

## Risky Bigness

### *On Obesity, Eating, and the Ambiguity of “Health”*

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I’m not against health at all, not even a little. But in a time of massive obesity *and* starvation, food plenty *and* food shortage, health isn’t what it used to be. This chapter is about the obesity epidemic, and the relation of risky bigness to what it *feels like* to eat. My claim is that physical health and mental health are duking it out these days and, as a parent says to warring siblings, *somebody’s going to get hurt*. Somebody’s already hurt, actually. The obesity epidemic is widely understood to threaten not just all consumers of Western junk food, but particularly the poor and, in the United States at least, the non-white. This is not only a problem for individuals but a symptom of something askew for entire populations.

What follows is a different kind of explanation for the epidemic of over-feeding that has engendered “obesity” as a word we hear every day. It will not demonize bad habits or individual failures of will, nor cast a conspiratorial gaze at some “obesity industrial complex” for duping people into eating bad, bad foods. It will not argue that people need more “education.” It will also not make a “pro-fat acceptance” argument, although I am entirely on the side of eliminating bodily stigma.

To many these days, the obese body serves as a billboard advert for impending sickness and death. But this chapter considers obesity as an effect of people’s *attachment to life*. Instead of seeing obesity as a disease of the will or as simple irresponsibility, it looks at how exhaustion shapes the reproduction of life at home and at work. This massive and spreading fatigue has changed fundamentally our relation to eating, which is a different topic than our relation to food. I argue that eating provides a kind of rest for the exhausted self, an interruption of being good, conscious, and intentional that feels like a relief. This rejuvenating function has almost nothing to do with

the relative goodness or badness of what one eats, or how. We are now caught in a competition between kinds of health. How can that be?

The contemporary human is fatigued in the literal sense but also a metaphorical one, as in what metal “feels” when it no longer can bear the stress placed on it. I will suggest that eating is like the “self-medicating” practices of drinking, sex, television, sports fandom, video games, and drugs, but not because they’re addictive. (This varies, after all.) My claim is that these kinds of activities provide opportunities to become absorbed in the present, opportunities that suffuse people with the pleasure of engaged appetites and enable people to *feel* more resilient in the everyday. This sense of resilience is different from actual resilience: bodies wear out from the pleasures that help them live on. But the growth of the appetite industries in a world where there is less time to enjoy them says something of the desperate need for relief provided by the pleasures that make it possible to get up tomorrow and do it all over again. We will learn nothing about how to cure self-induced ill health from appetitive excess if we don’t understand its mental health function. Sure, addictive behavior is associated with depression: but it also discharges stress. Legislating more consciousness won’t fix it. Shaming patients won’t fix it: they’ve already learned to dread “health” as a pleasure buzzkill. Knowledge is not really power where the appetites are concerned.

So, I am claiming that this is a better way to think about the rising tide of unhealthy fatness in the United States and Europe. People are tired from work, tired from being good, tired from being overwhelmed by the demands of production and the reproduction of life. Eating can perform a kind of irresponsibility that’s mostly not exuberant (although sometimes “being bad” is a form of minor triumph) but folds a vitalizing pleasure into the spaces of ordinary living. Obesity is an effect of the intensity with which so many people need more and more mental health vacations from their exhaustion. I will close by claiming that any policy advancing more consciousness and intention where eating and the appetites are concerned neglects the place of the rejuvenating pleasures in the maintenance of everyday life. Mental health vacations are beating out the physical virtues, and if this is not an unmixed good, it might be a necessity.

Thus, if the obesity epidemic is a symptom of something, it is not just one motivating thing. What is a symptom? A symptom is a fiction the body develops to tell you that a process that you *can’t see* is awry. Obesity and eating in everyday life are not just symptoms of something off in individuals. They also point to social problems in maintaining equilibrium and optimism in everyday life. This has something to do with work and leisure and how



hard it is to generate an enduring sense of well-being. This is why the pleasure people take in “letting themselves go” might be a pleasure that’s both for *and* against health.

My thought about this began with a beautiful idea of the geographer David Harvey. Harvey writes fabulously polemical books about how globalization affects people’s visceral lives. In *Spaces of Hope*, Harvey writes that under capitalism sickness is defined as the inability to work.<sup>1</sup> When I first read that thought, I could not breathe in the face of its profound truth. Then I thought about Sudafed commercials. Sudafed is a drug that suppresses head-cold symptoms that cause difficulties in breathing. The commercials for it are never about *curing* ill health, though: they’re about managing symptoms so that cold sufferers can go to work while ill, while infectious and infected. The drug is not about getting better, moving toward health, but about treading water, maintaining income and momentum. It is about sacrificing one domain of well-being for health in a few others, namely the economic and emotional. Likewise, many arguments for exercise and healthy eating do not focus on cultivating better health: they’re about having more energy to be more productive.

