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# The emergence of overweight as a disease entity: Measuring up normality

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**Abstract**

As Charles Rosenberg [(2002). The tyranny of diagnosis. *The Milbank Quarterly, 80*, 237–260] has recently written, clinical diagnosis contributes to imposing structure on cultural reality in a manner which is not unproblematic. A social power resides in the process of naming diseases—one, which legitimises concerns, explains reality, naturalises deviance and imposes status. But clinical entities are not static, as both the concerns of society, and the technological ability of practitioners change (what Rosenberg refers to as the ''iatrogenesis of nosology''), so too do the range of labels available for identifying disease.

In this paper, I argue that being ''overweight,'' once predominantly an adjectival descriptor of corpulence, a physical sign or a symptom, and even, in some cultures, a sign of wealth and status, is undergoing the transformation to disease entity. I suggest that evidence of this is present in both the frequency and the way in which the term is being used by the media, the medical establishment and the laity. I argue that this change stems from the convergence of two particular phenomena. The first is the belief in the neutrality of quantification, and the objectivity that measurement brings to qualitative description. The second is the importance attributed to normative appearance in health. I discuss some of the implications of this evolution and its impact on health practices, including the exploitation of this purported disease state for commercial benefit.



*Keywords:* Overweight; Obesity; Diagnosis; Medicalisation

## Introduction

The implications of designating a disease are considerable. A state which might otherwise have been seen as simply bothersome or irritating takes on a new significance when it becomes a diagnosis. As a disease entity, an army of actions and reactions are instituted which convey importance to what may have previously been a merely troublesome phenomenon. It removes the individual, now called a ''patient'' in many cases, from her or his isolation. Having a ''disease'' implies that others suffer from the same ignominy. It creates a mechanism for categorising and ordering social and physical realities. ''At least now I know what it *is*!'' might sigh one newly diagnosed patient, relieved to be able to label his or her affliction; whilst another might shudder to learn the prognosis that a new diagnosis brings to her clinical complaint. Having a disease leads diagnostic, curative, and preventive strategies to fall into place, conveying both legitimacy to, and

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structure for the patient's complaint. The label not only means that the complaint is worthy of serious thought and investigation, it now potentially holds, if not the promise of cure, perhaps a clarification of the probable trajectory. But, having a disease label may also lead to important consequences in the activities of daily life for the disease sufferer, through the manner by which diseases restructure social reality.

Rosenburg and Golden (1992) examine the elusive nature of the disease entity. Grounded perhaps, in biology, but framed in verbal constructs, social contexts, and moral beliefs, diseases have "histories" that relate not only to intellectual advancement, but also to symbolic meanings associated with sets of symptoms or behaviours. These histories may provide precious information about social values as well as about knowledge.

For example, (Dr. Cartwright's (1851/1981, p. 320) oft-quoted 1851 medical descriptions of "drapetomania" or "the disease causing slaves to run away," and "dysaesthesia aethiopis," or "hebetude of mind and obtuse sensibility of body—a disease peculiar to negroes—called by overseers, 'rascality'" are cogent examples of conditions that contemporary critics see firmly founded in social values, rather than in medicine or biology. More recently, in 1994, the American Psychiatric Association discarded the term "homosexuality" from the *Diagnostic and Statistical Manual of Mental Disorders*, reflecting a culture that no longer defines different sexualities as diseases. This does not prevent someone from muttering "that's *sick*!" in the presence of a sexual behaviour he or she finds morally repugnant. Deviance finds its place in disease.

The state of knowledge of the medical community also determines what it chooses to call "illness". For example, the current understanding of neurophysiology allows doctors to diagnose Alzheimer's disease, which, some years ago, would have been considered simply a sign of normal aging. This does not necessarily mean that the condition is new, but rather that the medical community could not previously recognise it as an independent entity. Biological function has not changed to produce a new disease, rather, the ability of medical science to see and classify has. As the knowledge base changes, to too do the notions of what constitutes health and illness as well as what individuals are willing to suffer without redress.

In this paper, I will argue that both popular and medical texts approach overweight as if it were a disease, rather than a descriptive adjective representing a person's weight in the context of populations standards. I base this argument on what I present as a changing approach to the use of the term by the media, the laity and the medical establishment. Cutter (2003) uses Acquired Immunodeficiency Syndrome (AIDS) as a heuristic for understanding how diseases emerge from human constructions of recognisable observables in nature, positioning syndrome identification and symptomatic treatment, aetiological account, preventative and curative treatments and clinical models as important theory-praxis relations in the discovery of AIDS. In overweight, a similar pattern can be observed, with a strong focus on symptom identification underpinning a contemporary preoccupation with epidemiology, eradication, pharmaceuticals, surgical treatment, and clinical monitoring.

### *Documenting the disease status of overweight*

Whilst the contemporary media demonstrate an acute interest in overweight, in almost all cases, they purport to reflect the concerns of the medical fraternity. Following these media items to their source, one can observe that many of the publications generated by the medical establishment approach the issue with both the language and preoccupation usually associated with diagnosable illness. These publications refer to overweight in terms of epidemiology, evaluated for incidence and prevalence; present overweight as a problem or issue, with a range of treatment and prognostic associations; discuss overweight in terms of unique typologies and grade it in terms of severity; and mainly, reveal overweight as an non-subordinated clinical concern, independent of other disease processes, with its own risk and pre-disposing factors.

As part of this study, I undertook a content analysis of articles contained in the Pubmed database since its inception to identify if there were changes present in the way noun "overweight" figured in article titles. Indeed, my analysis demonstrated that, firstly, there was a significant increase over time in number of references to the term overweight; and secondly, there was a significant shift in the use of the word, from sign or symptom, to disease entity. The rules I used to code overweight as a sign or symptom included whether the title used the words "sign," "symptom" or "predisposing factor" to refer to overweight; included overweight in a series of other signs and symptoms;