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Society for Medical Anthropology
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On Body Weight and Ontological Violence

When someone loses weight, where does the fat go?

This question, the title of an article in the British Medical Journal, went viral at the start of this year. The researchers had posed it to family doctors, personal trainers, and dieticians. They found that most people thought fat was converted into energy or heat. This is wrong, they reported. Instead, most weight is lost through the breath in the form of carbon dioxide. “We don’t understand metabolism” they concluded, recommending that science curricula be updated to emphasize that our lungs are responsible for unlocking the carbon stored in fat cells, exhaling the weight of the body into the world around us.

That people are ignorant about metabolism and must learn about body weight conversions was a refrain in my research on obesity education in Guatemala. “They think being fat is healthy!” I heard this from many global health educators who saw the widespread desire for fatness as ignorance— the backwards thinking of people who do not understand the true consequences of weight gain. It was a statement routinely followed by another, “They don’t know how to eat; they don’t know how to feed their children.”

In 2004, as the global health community was first becoming concerned about obesity in Guatemala, I began studying how information about healthy weight circulated between policy centers, clinics, classrooms, and everyday life. Scales, calories, and other technologies that teach people to convert activity into body mass have since proliferated. A poster at a regional health center informed patients, “Eating adds weight, exercise subtracts it.” A textbook illustration of a car that was part of nutritionists’ training was captioned, “Think of the body like a car and your food like fuel; when you move, you burn the fuel.”

In the Weight of Obesity: Hunger and Global Health in Postwar Guatemala (UC Press) I show that rather than educate patients about weight conversions, it was often more important for health workers to interact with people in – and on – their own terms. Many nutritionists, wanting to offer meaningful care, skillfully destabilized the equations. Their patients, too poor to afford treatment in private clinics, were typically too poor to ride in cars. The nutritionists would offer instead, “Think of the body like a bus. When you’re traveling on a bus, and they start packing it too full the bus has to work harder. Soon you just get, rrrraaaa” – the noise of a motor stalling.

In the replacement of bus for car the instability of the body becomes apparent. After all, buses in Guatemala are fluid and dynamic, with multiple drivers and streams of human and animal passengers. Though the weight of the cargo may overtax a tired motor, riders are often called upon to push it back into running; the same weight that may cause buses to struggle also keeps them going.

And what about the Guatemalans who believe fatness is healthy? I learned that many were not scientifically mistaken at all, but invoked a notion of fatness that was irreducible to weight. I spoke with countless people diagnosed as obese, who lived with the painful realities of the diagnosis and understood obesity in clinical terms, who still saw fatness as evidence that life was blessed. For them, fatness could be a desirable, ineffable quality of good living—not a quantity to be measured and certainly not something converted by the lungs into carbon. In holding fatness as healthy, they were not wrong. Instead, they operated with different health priorities than those promoted by metabolic equations.

In my book, I suggest that when it comes to dietary health, an emphasis on metric conversions tethers ontological violence to violence that is structural. The violence of political/economic infrastructures that unduly burdens certain (poor, brown) bodies was obvious in the long lines of Guatemala’s massively-defunded public clinics. The patients’ ancestors had been forced onto plantations, their labor – their breath – providing the world with food. Now, as obesity
diagnoses accelerate, the world has nothing to offer in return except expensive medications, healthy diet products, and a metric-based education— all intended to normalize body weight.

But if we understand the inequitable production and distribution of illness as violent, we must also see violence in knowledge systems that frame illness as the domain of the body, as if the body is a natural entity with universally measurable parameters. The metrification of the body — how much it moves, eats, or weighs — does more than elide deep inequalities in access to decent food and healthcare services. It also privileges some types of bodies over others, while ignoring approaches to health that don’t conform to global standards.

The authority underpinning the logic of equivalence in the BMJ article is powerful, but I show in my book that there are other authorities that matter too. The truth of these carbon conversions is simply not true for the bodies of millions of nursing women, whose fat goes into their growing children (no surprise, whose bodies are not considered in these calculations). The truth of these equations also rests upon the stability of unstable units. The boundaries around interior and exterior, self and other, body and environment — taken as solid by so many metabolic calculations — are fluid and unruly in the everyday. Fatness, it turns out, does not always have a weight.

To submit contributions to this column please contact SMA Contributing Editor Megan Carney (megcarney@gmail.com).