Harvey was sharing an open secret about contemporary life: it’s overwhelming. Not only must we work to live, but we must do whatever we need to do, including stay sick, in order to work. Harvey’s is not the whole story of capitalism’s effect on health in the “developed world,” but let’s stay awhile with this part of it. He points out that Marx predicted today’s labor-related erosion of our bodily fortitude. Consider the physical and mental tasks any worker faces to become used to the demands of technology and routine. Everyone has to produce energy and develop skills for physical, mental, and emotional labor, skills that have to appear to be part of the body’s hardwiring. All of these domains of competence demand energy from workers, wherever they are in the hierarchy of class privilege. Think of any worker’s accommodations to the rhythms of acceptable hunger and timed breaks within confining work environments that are often both under- and overwhelming. Think of the energy it takes to manage the sociality of lunch and rest along with giving the body what it needs. Think about the ways energy drinks, sugar, and caffeine fuel the process of simply getting by. Think about the imperative to focus amidst distraction, and the imperative to stay in a decent mood. Working the workday requires fatigue management and mood management, efficiency, and affective labor at work and later at home. The project of being reliable to the economic system that ostensibly supports you (while you’re supporting it) therefore choreographs not only your skills but your physical,

cognitive, and emotional energy. Not only that, it shapes how you *imagine* the everyday life of competence, satisfaction, and happiness. The conditions of the reproduction of life shape fantasy itself: one's optimism for living, one's pragmatism about what it takes, and what it would mean not to be sapped by all that. I'm not saying that we are *determined* by the scene of labor, or only miserable in it—not at all—but rather that our bodily lives are shaped pretty significantly by its demands.

Political theorists often phrase this kind of discussion about how citizens experience time, embodiment, consciousness, intention, and action in terms of the concept of *sovereignty*. The sovereign man is not, in theory, a dependent one: he thinks, intends, acts, and has effects. He has a will that shapes life and death, and he uses it; not only that, but he feels it. To have sovereignty is to *feel* sovereign. One's power is identical to one's sense of power. The individual is like a nation, in control over the conditions of life. In fact, democratic nations are supposed to protect the sovereignty of citizens over their everyday lives. One kind of sovereignty secures another. This fantasy of sovereignty produces paranoia as its security force: it posits any potential loss of control as a threat from something *outside*. What's outside threatens to diminish one's sovereignty over one's own personal and political life: as though one had sovereignty over one's own life.

When I call sovereignty a fantasy, I don't mean to demean fantasy. But we were never sovereign. Governors are acting sovereign when they save someone from being put to death. The police are sovereign by proxy when they decide whether or not to arrest you. You may feel sovereign when you make decisions, like obeying a stop sign or protesting, but by then the sense of sovereignty has become something else, a measure of compliance. In short, usually one's sense of autonomy in sovereignty is limited at best, and often points to an unclear situation. We remember the acts we did that we identify with as sovereign acts, producing effects we like, and we forget almost everything else; we also, at the same time, seek to limit our sovereignty by seeking out collaborative relations with all sorts of people, institutions, and governments. We accommodate strangers, intimates, and colleagues, and we expect (if things are just) to be accommodated. We want to accommodate except when we don't; we want to feel free *from* except when we want to feel free *for* and free *with*. Sometimes we like having no control and being unconscious. Usually, we throw ourselves into things without thinking much, and then we want that to work out well.

Thus, the idea that we should be organizing the world around increasing sovereignty in order to diminish irrationality and reduce vulnerability



means that we are being governed by a fantasy that denies other things about how we live. We know that relations of dependency and care are not just concessions but emotional necessities. We know that reciprocity matters in financial and emotional economies, that the concept of trust is both affective and economic. We know that modes of kinship that derive from relations of care are not just normative obligations but foundations for whatever good life we imagine. We know that we act habitually and impulsively all the time, and that life would be unimaginable if we were actually forced to decide consciously at every minute, if we were hypervigilant about matters of life and death like movie monsters waiting to be crossed. This is why I think that, when it comes to appetitive disorders, the discourse of responsibility and consciousness fights against the contradictions and vagaries of how humans must actually operate. This doesn't mean that we're doomed to chaos all the time, either. But we must begin thinking about how to survive and thrive not by imagining people in the tableau of their greatest self-conscious control but by seeing the patterns of activity that at once advance and contradict survival in light of the pressures of contemporary everyday life. Then we need to rethink everyday life.

