

Fat, Gluttony and Sloth: Obesity in Literature, Art and Medicine

Review Number:

838

Publish date:

Monday, 30 November, 2009

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ISBN:

9781846310935

Date of Publication:

2009

Price:

£65.00

Pages:

326pp.

Publisher:

Liverpool University Press

Place of Publication:

Liverpool

Reviewer:

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The co-authors of this volume are David Haslam, the Chair and Clinical Director of the National Obesity Forum and Fiona Haslam, a former physician, art historian, and the author of a distinguished study of *From Hogarth to Rowlandson: Medicine and Art in Eighteenth-Century Britain*.⁽¹⁾ This summarizes both the strength and the weakness of this comprehensive study of the representation – and the reality – of fat in high and popular culture in the West. The study assumes a set of given physiological (and by implication psychological) models for obesity that are seen as transhistorical: if you are fat you have the following pathologies listed from apnea to ... Cultural sources are then used to document the transhistorical nature of this list of symptoms, but the study also assumes that the very concept of representing fat has specific ideological implications ranging from notions of ‘gluttony’ to those of ‘sloth’. These associations are seen as being very time-bound and rooted in specific cultural and/or religious views of the body.

Yet in the 21st century even the new global medicine of obesity stresses that there may well be a plurality of often-conflicting causes (read: meanings) of obesity. Central among them, however, are social and genetic-physiological explanations:

1) A shift in ‘quality of life’ and life expectancy. We live longer now, have less physically stressful occupations, and have easier access to more food. ‘The epidemic of obesity can be understood as a logical consequence of the fact that it has become progressively easier to consume more calories while expending fewer.’⁽²⁾

2) The idea that we depend psychologically on food as a means of manipulating our immediate environment.

This is an assumption that obesity is simply on a continuum with anorexia nervosa, which has been so defined by psychologists. Obesity is thus a mental illness, but this category itself shifts from a psychological to a somatic one.

- 3) Abundant access to poor food and the absence of structures to engage physical activity: the obesity of poverty argument.
- 4) The loss of control over our consumption of food because of our addictive behavior. Addiction is usually understood following the medical model of some type of pathological genetic predisposition in an individual or a group rather than a 'weakness of will'.
- 5) A 'normal' genetic predisposition understood in terms of evolutionary biological drive to accumulate body fat in order to preclude starvation in times of famine. This is the 'ob-gen' (or 'thrifty-gene') argument discovered in work on the genetics of obesity in mice that extrapolated its findings to human beings.
- 6) A disruption of normal growth because of the changes in the endocrine system though pathological changes including aging (also understood as pathological).
- 7) The result of infection since over the past 20 years six different pathogens have been reported to cause obesity in animal models as well as humans.

What is clear is that any single explanation maybe possible for any given individual, but it is the social implications of 'obesity' that have now turned it into today's 'epidemic' of obesity. The cultural implications of these claims are vitiated by specific, contemporary attitudes towards the body and its meanings within the system in which it is found. As a culturally bound concept 'epidemic' today has the power that 'gluttony' had in the Middle Ages. Both gain their power from the system of meaning that shapes attitudes towards socially acceptable and non-acceptable categories. We must remember that this anxiety about epidemics is a recent if resurgent phenomenon (it mirrors the rhetoric of the 19th century). As late as 1969 the then Surgeon General of the United States, William T. Stewart, suggested to Congress that it was now 'time to close the book on infectious disease as a major health threat'. Three decades later, in 1996, Gro Harlem Brundtland, the then Director-General of the World Health Organization, gave a very different prophecy: 'We stand on the brink of a global crisis in infectious diseases. No country is safe from them'. We moved from a sense of accomplishment to one of foreboding. The new epidemic is that of 'fat' – though in 2009 'swine flu' has come to challenge for the moment its centrality in the public sphere. The Haslams believe that their physiology of fat reflects transhistorical (evolutionary or physiological) truths, not cultural meanings grafted onto the social implications of body size.

Constructing diseases such as obesity does not always mean inventing them. Often real pathological experiences are rethought as part of a new pattern that can be then discerned, diagnosed, and treated. Obesity as a category has been the subject of such a public reconceptualization over the past decades. It has become the target of public health campaigns and spurred a global rethinking of where the sources of danger for the public may lie. Fat people exist in the world, but the boundaries of what defines 'fat' and the meanings attached to it are constantly shifting. Such a rethinking mixes together and stirs many qualities in order to provide a compelling story that defines 'obesity' as the 'new public health epidemic'. This is not to discount the costs, both personal and national, that overweight can accrue, but to understand why, in the 21st century, we have suddenly seen the 'moral panic', which was associated in the 1980s with HIV/AIDS as a potentially global disease, being transferred to obesity. Indeed, the moral panic about obesity seems to have filled a gap left by the restructuring of the moral panic about AIDS, today mistakenly seen as curable, just as AIDS filled the gap left in the West by the 'conquering' of syphilis.

