Making Sense of the New Global Body Norms

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One of the most profound biological changes for the human species has been the consistent rise in average body mass over the last several decades. In 2015, the World Health Organization reported that some two billion adults were overweight or obese.[1] In all but the poorest nations in sub-Saharan Africa, technically overweight and obese bodies are becoming the new biological norm (Ng et al. 2014). From Fiji to Jamaica, and the United Arab Emirates to the United States, the average adult's body mass index (BMI) is now well into the overweight range. In eight countries—four in the central Pacific and four in the Persian Gulf and North Africa—more than 75 percent of the adult population is overweight or obese. Current accelerating trends in childhood overweight, and the increasing recognition that no one has yet devised any strategy that can reverse obesity at the national level, suggest we all will live in an even fatter planet in the decades ahead (Roberto 2015).

Historically, only the very wealthiest and most powerful had sufficient excess of food and leisure to become overweight or obese. But in recent decades, particularly since World War II, our shrinking world has led to rapidly expanding bodies. Major processes of modernization—including economic growth, market integration, trade liberalization, technological advancement, mechanization, and urbanization—have made high-calorie, high-fat foods cheaper and more accessible (Popkin, Adair, and Ng 2012). These *globalizing* processes have also changed how we organize our work, transport, and leisure time, much of it toward more sitting and less physical activity. As more households engage with the global market economy, take cash employment, and become new global consumers, they tend to become increasingly sedentary and eat more processed foods—and gain additional weight as a result. This historical trend of collective weight gain started sooner and developed more slowly in the wealthiest

nations. But now that it has begun to reach into middle- and even lower-income nations, the speed at which these populations are gaining weight is accelerating as national wealth grows (Hruschka and Brewis 2012).

More recently, however, wealthier nations have followed a different trajectory: as overall wealth and wealth disparities increase, obesity risk has slid down the socioeconomic ladder. We now observe clustering of obesity (and related chronic diseases, such as diabetes) with other compounding markers of social or economic marginalization in wealthier nations such as Australia, the United Kingdom, and the United States. In neighborhoods where incomes are lower, affordable healthy food choices are fewer, exercise opportunities are more limited, and health care is less accessible (e.g., El-Sayed, Scarborough, and Galea 2012). Middle-income nations, such as India and China, appear to be experiencing the beginnings of this same reversal, suggesting that in such countries obesity also will become tied to need, poverty, and vulnerability rather than plenty, wealth, and security (Dinsa et al. 2012).

Concerned by the association between obesity and expensive, deadly chronic diseases such as diabetes and cardiovascular disease, affluent nations of the global north have been fighting a desperate public health and medical "war on obesity" for several decades. These campaigns are now spreading throughout the developing world. But often this massive effort to tackle the "obesity epidemic" looks and feels more like a campaign against fat people themselves (Hansen 2014). At the same time, the social meaning of obese bodies also appears to be shifting rapidly across the world. In a key study based on global data we collected in 2010, we identified fat bodies emerging as a sudden and new, globally shared, moral preoccupation across a wide array of societies. From Mexico and American Samoa to the United States and New Zealand, people expressed negative, judgmental ideas about obese bodies, seemingly as a core cultural norm (Brewis et al. 2011). This global trend toward fat stigma has happened quickly—so quickly that even those of us conducting field research around body norms almost missed it. Over the preceding decades, several of us have conducted detailed ethnographic studies in places where large and curvy bodies were generally viewed in positive terms (Anne E. Becker in Fiji [1995, 2004], Alexandra A. Brewis in Samoa [1998, 2000], Eileen P. Anderson-Fye in Belize [2004]); many other examples also exist in the ethnographic record. These bodies were seen as representing power, beauty, sexual appeal, wealth, social connection, and caring. The sudden, generally unanticipated switch to

globalized fat stigma has happened with exceptional speed, most of it seemingly within the decade. And this shift is happening even as physically obese bodies become more common.

We term these negative attitudes *fat stigma*. We use the word *fat* as a social category or social fact that is deployed subjectively as a descriptor of specific physical bodies. This is in contrast to our utilization of *obesity*, a term that refers to medicalized perspectives on and definitions of large body size. Obesity usually relies on body mass indices and similar standardized measures (see Brewis 2011 for an extended discussion).

The concept of stigma has a long history in social science (beginning with and often circling back to Erving Goffman), and the construct often focuses on the process of an arbitrary characteristic of the individual becoming both socially undesirable and morally discredited. In this manner, the stigma of "being fat" is one of the most significant of modern life, laden with derogatory meaning; the phrase evokes such descriptors as lazy, dirty, unsexy, and unlovable. Ethnographic studies in wealthier Western nations have detailed the devastating emotional suffering such attitudes cause for people labeled as "too fat." Meera and Riccardi (2008) provide particularly compelling accounts of the anguish felt in sharing the stories of bariatric patients preparing for surgery. Fat stigma seems especially prone to internalization as self-blame. And this sense of guilt is tied tightly to the core expressed belief (such as in anti-obesity campaigns or even clinical practice) that obesity is first and best modified by individual efforts. As a result, individual culpability is easily placed by everyone—including those with large bodies themselves—onto people socially stained as "being too fat."

The recent anti-obesity campaigns emerging around the globe tend to describe fat as dangerous and in turn seem to advance the spread of fat stigma (Brewis and Wutich 2014; Campos et al. 2006). In addition, the globalization of social media appears to be part of the trend and helps explain *how* people are exposed to new norms. Nevertheless, these elements alone do not explain fully *why* people would adopt these new body norms with such enthusiasm. As part of our search for an answer, Eileen Anderson-Fye and I organized a School for Advanced Research (SAR) seminar in March 2014. The contributors to this volume participated in that weeklong collaborative effort in Santa Fe to explore this increasingly timely and relevant question. The week's conversations featured a range of perspectives from the fields of anthropology, sociology, psychology,

and psychiatry. That transdisciplinarity proved invaluable to developing a more comprehensive and broad theorization of the fat body as a social and economic agent in the modern world.