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Episode name: 'Fatness and the Body' Episode 2: Being fat or having obesity: combining social constructivism and biomedical research on childhood obesity

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Transcript

This talk is about combining social constructivism and biomedical research on childhood obesity, and I planned it as a sort of exploratory talk. It's a work in progress, as you will see, and I'm really keen on having a discussion with you. So I really hope that we'll have those 20 minutes or 15 minutes at the end to talk. And the goal of this talk is not to look at the multivariate causes of obesity, or at least not directly. It is, rather, to discuss, challenge, and look for ways to bridge the existing dichotomies. What I see as the dichotomous perspectives on what is obesity, childhood obesity to be more exact, and what is fatness and to some extent the question that I want to ask, engage with today, is where or what is the difference between obesity and fatness, and who has the right to decide that, and also why is that important? So this is sort of my take on the ongoing debate on obesity and what has been happening in the field as well as my reflection on my own journey of studying obesity. I'll tell you a bit about that as well as an exploration into my future research, and I cannot imagine, to be honest, a better place to discuss that than UBVO.

So to give you a little bit of my background. So I did my PhD already seven years ago. I studied various institutions related to feeding children in Warsaw, which included research with families and in primary schools as well as within state institutions and the food industry. And I worked with children aged between 6 and 12 years old, and this will finally come out as a book next year. So if you're interested, keep an eye for it. And so I combined anthropology, food, anthropology of childhood, as well as socialist studies and feminist scholarship to study children and food. And I very purposefully did not want to study obesity at that time, even though a lot of people asked me about it or talked to me about it. And actually when I started my field work in Warsaw in 2012, it was when WHO research demonstrated that the rates of childhood overweight and obesity were rising with the

highest base in Poland among the European countries. So we were sort of catching up with everyone else, and it became a thing that everyone talked about.

And by now, as I'll tell you in a second, those rates have slowed. So I was sort of pushing the issue of childhood obesity away during my doctoral research. But then when I started thinking about my postdoc, that was exactly what I wanted to do. And so I very slowly moved towards medical anthropology. And now I'm doing something completely different. It's research on embodying climate change, and although we do have a medical anthropology component, because we study how heat waves and heat affects the health and well-being of older adults in urban locations worse. What I particularly take from that current project and I would like to apply to obesity studies in the future to my own work on obesity, is true interdisciplinarity. And so we combine social anthropology, quantitative sociology, epidemiology, climate science, demography and physics, and we are mid project.

So naturally I started thinking about what to do next, as my employment is related to grants and I definitely want to go back to studying childhood obesity. It really feels like I just started scratching the surface. Both in terms of doing these sort of social critical studies of total obesity in Poland, but also in studying childhood obesity in general through ethnography. So I'm currently in this process of thinking what to do next and how to build on my on my research so far and to be honest, after finishing the my previous research I have more questions than answers, which I guess perhaps means it was research well done.

I don't know, but so to just give you a glimpse into childhood overweight and obesity in Poland so that you know what I'm talking about, these are the results from studies, which are with the obesity surveillance initiative among the eight-year olds from 2016. And I particularly like that graph, because it demonstrates really well how different ways of calculating BMI percentiles influence the rates on the statistics of childhood obesity. So, as you might know, for children until 18 years old, for children and young people, you don't calculate their whether they have obesity or not, based on the typical BMI calculations, but you use the databases and percentiles related to the sex of the child, and either according to the WHO standards, you can end up with around 30% of 8 year olds in Poland having overweight and obesity, or if you end up using the standards which are the oldest ones, then it's around 20% and those are striking differences and I find that quite interesting because it sort of really confirms and tells us that it's very very difficult to talk about objective numbers when we talk about it basically.

