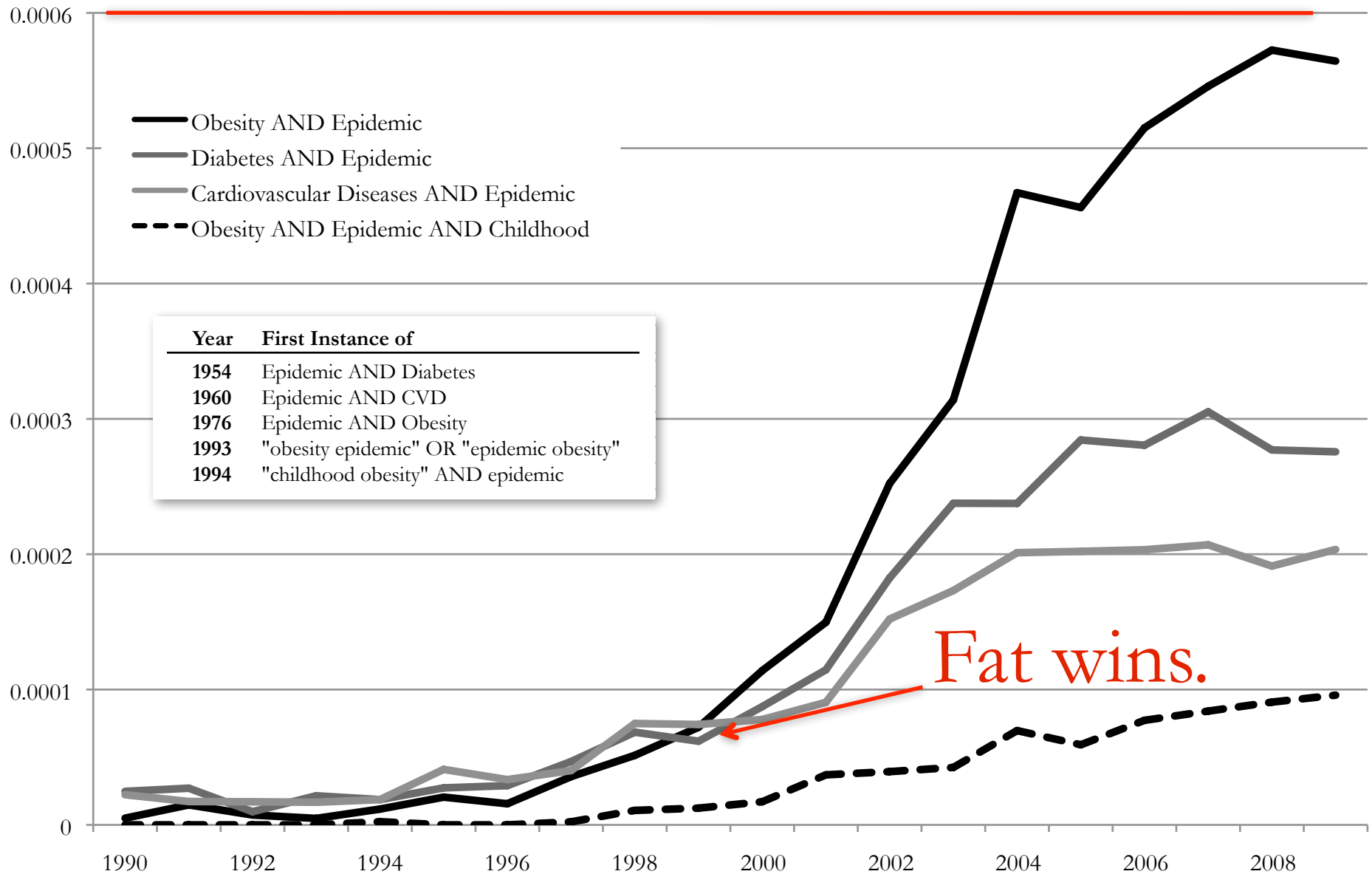
The Medicalization of Fat



