CHILDHOOD OBESITY AND THE CULTURAL POLITICS OF LIFESTYLE

THE CULTURAL POLITICS OF YOUTH, HEALTH AND LIFESTYLE IN THE AFTERMATH OF THE CHILDHOOD OBESITY "EPIDEMIC"

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ABSTRACT

In this dissertation I argue that the currency of the childhood obesity "epidemic" as a health crisis is derived largely from processes of representation and reproduction through which fatness has been re-calibrated as something pathogenic. I develop the position that the "childhood obesity epidemic"—influenced as it is by neoliberal notions of what constitutes a healthy individual and a vital body politic—risks exacerbating, rather than mitigating, the vulnerability of children.

The methodology of this project uses the example of lifestyle to illustrate how consensus about the presence of an "obesity epidemic" has been built, the concept of lifestyle being read as representative of how particular constellations of anxiety regulate what counts as true in the developing body of social knowledge concerning childhood obesity. I contend that the problem of lifestyle captures the complexities of the "childhood obesity epidemic" because children are presupposed, in obesity discourses, to be more vulnerable to the sweeping set of social trends brought under the rubric of the "obesity epidemic" than adults.

In what follows, I investigate the rationale for anti-obesity through an investigation of a series of analogous clusters, cases of persuasive ideas borne out of the moral panics subtending childhood obesity. I ask what it means that the child's diminished capacity for autonomous decision-making is considered to be especially critical in the face of popular culture's media "bombardment." More broadly, I focus on the delimiting effect that anti-obesity's politicization of lifestyle has had on recent attempts to think through the articulation of health, consumerism, environment, and the government of risk.

ACKNOWLEDGEMENTS

Introduction

How I Learned to Stop Worrying about Childhood Obesity

> To set the problem in these terms is to imagine a different sense in which
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> vital phenomena, in their multiplicity and indeterminacy, are political....
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> At stake for policy in this hypothesis is not only the distribution of scarce
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> medical resources, but the distribution of claims to rationality in speaking
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> on matters of health.
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> -Monica Greco, "The Politics of Indeterminacy and the Right to Health"
> (2004, 12)

Obesity's Veracity and the Politics of Knowledge

In August 2007, the news satire website *The Onion* posted a video in

which its actors stage a roundtable concerning a rhetorical question, "Are we

doing enough to shame America's obese children?" Each of the four speakers

responds with an insistent "No," stating with mock censure that, by failing to

foster an environment in which shame is proportional to weight and personal

health is a matter of vigilant self-appraisal, parents are leaving their children at

risk of becoming altogether too comfortable with their flabby frames. One

fictional roundtable member implies that whatever ethical reservations she might

have about strategically instilling shame in "America's obese children" are

nullified by her sense that eliminating fat is a personal health necessity. In fact,

her only reservations about employing shame to prevent obesity are pragmatic and

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instrumentalist: she explains that she has tried the technique on her own family without success. Another of the roundtable's characters—Robert Haige, a "Professor of Media & Politics, American University"—responds with phony evidence of humiliation's helpful effects: "Here are some statistics," he says with eyes cast down gravely at a cue card, "a civil regimen of 8-10 insults per day can help a child lose 3 pounds" ("In the Know"). We should take note of the feigned tact of Haige's phrase—"civil regimen"—and the way his interjection satirizes the transposition of expert knowledge and empirical research into a 24-hour news cycle dominated by the allergy to analysis typical of CNN and Fox News. As a result of this unending news blitz, digestible pedagogies of deportment and obesity-fighting prescriptions for public hygiene are offered as easy ways of moralizing about what needs to be done to "end the epidemic."

What is pointed and valuable about *The Onion*'s cheeky intervention is that it captures the tendency of the "epidemic" to inspire discussions about responsibility that go beyond the matter at hand, fat, and ask a host of questions about the economic and social nexus that manufactures fat. Perhaps a problem for policy and population initially, childhood obesity has quickly become an emblem of the unexpected risks of consumer societies, a somatic illustration of Western capitalism's unanticipated spatial effects. *The Onion* neatly parodies the way that fatness is raised as a political issue in light of its contemporary association with a certain structural collapse. The site's authors insinuate that what ossifies speculation on the social meaning of obesity is the underlying suspicion that

fatness, left to foment at the national stage, is like a "time bomb," portending a disaster that will be more damaging for its delayed effects on the overall health of society as a whole. It is for this reason that *The Onion* implies that obesity politics characteristically lack a dialectical quality, or a discursive polyvalence that would permit it to develop beyond the solicitous question of whether fat-fighting efforts are yet extreme enough. Much of this sedimentation of the obesity problem as a crisis is an effect of commercial popular culture's penchant for spectacle, alarmism, and for consistency masked in the appearance of variety: the obesity debate, in other words, presupposes its audience's predisposition to viewing fat as a controversy in order that it may produce this disposition.

When used rhetorically to convey the demographic dilemma posed by a purported childhood obesity "epidemic," the metaphor of the "ticking time bomb" represents fat children's bodies as a bane for public health because of the extra damage foreseen to be caused—at a structural level, and in the future—if measures are not taken to defuse the situation in the present. Bethan Evans has argued that this rhetoric is important for the ways in which it coincides with the model of conceiving time that is characteristic of American militarization especially since September 11, 2001, but extending at least back to the Cold War era: preemption as a security measure comes to operate metonymically as the *modus operandi* of all political decision-making. But rather than taking up the recurrence of the time-bomb in terms of the ways it mirrors the militaristic logic of the "war on obesity," for my purposes the rhetorical symbol of the time-bomb

is significant for its relationship to obesity's discursive effects. The use of the trope in, for example, an Associated Press report on the decline in U.K. children's average physical activity is not meant to convey information, so much as inspire the sense that readers should be fearful of fat.[1]

The obesity epidemic narrative circulates by soliciting anxious speculation on what a veritable tide of fat could potentially mean economically, culturally, and politically. In this way the time-bomb trope functions in much the same way that the action/thriller TV genre employs it: as a means of injecting tension into a usually rather banal story, expediently producing rapt attention in an otherwise media-inundated audience. And its diffuse usage is not limited to the selling of news, either. In national health studies and forecasting research, the time bomb metaphor recurs to reinforce the association between "obesity," consumer trends, and looming disaster. In "The Size and Risks of the International Epidemic of Child Obesity," for example, policy analyst Tim Lobstein compares childhood obesity to a "massive tsunami," a "time bomb" in order to rhetorically punch up his claim that the persistence of "excess body weight" from childhood to adulthood in Europe, North America, and Australia especially, conflicts with a child's "natural growth" (2010, 107).