All of this juggling of actual social involvement and phantasmatic sovereignty takes place in the context of everyday lives that are maximally stressed out. This is to say that the work of getting through the day exhausts our *practical sovereignty*. We are compelled to act responsibly. That is what it means to be competent, an adult. The obesity epidemic, part of the expansion of the physical unhealth we see everywhere, is a symptom of our struggle to survive the day, the week, the month, and the life, an *as-if sovereignty* that depletes resources of compliance from us that we barely have. The stress we experience in environments that are already absorbing the best part of our energy and creativity is so enormous that we are forced to ask whether we can even *imagine* this world as a world organized for health. If not, perhaps it is our fantasy of the good life that needs reparative attention personally, mass culturally, and politically.

The evidence is stark that this symptom of stressed-out bodies and lives pervades the entire world economy. The obesity or "globesity" phenomenon is sweeping the United States as well as the whole Westernizing world.<sup>2</sup> In the contemporary U.S. context, it is motivated not so much by doctors but by insurance companies, health departments, and corporate public relations offices. If this chapter were a living organism, its footnotes would expand daily from a diet of crisis-and-response headlines in mainstream and professional papers, journals, newspapers, and magazines. The first time I pre-

sented this chapter as a talk, the morning headlines heralded a crisis for Kraft Foods, whose profit was depressed by a fall in the rate of increase in Oreo sales and only partially stemmed by real gains in the equally unhealthy breakfast (pseudo)health bar market; the next time I presented this chapter, they broadcast news of a hastily written “cheeseburger bill,” introduced in the Congress to protect companies from litigation stemming from charges that corporate food produced obesity-inducing addiction (this bill was passed as the “Personal Responsibility in Food Consumption Act of 2005”);<sup>3</sup> the third time I presented this chapter, I was greeted by an AOL headline, “Would You Like a Serving of Obesity with That?” which talked about a voluntary trend toward putting nutrition labels on the menus of franchise restaurants; and on the morning of a recent revision, an article appeared in the *New York Times* stating that the French fry is now the most frequently and voluminously eaten vegetable by all children in the United States over fifteen months old, an article soon succeeded by a controversial claim that childhood consumption of French fries leads to increased incidence of adult breast cancer.<sup>4</sup>

In short, one thing that the obesity epidemic is, is a media effect. Some people even talk about it cynically as an orchestrated incitement to sell drugs, services, and newspapers, and to justify new governmental and medical oversight on the populations whose appetites are out of control (a conventional view of the masses, subalterns, the sexual, and so on).<sup>5</sup> Cynicism makes some sense: we learned most recently from AIDS, after all, that the epidemic concept is not a neutral description, but always a contribution to ongoing mechanisms of social distinction. Who’s degenerate, who’s competent, and who’s out of and in control? Is being seriously overweight a personality flaw or a disease? Is adding stress to the healthcare system from the stress of everyday life the same as incompetence in social membership, citizenship, or personhood itself? How we answer these questions shapes the imaginable and pragmatic logics of “cure.”

So, how best to characterize this object, our scene, our case? We know that “the obesity epidemic” unduly burdens the working classes of the contemporary United States, the United Kingdom and, increasingly, all countries in which there is heavy participation in the global processed-food regime. Scientific and journalistic studies recite the phrases in scandalized disbelief: “The number of extremely obese American adults—those who are at least 100 pounds overweight” or with a Body Mass Index of 50 “has quadrupled since the 1980s” and . . . works out to 1 in every 50 adults.”<sup>6</sup> Likewise, the slightly less obese percentages (BMI of 40 or over) grew to 1 in 40, and the percentage of ordinary overweight grew to 1 in 5. The problem requires no



rhetorical hyperbole to match its actual scale. For the first time in the history of the world there are as many overfed as underfed people, and for the first time in the history of the world the overfed are no longer the wealthiest compared to the poor and starving.<sup>7</sup> All Americans, the absolutely and relatively well off as well as the poor, are getting fatter. But it is specifically the bodies of U.S. working-class and subproletarian populations that weaken most intensively from the pressure of obesity on their organs and skeletons. Meanwhile, U.S. and corporate food policy continues to emaciate drastically the land and the bodies of our food producers to the south, in Mexico and South America, as well as those in Africa and rural China.<sup>8</sup>