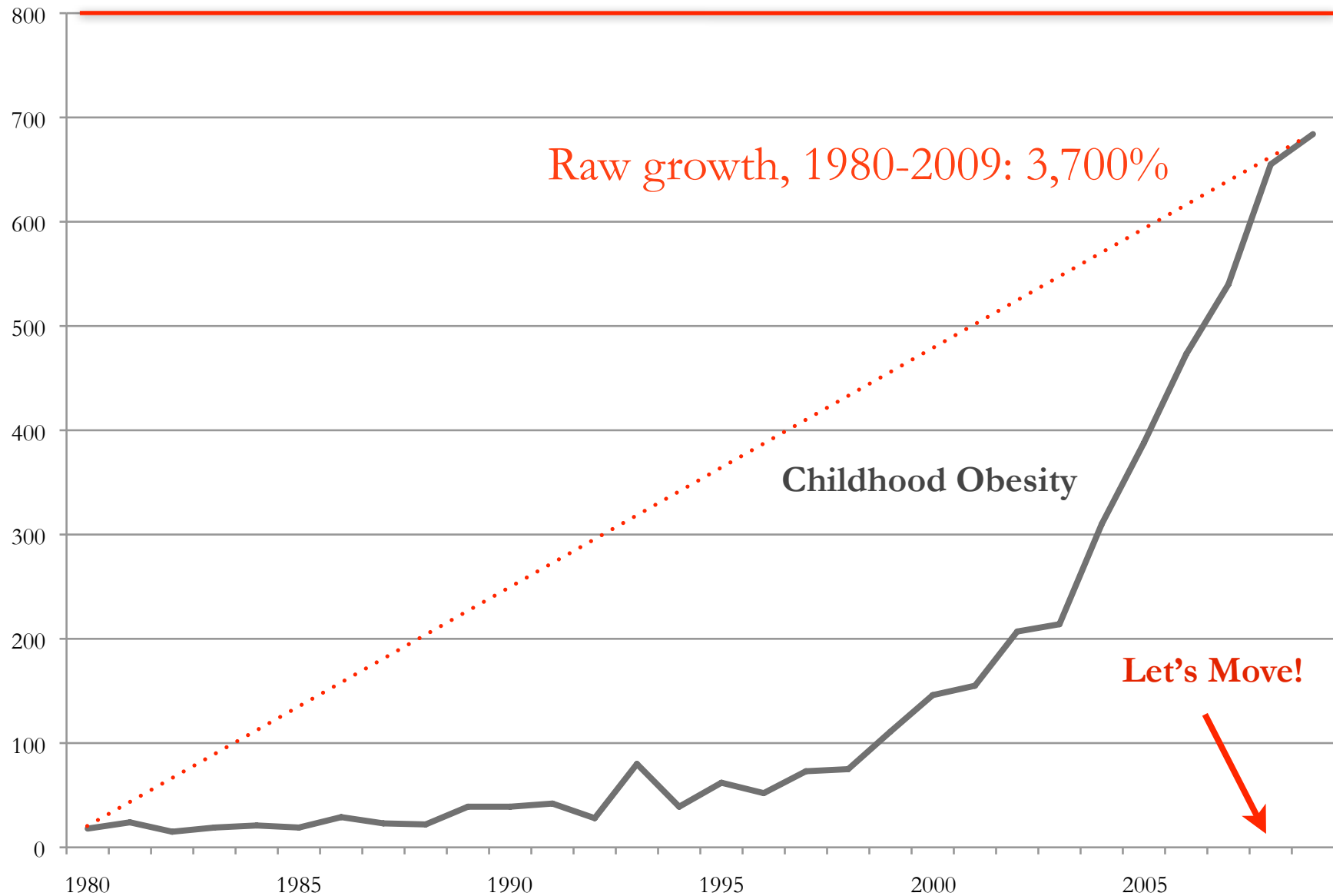
Associated growth in publications.