In a March 2006 lecture Former Surgeon General for the Bush administration Richard Carmona provided a kind of limit case of the embarrassed

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[1] The article reported in 2007 that "95 percent of boys and 99.6 percent of girls fell short of this threshold" for normal physical exertion, but at no point questions whether the image of the "time bomb" is an apt or conscientious way of communicating a discrepancy between the normative standard for and lived undertaking of exercise among young people today (Google News).

alarmism that connects childhood obesity and population, through the rhetoric of warfare, to a squandered future. Carmona asked "Where will our soldiers and sailors and airmen come from? Where will our policemen and firemen come from if the youngsters today are on a trajectory that says they will be obese, laden with cardiovascular disease, increased cancers and a host of other diseases when they reach adulthood?" (CBS News) The fear here is that fat American children, and more particularly boys, cannot be heroes or citizen soldiers, because their infirmities will make them incapable of properly maintaining social order. Carmona's comments are indicative of a post-9/11 masculinized public sphere in which being a good citizen means cultivating a body capable of coping with a future of omnipresent dangers. Indeed, Carmona goes so far as to equate childhood obesity with the threat of terrorism, declaring it to be "the terror within," and speculating that, unless efforts are made to preemptively eliminate obesity from our ranks, "the magnitude of the dilemma will dwarf 9-11 or any other terrorist attempt" (CBSNews). What pedagogical purpose could Carmona's statements possibly serve, when whatever commitment to the future investing in the health of young people today is meant to demand gets reduced to the young person's physical capacity for preserving a hyper-militarized public sphere? Carmona's representation of obesity as a "terror within" frames childhood obesity as an affliction for the nation as a whole, forecasting a future in which fatness leaves the United States unfit to contend with enemy aggression at a time when it is intent on using military means to secure markets worldwide.

Carmona's was for a considerable time an idiomatic and isolated attempt to link the "obesity epidemic" to both public health and security, defense and military readiness. But Carmona has paved the way for more recent diatribes against how childhood obesity undermines the United States' ability to "maintain the fighting readiness of [its] military" (MissionReadiness.org). For example, the "Military Leaders for Kids" non-profit organization currently lobbying for anti-obesity nutrition programs, has stirred anxieties regarding the country's military prowess with their *Mission: Readiness* tract, a document which states that childhood obesity potentially jeopardizes the long-term project of producing fitter future recruits. The report also claims that, if its children continue to put on weight, the U.S. military will face "longer-term eligibility problems" (qtd. in Engber). In speculating that fat people are an "eligibility problem" due to a physiological inability to cope with the stress of combat, Wittert and McLaughlin suggest that:

A concern for… the military may be that obesity may influence not only physical performance but also perceptual motor performance, particularly if preceded by periods of exertion. The ability of military personnel to manipulate weapons or sophisticated electronic equipment with accuracy immediately following physical stress is crucial. It is also possible, assuming that the relationship between obesity and 'clumsiness' persists in

adulthood as some data suggest, that obese individuals will be more prone to

accidents and injuries because of their clumsiness. (697)

How has this projection of obesity's effects on military readiness been able to

generate a sense of emergency, given that military recruitment in the U.S. has

reached record highs in recent years, and shows no signs of abating? The

Department of Defense has stated that enlistment in the military has never been

higher, nor indeed have the recruits been of higher fighting "quality" (Engber).

The fear of childhood obesity's ultimate impact on the nation's projected military

preparedness is reflective of a culture of fear that spontaneously privileges a

normative image of the eligible body defined by its athletic capacity to kill or be

killed.

Excess weight gain has now been provisionally associated, in innumerable

scientific and news articles, to a raft of medical conditions such as heart disease,

Type 2 diabetes, endometrial, breast, and colon cancers, hypertension,

dyslipidemia, stroke, liver and gallbladder disease, sleep apnea, respiratory

problems, osteoarthritis and infertility (among others). In the majority of countries

where comparative data has been collected, "rates of obesity" have reportedly

been rising dramatically over the last 20 years (Ulijaszek and Lofink 338). In the

United States, cases of "severe" or "morbid obesity" have, by some accounts,

quadrupled since 1988 and, at the present moment, roughly 65 percent of adults

are considered (according to the standards for establishing normal body size

instated by the medical "Body Mass Index" or "BMI") to be overweight, while around 30 percent are identified as obese (Kersh and Morone 842). Around 18% of 12- to 19-year- olds in the United States were obese in 2009 to 2010 (Taber et. al 438).

The problem is considered to be especially acute with regard to children: young people have reportedly experienced a tripling of the rate of obesity in some populations (Ulijaszek and Lofink 338). These statistics compel the question: if it is possible to coordinate a campaign, a project, or even a "war," as it is so frequently phrased,[2] that corrects the local habits and structural conditions that appear to produce a general "crisis of fat deposition" (Marvin and Medd 314) on the bodies of younger and younger children, shouldn't all germane institutional power be mobilized to do so? If the "obesity epidemic" is, in other words, a genuine and growing threat to the overall well-being of populations—is it not only irresponsible, but in a certain sense *unthinkable,* to dispute the need for intervention? The political effects of the preemptive question that asks, "Are we doing enough?" constitute the primary foci of my critique in this thesis. After the surprising emergence over the last thirty years of the statistical anomaly of an "obesity epidemic," on average people's bodies are now returning to "normal" (or at least not getter any bigger) (see Gard 2011). And in spite of new evidence that population obesity could potentially be the biological by-product of pervasive

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[2] For an exhaustive account of how the war on obesity has run parallel semantically to the war on terror (following the temporal logic of "preemption," etc.) see Bethan Evans (2010).

industrial toxins, and not the result of foundering self-discipline (Guthman 2011),

anti-obesity countermeasures continue to be devised in the language of regulating

lifestyle and everyday life. Thus, "by virtue," as Kathleen LeBesco explains, "of

[simply, empirically] existing," answers to the statistical anomaly that is obesity

which target environmental causes have the potential of freeing from fault those

fat people that are alleged to have made "immoral choices," but these answers do

not dispel the rumours that fat people are at fault. Indeed, too often such answers

serve to ironically reproduce the politics of accountability by which fat people,

and especially fat young people, are chained to discriminatory assumptions about

the economic and human health burden of obesity. For LeBesco, the search for a

gene responsible for fat is part of a "new consumer eugenics movement aimed at

abolishing aberrations [d]eemed socially or aesthetically undesirable (but far from

life threatening)" (65). LeBesco's account of the political history of the "fat gene"

amounts to an argument for resisting the regularizing force of the new

consumerist shape of an inherently authoritarian eugenicist politics. Nikolas Rose,

in an attempt to analyze the same political conjunction, suggests that a new ethic

of everyday living, of life-style, has emerged through the naturalization of the

individualistic values inherent in the consumer culture of competition. This new

ethic "do[es] not set self-gratification and civility in opposition… but align them

in a virtuous liaison of happiness and profit" (1999, 86). Lebesco is drawing our

attention to a budding scientism of the body that perfectly aligns with

consumerism and consumption as a specific kind of cultural practice and a model

of self-appraisal. Here the injunction leveled by fitness instructor and cohost of

NBC's reality show *The Biggest Loser* Jillian Michaels to a beleaguered

contestant that "*You* must take care of *you*" falls in line with a sense of genetic

superiority—the joke that one has "good genes" because one is thin, and

privileged enough to stay thin ("Week 2").

If the pathologization of obesity since the turn of the millennium has made

weight and weight loss more of an issue for governing the vitality of whole

populations, it has nonetheless renewed normative anxieties about the perceived

disappearance of constraints on body shape, eating, activity and comportment in

general. In spite of signs that obesity rates have largely leveled off globally, the

continued conviction that we are facing an "epidemic" of obesity has incited

certain fantasies of the body's perfectability under late capitalism that collectively

constitute what Judith Butler calls "norms of recognizability," or normative

criteria according to which bodies become intelligible as objects of public

discourse (2009, 6). Marilyn Wann is right to stress that, in this context, both the

subjects and objects of obesity epidemic discourse—the visibly fit and the visibly

fat respectively—"absorb anti-fat beliefs, assumptions, and stereotypes, and also

inevitably come to occupy a position in relation to power arrangements that are

based on weight" (xi). Is the deployment of an "obesity epidemic" primarily about

concern for the health of our bodies, or even about the strength, stability and

sustainability of national economies in a time of unevenly globalized austerity?

