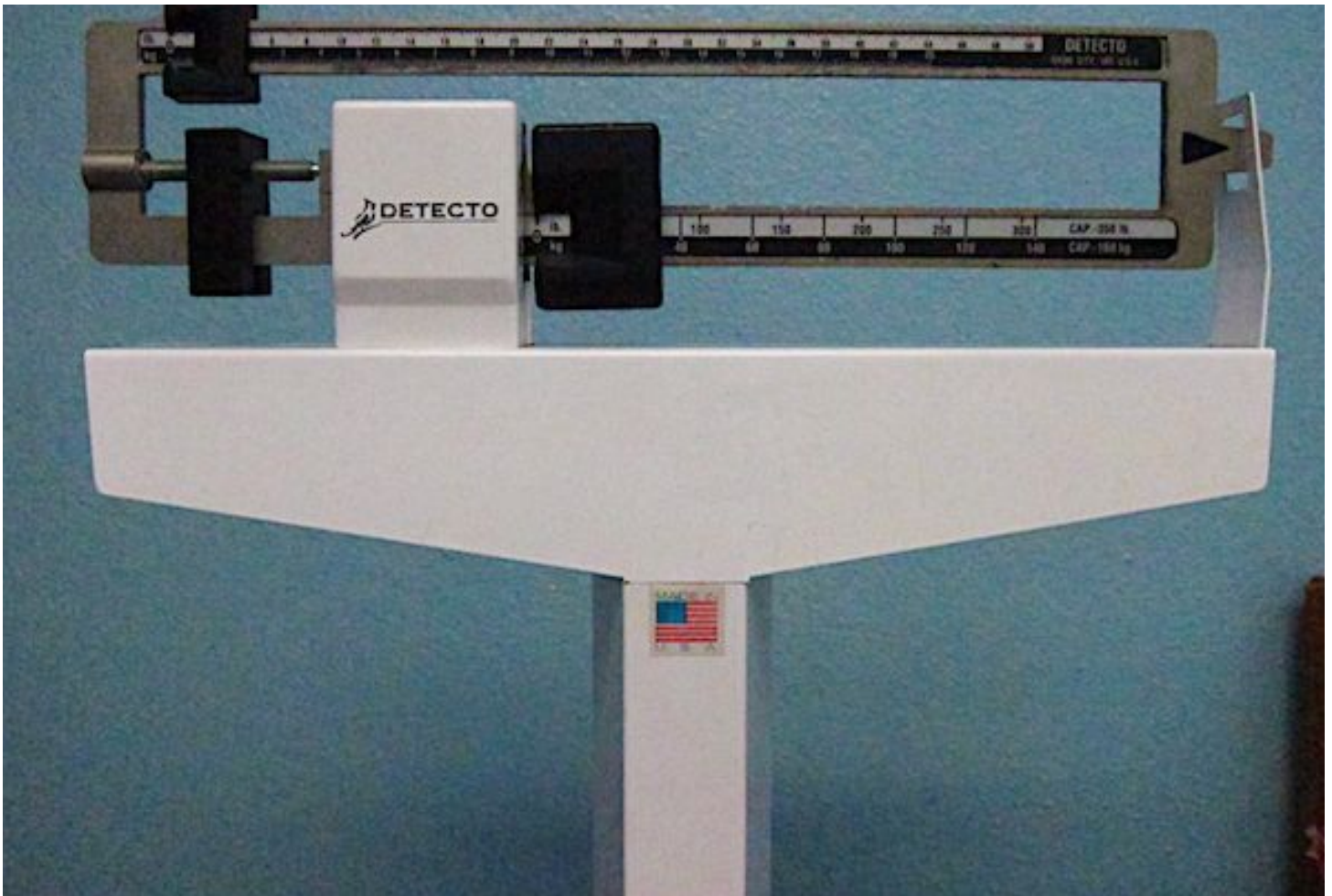


RECONSTRUCTING OBESITY

The Meaning of Measures and the Measure of Meanings

Edited by Megan McCullough and Jessica Hardin



STUDY GUIDE

Photo by Emily Yates-Doerr depicting a scale from the United States that was used in Guatemalan clinics.