Moral panics can reflect 'real' situations in the world. The very term had its origin in Jock Young's study of the beginnings of the British drug scene: 'The role of the police as amplifiers of deviance, negotiators of drug control as seen in Notting Hill'.⁽³⁾ It has since been used to analyze social 'epidemics' such as 'child abuse' and, of course, the American 'war on drugs.' Obesity clearly exists in the world; but how it is defined

is culturally, not scientifically, limited and the centrality of it in the mental universe of any given individual is heavily dependant on the role of anxiety associated with it. In our ‘dieting’ culture obesity has come to have meanings well beyond health and beauty; it has become a danger to the ‘body politic’ because of the every mounting costs of those diseases associated today with obesity and so well described by the Haslams.

Scientists at the annual meeting of the American Association for the Advancement of Science in February 2002 had already warned the government that obesity was now a ‘global epidemic’ – no longer confined to western, industrialized societies. This reflected a growing consensus in the 1990s that obesity (not smoking) was going to be the major public health issue of the new millennium. By 2005 the ‘war against obesity’ had replaced the ‘war against tobacco’, even though worldwide tobacco sales continue to increase. The phrase ‘war against obesity, sloth, and addiction’ appears in the UK in *The Times* as early as 1981 (4), and though sloth now seems an odd concept to be associated with the medicalization of obesity, the ‘laziness’ of the obese (read: their resistance to treatment and their non-compliance and their recidivism) is part of the vocabulary of obesity today.

As I noted this is a comprehensive study of BOTH ‘medical’ and ‘cultural’ representations of obesity, which makes the problem of the volume even more engaging. The notion that representations validate medical views seems very 19th century, very much enmeshed in a Rankian positivism rarely seen today in studies of medical imagery. Yet the study is sophisticated enough to engage in a rather good summary of the ideological meanings grafted onto to the constructed categories of obesity over the ages. But in its analysis of medicine remains a sphere seemingly devoid of ideology. Thus the representation of medical knowledge is one that centers on the ‘facts’ of contemporary medicine and their antecedents. That there are recent approaches to obesity that are no longer seen as ‘scientific,’ such as the psychoanalytic ones proposed by Hilde Bruch in the 1950s, is ignored. But of course in the 1950s these approaches assumed that they were the cutting-edge scientific explanation – and they were! Such claims of science as a true representation of the world, rather than a flawed or partial one, seem to be inherent to the science of obesity itself. And yet as indicated by my list above, even the medical authorities of our day seem not quite clear as to what obesity is and what its implications are. Do we assume that we are a fat collecting species? Do we assume that we are an addictive species? Is this not an inherent contradiction: if collecting fat is natural because it is preprogrammed in us genetically due to evolutionary processes how can it be pathological? How can an addiction to food be anything but natural and therefore non-addictive?

The Haslam volume brings together a wide range of sources, wonderful reproductions, and a basic approach that will give many students pause. Certainly we know what is ‘fat,’ don’t we? They ask already. We certainly do at any given point and this volume makes that clear. But our present wrestling with body size is yet one more point on the spectrum of dealing with ‘fat,’ now seen as a danger to health and, therefore, to society. An economic imperative seems to underline much of this discussion. Like the discussion about smoking in the 1960s, it is not just a public health but also a question of economic impact that caused governments to focus on certain aspects of risk. Today’s cigarette is the high fat, high sugar snack. Both are certainly dangerous but they also are the focus of a moral panic. The history of this may be better sketched in a number of other, more recent studies, such as my own *Fat: A Cultural History of Obesity*.(5)

Notes

1. Fiona Haslam, *From Hogarth to Rowlandson: Medicine and Art in Eighteenth-Century Britain* (Liverpool, 1996).[Back to \(1\)](#)
2. Michael L. Power and Jay Schulkin, *The Evolution of Obesity* (Baltimore, 2009), pp. 41–2.[Back to \(2\)](#)
3. Jock Young, ‘The role of the police as amplifiers of deviance, negotiators of drug control as seen in Notting Hill’, in *Images of Deviance*, ed. Stanley Cohen (Harmondsworth, 1971), pp. 27–61.[Back to \(3\)](#)
4. Annabel Ferriman, ‘The man who will try to persuade us to give up some of life’s good things’, *The Times* [London], 7 August 1981, 12.[Back to \(4\)](#)
5. Sander L. Gilman, *Fat: a Cultural History of Obesity* (Cambridge, 2008).[Back to \(5\)](#)

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