Upon closer examination, "the public" is haunted by corpulence not through an

altruistic concern with the well-being of other citizens, but because these other

citizens, in becoming widely fatter, perform iterations of gendered body size

disconcertingly incongruous with historically-specific and contingent fantasies of

ideal embodiment. If the attack on obesity is not just motivated by a capitalistic

interest in removing encumbrances to financial growth but also by a pronounced

cultural and political distaste for what fatness represents, then the health policy

and discourse around the politics of obesity need to be assessed primarily on the

basis of their connections to normative projects of disciplining the body.

The explicit goal or "promise" of health policy today is normativity; or, as

Steve Wing and Leah Schinasi put it, in the era of New Public Health[3],

"preparations are shaped more by disease-oriented institutions of social control

than by health-oriented institutions of social justice" (790). If a version of what

counts as normative must be affirmed in a decisive way in order to make sense of

health as a collective project, the gap between normative constructions of physical

health and the normalizing practices of treatment and health management should

be made radically open to critical inquiry. The point of departure as well as the

undergirding principle of this analysis, then, will be that it is possible to

interrogate what we mean by health, and to question how the "distribution of

claims to rationality" informs the specificity of obesity as a health concern,

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[3] Alan Peterson and Deborah Lupton offer a succinct explanation of the broad mandate of the
contemporary public health edifice when they write that it "takes as its foci the categories of
'population' and 'the environment,' conceived of in their widest sense to include psychological,
social, and physical elements" (ix). In their account New Public Health hinges on two injunctions:
condition citizens to be responsible engineers of individual well-being, and regulate the specific
environmental forces determined to jeopardize human health.

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without rejecting health as an organizing social ideal. The assumption that you cannot have one without the other, and the implicit acceptance of medical knowledge regarding the origins of obesity and the extent to which it signifies an epidemic of squandered potential, is the historical product of what sociologist Nikolas Rose calls the hegemony of "medico-administrative" knowledge (qtd. in Nadesan 107).

However, despite the centrality of medicine in determining the paradigm for discourse about fat subjects today, I am not single-mindedly arguing in this project in favour of, or opposition to, the responsibility of biomedicine to examine, assess or provide solutions to the "epidemic." Instead, I aim to intervene in and augment the work of obesity skeptics by investigating how fat children in the age of obesity are figured as a source of "anxieties regarding citizenship, nation, and subjectivity," and attempting to discern why fat children have been cast as antithetical to the notion of a healthy future (Guthman 188). The corpulent child, subjected to the professional and cultural veracity of the obesity outbreak narrative, has become what Gilles Deleuze referred to as a "dividual," or a statistical unit earmarked and tracked in a manner that freights the body with external political meaning (177). Conceptualizing an "end" to the "obesity epidemic" begins, I argue, by recognizing that anti-obesity ideology, or the project of revising what fatness signifies politically to inaugurate and accommodate demographic trends, has triggered a moral panic and mortal fear of fatness without, crucially, ever needing to confront the primary question raised by

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obesity skepticism: is fat something which, in a real sense, prevents life and the

body from flourishing? I will stress the need for a politically-engaged cultural

studies critique that addresses the effects of childhood obesity discourse in terms

of knowledge production, beginning with the meaning of the purposefully

alarmist "time-bomb" image, which generates anxiety about the health impact of

fatness in order to render moot debates over whether health is a question of social

justice or social control, collective or individual well-being, public or private

wealth. Recognizing that the contexts in which obesity discourse occurs are so

dispersed and varied, I claim that in order to re-read the obesity "epidemic" as the

product of the cultural circulation of medical constructs, one must begin to think

childhood obesity, in Paula Treichler's terms, as an "epidemic of signification"

(160).

    With this concept Treichler describes a "dense citation network," or circuit

of reference and pop cultural translation that overdetermines the conceptual

conditions under which an "epidemic" can be understood (Treichler 160).[4]

Treichler makes the point that medical information—particularly in a time of

crisis—is typically transmitted in "a form of short-hand in which facts, once

admitted, need no longer retain the history of their fabrication" (1992a, p. 86).

Treichler's work recognizes popular culture as a fulcrum of knowledge

production, pedagogy and embodiment upon which determinations about health

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[4] For representative examples of the rigorous application of Treichler's framework for approaching the cultural politics of health, see Priscilla Wald's *Contagious: Cultures, Carriers, and the Outbreak Narrative* (2008) and John Erni's *Unstable Frontiers: Technomedicine and the Cultural Politics of "Curing" AIDS (1994).*

are made. Her method is principally cultural, in that her account of AIDS insists

that biomedical knowledge during the (ongoing) crisis of AIDS is reliant upon

"prior social constructions" and "semantic oppositions" such as "self and not-

self," "normal and abnormal" for its intelligibility (Treichler 15, 35). The most

useful of Treichler's many insights for this study is that entrenched frames for

apprehending body difference (size, gender, sexual orientation, race, and so on)

have as much of a determinate impact on mapping out a health crisis as controlled

empirical studies or the data-focused analysis of population trends.

Our point of departure should therefore be investigating the struggle over

knowledge that underlies the seemingly self-evident concept of " health" in the

individualist discourses surrounding childhood obesity. I am indebted here, in my

conceptualization of the mutability of health as a hyper-commoditized

characteristic of the culturally constructed ideal body, to the vast critical resources

of critical disability studies, obesity skepticism, and embodiment theory. Within

these theoretical frameworks bodies are regarded self-reflexively as the product of

multiple cultural processes, regimes of signification that are frequently hidden

from view in the service of naturalizing rigid identity categories. Disability

studies, in particular, theorizes bodies as the locus of a shared exposure to social

conditioning.[5]

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[5] Sharon L. Snyder and David T. Mitchell's *Cultural Locations of Disability* is an exemplary book for the way it theorizes and historicizes the processes of surveillance through which disabled people gained the cultural blight of biological deviance.

The reason that Treichler's corpus is the *sine qua non* for this study is that it emphasizes the cultural and discursive dimensions of health, but also the way that these particular dimensions – so often jettisoned from official discussions of health and health politics – in fact shape the lived experience of health at the same time that they influence how the boundary between health and illness is imagined. Wherever and whenever threats to private and population health emerge, popular culture is flooded with concerns over which bodies are at risk and where, what makes them at risk, and how one is meant to join in the fight against the foreign agent that has occasioned the emergency. The regularizing and hypostatizing effects of the representation of health are particularly pressing conceptual challenges today, when the spread of medical models through mass culture takes a more global and multifarious form than it has in the past.