Note from the editors

When we conceptualized this volume we aimed to cover a broad range of approaches in part to reconstruct how obesity is thought about and acted upon. To that end, we see this volume as appropriate for classes such as Medical Anthropology, Anthropology of the Body, Health and Society, Global Public Health, Fat Studies or Food and Nutrition classes. Additionally professors and teachers might also find this volume informative in Introduction to Cultural Anthropology Courses. We have worked closely with contributors to our volume to develop questions to guide reading and discussion in classroom settings. Our contributors have already used the volume in their classrooms and have found it successful in breaking down obesity preconceptions and stereotypes while offering alternative analytic perspectives on fat, large embodiment, and obesity.

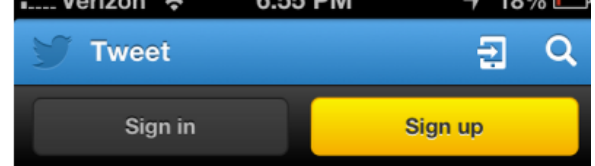
This volume has been particularly successful when chapters have been put in conversation with films, including *Precious* or *Weightless, Nothing to Lose*, news media or popular television and films representing fatness and obesity, including “The Biggest Loser” or “Honey Boo Boo.”

As you read you’ll find ideas for activities, questions to guide student reading, and additional resources. Lisa Rubin and Jessica Joseph (Chapter 9) developed the following activity to encourage students to consider the multiple perspectives animating the current debate on how to classify obesity.

Class Activity: Classifying “Obesity” as a Disease: A Debate among the Experts

On June 18, 2013, the American Medical Association (AMA) officially recognized “obesity” as a disease, a declaration celebrated by some experts, and deeply criticized by others. Hold a debate or forum in class (or divide the class into smaller groups for debate), in which students will role-play a key stakeholder in the debate. Students should prepare for the debate by doing background reading on their ‘character,’ and should submit a written argument, in the voice of their character, in addition to their oral statements. Although the range of constituents is vast, we have suggested a few possibilities and included suggested readings. After reviewing the selected readings, select one of the following experts and draft an argument as they would in response to the AMA’s decision.

- Video: Timm, Jane C. 2013 Obesity Recognized as Disease by American Medical Association. Accessed June 25, 2013.
- <http://tv.msnbc.com/2013/06/19/obesity-recognized-as-disease-by-american-medical-association/>
- News Media: Hensley, Scott. 2013. AMA Says It's Time To Call Obesity A Disease. Accessed July 1, 2013.
- http://www.npr.org/blogs/health/2013/06/19/193440570/ama-says-its-time-to-call-obesity-a-disease?live=1%3Futm_source%3Dnpr&utm_medium=facebook&utm_campaign=20130619



Geoffrey Miller
@matingmind



Dear obese PhD applicants: if you didn't have the willpower to stop eating carbs, you won't have the willpower to do a dissertation #truth

2:23pm - 2 Jun 13



While this volume was in press Dr. Geoffrey Miller tweeted about “obese PhD applicants.” As medical anthropologists we have to explore not only this event, or the tweet, but the cultural ideology behind the controversy the event engendered. This volume is one such attempt.

Note to Instructors: Additional research on these individuals may be helpful in crafting a response inline with each expert. Other possible experts in related fields include key players of weight-related drug and medical technology companies and health insurance providers, founders of health-focused grassroots organizations and congressional representatives.

This exercise can be made into a class presentation, where the class is divided into five groups (one for each expert), and each expert offers an oral response to the AMA's decision. Alternatively, each student can choose an expert to emulate, and individually submit their response.