And among those numbers, it is assumed that around 3 to 4% are children with obesity. So to tell you a little bit about my research so far, I did a three-year project funded by the

National Science Center in Poland on the social dynamics of childhood obesity. And there were two research questions that I engaged with. One was how and why has obesity changed in the way in which is it constructed as a public problem. And then how do different actors, especially children, experience childhood obesity? And I conducted 3 years of ethnographic research in 2017 to 2019 which included participant observation and children's summer weight loss camps. These were commercial weight loss camps. So I attended one in 2018 and one in 2019. Participant observation of families and health professionals exchanges at two locations. One was at hospital in Warsaw Children's Hospital and the other one was a private entity. But they provided free of charge programs for children with overweight or obesity. I conducted interviews with health professionals so that they included psychologists, nutritionists, dietitians, medical doctors, physical activity experts. These were generally people who would work with through those weight loss programs, for instance, or who would work with children with overweight or obesity. And document analysis and conference participation. And all the other things basically, that you do when you do ethnography. And well, when conducting research on obesity, it's always a very methodologically and ethically difficult terrain, I would say. I think it's especially difficult when you do it with children. Like it's just a completely different thing than with adults. And so, because of those ethical and methodological nuances, the consequences of that were that in my research I ended up studying only in people and families who were going through some sort of weight loss programs that was not initially my concept. That wasn't my idea, but that was the only way I could actually access that group of people at that time. And in the end, my research participants were rather overweight, very few of them actually had obesity. Which is also I think quite interesting. So in the end it might have not been research on childhood obesity, right?

While it has been noted that a surprising amount of children and young people who were not overweight are convinced that they are fat and that they are too fat and were trying to lose weight, I basically did not meet anyone who was fat and very happy about it. And again, that's of course a consequence of how I framed the research project and named it as well. But it's something that I started thinking a lot about, especially in terms of doing the next project, that the language we use matters and we know it, of course. But then when you use the O word, so to speak, it really matters a lot. So I started this research with a completely social constructivist perspective in mind. I was interested in how childhood obesity has been constructed as a problem, both on the social, more macro scale and on an individual macro scale. And then I started field work and was often very painfully made aware of the physiology, the biology, the matter, reality of this.

And here you can see photos from one of those summer camps that happened in the mountains. When I was at the summer weight loss camp, I remember very vividly walking

next to Yanek, a 12 year old boy. The whole group was working up a very small hill and I noticed Yannick having problems catching his breath. I saw panic in his eyes, got really scared for him and asked if he wanted to take a break. We stopped and stood for a good few minutes while others were passing us by. Then he caught his breath after a while and told me that he feels really embarrassed. He really would have loved to climb that hill easily, he told me, but his weight would not allow it. And on a different day, Adam was telling me how his feet hurt. After working for such a long time, they were indeed covered in blisters already, after around a 40 minute walk. One of the summer camp counselors was a physical activity expert told me that she noticed some of the young people have feet, back, or muscle deformation due to their weight, and that she really did not expect it to be so bad when she was coming to this camp. Their bodies haven't done irreversible damage as she put it. Now these examples might be more about the physicality, the limited physical exercise, but they were also about obesity and excessive weight, at least according to the voices I heard. And the physical, the physicality of it, the physiology and biology of the young people's bodies was undeniable. Barely catching their breath and not being able to tie one's shoes or even stand or walk at times.

I certainly could no longer think that obesity is a social construction, and even if it's socially constructed in how we talk about it, frame it or even attempt to deal with it. As every social problem is socially constructed, it's physicality and biology was very painfully showcased in front of my eyes. When I spent time with the same people. And I could not deny its material, physical and physiological existence. But what is it then? And what is obesity and where is it located, I kept thinking. And since then I've been sort of crossing between two different approaches to obesity, public health crisis and social constructivism, let's call it, call them that. And here I build a lot on Moffat's article, The Childhood Obesity Epidemic, Health Crisis, or Social Construction, from 2010. She described it as these two courts. They have been described differently by different authors, but let's keep it like that for now.

So public health crisis. Seeing obesity as a public health crisis represents the biomedical field and it's defined or described as an epidemic. The metaphor of an epidemic is often used when we relate to the thinking, and it's been defined as an alarmist perspective. So it's a lot about alarming everyone that we have this epidemic of obesity. I'm sure you're all very familiar with what I'm talking about. And the BMI measurements are often used as the main tool and actually this I think is one of the biggest problems that we that we have, that we should consider, and that we that causes a lot of harm. And one thing is that the BMI measurements are focused only on weight, sort of assuming that obesity is only about excessive weight and always about excessive weight. And the other thing is that it conflates obesity and overweight. They're often sort of smashed together, even written down, then down here as one word, because they're often perceived as one thing and I

think there are many negative consequences to that, and I'll be talking a little bit about that in a second.