How, then, are health crises reified? In what sense does a health crisis presuppose a particular understanding of what it means to be well? Translated into the parlance of newspapers, tweets, blogs, podcasts, sitcoms and reality shows, the saturation of a multiplicity of cultural registers by medical knowledge demands that we confront the ways in which the intersection of technology, politics, culture and medicine informs embodiments in the present. My critical frame of reference in this thesis is a broad one that assumes both the ideological impact of popular culture on institutional and public spheres of activity, and the impact of knowledge from institutional spheres on the representation of health and illness in popular culture. When I use the term "popular culture," I do not mean to

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limit my purview to the mass media proliferation of narratives, statements and

images that construct the "epidemic." Because, as Stuart Hall teaches us in "Notes

on Deconstructing 'the Popular,'" no community exists apart from "the

distribution of cultural power and the relations of cultural force" that shape

knowledge through mass communication. In regarding childhood obesity

preeminently as a social construction, then, my intention is to underscore the

particular currency childhood obesity has in contemporary culture as an indicator

of "altered patterns of life" (Ulijaszek and Lofink 338), and to ask how truth

claims regarding childhood obesity have shaped the meaning of this "menace."

Obesity, from this perspective, must first become thinkable as a cultural

construct, or as what Fredric Jameson called an "ideologeme"—an abstract idea

or "pseudoidea" containing both a conceptual and narrative aspect whose

authority and veracity are formed through successive citation and reiteration.[6]

Thinking the antiobesity movement as reliant upon a problem constructed as an

ideologeme, the project of pro-fat or fat-acceptance groups becomes, in this light,

distinct from, for example, AIDS activists whose mandate is as much a matter of

securing medical resources as it is a question of increasing recognition of the

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[6] Jameson writes in "On Interpretation" that "the basic requirement for the full description of the ideologeme is already given in advance: as a construct it must be susceptible to both a conceptual description and a narrative manifestation all at once. The ideologeme can of course be elaborated in either of these directions, taking on the finished appearance of a philosophical system on the one hand, or that of a cultural text on the other; but the ideological analysis of these finished cultural products requires us to demonstrate each one as a complex work of transformation on the ultimate raw material which is the ideologeme in question. The analyst's work is thus first that of the identification of the ideologeme, and, in many cases, of its initial naming in instances where for whatever reason it had not yet been registered as such" (73).

struggle and dignity of people living with HIV and AIDS. Fat acceptance does not

mandate greater awareness of obesity as an affliction, but rather increased

awareness of the epidemic as an epidemic of signification, and of the genealogy

of the contemporary obesity crisis as a process of re-establishing normative limits

on life and lifestyle. In this sense, fat-acceptance groups would also presumably

require diminished awareness of obesity as a public health issue. This diminished

awareness would consist in a radical rearticulation or erasure of the concept and

category of "obese," and a greater recognition of the need for not only a legal but

also a critical and political vocabulary that contends with fat prejudice as an

entrenched hostility to visible difference.

The obsession with obesity which marks our current moment is intensifying.

And yet, the medical establishment admits that it is in a state of crisis over how to

measure and remodel the impact of the social on the size and tissue of young

bodies (Boon and Clydesdale 2005). Approaching childhood obesity as an

epidemic of *signification* in this context opens up the possibility of reassessing

assumptions that corpulent youth are threats to themselves, to idealized notions of

national vitality, capitalist progress and self-actualization. Provisionally and

improvisationally thinking the etiologies of childhood obesity in terms of rhetoric

and signification may also accomplish the un-thinkable: end the "epidemic." Or

end it, at least, in the fashion that Eric Oliver suggests the end should arrive:

Despite the plethora of apocalyptic warnings, there is no clear evidence that,

for most Americans, their weight is putting them at any health risk. Nor is

obesity an intractable public health problem. Obesity and the obesity epidemic are nothing more than medical constructs. In truth, we could end the obesity epidemic right now if we desired—all we would need to do is to redefine obesity according to the real criterion of a disease. If we simply classified obesity at a level where body fat is incontrovertibly pathological, only a fraction of Americans would qualify and this 'epidemic' would vanish (182).

Here we reach the second major challenge facing critics invested in recovering the history of the obesity narrative's fabrication: the scale of signification represented by the obesity talk that has occurred since the turn of the millennium. Kersh and Morone document this surge in their study of the central place of courts in the battle to re-form obese bodies:

Fewer than a dozen stories on obesity-related public policy appeared in major U.S. media outlets during the final quarter of 1999. The surgeon general issued an alarm, in the form of the first official report on obesity, in 2001. By the final quarter of 2002, the stack of obesity articles topped 1,200—a thousandfold increase. Over 1,400 stories appeared during the second quarter (April–June) of 2003, and the total has remained well over 1,000 stories per quarter since (842).

Several critics working to open up a space to critique the hegemony[7] of obesity

medicine have also used Abigail Saguy and Kevin Riley's structuralist account of

the obesity debate for statistics regarding how rapidly ubiquitous the

representation of an "obesity epidemic" has become. Saguy and Riley's figures are

impressive: their research indicates an increase from just over 3000 news items

written on obesity in 2001, to roughly 7500 in 2003, and an astonishing

coextensive rise from 4000 to 6000 medical research articles published over the

same period (876).

These numbers reflect the spread of what Michael Gard terms the "obesity

vortex," a mystifying whorl of information that—despite being "replete with

untested assertions" (Gard 76) regarding the relationship between a body's habits,

physical proportions and potential vigour— nonetheless use medical arguments to

"justify morality-based fears" (Saguy and Riley 870). Gard describes a "complex

feedback loop in which academics, entrepreneurs, funding bodies and

governments are simultaneously constructing and responding to" a supposed

obesity epidemic that subsequently spirals into apocalyptic thinking (76). It is

important that this process of cynical construction, repetition and response be

interrupted if it is to be possible to potentiate a critical reassessment of the

rationale for attacking obesity at its source.

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[7] Raymond Williams offers the clearest explanation of Antonio Gramsci's concept: "a lived
system of meanings and values– constitutive and constituting – which as they are experienced as
practices appear as reciprocally confirming. It thus constitutes a sense of reality for most people in
the society, a sense of absolute because experienced reality beyond which it is very difficult for
most members of the society to move, in most areas of their lives. It is, that is to say, in the
strongest sense a 'culture', but a culture which has also to be seen as the lived dominance and
subordination of particular classes" (*Marxism and Literature*, 1977, p. 110).

A concern with the specific function of authority in representation to structure public consciousness of particular health emergencies characterizes the work of obesity skeptics,[8] who counter the assumptions about obesity pathology shared by the plenitude of "expert" players tied to "insurance companies, health departments, and corporate PR offices" (Berlant 762) with the argument that obesity research is "formative of the very phenomenon that it concedes" (Butler 10). Obesity scepticism thus sees the object of obesity epidemic discourse (bodies that register too highly on the arbitrary BMI scale) as constituted through "a belief in law-like mathematical regularities in the population, itself dependent upon the collection of data and its tabulation" (Gard & Wright 170). A key challenge in analyzing the historical process of this formation-concession, obesity's "inauguration" as an object of knowledge, is the peremptory frame of emergency reinforced by statistical analysis and the uncontested conflation of fatness with sickness. But a significant political concern for critics like Eric Oliver, Paul Campos, Lauren Berlant or Gard, who declare that the obesity crisis is a kind of fiction or "orchestrated surreality," is that overzealous debunking of obesity's veracity may provide legitimation for the right-wing attack on "nanny state"