Experts in the fields of "obesity" prevention and fat studies:

- Paul Ernsberger, PhD; author of *Rethinking Obesity: An Alternative View of Its Health Implications*
 - Reading: 2009 Does Social Class Explain the Connection Between Weight and Health? *In The Fat Studies Reader*. E. Rothblum and S. Solovay, eds. Pp. 25-36. New York: New York University.
- Deb Burgard, PhD; psychologist and co-founder of Health at Every Size®
 - Reading: 2009 What is Health at Every Size? *In The Fat Studies Reader*. E. Rothblum and S. Solovay, eds. Pp. 41-53. New York: New York University Press.
- Ardis Dee Hoven, MD, 168th president of the AMA
 - Reading: Adams, Ted D. 2012 Health Benefits of Gastric Bypass Surgery After 6 Years. *The Journal of the American Medical Association* 308(11):1122-1131.
- S. Bryn Austin, PhD; scholar of behavioral sciences and social epidemiology
 - Reading: 1999 Fat, Loathing and Public Health: The Complicity of Science in a Culture of Disordered Eating. *Culture, Medicine and Psychiatry* 23:245-268.
- Dianne Neumark-Sztainer, PhD, MPH, RD; scholar of epidemiology and community health and author of *I'm, like, SO fat!" Helping your teen make healthy choices about eating and exercise in a weight-obsessed world*
 - Reading: Bauer, Katherine W., et al. 2011 Familial Correlates of Adolescent Girls' Physical Activity, Television Use, Dietary Intake, Weight, and Body Composition. *International Journal of Behavioral Nutrition and Physical Activity* 8(1):1-10.

We have found innumerable resources through the following organizations, including publications and research but also media resources including films. Particularly helpful in breaking down the science behind obesity is a fact sheet created by Health at Every Size (HAES) (<https://www.sizediversityandhealth.org/content.asp?id=161>). Also available is a syllabus for a Fatness and Obesities course designed by Jessica Hardin (jessica-hardin.com/fatness-and-obesities-an-anthropological-perspective/).

Yale Rudd Center, <http://www.yaleruddcenter.org/>
Robert Wood Johnson Foundation, <http://www.rwjf.org/>
Association for Size Diversity and Health, <https://www.sizediversityandhealth.org/>
National Association to Advance Fat Acceptance, <http://www.naafaonline.com>
Well-Founded, <http://www.well-founded.org.uk/>

We also encourage readers throughout the volume, and through classroom activities, to consider how in everyday life we are barraged with metric and number-based representations of obesity. Building slideshows for classroom discussion with a multitude of images representing graphic, metric, and quantitative representations of obesity helps to illuminate the contrasting ways that contributors to this volume complicate the privileging of measurement logics.

72 MILLION OBESE ADULTS IN THE UNITED STATES

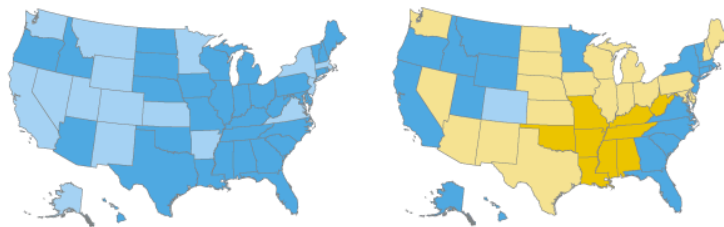
In 2010, more than 60 percent of the United States was **overweight** or **obese**. It is estimated that if the current trend continues, 50 percent of the population will be **obese** by 2030.

