

## ***Institutional Obesity: A Contextualized Approach to Understanding Childhood Obesity***

*By Kenneth Bailey & Lori Lobenstine*

In July the Journal of American Medical Association (JAMA) ran a short piece by Harvard researchers David Ludwig and Lindsey Murtagh. In it they said that in extreme cases of childhood obesity, state intervention into families (and possible foster care) may be warranted. Ludwig, an obesity specialist at Harvard-affiliated Children's Hospital in Boston, said state intervention "ideally will support not just the child but the whole family, with the goal of reuniting child and family as soon as possible. That may require instruction on parenting."

Needless to say, media outlets then ran wild with the question, getting into the streets and asking passersby, "Should obese children be taken from their parents?" Regardless of the answers (which were frequently in favor of the idea), we feel a journal representing the best thinking of the U.S. medical establishment should never have raised the question in the first place. Regardless of intent, it organizes the public sphere to gaze upon the body of the obese child and their parents and to "see something, say something," as public safety announcements remind us all the time. The medical and media institutions inadvertently created an atmospheric intervention, creating an atmosphere of shame and disgust for the obese child and their (obviously abusive) parents.

### *Descriptions Run Wild*

Here is a classic case of description embedding prescription. Once again the description and political framing of a social problem creates the conditions for ridiculous prescriptions, this time with the description being childhood obesity. Donald Schon, in his book Frame Reflection, pointed to the power of descriptions to conjure up problematic strategies. He wrote about how using the description "blighted property" led to the solution of surgically removing the blight, leading to hazardous urban renewal projects across the US that ruined intact low income communities. In the 90s we saw the description "super predators" deployed to describe youth who were apparently so dangerous that they were beyond any kind of cognitive or behavioral rehabilitation. Again this mythology created the conditions and institutional mood for what we now see as the school-to-prison pipeline for many poor youth of color. And now the description "childhood obesity" has captured the medical institutional imaginary such that it's willing to criminalize children's bodies, blame and punish parents, all while turning a blind eye to larger systemic causes.

There's always political truth in these problematic descriptions: there's always something you can observe, read statistics about, and wag your finger at. And there's always an imbalance of power and scale: these descriptions come from powerful institutions and

describe vulnerable populations and places. One thing we would love to see happen in response to this particular description gone wild would be an adherence to the old adage of “pick on someone your own size.” Institutions should have to describe other institutions. What would it look like if the JAMA had to generate institutional instead of individual descriptions of this problem? What institution is obese, and who is responsible for its dangerous weight? (Sounds eerily like those “banks too large to fail”...)

Unfortunately, institutions tend to see and create truths about problems while omitting and rendering irrelevant any kind of contextual factors. Those factors might lead to them having to challenge their institutional peers or take on complex issues that do not respond well to legislation, policing or individual decision making. What might more contextually appropriate descriptions of childhood obesity look like, and what could they do?

### *Contextually Appropriate Descriptions of Childhood Obesity*

Contextually appropriate descriptions would see childhood obesity as one indicator amongst others of a larger problem. We couldn't just talk about it as if children around the nation made deals to eat themselves silly to bring down the medical industrial complex. We would have to implicate context. The gaze would come off of a set of criminalized bodies and focus instead on standard situations out of which kinds or types of bodies come to be. These descriptions would require institutional accountability as opposed to personal responsibility. The shroud of childhood obesity being fundamentally a problem of poor choices drops to the background as we focus on arrangement of options at a higher order. The following are two examples of what could be more contextually appropriate descriptions, or more robust problem setting, relating to childhood obesity.

#### *Industrial Obesity*

One way of looking at childhood obesity would be to situate it as one of the multiple ways in which our current approach to growth and development is unhealthy. Industrial obesity has reached epic proportions! Whether it's enormous factories leading to climate change, enormous banks leading to the foreclosure crisis, or enormous agribusiness/ food deserts/ fast food companies/ etc. leading to childhood obesity, we can see that industrial obesity is dangerous for our planet and our health. One could make a case that the obese child, along with the foreclosure and climate crises, are the side effects that our current approach to growth and development are leaving behind. If we look at it from this perspective, then JAMA would be better suited to go after the EPA, the US Agribusiness Council or even the Federal Reserve. An approach that said that industries have to support healthy people rather than healthy profits could go a long way to solving childhood obesity. (One that threatened to take bloated industries away from their parents could be even more effective!)

#### *Institutional Obesity*

What if we looked at childhood obesity in the context of institutional obesity? Let's look at the institution that children spend the most time in: school. Of course if you're going to harmoniously try to educate hundreds (or thousands) of students in a school, it

makes sense to have them seated at desks most of the time. If you're going to standardize a curriculum across a city, state or nation, that curriculum will mostly involve students seated and absorbing information, rather than on some messy, hands-on, project-based field trip. One could make a case that childhood obesity is a result of our educational infrastructure being inversely proportioned, with way too much time spent at desks. Perhaps JAMA should go after the Department of Education or the American Association of School Administrators? An approach that looked at how schools could be healthier, more vigorous places of learning might help student weight *and* achievement.

## Conclusion

Frames like childhood obesity seem so simple, even sympathetic, and yet in reality are complex and dangerous. They insidiously focus on the individual—blaming, sympathizing, protecting, horrifying—as if any body (or problem) is the cause of itself. They invariably turn to institutions only in the context of solving problems, rather than causing them.

We can hardly be surprised that institutional thinkers tend to see and attack problems individually and acontextually. There is little incentive or political investment in the kind of thinking required to look broadly and deeply at context, and questioning the powerful is always harder than blaming the weak. However, if we sincerely want a better prescription for public health, we *must* shift from our current, problematic descriptor of childhood obesity. To do so successfully will require large institutional actors—the Surgeon General, the US Department of Health and Human Services, large foundations and other large actors—to step boldly forward with a more robust description than childhood obesity. It's time for them to pick on something their own size!