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[8] Avowing the critical vocabulary of "an increasing number of what could be called 'obesity skeptics,' including scientists, social scientists, journalists, or others who are skeptical about the extreme claims regarding obesity but do not assert that obesity is not a problem at all," Saguy and Riley sort the controversy into different elements of a moral economy. They describe four groups: antiobesity researchers, antiobesity activists, fat-acceptance researchers, and fat acceptance activists (875). In their account, the former two "anti-obesity" groups equate fatness with risky behaviour, and reframe the increased statistical prevalence of population obesity as an epidemic in order to garner public support for intervention, while the latter two groups insist that fatness is a natural-occurring form of body diversity and that resignifying it as an epidemic distracts from other, more pressing, health concerns.

politics, and potential support for gutting the last vestiges of social protection in a post-Keynesian neoliberal age (Berlant 763). Particularly when theorists such as Berlant—who is, on the surface, acutely aware in her theorization of obesity's omnipresence of the potential for cooptation—"assume the truth of a long string of empirical claims," they risk mobilizing the fat body as a symptom and symbol of "misery under capitalism" (Kirkland 469). The consequence of this conjunction—where the obesity narrative motivates sweeping solutions for withstanding or transcending structural forces—is that the reliability of biomedical regularities fails to be called into question as a primary support for the popular suborning of fat prejudice. While the potential for appropriation should inspire caution against un-dialectical thinking—or against spontaneously and simplistically reading the translation of empirical obesity research into cultural facts about fatness as an overt deception—it should not dissuade us as social critics from addressing the obesity "epidemic" as both a contested ideological edifice and as an unmitigated medical mystery.

Because particular constellations of anxiety (especially when the child is at stake as the centre of debate) have been so effective at infiltrating and inflecting the production of statistics in obesity discourse, I take the position that the project of rethinking vital phenomena, in the case of obesity, must begin with the work of understanding how the problem has been constructed culturally through an uneven competition between conflicting rationalities. I am sympathetic to Jan Wright and Valerie Harwood's position that the reproduction of expert

speculation about the consequences and root causes of obesity among young

people illustrates "the power of science to establish the normative position" (5).

Faith in the ability of scientific scrutiny, genomic research, and the examination

of statistical trends to provide unbiased, technical solutions to the health effects of

obesogenic environment and behaviour jeopardizes the "credibility of authors (as

non-scientists or non-medical researchers)" (5). Annemarie Jutel suggests the

obesity epidemic marks the imposition of medical knowledge, understood as a

supreme "regime of truth,"[9] on supposedly unwitting subjects who lack a

language for contesting the modern medical intolerance of fat bodies (Foucault

131). Using a familiarly Foucauldian lexicon, Annemarie Jutel makes the point

that the labels "overweight" and "obese" have been deployed discursively to

"exploit lay fear of fat and obesity" (67). On this point she also cites Austrian

philosopher and popular critic of "iatrogenesis" Ivan Illich: "Once a society

organizes for a preventative disease-hunt, it gives epidemic proportions to

diagnosis" (qtd. in Jutel 73). What does it mean for *diagnosis*—as opposed to the

disease in-itself—to expand to epidemic proportions? The accepted diagnostic of

fatness (that it is a preventable chronic health condition controllable by the

culture-specific interruption of everyday habits) has spread largely in ways that

imply consensus.

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[9] Michel Foucault explains that "Each society has its regime of truth, its general politics of truth: that is, the types of discourse which it accepts and makes function as true; the mechanisms and instances which enable one to distinguish true and false statements, the means by which each is sanctioned; the techniques and procedures accorded value in the acquisition of truth; the status of those who are charged with saying what counts as true" (131).

It is probably fair to say that many experts feel that consensus regarding obesity's medical and cultural diagnoses is, nonetheless, urgently necessary. At an April 2005 Symposium held at the University of Alberta, physical education theorist Kerry McGannon and I delivered a paper that examined the daily construction of the obesity "epidemic" in four American and four Canadian newspapers, respectively. Our collaboration raised a number of questions about the rhetorical strategies and alarmist metaphors at work in the reporting of scientific research and expert opinion, and the ways in which the articles we collected amplified or silenced particular voices. We explained that our findings suggested that discourses of fear, alarm and loathing, as well as a strong emphasis on individual responsibility, dominate much of the daily news of the "epidemic."

The symposium, concerned with analyzing correlations between media and obesity, was a private, closed event: the attendants were either presenters, media professionals, or policy experts. One particular invitee explained after our presentation that he objected to the rationale for our critique of what he considered to be an essential pedagogical function of the translation of medical investigation into the generic language of news: the creation of due anxiety about a serious issue. From the perspective of this contributor, the only responsible position one could or should take on "the obesity epidemic" was a proselytizing one.

There is—we maintained, and this thesis argues—a more dialectical position. Indeed, in taking up Julie Guthman and Melanie Dupuis' call to develop

"a more dialectical approach that draws on both political economy and cultural studies" (Guthman and Dupuis 428). But, more particularly, I hope to locate and critique the popular roots of the domestic war on fat through a focus on crisis discourses that link youth and fatness to issues of generation and social reproduction. My motivating concern here is that the contemporary authority of obesity alarmism inscribes anti-fat ideology onto young bodies, from infancy to adolescence. It is therefore necessary to propose alternative ways of reading the cultural politics of the "childhood obesity epidemic" as an object of medical analysis that, in particular, politicizes lifestyle in ways that condense pervasive anxieties about life under late capitalism into a single crisis. The compelling visual force of the obese child, backed up by reams of statistical data, creates an entrenched narrative of social decay that impedes our ability to think through the connections between human health, the built environment, manufactured risks and social responsibility more broadly. Thus, taking precedence over the examination of lifestyle as an organizing idea of obesity talk, childhood obesity will be privileged in this study as a means of opening up the conversation to questions about health that extend beyond the physical: the cultural politics of beauty and body size, Government and self-government, and in whose interests the meaning of healthy maturation is determined.

Consumerism and the Pathology of Lifestyle

Long before their bodies signified an epidemic of decadence and disease,

fat children were subjected to a battery of demeaning stereotypes. In the current

moment, however, the "use of health concerns to convey disapproval and

censure" offers a medical foundation for singling out the fat bodies of young

people (Weinstock and Krehbiel 102). As Lisette Burrows and Jan Wright put it,

"it is difficult to envisage the fat child as anything other than 'unhealthy' and/or

morally defunct in a climate where fear of fat has reached such epidemic

proportions" (86). In this context, the relationship of children to their bodies is

increasingly shaped through the mainstream conflation of fat with a growing

normlessness, with the supposed collapse of family values in a time of hyper-

consumption, with a contagious lack of conscience or individual responsibility,

and perhaps most of all with the "epidemic of inactivity" and mass enervation tied

to the use of new technologies of convenience (Burgard 42).

The epistemic tenacity of the "war on obesity" is an effect of obesity's

singular embodiment of "a familiar story about Western decadence and decline….

which pre-dates by centuries the relatively recent spike in overweight and obesity

statistics" (Gard and Wright 2005, 2). Obesity is imagined in political rhetoric to

be necessitated by the spread of an ethos of blind consumption throughout the

social. In a 2006 speech laden with the neoliberal rhetoric of "empowering

individuals" to take responsibility for their health, former UK Prime Minister

Tony Blair said that, rather than being an epidemic in the strictly biological sense,

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obesity represents the costly outcome of "millions of individual decisions, at millions of points in time" (Blair, qtd. in Rawlins 136). Blair's framing of the problem is exemplary in the sense that, like many cases of pathologizing fat bodies, he describes the "crisis" of obesity in individualizing terms as the long term impact of a population habituated to fattening behaviours. The etymological root of "crisis" implies both the turning point of a disease, the moment at which a disease begins to destroy bodies, as well as a crisis of *decision*.