OBEISITY RATES

STATE OBEISITY RATES VS. STATE POVERTY RATES

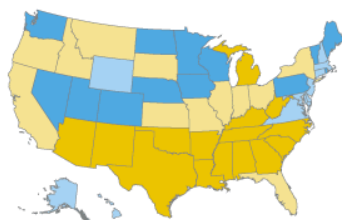
1990 Vs. 2009 State Obesity Rates

15%-19% 20%-24% 25%-29% >30%



2009 Poverty Rates

<11% 11%-13% 13%-16% >16%



MISSISSIPPI

Has the highest obesity rate in the United States and is also the state with the highest percentage of its population living in poverty

States With The Lowest Obesity Rates

Colorado – 18.6%
District of Columbia – 19.7%
Connecticut – 20.6%

States With The Highest Obesity Rates

Mississippi – 34.4%
Louisiana – 33%
Tennessee – 32.3%

THE COST

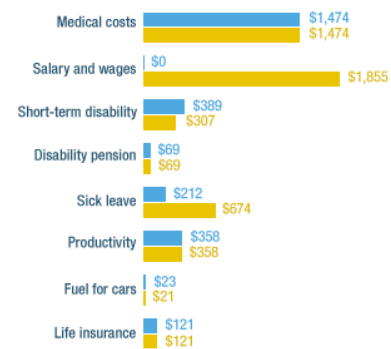
THE COST OF BEING AN OBESE INDIVIDUAL

The amount of money lost annually as a result of being obese

Total Losses By Gender

Women – \$4,879 Men – \$2,644

Breakdown



THE TYPICAL REVOLVING DOOR HAD TO BE WIDENED FROM 10 FEET TO 12 FEET

“Obesity In America, By The Numbers,” May 19, 2011. <http://www.npr.org/2011/05/19/135601363/living-large-obesity-in-america>. Accessed July 2, 2013.

Chapter Questions

Introduction: Re-Constructing Obesity

Megan B. McCullough and Jessica A. Hardin

- *What kinds of health care do you think obese or fat people should receive? What do you think would be effective care for any condition, not just obesity?*
- *The word risk is often tied to obesity. Discuss the ways risk is constructed in regard to obesity. What are the pluses and minuses of how risk is imagined and calculated in regard to obesity.*
- *This volume attempts to forge a conversation about obesity among different research paradigms that approach studying obesity. Do you think current debates about obesity are*

lacking anything? Discuss the innovations and re-conceptualizations outlined in the introduction. Is it important to try and re-conceive the obesity debates differently?

- *What is measurement and why is it so valued in public health? How do statistics work? How are they constructed? How do researchers decide to measure and when? Is there any similarity between qualitative and quantitative research? Where are the bridges between these approaches?*

Additional Readings

Greenhalgh, Susan

2012 Weighty Subjects: The biopolitics of the US War on fat. *American Ethnologist* 39(3):471-487.

Guthman, Julie

2011 *Weighing In: Obesity, Food Justice, and the Limits of Capitalism*. Berkeley: University of California Press.

Saguy, Abigail

2013 *What's Wrong with Fat?* New York: Oxford University Press.

Part I. Global Health, Naturalizing Measures and Universalizing Effects

Chapter 1. Resocializing Body Weight, Obesity and Health Agency

Anne E. Becker

- *What kinds of critiques does Becker make of large population studies in regard to the issue of weight and health? Why does she make such critiques?*
- *Why does Becker want readers to think closely about obesity and disordered eating together? What is she trying to accomplish here and why?*
- *Becker closely examines the idea of personal agency in terms of weight control. What parts of her work here did you find rubbed up against your own cultural beliefs about agency and health behaviors? Where do your ideas come from?*
- *How does the counter-discourse to the health benefits of weight loss take account of health in ways that you find important and often obscured in larger debates about diet, exercise and health?*
- *Becker argues that health agency is often conflated with health literacy. Why is she concerned about this? What does she think are the consequences of such a conflation?*

Additional Readings

Becker, Anne E.

1995 *Body, Self and Society: The View from Fiji*. Philadelphia: University of Pennsylvania Press.