Because of this conflation, overweight children are often unnecessarily pathologized when they may be just healthy and chubby. But what we consider chubby again is education, right? And another part of that film is the domination of the heuristic of an individual responsibility and choice. So I already talked a little bit about that during my last talk at UBVO that in the end came out as a paper. That's definitely changing in many places, right? We talk about other perspectives on obesity, but it's, for instance, a perspective that still dominates in Poland. And then obesity is considered a disease. There should be a question mark there. It's not really considered a disease formerly informed, but it is in many other countries. And in terms of social constructivism, that builds a lot on critical studies, and obesity is described as the postmodern epidemic, in terms of actually what is obesity and whether it is a disease and who invented it etcetera, etcetera. And one sort of approach is connected to the health at every size approach, which really is criticizing being thin. So sort of the conflation of thinking about health and thinking about aesthetics. And morality as well. And another big part of what this field argues, are the unintended negative consequences of public health programs and following obesity discourses. Actually caused a lot of harm, for instance, is distorted body image and that's a big, big problem in Poland. And here you can see a table of health behavior in school age children. The report from was from 2020 and I think the last round of survey was in 2019 if I remember correctly. So this is the table that showcases young people who say that they're too fat, and Poland really holds the first place in that ranking. So among 11 year olds you could see that 31% of boys and 39% of girls think that they're too fat compared to their 21% and 24% for the whole group participating in the studies, which is 43 countries. And then among 13 year olds, it's 31% of boys and 49% of girls, and among 15 year olds, 31% of boys and 52% of girls think that they're too fat. So I think that this is an unintended consequence of obesity discourses or fat talk as Greenhalgh called it. And I think that this is extremely troubling. It's something that I did not expect when entering my field work and something that I've been looking for a way to how to deal with because that's just astonishing.

Going back to my list, another sort of perspective from this social constructivist one is seeing fatness or obesity as always locally situated. So they need to carefully study what is obesity and fatness in each context, especially social cultural contexts, avoiding universalizing measures and treatments and also thinking of health more as a sort of diversified culturally right, rather than use this very dominant perspective on what is health. And so while in this public field we have more of in terms of tools and methods, we have more of an epidemiological analysis, statistics and medical analysis and things like physiological testing and anthropometry. And it's more based on evidence based practice

and replicability. This social constructivist perspective is more based on critical cultural analysis, so a lot of cultural analysis, discourse analysis, and individual storytelling, but also political ecology, and in general, I would say qualitative approaches.

So we have this difference that on the one hand it's only culture and politics, and the on the other hand, it's sort of only biology. Of course this is a simplification, but in general those remain dominant. And actually I think there should be one more column added or space in between those columns because what happens when the mainstream biomedical perspective for the public health perspective gets mediatized in the public sphere. And the unintended negative consequences of public health that we see on both sides happens in between those spheres, right? Because a lot of doctors are a lot of experts from the public health or biomedical field, they do not want to cause harm. They often do want to help. And they're often worried about what they see as a problem, but something along the way happens and when it reaches young people, so to speak, we end up with certain body and body issues and other problems. And I think it's important to recognize the space in between those two fields, that there should be more stuff added here. And I think we also should recognize that these two perspectives not only see different causes of obesity, but actually also see obesity, or weight, or fatness, that's depending on what we want to use. They are completely different things. A biomedical problem on an individual scale that becomes an epidemic or a social, socially constructed form of biomedical oppression.