This inversion is more than an irony or a paradox: mass emaciation and obesity are mirror symptoms of the malnourishment of the poor throughout the contemporary world. But how does the recognition of the contours of a case organize our imagination in responding to it? We understand the need to get food to the underfed poor, and quickly, for that is what they would do if they had the means of production in their hands. As for the overfed, owning the means of production might well produce more overfeeding, more exercise of agency toward death and unhealth, and certainly not against power. Unless one wants to see being overweight as a protest against “elite” notions of health and wealth, there is nothing promising, heroic, or critical about this development.<sup>9</sup>

Long-term problems of embodiment within capitalism, in the zoning of the everyday and the work of getting through it, are less successfully addressed in the typical temporalities of crisis. How else, then, to understand the intersection of the long history of poor people’s shorter lives and the particular conditions of contemporary speed-up—people working harder and longer just to keep afloat? What does it mean for thinking about the ethics of longevity when we consider the consequences of work and sickness in an unequal health system, when, along with having no reliable health care, the poor are increasingly less likely to live long enough to enjoy the good life, a good life whose promise is a fantasy that justifies so much exploitation? How do we think about labor- and consumer-related subjectivities in the same moment since one cannot talk about scandals of the appetite—food, sex, smoking, shopping, and drinking—merely as sites of moral approbation? Social policy in the domain of self-medication must look at the pressures of the workday, the debt cycle, consumer practice, and fantasy. Finally, what does it mean that African Americans and Latino/as are especially bearing this bodily burden along with the symbolic negativity long attached to it, so much so that one physician, a member of the Black Women’s Health

Network, observes that the “most lethal weapon” against African American people in the contemporary United States is the fork?<sup>10</sup>

In short, the bodies of U.S. waged workers will be more fatigued, be in more pain, be less capable of ordinary breathing and working, and die earlier than the bodies of higher income workers, who are also getting fatter, but at a slower rate, and with relatively more opportunity for exercise.<sup>11</sup> Apart from working-class and subproletarian white women, who are more successful in mobilizing bourgeois beauty norms for economic success in the service sector, the overweight and obese poor will find it harder to get and keep jobs, remain healthy, and afford health care for the ensuing diseases.<sup>12</sup> They will become progressively more sedentary not just from the increasing passivity of more sedentary kinds of service work, not just from working more jobs more unevenly, not just because of television, and not just because there are fewer and fewer public spaces in which it is safe and pleasurable to walk, but because it is harder to move, period. They will live the decay of their organs and bodies more explicitly, more painfully, and more overwhelmingly than ever before, and it has become statistically clear that between stress and comorbidity they will die at ages younger than their grandparents and parents.<sup>13</sup> As one African American essayist describes the ongoing familial and cultural lure of the four American food groups—sugar, fat, salt, and caffeine—slow death affords what there is left of the good life for the vast majority of American workers.<sup>14</sup>

The epidemiological and political analysis I’ve focused on here does not much think about what people do when they are eating. I want to close in a different register, brainstorming a bit about what eating is in light of the daily life pressures and environments I’ve been describing. This redescription is not just a pleasure of mine, but an attempt to get a clearer sense of why it is so hard to intervene in the areas of appetites and pleasures without doing a lot of damage to the population most in crisis.

My focus here is on seeing eating as a kind of self-medication, but then rethinking what self-medication is. Marianne Valverde argues that self-medication isn’t merely a weakness of those with diseases of the will.<sup>15</sup> It is often an understandable response to feeling overwhelmed, raw, a misfit. It is also often part of being in a community organized through promises of comfort in a generalized environment of belonging that might be personal (if one is a “regular” somewhere) or anonymous (if one is merely somewhere). Spreading out in these locations can be a temporal, episodic thing, and yet it extends being in the world undramatically.<sup>16</sup> The conviviality of consumption from this perspective marks duration: a different definition of “slow food,”



a concept and a movement that advocates for a way to counter the speeds with which capitalist activity destroys its environments at the same time as it makes living possible.<sup>17</sup>

After all, food is one of the few spaces of controllable, reliable pleasure that people have. Additionally, unlike alcohol or other drugs, food is necessary to existence, part of care of the self, the reproduction of life. How to articulate those urgencies of necessity and pleasure within structural conditions of existence that militate against the flourishing of workers and consumers? The forms of pleasure-spreading I've just been describing are also folded into the activity of doing what's necessary to lubricate the body's movement through capitalized time's shortened circuit—not only speed-up at work but also the specific contexts where making a life involves getting through the day, the week, and the month. Time organized by the near future of the payment of bills and the management of children coexists with the well-being a meal can provide. And although one might imagine that the knowledge of unhealthiness would make parents force themselves and their children into a different food regime, ethnographies of working-class families suggest that economic threats to the family's continuity and the parents' sense of well-being tend to produce households in which food is one of the few stress relievers and one of the few sites of clear continuity between children and parents.<sup>18</sup> Moreover, in scenes of economic struggle kids take on parental stress and seek comfort where the parents do as well, even as they cultivate small differences between adult and children's styles. The complexity of maintaining dependency identifications is simplified, in a sense, in filial relations of eating that function as a scene for the production of happiness in the terms of repeatable pleasure, if not health.