Nikolas Rose's account of the way governmentality operates today provides a clear picture of what it might mean to fight obesity by regulating millions of individual decisions, at millions of points in time. In *Powers of Freedom,* he links the "rhetoric of reaction" which has dismantled the social state to "the emergence of a new way of understanding and acting upon human beings as subjects of freedom" (84). He does so as a means of moving beyond arguments that neoliberalism represents the "revival of an old free-market scepticism over the powers of government" to a discussion of the ways that freedom as a political concept "comes to be understood in terms of the capacity of an autonomous individual to establish an identity through shaping a meaningful everyday life" (84). Rose provides an essential resource for understanding why obesity prevention is becoming a central part of anti-obesity education. I extrapolate his notion of a "new ethical politics… which refuses the idea that politics is a matter of state, parliament, election and party programme" to make the argument that childhood obesity exposes the things which most mystify and trouble us about the

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ways that the economic and cultural complexity of space, or power, shapes

bodies. Indeed, it could be argued that, in diverse professional and political

registers, obesity has sparked a debate over the central problem of what Gilles

Deleuze called the society of control: how does consumption undermine or

attenuate critical agency (where the ability to discern and response to risk is seen

as one potentiality or tendency of that agency)?

For seminal theorist of "healthism" Robert Crawford, as well as for Rose,

the underlying strategy involved in deploying health as a fundamental but highly

mutable value is to effect forms of social control based less on coercion and more

on class anxieties and self-surveillance.). "Healthism" is Crawford's (1980) term

for the ways in which, especially over the last forty years, the pursuit of health has

begun to operate as both an indicator and determinant of social capital through

this process of soliciting increased self-surveillance. When Crawford stresses that

"self-control as a pillar of middle-class identity is employed as a shield against

downward mobility" he is describing the way in which health signifies in excess

of its intended aim and engenders something else: body privilege (416, 2006).

This specific form of body privilege is structured by what Rose calls a "norm of

autonomy" built on encouraging "continuous self-scrutiny, self-dissatisfaction and

self-evaluation in terms of the vocabularies and explanations of expertise" (93,

1999), and on the exclusion of those who lack the resources to perform a civil,

properly self-fashioning practice of freedom, of which children are a preeminent

example.

The global outbreak of fat—from the perspective of people like Blair who invoke the notion of the healthy and autonomous individual—has occurred for "no good reason," in Kathleen LeBesco's words, "other than a lack of control" (LeBesco 29). Eve Sedgwick taught us that "medicalized discourse both lay and clinical" has come to attribute addiction and addictiveness to a seemingly limitless array of everyday acts (132). Following Sedgwick, I argue that the "locus" of childhood obesity is not the obese body itself, nor principally the substance, food, or the insufficient expenditure of energy presumed in medical literature to make it bulkier, but rather the "overarching abstraction that governs the narrative relations between them" (131). The governing abstraction in this case is a "healthy free will. The ability to, let us say, choose (freely) health" (Sedgwick 132), but in the context of the obesity "outbreak" narrative, this will is presumed to be compromised by Western mass culture's construction of self-obsessed, overindulgent consumer-citizens.

Most of the factors associated with "Western decadence" have not been, and likely cannot be, confirmed as causative or constitutive of fatness, let alone illness, by empirical analysis;[10] but this does not seem to affect how consistently obesity is connected through lifestyle to an overarching societal *ennui*. As

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[10] Take the example of TV viewing. Marshall *et. al.* claim that "The mechanisms by which sedentary behaviours contribute to negative health outcomes, particularly overweight and obesity, are not well understood. One hypothesis is that involvement in sedentary behaviour limits the time available for participation in health-enhancing physical activity. Most data do not support this hypothesis and cross sectional and prospective data between TV viewing and adiposity show inconsistent and weak associations" (402).

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Christina Paxson et al. note, the childhood obesity "epidemic" is usually attributed to the "explosive" effects of the following cultural factors:

> increases in television and computer game use that have led to a new generation of "couch potatoes"; the explosive proliferation of fast-food restaurants, many of which market their products to children through media campaigns that tout tie-ins to children's movies and TV shows; increases in sugary and fat-laden foods displayed at children's eye level in supermarkets and advertised on TV; schools that offer children junk food and soda while scaling back physical education classes and recess; working parents who are unable to find the time or energy to cook nutritious meals or supervise outdoor playtime; the exodus of grocery stores from urban centers, sharply reducing access to affordable fresh fruits and vegetables; and suburban sprawl and urban crime, both of which keep children away. (3)

There are also obesity doctors like Arya Sharma who understand that obesity prompts political decisions about "complex issues like the built environment, agricultural subsidies, transportation frameworks, advertising, public safety, poverty as well as funding and access to preventive health care" (371). Sharma argues, in an editorial titled "Obesity is Not a Choice," that to this point policy-based efforts to manage obesity systemically have been a brief history of misled initiatives and ineffectual programs:

Thus far, no health system is yet meeting the challenges of managing

obesity, and no society has developed an effective strategy to prevent it.

The increasing prevalence of obesity appears fundamentally tied to our

westernized lifestyles – high stress levels, no time for families to sit down

to meals, abundant supplies of cheap, highly palatable, energy-dense

foods, automation and elimination of physical activity from our homes and

workplaces, dependence on powered transportation instead of our feet. It is

highly unlikely that any of these conditions are likely to be reversed in the

short term (2009, 371).

The belief that we must now invest in the prevention of childhood obesity is

driven in significant part by the assumption that the child as a subject lacks the

capacity for self-control, especially under the conditions Sharma outlines.

Children are vulnerable to the fattening effects of the built environment because

of their "diminished autonomy," as Clare Herrick puts it (98); for this reason, she

says, "childhood obesity raises much more potent ethical and moral questions

when compared to that among adults" (98). Here she is rewriting the concept of

diminished autonomy as it occurs in public health discussions for the purpose of

applying notions of responsibility and risk to the obesity issue. While autonomy in

medical care and health politics is typically synonymous with the ability to

provide informed consent for various types of treatment, autonomy in the case of

obesity incorporates a wider array of social phenomena: personal autonomy is

imagined to be in conflict with the controlling interference of consumer culture.

While diminished autonomy in medicine generally denotes an inability to freely operationalize the probabilities of success or failure in the case of a given procedure, by contrast a person of diminished autonomy is, in obesity rhetoric, anyone vulnerable to the everyday constraints on behavior (pre)supposed to be obesogenic.