And they take very different epidemiological, epistemological, or even ontological approaches to obesity or fatness and to what obesity is and what fatness is and how we can understand it. And I think that there are valid points on both sides, and of course I assume a lot of people would agree with me. So I'm not really saying anything that is new for you. But I still think how do we combine and connect them? The question of how do we combine and connect them if they're epistemologically or even ontologically different in their basis? Is it really valid that we should still sort of keep asking and making it so basically a biological phenomenon that should be understood and solved, solved by medicine. Or is it a cultural and social phenomenon that will be better understood by for instance, social science. But this well, of course, we know that it's both and we know that we need to introduce it in every research. But I think that because of our discretionary cages, it's very difficult to do and that's something that I'm learning now.

So what I want to take from those perspectives in my own future research is on the one hand, recognizing that fatness is alright, so that people are thin and fat as they are small and tall, and not pathologizing or stigmatizing it, but then also recognizing that obesity has very troubling health consequences and physical and physiological consequences. And that there is such a disease as obesity. This is in a way connected I guess, but not every fat

person has obesity, right? So how do we differentiate and how do we find a way to talk about it but not pathologize it or stigmatize it, but to encourage positive approaches? For instance, among young people in relation to their own bodies, while also recognizing physiological and medical consequences of obesity?

So I guess my question reminds how to do beyond these dichotomies. And these dichotomies are so different because they move in between nature, culture and macro and micro. So they are either really based in nature or in culture. We've moved beyond that, and I'll tell you now how I think we've moved beyond that, but I think it's important to recognize how dichotomies in our disciplinary thinking often is because it's very difficult to think differently, right? And also to look for solutions in a different way. But yeah, as I mentioned, there has been a lot of research that has moved forward and beyond those divides. And I'll just give you a few examples, but I'm sure there is much, much more. So yeah, so these are just some ideas that I found particularly interesting.

So I've been thinking about this idea of Nancy Scheper Hughes and Margaret Lock, of a mindful body. So recognizing that individual, social and political bodies actually exist and thinking about obesity as deeply social and political, and not individual. And that perspective is connected in many respects, with much of reality, and so the matter, reality of our body, is matter, reality of our food and hence materiality of overweight and obesity. Then a different perspective would be social, cultural determinants of health, and I added cultural here because I think that's quite important. And this framework focuses on the broader health inequalities stemming from wider social processes, such as inequalities in education and employment opportunities, and environmental exposure to pathogens and pollution, etcetera, etcetera. I assume you're familiar with this framework, that we should consider talking about social, cultural aspects of health rather than determinants, because determinants assume that it's something we cannot change really, or it's sort of unavoidable and unchangeable. I think it makes it a little bit more flexible and invites the idea that we can change those things. So that's again something to consider.

And I think part of this approach could be thinking in terms of an obesogenic environment. So this is a problematic concept, of course. But I think it's still important because it allows us to shift the focus from individual food practices, individual physical activity habits, to more systematic and structural thinking. Such an approach assumes that there is something inherently problematic in bodies with obesity. So again, we have to be very careful about how we frame things right and how we talk about it.

Then another perspective that moves beyond this dichotomy is biohabitus. So this approach uses the classic concept of habitus and adds biological reality. It refers to the interaction between the social and the biological environments in the production of

obesity, and it's connected to epigenetics. So I think research that's really booming right now, which focuses on heritable phenotype changes that do not involve alterations in the DNA sequence. But it's a growing body of literature studies how obesity can be transferred or influenced by both parents. And I mention both parents because it's usually focused on the mother, but again, in a recent paper showing that fathers influencing the epigenetics of a child, which I think is a fantastic argument to be made. And then the last one is an effective political ecology of obesity, that takes into account on the one hand, the ecologies in infrastructures which influence people's bodies, and might cause obesities which for instance include microbiota but also take into account affect and how emotions play into developing experiences and dealing with obesity. And I find that focus on emotions really, really interesting. So again, as I mentioned, these are just some examples of how we've been moving forward and beyond those dichotomies. But this approach is still mainly focused on obesity, on where it comes from, on what causes it, and on many political, social, physiological and psychological aspects of it.

