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Research Article

Power and Surveillance: The Critical Examination of the Medical Construction of Fat

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Abstract

Stigmatization and discrimination against individuals with higher body weights occur in multifarious ways in different cultures. Fatness was not a medical condition or even a health issue a century before. Medical field was more concerned about slenderness. But fatness is assessed as a medical condition nowadays. Upswing in the pathologization of fatness, through which the medical industries thrive is shocking. This paper tries to analyze, with the help of the Foucauldian terminologies- power, panopticon and surveillance, how and why the medical industry medicalizes fat.

Keywords: Fatness, Medicalization, Panopticon, Power, Surveillance

1. Introduction

Michel Foucault's disciplinary modalities of power, especially panopticon have evolved over time [1]. There is an unrelenting growth in surveillance, by which institutions and power structures monitor, and discipline the people. According to Michael Foucault, body and sexuality are social constraints. Power operates everywhere. Knowledge and even truth are defined by power. Power regulates gender roles, morality, beauty and wellness. To Foucault, power is knowledge itself. It subjugates the social agent from human beings to fat bodied/ disabled/ docile bodies. To Foucault, docile body is "not a passive but as malleable, as a contested and contestable site of power and knowledge [2]." The fat bodied becomes an object to medical industry where the person undergoes panoptic surveillance. With the help of social media, advertisements and medical industry, the power wins over the fat.

Fat activists are medicalized for their desires and actions. "The human body is itself a politically inscribed entity, its physiology and morphology shaped by histories and practices of containment and control [3]."

2. Discussion:

The biomedical model of fatness states that the source of ill health is in the individual. It views fatness as one's own choice. Biopower refers to policies and rules that manage the biological functions of a population- births, deaths, reproduction, and health and illness. Foucault's power is circulating throughout the social body. Fat as something to be cured and life threatening becomes inscribed in our mind as part of the thinspirational discourse

propagated by medical and other industries. Biopower operates in the field of medicine by medicalizing and naming fat as obesity, something to be treated and corrected.

2.1 A Brief Overview of Body Types and Normalcy

A century ago, it was believed that the underweight is riskier than the overweight. As decades went by, the standards of perfection as well as health got assessed using the measuring scales. The measured deviation from the hourglass figure of 34-23-35 scale made it compelling for the women to groom themselves. After globalization, we started to forget the reality that, there were cultural and social differences across the world and even among small communities on the beauty standards.

Studying the modern women, in 2015, Brinbridge wrote, “research shows that between 50 and 80 per cent of women are dissatisfied with their bodies, a constantly higher value than that of men.... Parents, friends, enemies, the media, even dolls affect women’s self image. Appearance and attractiveness have been described as personal bill boards [4].” It is sure that this abstraction has surged over time.

2.2 Fat as a Medical Condition

Medical surveillance can be defined as the monitoring, assessment and regulation of the health. Medical diagnosis plays a major role in the social construction of illness. We adjoin all the socio-cultural factors like gender, language, class, culture and economy to construct a base for this biomedical paradigm of fat [5]. It begins from weight monitoring, health risk assessments and lifestyle interventions which even leads to medication and surgery. The medical industry views fatness as a medical problem rather than a natural difference in body type. In this way does the medical (here, weight loss) industry prosper. Medical gaze pathologizes and stigmatizes fat bodies [6]. The fat bodied are thus seen as the disabled who need sudden curing or normalization which is promised to be offered by an expert medical practitioner! BMI calculation to make health risk classification is in itself found erroneous. The terms ‘obese’ and ‘overweight’ are used by the medical professionals and this underpins the stereotypical, negative way in which the society view the fat.

Foucault’s heterotopia is a world where things are different. It contains undesirable bodies trying to create a real utopian space. The heterotopias of fat bodied is a crisis heterotopia which later turns into heterotopias of deviation.

Medicalization of fatness is scientifically planned and supported by huge data ranging from cases of Type II diabetes to heart attacks. The causes of diabesity as leading to high BP, cholesterol, heart disease, stroke, gall bladder disease, osteoarthritis, sleep apnea and breathing problem which ends up in low quality of life shudders us.

Why is the medical industry so dedicated at curing fat people than treating any other disease? Because it is the easiest way to make profit and it is the easiest answer to all diseases. “Helping people to consider themselves ill or at risk of illness provides a platform for piggybacking commercial interests onto medical authority [7].”

Aesthetic medicine, a growing area of research and practice, with 91 percentage of female patients includes the branches like plastic surgery, dermatology, cosmetic dentistry and

liposuction [8,9]. Liposuction/lipoplasty /body contouring is the most requested procedure where 9 women to 1 men do this to normalize themselves. Bariatric surgery/ gastric bypass and other types of weight-loss surgery/ metabolic surgery make changes our digestive system to help us lose weight. The health risks of surgery include breathing problems, blood clots and death.

Dietetic industry is booming day by day. Alternative diets are reducing selected type of food and replacing it. By this, wellbeing is negatively affected sometimes as this diet may end up in nutrient deficiencies. Annie Morgan Elledge observes weight loss as a cure that works to remove the fat people from the future.-Spatial and temporal disciplining of body. “The dietetic project conserves a limited, consumerist, and decontextualized understanding of health... [10]” which is inaccessible for the low-earning.

It is shocking to see the intersection of the medical and the beauty industries in spreading thinspiration. Fatness, body image, weight loss interventions, and societal attitudes toward fat individuals are becoming a topic of discussion but still not a persistent one.

2.3 Self Surveillance

Medical discourse, a dominant discourse supported by power, operates in our life. The disciplinary power operates by conditioning us to watch our activities and bodies and self discipline them so that we need no external power to regulate us. We are devised so that we exert surveillance and discipline, overt or insidious, on the people around us. The root stigmas and conceptions of fat set by the medical industry are shocking for the common people.

Michel Foucault’s concept of panopticon speaks about this self surveillance where people internalize the concepts and standards set by the authority, and self regulate their behaviours [11]. In this context, the ‘patients’ regulate their body through diets, exercise or even medication and surgery. Recording food intake and portion sizes to regulate themselves is common now a days. Apps and online media wholeheartedly appreciate and support such ‘self help’ initiatives where they track the patterns and triggers for unhealthy eating habits. Weight tracking and physical activity tracking are part of this self monitoring and regulating process. Young people of 10 to 24 years are agents of social change and they are constantly exposed to awareness on body weight and the need to regulate their body. The young adopt self calibration as a way to reduce bias. In many ways does the beauty industry intersect with the medical industry. The society should be cautious about the type of control they exercise.

3. Conclusion

The tendency to view the fat as disabled, disfigured, deviant, unfeminine (for women) and unacceptable is a product of social and cultural attitudes. Medical and scientific discourses have been increasingly medicalizing the fat in various ways. The fat bias intensified by the pathologization of fat and disease mongering is a shocking reality indeed. Overemphasis on body surveillance only leads to body dissatisfaction and low self esteem. The power should promote social and medical approaches that prioritize equity and justice for individuals of all body sizes.

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