A Weighty Problem

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We are, supposedly, in the midst of an obesity epidemic. Everyone is getting fatter. Children are fatter than their parents. Epidemics caused by fat are now manifest: type 2 diabetes, increased rates of heart and cardiovascular disease, and notably more cancers, such as breast cancer. This “globesity” epidemic is seen in poor countries as well as in wealthy ones.

But are people really so unhealthily fat? Certainly there are morbidly obese people whose weight puts their lives at risk. Consider the British jailer Daniel Lambert (1770-1809), who stood 5’1” (155 centimetres) tall and weighed 739 lbs (335 kilos), yet neither drank nor ate “more than one dish at a meal.” At his death, Lambert was remembered as a man of great “temperance.” In other words, he was deemed to be healthy and happy.

The problem today seems to be that we have demonized “fat,” even among people who are labelled “overweight” rather than “obese.” Indeed, we have lowered the boundary for “overweight” to include people considered “normal” a generation ago. And we have deemed fat the major public health risk in our world and fat people the cause of a range of social problems, from placing stress on health-care systems to posing a risk to their own families.

Several causes of obesity – some of them contradictory – have been identified.

Some point to a shift in the “quality of life”: We live longer, have less physically stressful occupations and enjoy easier access to more food. Moreover, we have abundant access to “bad” or “fast” cheap food and an absence of opportunities for physical activity in areas of extreme poverty: This is the “obesity of poverty” argument – that is, poverty is a contributory factor in morbid weight gain.

Others argue that our individual psychological makeup is at fault: We depend on food as a means of manipulating our environment. On this assumption, obesity is simply on a continuum of eating disorders with anorexia nervosa, which has been defined as a mental illness. But eating too much food is also an addiction, which nowadays is likewise usually understood in medical terms – as a genetic pathological predisposition in an individual or group.

Then again, obesity is sometimes viewed as a genetically predetermined “normal” predisposition, understood in terms of an evolutionary biological drive to accumulate body fat in order to prevent starvation in times of famine. This is the “ob-gen” argument, first put forth in a 1994 paper by Yiying Zhang and her colleagues on the genetics of obesity in mice, which concluded by extrapolating their findings to human beings.
Being obese can also be caused by disruption of normal growth caused by pathological changes – ranging from tumours to aging (which is also understood as pathological) – in the endocrine system. The older we become, the fatter we get, no matter what we eat – although this seems to conflict with the ob-gen argument that we need to get fat to avoid starvation. On this view, an aging population means a fatter population in North America, China, Japan and much of Europe.

Finally, obesity can be the result of infection by an agent that makes us get fat. Today, this agent is the adenovirus 36 (Ad-36), which stimulates the growth and reproduction of fat cells, as well as causing immature fat cells to mature more quickly, at least in chickens.

Of course, in a “real” human being, any number of these causes – social, psychological, or genetic – may be at work. But all define the obese as an object for intervention. The model in public health is smoking, although the list of overlapping and contradictory causes implies greater deference to factors beyond our control. As St. Augustine put it: “In the midst of these temptations I struggle daily against greed for food and drink. This is not an evil which I can decide once and for all to repudiate and never to embrace again, as I was able to do with fornication.”

So, are we getting too fat? What does “too fat” mean in terms of individual happiness and health? Why are we (if, indeed, we are) getting fatter?

If there is a public health question here, it may well be a series of problems rooted in a faulty assumption: the growth of girth and its absolute relationship to ill health. This is not to say that there are no health problems associated with fat, but we have created a moral panic about the impact of increased weight on society, on the family and on our happiness. To see a worldwide epidemic of fat caused by a conspiracy of fast-food producers and our genes strikes one as weird, but the dieting culture relies on the sense that we must control this epidemic.

Each age, culture and tradition defines what is an unacceptable body weight – unhealthy, ugly or corrupt. We must understand this as a process of creating ideal or normal bodies – those bodies that we desire to inhabit, but almost certainly will not.