And a different angle I would like to take and explore, and to be honest, ask you about it and I hope we'll have a little time for discussion, is the difference between fatness and obesity. So sort of to ask, when does obesity start? When can we stop talking about fatness and start talking about obesity? Or does it have to be linear? Does fatness always have to become obesity, or are those two things completely different things? So I guess my question would be when, where and for whom does this changing to obesity happen? Under what circumstances? And certainly not every fat person has obesity. So I'm interested in the boundaries of obesity, or maybe, as I mentioned, one does not change into the other. Maybe they're completely different things and we just assume that they are one and the same. How can we reconcile the biomedical perspective, which tends to see almost any fatness as problematic, so overweight always sort of leading into obesity? And through that cause it's many, many negative consequences, such as the body distortion issues that I mentioned already and critical thought perspectives that question whether fatness or obesity might in fact have negative health consequences for some people.

There's this incredible ambivalence about how they are connected and how to deal with them. And here I'll show you a quote from my research from one of the mothers. Mother of 16 year old Kasha, here's what she told me about her daughter. "She's very overweight according to medical standards. I hope she will take a critical look at herself at some point, but then I want her to accept herself. She's a big girl and she accepts it now. And I think that's good. So I'm not sure how to handle this". And I find that quote really, really striking because she moves between accepting her daughters body and accepting the fact that her fatness is a part of her and that she is actually really happy that her daughter is self confident that she accepts her body and likes her body. But simultaneously, the

biomedical field tells them that that something is wrong with her daughter because she's overweight. Which likely means that she will have obesity. I think that's how the mother saw it, that there is a problem with her daughter and she is quite ambivalent about how to handle that. She talks a lot about wanting her daughter to be confident and not wanting her to, you know, she didn't want to destroy her daughter's confidence and tell her that there's something wrong with her and she's too fat. But at the same time, she was worried that there is something wrong because she's overweight, so she sort of moved also between those two narratives of being fatal and accepting that, or having overweight and that being a problem. And I think that that really shows how many parents and young people have had those narratives, how they struggle with that, with that ambivalence of, of promoting body positivity and liking one's body, but also realizing that overweight or obesity might cause problems for their children.

And I think there's also something quite specific, as I mentioned, when working with children and young people, it is different than studying adults also basically. And not only because children and young people are in the process of development and their bodies are very rapidly changing, but they are also much more vulnerable socially. Psychologically, they have much fewer protections against discrimination and stigmatization that they experience in their lives. And I don't want to say that they don't have agency, very far from saying that, but their daily lives and practices are often really dependent on their parents and families. So children always have to be seen as sort of part of wider community. And again, it's individually and methodologically when doing research, it's a different conversation about one's body and about one's practices and habits with younger people and with adults. So in my thinking about fatness and obesity and the connections between the two, I keep thinking whether obesity is a disease, the question that sort of has been with me for a while already. And there still seems to be quite a lot of confusion around it, and certainly in Poland in the medical field. Many health experts told me that they don't actually treat obesity as a disease, but they think it's a condition that can cause other disease. Yes, and I struggle a lot with that also when asked by media, how do I talk about it? What sort of narrative do I use while taking into account all those issues that I told you about. And so I've decided the way I have framed it so far. I talked about it publicly, is obesity a disease? And I think it's important to recognize it as a disease because there is a power in giving it a name.

As we know from a lot of medical anthropology research, how important it was for them to name and recognize obesity as a disease. Children change the perception of their bodies from being fat to suffering from obesity by embracing the bio pedagogies involved. Due to this transformation, obesity is made into an entitled thing that the children could work on, which was used for coping and change. And that's why I think it's so important to talk about

having obesity and not being obese, to sort of enable us to really recognize it as a disease and something that children have and are or adults have and not are. And it's a in a similar process to what happened in disability studies, right. We no longer say that people are disabled. They say that they do have a disability, so I think that's again something to consider in how we frame and talk about this research because, well, it has consequences, right?

I guess we always have to look at how it's diagnosed and here I think things get quite grim because childhood obesity is still diagnosed mainly based on the percentile. Where at least in Poland, that's really the only tool that's used or one of the main ones. And here is a quote from a doctor. He said "In my opinion, obesity is a problem that is mostly in the head. It's mental, isn't it? All patients are always looking for some justification. I must have some disease because I cannot lose weight. These are the problems of the head. All those decisions about how we eat, how we are physically active. And there are just people who prefer this lifestyle for some reason, they they eat a lot. They don't want to move, they enjoy it for various reasons and reasons. And it is very difficult to". This was actually one of the nationally recognized main doctors dealing with childhood obesity. And it reflects well the mainstream and dominating perspective, which is that obesity is not really a disease and that people bring it on themselves, that they are not physically active and they eat badly.