Becker, A. E., J. J. Thomas, and K. M. Pike

2009 Should Non-fat-phobic Anorexia Nervosa be Included in DSM-V. *International Journal of Eating Disorders* 42(7):620–635.

Friedman, J.

2004 Modern Science Versus the Stigma of Obesity. *Nature Medicine* 10(6):563–569.

Judge, A. M., J. J. Thomas, and A. E. Becker

2006. Ethnic Disparities in Overweight and Obesity in the U.S.: A Review of Socio-cultural Contributions. *In New Developments in Obesity Research*. L.F. Ditmier, ed. New York: Nova Science Publishers.

Lindbladh, E., and C. H. Lyttkens
2002 Habit Versus Choice: The Process of Decision-making in Health-related Behavior. *Social Science and Medicine* 55(3):451–465.

Chapter 2. The Mismeasure of Obesity

Emily Yates-Doerr

- *This chapter highlights three ways that scientists and health workers measure obesity, showing that each leads to a focus on different understandings of weight management. What are the three measures and what are three different ideas of health with which they are associated?*
- *The author shows that many people in Guatemala understand fatness as a quality of health that cannot be measured. In this context, how does one know (or evaluate) whether someone is fat?*
- *How does awareness of linkages between fatness and health interfere with discussions focused on creating accurate obesity metrics?*

Additional Readings

Dunn, Elizabeth

2005 Standards and Person-Making in East Central Europe. *In Global assemblages : technology, politics, and ethics as anthropological problems.* A. Ong and S.J.

Collier, eds. Pp. 173-193. Malden, MA: Blackwell Publishing.

Martin, Emily

1998 Anthropology and the Cultural Study of Science. *Science, Technology, & Human Values* 23(1):24-44.

Merry, Sally Engle

2011 Measuring the World: Indicators, Human Rights, and Global Governance: with CA comment by John M. Conley. *Current Anthropology* 52(S3):S83-S95.

Mol, Annemarie

2011 Moderation or Satisfaction. *In Whose Weight is it Anyway? Essays on Ethics and Eating.* S. Vandamme, S. Van de Vathorst, and I. de Beaufort, eds. Pp. 121-132: Acco Academic Publishers.

Yates-Doerr, Emily

2012 The Opacity of Reduction: Nutritional Black-Boxing and the Meanings of Nourishment. *Food, Culture and Society: An International Journal of Multidisciplinary Research* 15(2):293-313.

2013 Complex Carbohydrates: On the Relevance of Ethnography in Nutrition Education. *In Ethnographic Approaches to Eating: Why We Eat, How We Eat.* E.-J. Abbots and A. Lavis, eds, Vol. *Critical Food Studies*: Ashgate.

Chapter 3. ‘Diabetes’ and the stigmatizing of lifestyle in Australia

Darlene McNaughton

- *Before you read this paper, what would you have listed as the key causes of diabetes mellitus?*
- *According to the paper, how have diabetes and its causes been represented, imagined, framed, and/or constructed in recent years?*
- *According to McNaughton what are the limitations and implications of emphasizing lifestyle with regards to weight and diet?*

Additional Readings

Crawford, Robert

- 1984 A cultural account of 'health': control, release, and the social body. *In* Issues in the Political Economy of Health Care. J.B. McKinlay, ed. Pp. 61-103. New York: Tavistock.

Bell, Kristen, Darlene McNaughton, and Amy Salmon, eds.

- 2011 Alcohol, Tobacco and Obesity: Morality, Mortality and the New Public Health. New York: Routledge.

Petersen, Alan, and Deborah Lupton

- 1997 The New Public Health: Health and Self in the Age of Risk. London: Sage.

Part II. Large Embodiment and Histories of Fat

Chapter 4. Obesity in Cuba: Memories of the Special Period and Approaches to Weight Loss Today

Hanna Garth

- *According to the evidence presented in this chapter, why is it important to consider historical circumstances when trying to prevent obesity?*
- *What role does food rationing play in present day dieting and exercise practices in Cuba?*
- *Describe Cuban dieting ideas and compare these to dieting ideas in your own cultural context.*

Additional Readings

Garth, Hanna, ed.

