

**Sylvia R. Karasu M.D.**

The Gravity of Weight

A Towering Babel: Structural Frameworks for Weight

Can we all speak the same language about obesity?



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The story of the Tower of Babel comes from the Book of Genesis in the Bible.

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Most of us are familiar with the Biblical story of the Tower of Babel from Genesis (11: 1-9): the whole world had one language and a common speech and all the people began to build a city and a tower to reach the heavens. The Lord came down to see the city and the tower that the people were building and said, "If as one people speaking the same language they have begun to do this, then nothing they plan to do will be impossible for them.....let's go down and confuse their language so they will not understand each other." So the Lord scattered them from there all over the earth, and they stopped building the city. That is why it was called "Babel" (sounding like the Hebrew word

for "confused")--because there the Lord confused the language of the whole world.

No one really knows whether there was a real Tower of Babel or obviously what it looked like. For art lovers, the best depiction of the Tower of Babel comes from the 16th century Pieter Bruegel painting of the same name that now hangs in the Kunsthistorisches Museum in Vienna (and from whom I graciously received permission to reprint the image of this magnificent painting here.) (Please visit the museum's website, <http://www.khm.at>.) There is even a glorious rock formation called the "Tower of Babel" in the Arches National Park in Utah.



The stone structure "Tower of Babel" in Arches National Park in Utah.

Source: [istock.com/narawon/used](https://www.istock.com/narawon/used) with permission

How is all this, though, relevant to the study of obesity? Researchers in the field cannot agree on how to think about obesity and we can indeed sometimes find ourselves in a confusing muddle of vastly different conceptual frameworks. As I have mentioned in my previous blogs, obesity is defined medically as a threshold based on body mass index, i.e., weight in kilograms divided by height in meters squared. The higher the body mass index, the worse the level of obesity. Simplistically, obesity is an energy imbalance due either to increased consumption of food and/or decreased expenditure of energy.

But is obesity a medical disorder or disease, particularly since it is so prevalent worldwide? Louis Aronne, a major obesity researcher, and his colleagues, acknowledge this is a “controversial” though hardly new question. They believe that obesity “meets all the criteria of a medical disease, including a known etiology, recognized signs and symptoms, and a range of structural and functional changes that culminate in pathological consequences.” Along those lines, obesity has been considered a metabolic (i.e., endocrine) disease, a neurochemical disease, a disease of inflammation, a genetic disease, a viral disease, and even a brain disease. It has also been considered an impulse disorder as evidenced by a failure of self-control. Currently, in the upcoming ICD 10 (International Classification of Diseases by the World Health Organization), it will be classified under the “Endocrine Nutritional and Metabolic Disease” category. It will not, however, be included in the upcoming Diagnostic and Statistical Manual (DSM-V) for psychiatric disorders. Researchers Bachman and Histon (2007) summed it up well, “Before adding the stigma of “brain-damaged” to the high physical and social burden obese persons already bear,” they would like to see more compelling data.



The painting "The Tower of Babel" by Pieter Brueghel the Elder, in the Kunsthistorisches Museum, Vienna

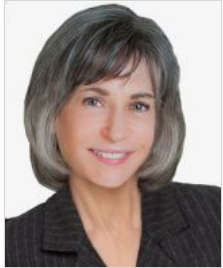
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Not everyone, though, uses a disease model. Power and Schulkin, in their book, *The Evolution of Obesity* (2009) maintain that obesity, rather than a pathological condition, is an example, in terms of evolutionary theory, of “inappropriate adaptation” to our environments that are now laden with energy-dense foods (e.g. sugar, fat, salt) not seen until recent generations and that provide fewer opportunities for physical exertion. Swinburn and colleagues, writing in the British journal *The Lancet* (2011) have called obesity the “result of people responding normally to the obesogenic environments they find themselves in.” Psychiatrist Michael J. Devlin (2007) has called obesity “a cultural disorder of sorts.” The most different language of all, though, comes from those in the National Association for the Advancement of Fat Acceptance (NAAFA), who believe that obesity is an example of body diversity, analogous to sexual, ethnic, or racial diversity, that should be celebrated rather than treated.

Albert Stunkard, one of the field’s most renowned researchers, wrote back in 1959 that obesity is not a single disease with a single etiology. Rather, he saw it as “the end stage of a variety of different conditions with different etiologies.” Because of its complexity, we may never all be able to speak the same language when

it comes to the study of obesity. What likely regulates fat accumulation in humans is determined by many factors, including genetic, environmental, neural, endocrinological, psychosocial, and behavioral. Perhaps, though, we do not need to speak the same language as long as we are open to translation of the many languages we now have.

About the Author



Sylvia R. Karasu, M.D., is a clinical professor of psychiatry at Weill Cornell Medical College and the senior author of *The Gravity of Weight*.

In Print: *The Gravity of Weight: A Clinical Guide to Weight Loss and Maintenance*

Online: my own website