Youth are imagined to be more vulnerable than most, because they have not yet fully achieved the critical autonomy we, somewhat idealistically, believe ourselves (as self-reflective and self-regulating adults) to possess: the ability to exert control over the self and one's health by controlling what we eat and how active we are. The result of the exploitation of the child's diminished autonomy, according to Megan Purcell, is that fat poses a serious threat to the child's very political subjectivity. Purcell argues that in order to thrive socially the child's body must be protected from "chronic diseases," like obesity, which "limit the possibilities for children to actively engage with their communities" and with what she somewhat jingoistically calls the "national community" (5). From Purcell's perspective, the child's development into an active, self-possessed citizen is put at risk by obesity, given that growing up obese is an increasingly stigmatized subject position. Abandoned in Purcell's critique is a thoroughgoing examination of how structural change and environmental transition have been crucial in the genesis of this "epidemic," and a recognition of the troubling ways that this approach to politicizing fat prejudice restores rather than tests assumptions that fat should be stigmatized.

I take up the cultural politics of fat stigma in more detail in my first chapter, "Learning to Live with Fat: Childhood Obesity and the Politics of Contagion," but here I would like to direct critical attention to how the ideology of anti-obesity obscures the material politics of consumerism and (growing) income inequality, making lifestyle itself a terrain of struggle over health. The consequences of representing consumption habits, and by extension the civil self-management of one's lifestyle, as a test of self-worth are considerable because, for youth, the conflation of healthy size with self-control subtly instates an image of the normative body that excludes fat bodies.

It is concern about this line of "healthist" thinking that informs policy interventions like Patrick Luciani and Neil Seeman's recent *XXL: Obesity and the Limits of Shame*, a text that is broadly critical of the "doctrines and protocols" of public health as a field, and its contentious reliance "on shaming the people they are trying to help" (vii). Luciani and Seeman's conception of who is shamed and who is responsible for shaming with regard to the obesity debate is a simplistic one; they see experts as flexing medical muscle over unwitting fat subjects, prescribing monolithic remedies for a massive and multiplicitous public health problem. I am less interested in Seeman and Luciani's somewhat reductionist mapping of the affective terrain of obesity politics than I am in how it informs the patent individualism of their book's basic thesis: that the solution to obesity is something they term "healthy living vouchers" (HLV), or a stipend allotted to obese individuals to fund a personal programme of body correction. Their

argument is not mere rhetoric; they imagine the HLV as a radical solution to the crises of contemporary public health, serving the purpose of strategically (and, we should remember, temporarily) creating parity in health distribution to eliminate obesity.

Offering a temporary influx of money as an incentive for weight loss is currently being experimented with by Britain's National Health Service, in the form of a "Pounds for Pounds" pilot scheme in which participants are given 1£ for each pound they permanently drop during their involvement. Luciani and Seeman's assumption that the "cash for fat" approach adopted by the NHS as an experiment in offsetting the estimated 7 billion pound strain obesity purportedly places on the country's health budget is also, in some sense, an anti-discriminatory means of undoing the shaming effects of antiobesity pedagogy seems baseless. Rather than devoting public funds to weighing the validity of theories regarding obesity's etiology, which might inform both a lasting change in public health and an anti-discriminatory language for thinking and talking about fat, the effect is to cement the prejudicial association of weight with personal responsibility, and the equation of weight loss with financial gain.

No doubt believing themselves to be reacting in good conscience against social environments engendered by hyperconsumerism that appear to make fatness compulsory for the poor and avoidable for those with means, anti-obesity campaigns have begun to spring up increasingly in major North American cities. In Cincinnati, advocates pledging to "close the health gap" posted billboards that

asked the sensationalistic question, "Are We Feeding Our Kids to Death?"

Consider an analogous attempt by PETA, through its own national billboard ad

campaign, to convince a public shocked into fear of fatness that a convenient way

to "Save the Whales" (as the ads contemptuously figure the objects of the war on

obesity) is to eliminate animal products from our diet. When key fat acceptance

activist Marilyn Wann appeared on CNN to dispute the ethics, legality and

effectiveness of the latter campaign, her pleas to PETA to stop advancing its

important agenda "on the backs of fat people" were dismissed by both the show's

eponymous talking-head Jane Velez-Mitchell and PETA co-founder Ingrid

Newkirk ("Fat shaming…"). What is telling about the disdain with which Velez-

Mitchell and Newkirk reacted to Wann's criticisms is the insistent way in which

the two "fit" people on-screen casually and confidently employed the rhetoric of

at-risk youth to trivialize Wann, a visibly fat person's, intervention. To Wann's

demand that PETA stop suborning fat prejudice Newkirk responds:

> I'm awfully sorry, but sometimes you need tough love. What we're talking
>
> about here are two issues. One is a lack of discipline from most people who
>
> are overweight or obese, who are setting a very bad example for children.
>
> And the other is cruelty to animals…. We have an obesity epidemic among
>
> children, and being fat and coddling fat people to look that way doesn't help
>
> our kids to eat right (Youtube.com).

The Cincinnati campaign contains a number of features common to the kind of

anti-obesity rhetoric this thesis examines. Most obvious is the use of the figure of

the scourge of childhood obesity as a talking-point, purported public health menace, cultural construction, and peremptory political issue.

Why does reinforcing the rationality of a childhood "obesity epidemic" afford Newkirk and Velez-Mitchell the privilege of shirking Wann's criticism? In the context of what is nominally a televised debate, their invocation of the spectre of overweight and obese youth shows how the child-in-jeopardy acts as a figure of social decay that implies a "consensus that… is impossible to refuse" (Edelman 2). The child "serves to… prescribe," according to queer theorist Lee Edelman, "what will count as political discourse—by compelling such discourse to accede in advance to the reality of a collective future" that obesity is said to put in crisis (11).

At stake here is the way in which the scientific weight of obesity knowledge, especially as it pertains to overweight and obese kids, tends to eclipse a more meaningful discussion of how cultural norms regarding the body's proportions (or looking "that way") are manufactured. We should be asking what prior construction of knowledge regarding bodies and discipline buttresses both Newkirk's patronizing declaration that Wann and her obese ilk "need tough love" and the PETA President's accusation that obese adults are, in a very material sense, disproportionately responsible for the cruelty perpetrated on animals in the United States. The absurdity of the accusation that Western methods of meat production are governed by the insatiability of individual obese Westerners (rather than, say, the logic of accumulation) is masked by an appeal to "common

sense" assumptions that obese adults present a contagiously undisciplined model of body management to young people. Newkirk and Velez-Mitchell's response to Wann presupposes that their viewers have internalized and accepted the notion that obesity is a "lifestyle disease;" they presume their viewers will agree that people who "look that way," obese people, pose a particular threat to the overall value and vitality of their communities

Unhealthy Frames[11]

Michael Gard confronts the fatphobic zeitgeist of contemporary mainstream thinking on obesity by challenging his colleagues, the critics of obesity's accepted rationality, to adapt a "promiscuous intellectual advocacy" (42) that responds critically, and without spontaneously sympathizing with the assertions made in "like-minded friends'" work, to the motile feedback loop which encourages belief in the need for medical oversight of the regulation of weight. What we might call Gard's "promiscuity imperative" echoes Lauren Berlant's sense that researching obesity—which, as an object of inquiry in the present, is continually shifting and taking on new corollaries—requires social critics and scientific experts to adopt techniques of "analytic improvisation"

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[11] I have employed this term, "frames," in multiple registers thus far, and need to acknowledge my indebtedness to Judith Butler's articulation of the concept in *Frames of War* (2009)*,* in which the theorist claims convincingly that social frames for perceiving others are reiterated in ways that establish a border between lives that are worth living, and lives whose precariousness can be seen as inherent to their subject position and as a threat to the self-possession of valorized subjects.