- 2013 Food and Identity in the Caribbean. London: Berg Publishers.

Wilk, Richard

- 2006 Home Cooking in the Global Village: Caribbean Food from Buccaneers to Ecotourists. New York: Bloomsbury Academic.

Chapter 5. Fasting for Health, Fasting for God: Samoan Evangelical Christian Responses to Obesity and Chronic Disease

Jessica A. Hardin

- *What are some multiple meanings for abstaining from eating in the case of Samoa? And in your own experience? How are these similar and different?*
- *What are some of the multiple meanings of body size circulating in Samoa?*
- *How do food meanings influence how people consume? Why would dieting be considered "selfish"?*
- *Explain some of the ways that health and food are embedded in religious practice. How does this relate to your own experiences? Brainstorm differences between fasting and dieting.*
- *How might public health take religion into account?*

Additional Readings

Adelson, Naomi

- 1998 Health Beliefs and the Politics of Cree Well-Being. *Health* 2(1):5-22.

Cadge, Wendy

- 2012 Paging God: Religion in the Halls of Medicine. Chicago: University of Chicago Press.

Gewertz, Deborah, and Frederick Errington

2010 Cheap Meat: Flap Food Nations in the Pacific Islands. Berkeley: University of California Press.

Griffith, R. Marie

2004 Born Again Bodies: Flesh and Spirit in American Christianity. Berkeley: University of California Press.

Part III. Cultures of Practice and Conflicting Interventions

Chapter 6. Perspectives on Diabetes and Obesity from an Anthropologist in Behavioral Medicine

Rochelle Rosen

- *Describe the translation process, why was this research conducted as it was? What was included in the intervention that might not have been with this translation process?*
- *What does anthropology have to offer behavioral science or public health?*
- *What are some cultural factors that make self-management of diabetes difficult in American Samoa?*
- *Describe the changes occurring in American Samoa that have contributed to the rising rates of obesity and diabetes?*

Additional Readings

Brewis, A.A., S.T. McGarvey, and B.A. Swinburn

1998 Perceptions of body size in Pacific Islanders. *International Journal of Obesity* 22:185-189.

Capstick, Stuart, et al.

2009 Relationships between health and culture in Polynesia – A review. *Social Science & Medicine* 68:1341–1348.

Pollock, Nancy

1992 *These Roots Remain: Food Habits in Islands of the Central and Eastern Pacific Since Western Contact*. Laie: The Institute for Polynesian Studies.

Weidman, D.

2006 *Striving for Healthy Lifestyles: Contributions of Anthropologists to the Challenge of Diabetes in Indigenous Communities*. In *Indigenous Peoples and Diabetes: Community Empowerment and Wellness*. M.L. Ferreira and G.C. Lang, eds. Pp. 511–534. Durham: Carolina Academic Press.

Chapter 7. Body Image and Weight Concerns among Emirati Women in the United Arab Emirates

Sarah Trainer

- *Describe the development trajectory the UAE has experienced over the past century and how this trajectory fits with classic epidemiological and public health notions of a "nutrition transition" and/or a "health transition." What are some critiques of this description?*
- *At the beginning of this chapter, the study participants are introduced, as well as the fact that -- in contrast to national statistics showing high rates of obesity in the UAE -- most participants in this study were low Normal Weight or Underweight. The article then asks "If these women are living in an obesogenic environment, riddled with fast food outlets, surrounded by rapidly urbanizing neighborhoods with little opportunities for physical activity, etc., then why are so few of them obese, especially when data shows that other age cohorts of Emiratis do carry excess weight?" How would you answer this?*

- Explain the connections this article makes between the UAE's "modernity project" and the growth of public health initiatives and surveillance of lifestyle "risks" (such as perceptions of "overeating") associated with health.
- What are some of the contradictions that young Emirati women face in daily life as a result of global-local tensions and how do these contradictions create felt psychosocial stress for these women?
- Explain how, on the one hand, people in the UAE sometimes blame "Emirati culture" for the high rates of obesity and diabetes in-country, but, on the other hand, "cultural loss" is also frequently cited as the cause for these high rates. Why is neither explanation sufficient?
- What are some of the broader implications of the UAE case study, i.e. how can some of the lessons learned from this ethnography be applied to other geographic areas experiencing similar pressures?

