Obesity: A Lesson from the Venus of Willendorf

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Obesity is often linked to the development of so-called "thrifty" genes that allowed some humans to survive for millions of years in the face of the constant threat of starvation due to persistent lack of available food. This adaptive response was important to the survival of homo sapiens, because it allowed the development of heightened ability to store precious and limited calories in the form of fat deposits in the body. One of the earliest art figures of the human figure is the Venus of Willendorf, a small (4 and 3/8 inch or 11.1 cm) Paleolithic figure housed in the Naturhistorisches Museum in Vienna, Austria (1). The Venus or Woman of Willendorf was discovered by the Jewish archeologist, Josef Szombathy (1853-1943), in 1908. It depicts a pregnant woman with no face (typical of the Paleolithic era), who is also obese and dates back to 22,000 to 24,000 BCE. This Nude Woman of Willendorf suggests that obesity was a normal, desirable, and even idealized feature of being human and/or being a female.

Negative reactions to obesity are found in the 20th and now the 21st century after countless centuries of positive reactions to those who had enough food to be overweight or obese. Scientific literature of the past generation are replete with
articles bemoaning the high prevalence of obesity in the American and the world's population—including children, adolescents, and adults. Various methods are used to identify obesity, including body mass index (BMI), triceps skinfold thickness (TST), bioelectrical impedance analysis, dual x-ray absorptiometry and others. Many studies using these various methods suggest a prevalence of obesity of over 20% in the United States, Europe, Asia, China, India, and many other countries (3).

The result is that millions of obese children, adolescents, and adults are seeking to lose weight using methods that are often unsuccessful in the short or long run. In 2003, the US Surgeon General noted that "Obesity is the terror within ... as real as weapons of mass destruction...." (4). Government, insurance, and medical officials complain about the high medical costs incurred in the United States because of obesity. The weight loss industry has become a multi-billion dollar endeavor that employs a large number of individuals to help many unsuccessfully lose weight, sell costly "weight-loss" products, and support hospitals developing expensive bariatric programs. Weight loss programs have sprung up in the United States and elsewhere making millions of dollars despite no research evidence for significant weight loss in the long run.

A mantra has developed in the late 20th century and early 21st century that has an underlying bias against overweight and obese individuals, who are blamed for their "disease" and told by society to lose weight or suffer the consequences. Art was used from 22,000 BC through the 19th century to glorify obesity, while art of the current era vilifies or mocks obesity. Fernando Botero (1932-)(5) is a well-known artist born in Medellin, Colombia, South America, who has become famous for his drawings using obese and morbidly obese subjects as a way of providing satirical commentaries on contemporary life.

Considerable discrimination awaits the obese child, adolescent, or adult in current society, whether in the form of bullying in school, limited social life, or job refusal. Concern over obesity leads many youth to unhealthy diet practices that involve starvation and/or bulimic features. Some health care providers admit to being repulsed by dealing with obese patients, who may be shuffled between various primary care clinicians and specialists who may not want them in the first place (4). Measures employed by clinicians willing to "help" their obese patients are often unproven, unhelpful, and potentially harmful to their patients.

Indeed, what are the ethics of obesity management for the health care professionals of today? (4). Perhaps proper obesity management begins with an examination of why obesity was desired for so many centuries, an acceptance that obesity is not the patient's fault, that many overweight/obese individuals are happy as well as healthy, and that the economics of current obesity "treatment" must be reexamined and reconfigured (4,6). As we debate various diets and the role of food intake in obesity management, the role of physical exercise for all homo sapiens must be remembered and emphasized (7-10).

References