This is the material context for so many: working life exhausts practical sovereignty, the exercise of the will in the scene of the contingencies of survival. At the same time that one builds a life, the pressures of its reproduction can be experienced as exhausting. Eating is a form of ballast against wearing out, but it is also a counter-dissipation. Just like other forms of small pleasure, it can produce an experience of self-abeyance, of floating sideways. In this view, it's not synonymous with agency in the tactical or effectual senses dedicated to self-negation or self-extension, but self-suspension. I am not trying to replace a notion of cognitive will with a notion of involuntary or unconscious activity. In the model I am articulating, both the body and "a life" are not only projects, but also sites of episodic intermission from personality, ways of inhabiting agency differently in small vacations from the will itself, which is so often spent from the pressures of coordinating one's

pace with the pace of the working day, including times of preparation and recovery from this workday. Its pleasures can be seen as interrupting the liberal and capitalist subject called to consciousness, intentionality, and effective will. Self-interruption and the will to survive are not opposites, of course: that is my point. But the other point is that in this scene—where mental and physical health might actually be conflicting aims—the activity of riding a different wave of spreading out or shifting in the everyday also reveals confusions about what it means to have a life. Is it to have health? To love, to have been loved? Is it to achieve a state or a sense of worked-toward enjoyment? Is having a life the process one gets resigned to, after dreaming of the good life, or not even dreaming? Or is “life” as the scene of reliable pleasures located largely in those experiences of coasting, with all that’s implied in that phrase, the shifting, sensual space between pleasure and numbness?

Whatever we do to make a life is, therefore, not usually a project of making oneself or the world *better*, but instead involves attention to making a less bad experience: a reprieve. While this domain of acts is not all unconscious—eating involves many kinds of self-understanding, especially in a culture of shaming and self-consciousness around the moral mirror choosing pleasures so often provides—it is often consciously and unconsciously not about imagining the long haul. The structural position of subaltern lives intensifies this foreshortening of consciousness and fantasy. Under a regime of crisis ordinariness, life feels truncated, more like doggy paddling than swimming out to a magnificent horizon in which all acts accumulate into an impact that can be enjoyed. The agency of eating can make interruptive episodes happen in which suspending the desire to be building toward the good life in rational ways involves cultivating a feeling of well-being that spreads out for a moment, not as a projection toward a future. Paradoxically, of course, at least during this phase of capital, there is less of a future when one eats without an orientation toward it.

What does all this say about the cruel and unusual nourishment of everyday life in the United States? For reasons beyond the sovereign fantasy, maybe the appetitive person is a little like the body politic. Both look constantly for reasons not to give up; both experience cycles of feeling detached, depressed, hopeful, and euphoric; both sense a threat of lost resilience altogether. Still, once in awhile, an episode interrupts the cycle. In these episodes, we throw our lot in with this ideology, that candidate, this snack, that meal in the hope that finally a durable kind of life will arrive where there are more pleasures than defeats. Let’s call it the life drive: whatever else they are, the gestures that create “self-medicating” or lightening spaces in time exhibit fidelity to



mental health, to happiness. They refuse the productive system's insistence that you wear yourself out in order to live.

Mainly people do not live very well in these spaces. For ordinary workers, this attrition of life or pacing of death where the everyday evolves within the complex processes of globalization, law, and state regulation is an old story in a new era.<sup>19</sup> The privileged have slightly more resources for resisting these modes of exhaustion, using their stretched time to eat well, exercise, vacation, and sleep. But hardly. For most, the overwhelming present is less well symbolized by vitalizing images of sustainable life, less guaranteed than ever by the glorious promise of bodily longevity and social security, than it is expressed in regimes of exhausted practical sovereignty, distracted agency, and, sometimes, counter-absorption in episodic refreshment—in sex, in spacing out, in food that is not for thought.