Additional Readings

Bristol-Rhys, J.

2010 Emirati Women: Generations of Change. New York: Columbia University Press.

Davidson, C. M.

2008 Dubai: The Vulnerability of Success. New York: Columbia University Press.

Worthman, C. M., and B. Kohrt

2005 Receding Horizons of Health: Biocultural Approaches to Public Health Paradoxes. *Social Science and Medicine* 61:861–878.

Chapter 8. 'Not Neutral Ground': Exploring School as a Site for Childhood Obesity Intervention and Prevention Programs

Tracey Galloway and Tina Moffat

- *In this chapter, we state that at school children are exposed to institutionalized, normalized, and gendered notions of the body and personhood. In your opinion, do you support or reject this statement? Explore your own personal recollections with school, either as a student, parent or teacher. Can you recall experiences wherein societal values or norms shaped expectations of you or your behavior?*
- *Public health approaches to obesity prevention often include a school-based component. What are some measures that health researchers and program staff can take to ensure school-based programs respect children's autonomy and right to privacy?*

Additional Readings

Brewis, Alexandra, et al.

2011 Body Norms and Fat Stigma in Global Perspective. *Current Anthropology* 52(2): 269-276.

Bruner, Jerome

1996 The Culture of Education. Cambridge: Harvard University Press.

Dove, Edward S., Lee Denise Avar, and Bartha M. Knoppers Black

2013 Emerging issues in pediatric health research consent forms in Canada: working towards best practices. *BMC Medical Ethics* 30(14):5.

Gonzalez-Suarez, Consuelo, Karen Anthea Worley, and Grimmer-Somers and Valentine Dones

2009 School-based interventions on childhood obesity: A meta-analysis. *American Journal of Preventive Medicine* 37(5):418-427.

Part IV. Fat Etiologies, Stigma, and Gaps of Care in Biomedical Models of Obesity

Chapter 9. An Ounce of Prevention is Worth a Ton of Controversy: Exploring Tensions in the Fields of Obesity and Eating Disorder Prevention

Lisa R. Rubin and Jessica A. Joseph

- *How does eating disorder prevention and obesity approach body acceptance? What kinds of tensions do these differences raise?*
- *What do Rubin and Joseph mean when they say that Black women are “caught in the crossfire”?*
- *How do you see the tension between self-acceptance and self-transformation in your own lives?*
- *What is a weight-centered approach to health? What might be some alternatives?*
- *How are racialized ideologies embedded in medical notions of deviance?*

Class Activity: Public Health Messaging and Obesity: Adding Your Voice Public health messaging concerning obesity is now ubiquitous. For this exercise, identify a recent public health campaign targeting issues of diet, exercise, and/or weight circulating in the media (e.g., magazine, billboard, television, etc.). This can be a local, state, or federal department of health campaign, or something sponsored by a non-profit or for-profit organization. Construct an Op-Ed piece expressing and elaborating your support or concern regarding this campaign. As you construct your response, consider the following issues:

- Who is the target audience, and why does that matter?
- What is the overall message of this ad? What assumptions, if any, are taken for granted that the audience would believe or understand?
- What is at stake for the sponsoring organization in this campaign?
- What are the rhetorical strategies used? Are they effective?