I'm still puzzled how things have not really moved that much in Poland, although to be honest I did that research already three years ago. So maybe things have changed more. But why I used I used that quote here, I think it's really interesting that we, social anthropologists or social scientists talk so much about the body and the materiality and embodied politics of food, of obesity, of, of many things. But here these medical doctors sort of discuss that it's all mental and I thought that's another interesting comparison, or this dualism that we that we encounter so often. And another part of thinking of whether we see this disease is how ephemeral and uncertain it is actually. And here's a quote "Who said childhood obesity is a challenging diagnosis? Children's body mass index is an imprecise diagnostic of health, leading clinicians interactions with patients and families to focus on the. Initial of future harm, rather than the presence of infirm infirmity or disease. This is complicated by emphasis on certainty in medical care, and, well, he has a rather positive outlook describing how you, as health practitioners, promote long term physical, mental, and social health rather than focusing on the BMI but. Such an approach was, as I already mentioned, relatively very. Important during my reset switch".

Yeah, yeah, but I thought that what was especially interesting here is this emphasis on uncertainty, while also the need for certainty in medical care. I think that this fact, that obesity is so ephemeral and so uncertain and so difficult to put into any kind of

boundaries. Again, it's an important thing to recognize, but also find a way to deal with so finding a way to deal with this uncertainty has been a big part of my own sort of journey of studying childhood obesity. It is those blurred boundaries and uncertainty. I think that makes obesity into such a big problem as well, because it's not neatly put into boxes, right? We can't really neatly put it into one box and have it there because it constantly moves and doesn't want to be put into one box. And there's uncertainty again, I think is something that's really recognized.

So going back to this idea of ambivalence about fatness and obesity, that I really want to find a way to tackle, think, figure out, at least try to. I think that unless we find a way to make a distinction between fatness and obesity and not treat it as two names used to describe the same thing, the same phenomenon, it might be very difficult to move forward. If we keep perceiving obesity as a disease characterized only by excessive fat, then we cannot reconcile that we just can't, I think, because they are distinctive objects. I keep thinking that finding a way, a way to reconcile fatness and obesity might enable us to deal with obesity without causing more harm, to encourage people to exercise and eat well, while being positive about their bodies, no matter their size. So here are some questions that I've been struggling with, and they actually would like to sort of leave out there for discussion. How does accepting fatness come into recognizing obesity as a disease? How to engage in prevention and treatment of obesity without stigmatizing? Who has the power to indicate the boundaries of fatness and of obesity, and how is it done, and how can we account for epistemological and ontological differences in studying obesity? And so, sort of just very quickly, to give you a sense of what I've been thinking so far with some of the answers to those questions are very, very general ones.

How to deal with this ambivalence would be to conceptually discursively and practically disentangle overweight. Obesity I mentioned that already, but I think that this is really a big issue. Account for varied bio, social and cultural understandings of health, and particularly disentangle the notions of health from aesthetics and thinness. Exercise. Treat exercising as something we do to be active or as a form of pleasure, or really spending time and not really to lose weight. Consider community approaches. Think about interdisciplinary research or do interdisciplinary research and then create a new method to move away from the academic, and that's again something I started to think about. Unpacking why the concept of an epidemic or the metaphor of an epidemic does not work, and I started thinking that maybe we should come up with a new metaphor. If that doesn't work, maybe we need something different, more powerful to use. But the only thing I came up with so far is the idea of thinking about childhood obesity as I want as something that is a problem, clearly, but that is really sore and that really needs sensitive approaches and it really needs empathy, empathy and it really needs collaboration to deal with because it's such a

sensitive thing rather than, you know, thinking about it in terms of epidemic and isolation and anxiety. Just think about it in terms of care.