## NOTES

1. David Harvey, "The Body as Accumulation Strategy," in *Spaces of Hope* (Berkeley: University of California Press, 2000), 97–116.

2. Available in World Health Organization documents as early as 1998, and registering typical anxiety about the joke-and-threat status of obesity in public sphere Western rhetoric about it, "globesity" is now in wide circulation in medical and commercial venues. See, for example, George Anderson, "Buzzwords *du Jour*: Prosumers, Metrosexuals, Globesity," *Retail Wire*, September 26, 2003, [http://retailwire.com/Discussions/Sngl\\_Discussion.cfm/9272](http://retailwire.com/Discussions/Sngl_Discussion.cfm/9272); Donna Eberwine, "Globesity: The Crisis of Growing Proportions," *Perspectives in Health Magazine: The Magazine of the Pan American Health Organization* 7, no. 3 (2002), [http://www.paho.org/English/DPI/Number15\\_article2\\_5.htm](http://www.paho.org/English/DPI/Number15_article2_5.htm); Stuart Blackman, "The Enormity of Obesity," *The Scientist* 18, no. 10 (May 24, 2004), [http://the-scientist.com/yr2004/may/feature\\_040524.html](http://the-scientist.com/yr2004/may/feature_040524.html); and multiple articles in *JAMA* and other medical journals. For a recent academic deployment of the term, see Don Kulick and Anne Meneley, "Introduction," in *Fat: The Anthropology of an Obsession* (New York: Jeremy P. Tarcher/Penguin, 2004).

3. The bill was introduced and passed in the House of Representatives in March 2004; the Senate version of the hamburger bill passed on October 19, 2005. See *Personal Responsibility in Food Consumption Act of 2005*, 109<sup>th</sup> Cong., 1<sup>st</sup> sess., H.R. 554, <http://thomas.loc.gov/cgi-bin/query/D?c109:3:/temp/~c109WGW4wP::>. For a legal/cultural reading of this event, see Dalia Lithwick, "My Big Fattening Greek Salad: Are French Fries the New Marlboros?" *Slate*, August 14, 2003, <http://www.slate.com/id/2086970/>.

4. See Laurie Tarkan, "Bananas, Maybe. Peas and Kale? Dream On," *New York Times*, June 21, 2005, <http://www.nytimes.com/2005/06/21/health/nutrition/21pick.html?ex=1130126400&en=e8330837b26798fi&ei=5070>; Melanie Warner, "California Wants to Serve a Warning with Fries," *New York Times*, September 21, 2005, <http://www.nytimes.com/2005/09/21/business/21chips.html>; Roni Rabin, "Study or No, Fries are Still Bad News," *Newsday*, September 20, 2005, <http://www.newsday.com/news/columnists/>

ny-hsroni204433178sep20,0,7848310.column?coll=ny-health-columnists. See also the response from business, for example, *Investors Business Daily*, "California's Low-Fat Diet," October 13, 2005.

5. Eric Oliver, Paul Campos, and Richard Klein, for instance, fight the "cold facts" of the obesity epidemic with their own cold facts, many of which are taken from "fat activists" who proffer their own anti-normative analyses of what should constitute definitions of health and sickness. Speaking a debunking language in the register of scandal to drown out the register of crisis, they do not write with a nuanced understanding of their participation in the discursive, and always processual, historical construction of disease.

6. Roland Sturm, "Increases in Clinically Severe Obesity in the United States, 1986–2000," *Archives of Internal Medicine* 163.18 (October 13, 2003): 2146–48. This fact was reported on throughout the United States. See, for example, the Associated Press report, "Fat Americans Getting Fatter," *CNN*, October 14, 2003. The United Kingdom is comparably described. See <http://www.esrcsocietytoday.ac.uk/ESRCInfoCentre/facts/index55.aspx?ComponentId=12741&SourcePageId=6970>. The increase is also being tracked among adolescents. See Richard A. Miech, Shiriki K. Kumanyika, Nicolas Stettler, Bruce G. Link, Jo C. Phelan, and Virginia W. Chang, "Trends in the Association of Poverty With Overweight Among US Adolescents, 1971–2004,"

*JAMA: Journal of the American Medical Association* 295, no. 20 (May 24/31, 2006): 2385–93.