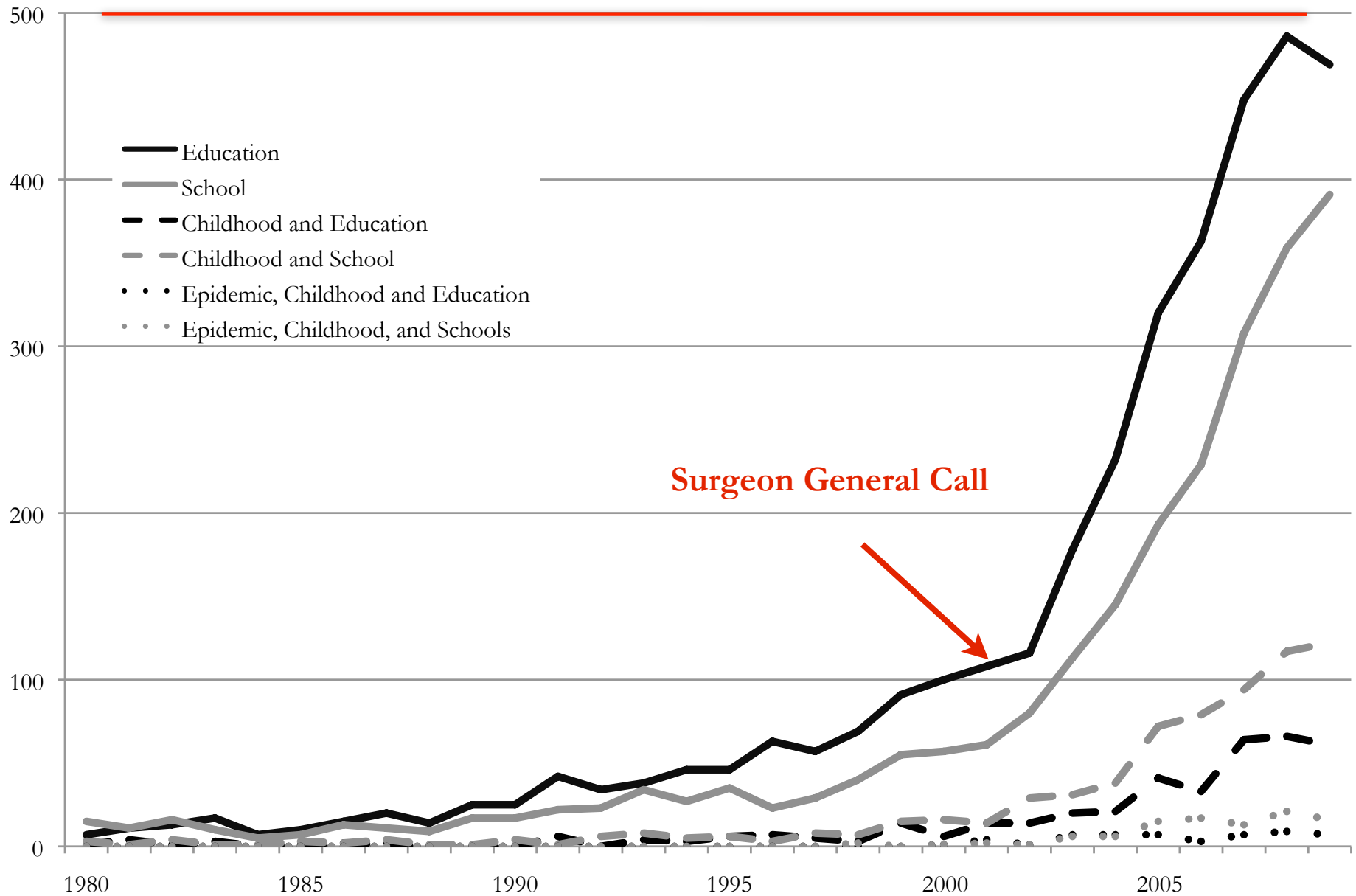
An epidemic (of epidemics).



Concern with obesity then turned to children.



And schools and education were mobilized.



Medical vs. Medicalized Fat

In sum, my research has shown that fat is not merely a medical phenomenon; it is a medicalized one.

- The medical bases to call fat a disease, and to entice people to lose weight, are still shaky;
- Immense scientific mobilization to define obesity as a disease, in the U.S. and beyond;
- Dramatic expansion of medical publications on the topic.

Fat is a social construction.

Steps in the medicalization of fat.

First, there were fat people.

By 1970, they were obese. By 1985, they were defined by a BMI above 30. In 1990, obesity officially became a disease.

Early 1990s: Obesity emerges as an epidemic. By 1999, trumps other epidemics of non-contagious diseases.

At the turn of the century, concern with children explodes. Governmental action targets them - and their parents - specifically.

Thank You!