Additional Reading

Beauboeuf-Lafontant, Tamara

2003 Strong and large Black women? Exploring relationships between deviant womanhood and weight. *Gender & Society* 17(1):111-121.

Flegal, Katherine M., et al.

2013 Association of All-Cause Mortality With Overweight and Obesity Using Standard Body Mass Index Categories: A Systematic Review and Meta-analysis. *JAMA* 309(1):71-82.

Lovejoy, Meg

2001 Disturbances in the Social Body. *Gender & Society* 15(2):239-261.

Wilson, Bianca D.M.

2009 Widening the Dialogue to Narrow the Gap in Health Disparities: Approaches to Fat Black Lesbian and Bisexual Women’s Health Promotion. *In The Fat Studies Reader*. E. Rothblum and S. Solovay, eds. Pp. 54-64. New York: New York University Press.

Chapter 10. Fat and Knocked-Up: An Embodied Analysis of Stigma, Visibility, and Invisibility in the Biomedical Management of an Obese Pregnancy

Megan B. McCullough

- *How are women’s pregnancies scrutinized in the US at this particular moment in time? Describe the gendered moral judgments that are the subtext in some of these media cases, court cases, and medical cases? How is the relationship between a woman and*

her fetus portrayed? (hint: think about personhood amendments, required vaginal ultrasounds, and recent cases charging women with a variety of violations for giving birth to still born babies, especially if the mother has traces of drugs in her system).

- *Discuss the idea of personal agency in relation to ideas about obesity and fat people? How do these ideas show up in the medical sphere, in popular representations about obesity in the media, and in this article?*
- *Where is stigma performed and assigned in the medical care of this pregnancy? How is stigmatization of fat people camouflaged in the health care arena so that the behavior of the provider is not the focus of concern but rather the fat body of the patient?*
- *Downplaying stigma happens both consciously and unconsciously—give some examples, not only from the chapter but any other chapter in the book and from real life examples?*
- *How are fat bodies both visible and invisible in medical care? How are women's bodies both visible and invisible in reproductive health care? Is there any reason to be concerned?*
- *Describe the author's encounter with a woman in the coffee shop. Why kinds of social policing were taking place? Why are such everyday occurrences important cultural events? Can you think of other ways this sort of policing happens to bodies (fat or pregnant or otherwise) in the US? What is the effect of such policing?*

Additional Readings

Bell, Kristen, Darlene McNaughton, and Amy Salmon

2009 Medicine, morality and mothering: Public health discourses on foetal alcohol exposure, smoking around children and childhood overnutrition. *Critical Public Health* 19(2):155-170.

McNaughton, Darlene

2010 From womb to the tomb: Obesity and Maternal Responsibility. *Critical Public Health* 1:1-12.

Morgan, L. M., and M. W. Michaels, eds.

1999 *Fetal Subjects, Feminist Positions*. Philadelphia: University of Pennsylvania Press.

Unnithan-Kumar, Maya, and Soraya Tremayne, eds.

2011 *Fatness and the Maternal Body: Women's Experiences of Coporeality and the Shaping of Social Policy*. New York & Oxford: Berghahn Books.

Afterword

Stephen McGarvey

- *What are the global trends in overweight and obesity by gender and by world income group?*
- *Describe the basics of the nutrition transition and how it might affect different income groups differently.*
- *How might gender inequality explain gendered patterns of overweight? What are some potential psychosocial and political-economic mechanisms?*

Additional Readings

Finucane, M.M., et al.

2011 Global Burden of Metabolic Risk Factors of Chronic Diseases Collaborating Group (Body Mass Index). *Lancet*: 557-67.

Popkin, B.M., and L.S. Adair

2012 Global nutrition transition and the pandemic of obesity in developing countries. *Nutrition Reviews* 70(1):3-21.

Wells, J.C.K., et al.

2012 Associations of economic and gender inequality with global obesity prevalence: Understanding the female excess Childhood. *Social Science and Medicine* 75:482-490.