7. Gary Gardner and Brian Halweil, "Underfed and Overfed: The Global Epidemic of Malnutrition," *Worldwatch*, March 1, 2000, <http://www.worldwatch.org/node/840>. The pandemic nature of unhealthy overweight is registered in countless places. See research summaries in: Sue Y. S. Kimm and Eva Obarzanek, "Childhood Obesity: A New Pandemic of the New Millennium," *Pediatrics* 110, no. 5 (November 2002): 1003–7; Barry M. Popkin, "Using Research on the Obesity Pandemic as a Guide to a Unified Vision of Nutrition," *Public Health Nutrition* 8, no. 1 (September 2005): 724–29(6); A.R.P. Walker, "The Obesity Pandemic. Is It Beyond Control?" *Journal of the Royal Society for the Promotion of Health* 123, no. 3 (September 2003): 150–51. While increasing homogeneity of food distribution in global urban and suburban contexts has made unhealthy overweight a global medical concern, at the same time the norms of what constitutes evidence of bodily thriving remain resolutely local. See Natalie Angier, "Who Is Fat? It Depends on Culture," *New York Times*, November 7, 2000, <http://www.nytimes.com/2000/11/07/science/who-is-fat-it-depends-on-culture.html>.

8. A huge literature exists on the translocal impact of U.S. food policy and neoliberal market practices (often called "reforms") on global food production. A good general introduction to the field is Tim Lang and Michael Heasman, *Food Wars: The Global Battle for Minds, Mouths, and Markets* (London: Earthscan, 2004). But for a sense of the texture of the debates, it is most instructive to track the series of reports on food production politics, policies, and consequences at the World Trade Organization and World Social Forum meetings. You can do this at [alternet.org](http://alternet.org) and [opendemocracy.org](http://opendemocracy.org).

9. Of course, sensible people have argued that obesity and overweight are forms of resistance to the hegemony of the productive/bourgeois body as well as to white class-aspirational beauty culture. My counterargument is that while many forms of ordinary behavior can be phrased in terms of blockage, defense, or aggression, people are more vague and incoherent than this characterization would suggest. There is, in any case, a difference between eating and being fat, and both kinds of activity can be non-commu-



nicative gestures or ways of detaching from, or merely interrupting, a moment. Tracking how people shift within different modes of their own agency requires quite a different imaginary with regard to what it means to do something than is expressed in the transformative fantasy that saturates the concepts of resistance and protest. The scene of this chapter—the obesity epidemic and contexts for thinking about what eating does—is an obstacle to our appetite for drama. So, maybe, sometimes resistance is being acted out in these domains—but mainly not.

10. Dr. Patricia Davidson, “Opening and Welcome,” “Unequal Burden,” and “Access to Care,” National Black Women’s Health conference, April 11, 2003, [http://docs.google.com/gview?a=v&q=cache%3AaAKk9qB053AJ%3Awww.kaisernet.org%2Fhealth\\_cast%2Fuploaded\\_files%2Fo41103\\_nbwhp\\_morning.pdf+patricia+daavidson+unequal+burden+access+to+care&hl=en&gl=us&pli=1](http://docs.google.com/gview?a=v&q=cache%3AaAKk9qB053AJ%3Awww.kaisernet.org%2Fhealth_cast%2Fuploaded_files%2Fo41103_nbwhp_morning.pdf+patricia+daavidson+unequal+burden+access+to+care&hl=en&gl=us&pli=1).

11. See Kenneth F. Adams, Arthur Schatzkin, Tamara B. Harris, Victor Kipnis, Traci Mouw, Rachel Ballard-Barbash, Albert Hollenbeck, and Michael F. Leitzmann, “Overweight, Obesity, and Mortality in a Large Prospective Cohort of Persons 50 to 71 Years Old,” *New England Journal of Medicine* 355, no. 8 (August 24, 2006): 763–78.

12. For a variety of comparisons between women’s eating and mobility patterns, see Jeffery Sobal and Albert J. Stunkard, “Socioeconomic Status and Obesity: A Review of the Literature,” *Psychological Bulletin* 105, no. 2 (March 1989): 260–75; Meg Lovejoy, “Disturbances in the Social Body: Differences in Body Image and Eating Problems Among African American and White Women,” *Gender and Society* 15, no. 2 (April 2001): 239–61. See also See Virginia W. Chang, “U.S. Obesity, Weight Gain, and Socioeconomic Status,” *CHERP Policy Brief* 3, no. 1 (2005); Virginia W. Chang and Diane Lauderdale, “Income Disparities in Body Mass Index and Obesity in the United States, 1971–2002,” *Archives of Internal Medicine* 165, no. 18 (October 10, 2005): 2122–28; and Virginia W. Chang and Nicholas A. Christakis, “Income Inequality and Weight Status in US Metropolitan Areas,” *Social Science and Medicine* 61, no. 1 (July 2005): 83–96.

Chang’s work alone demonstrates the lability of contemporary accounts of the class and racial indicators of overweightness and obesity. In “U.S. Obesity, Weight Gain, and Socioeconomic Status,” she argues that poverty-related obesity presents a variety of significant healthcare challenges in the United States, while claiming that the rate of increase in obesity currently varies significantly across class and locale and that middle-class non-whites are increasing their degree of overweightness faster than the poor. In “Income Inequalities,” though, she and her co-author note that varying degrees of economic inequality in different metropolitan areas does not much affect individuals’ risk of obesity, except for white women who continue to use weight status as a means of class mobility. The implication of the latter article is that income inequality in the United States does not *create* weight-related unhealth, but the implication of “Income Disparities” is that there is nonetheless a *high correlation* between individual income and unhealthy weight because the poor are indeed more likely to be significantly overweight than everyone else. This tension between causality and correlation is what creates much of the polemical and methodological debate over whether weight-related unhealth in the United States presents an epidemic, a problem, or even an interesting phenomenon.

13. For a useful summary of the current literature, see Debra J. Brown, “Everyday Life for Black American Adults: Stress, Emotions, and Blood Pressure,” *Western Journal of Nursing Research* 26, no. 5 (August 2004): 499–514. While the specter of shorter life has

been tracked in the medical and popular press for a while, the clearest current epidemiological representation of this phenomenon is S. Jay Olshansky, Douglas J. Passaro, Ronald C. Hershow, Jennifer Layden, Bruce A. Carnes, Jacob Brody, Leonard Hayflick, Robert N. Butler, David B. Allison, and David S. Ludwig, "A Potential Decline in Life Expectancy in the United States in the 21st Century," *New England Journal of Medicine* 352, no. 11 (March 17, 2005): 1138–45. The popular debate continues. Just after the publication of Rob Stein, "Obesity May Stall Trend of Increasing Longevity," *Washington Post*, March 17, 2005, a counterargument was staged in *Scientific American*. See W. Wayt Gibbs, "Obesity: An Overblown Epidemic?" *Scientific American*, May 23, 2005, <http://www.scientificamerican.com/article.cfm?id=obesity-an-overblown-epid>.

14. Dyann Logwood, "Food for Our Souls," in *Body Outlaws: Young Women Write About Body Image & Identity*, ed. Ophira Edut (Seattle: Seal Press, 2000), 98.

15. See Marianne Valverde, *Diseases of the Will: Alcohol and the Dilemmas of Freedom* (New York: Cambridge University Press, 1998).

16. In using eating in excess of caloric requirements for the reproduction of life as a way to think about lateral agency and some contexts of its materialization, I am refuting the kinds of misconstrual that characterize the subject of appetites (e.g., "people") as always fully present to their motives, desires, feelings, and experiences, or as even desiring to be. For a brilliant performance of this error which goes through all the actuarial and historical material one could want while insisting on a hypercognitive historical actor presently obsessed with eating and fat, see Richard Klein, *Eat Fat* (New York: Pantheon, 1996). For a beautifully written but even more self-contradictory performance of this perspective, see Elspeth Probyn, "Eating Sex," in *Carnal Appetites: Foodsexidentities* (London: Routledge, 2000), 59–77. Adapting Deleuze and Guattari's articulation of the sexual and the alimentary, Probyn argues paradoxically that eating is at once a performative part of the becoming central to the ongoing undoing of the subject in assemblages of processual sensual activity *and* that the appetitive is nonetheless exemplary as a grounding site of self-discovery, self-confirmation, identity, and ethics.

17. The "slow food" movement that emerged in Europe in the 1990s responds to many of the same environmental factors that this chapter details. Along with its critique of neoliberal agricultural policies, it translates the impulsive improvisation around recalibrating the pacing of the day into a collective program for deliberative being in the world in a way opposed to the immediatist, productive one of anxious capital. For a terrific analysis of the phenomenon, see Alison Leitch, "Slow Food and the Politics of Pork Fat: Italian Food and European Identity," *Ethnos* 68, no. 4 (December 2003): 437–62.

18. See Lillian B. Rubin, *Worlds of Pain: Life in the Working-Class Family* (New York: Basic Books, 1977), and Jody Heymann, *Forgotten Families: Ending the Growing Crisis Confronting Children and Working Parents in the Global Economy* (New York: Oxford University Press, 2006).

19. See, for example, Mike Davis's stunning *Late Victorian Holocausts: El Niño Famines and the Making of the Third World* (New York: Verso, 2001).