(763). My sense is that, for Gard and for Berlant, a level of improvisation is necessitated by the fact that, in the case of obesity, diagnosis is relational and, in the words of Phil Brown, "carried out by multiple social actors, including medical professionals, researchers, government agencies, private corporations, social movements, and legal institutions" (3). This thesis aspires to assume an approach based on a reading of this notion of improvisation, an interdisciplinary attempt to intervene in the processes (medical, political or cultural) through which obesity is "diagnosed" and by which that diagnosis circulates.

In Chapter 1, "Learning to Live with Fat," I focus on the ways that the concept of contagion can be read as the crux of discussions in scholarship, popular culture, and politics about the role of visual culture and social networks in shaping perceived norms of body size. Here I contend that "heightened media attention" to "the high prevalence and dangers of obesity" (Haines et al. 2008, S18) has made obese and non-obese children more at risk of being subjected to fatphobic stigmatization, and that fat acceptance pedagogies and pro-fat counterpublics can and have evolved out of a dialogue between critical race theory and contemporary fat studies. The suicides of fat youth are a particularly important basis for countering the cultural dominance of anxieties about the fat child's danger to the persistence of "healthy" body norms.

In Chapter 2, "The Cogency of Imminent Risk," I discuss how concepts of population and governmentality are at the core of political efforts to curb obesity rates. While acknowledging the ways that society under neoliberal capitalism puts

children at risk, I suggest that responses to the childhood obesity "epidemic"

illustrate an ironic tendency to displace children from the concerns of the present.

Central to this chapter is Claudia Castañeda's outline of the three elements that

provide for the child's special role as symbolic of social reproduction: these

include "the child's status as a natural human body; the processual character of

that embodiment; and its imaginative potency" (9). Castañeda argues

convincingly that "we have, can, and indeed must make claims about the child"

(11), and that the claims historically reflect an adult fear of the "fragility of

growth," or the possibility that a child's development will be interrupted (24). I

show how scientific speculation on the impact obesity may have on quality of life

and life expectancy among the coming generation of children unfairly

pathologizes fatness in terms of global risks.

In Chapter 3, "Beyond 'Solving Obesity Within a Generation,'" I offer a

theory of what Ulrich Beck termed the "risk society" that underlines the centrality

of obese children to anxieties about the global, unanticipated risks of

modernization, as well as to efforts at imagining a future of diminished risks. This

chapter shows how the dominant tendencies of anti-obesity discourse—including

political anxieties about the economic future of nations, about the willpower and

self-interest of individuals, about the integrity of the family as a system of social

reproduction—all hinge on the figure of the child as symbolic of the future, as

lacking critical agency, or as the normative investment of the domestic family

unit. This chapter shows how the dominant tendencies of anti-obesity discourse—

including political anxieties about the economic future of nations, the willpower and self-interest of individuals, the integrity of the family as a system of social reproduction—all hinge on the figure of the child as symbolic of the future, as lacking critical agency or as the fundamental investment of the traditional heteronormative family unit.

Finally, in Chapter 4—"When Does it Matter? Obesity and Toxicity in the Built Environment"—I consider the "built environment" as a term within obesity research and politics that attempts to draw together size, social context, and the possibility of collective survival amidst looming ecological crises. The concept of the "built environment" has been key to obesity discourse's capacity for speculating on which aspects of our consumer ecologies might contribute to the obesity trend, and which do not. While the prevailing neoliberal logic of market governance would appear to conflict with the sometimes radical restructurings of the built environment proposed by anti-obesity research groups, in many cases the fear, especially, of fat "contaminating" populations of young people has succeeded in creating programs aimed at de-familiarizing children with their environments. The result has been a push to invent and implement reforms to the spaces and places of everyday life capable of addressing at a structural level the conditions that produced the "obesity epidemic."

Regarding each of these sites of concern as a part of the broader obesity "outbreak" narrative, it becomes apparent how efficiently the issue of fluctuating population BMI levels engenders pedagogies of health and individualism (in the

form of media campaigns complete with public billboards, PSAs, expert interview circuits, etc). In terms of the way my argument is constructed as a whole, each chapter builds from the work of the "fat acceptance" movement and its staunch investment in ending fat stigma by critiquing the sources and sites of cultural power by which anti-fat bias is reproduced. That said, in order to critically examine the ethos and ethics of anti-obesity interventionism, the point is to resist the tendency to "fill in the very large gaps" that continue to exist in our knowledge of population obesity with assumptions, political proclivities, and disciplinary fidelities that preclude rather than motivate further critical analysis (Gard 36). Obesity skeptics (and more specifically North American skeptics) tend to stress that scientific truth is on their side and that the obesity "epidemic" is the product of corrupt scientific practice, a tendency that, without meaning to, reproduces the primacy of medicine as a source of truth on the issue.

Jan Wright and Valerie Walkerdine's *Biopolitics and the Obesity Epidemic* attempts to complicate this problem by destabilizing the rationality that counts bodily difference as obesity, sustaining the figure of an obesity epidemic through the reiteration of statistics based in applying the BMI, a "godsend for researchers," to population trends (Evans 89). The premise of Wright and Walkerdine's anthology is principally to examine how the obesity epidemic and related practices are dependent on various pedagogies (ranging across new and old forms of media) that have been devised to normalize everyday practices in the interest of managing body weight at the level of population. The editors link the

cultural and pedagogical with the bio-political in order to "understand the body as a political space" (7) and to clarify the conditions under which the "truths" of the obesity epidemic are produced and consumed. These truth claims originating in population study not only inform government policy, health promotion initiatives, web resources, school practices, and an increasingly diffuse set of other cultural sites; they also influence the manner in which "children and young people come to know themselves" (1). Rather than delineating between medical empiricism and semiotic analysis in this context, I take issue with the medicalization of everyday life that has occurred in response to this peculiar "lifestyle" epidemic on the basis of the following set of axial and axiomatic questions, and in an effort to support the work of achieving broad-based fat acceptance: to what degree does the pathologization of fat children's bodies according to the medical equation of fat with disorder militate against a compassionate and nuanced understanding of the obesity problem? What alternative discourses need to exist to enable us to ask questions about the inverse relationship between weight and a body's capacity to feel well, exert agency, and fashion oneself as a subject to be taken seriously? How do particular disciplinary investments interpellate scholars and intellectuals as political actors, in the case of obesity?

Chapter 1

Learning to Live with Fat: Childhood Obesity and the Politics of Contagion

> Strategies for defending fat bodies vary. In some cases it is about acceptance...
>
> learning to live with fat rather than dealing with constant anxiety of the failure
>
> to remove fat …. A strategy of fat acceptance implies a sense of defeat or
>
> possibly tolerance and perhaps even celebration as society learns to live with
>
> fat bodies, sewers, and cities.
>
> - Simon Marvin and Will Medd, "Metabolisms of obecity: flows of fat
> through bodies, cities, and sewers"

In an October 2009 article in Canada's newspaper of record *The Globe &*
Mail, Sarah Boesveld speculates that rising "Body Mass Index" values among
North Americans, combined with the sudden appearance of images in a variety of
cultural registers that "suggest it's okay to be fat," has created a cultural climate
of unprecedented fat acceptance. In a more recent case of the *Globe* disseminating
an overtly fatphobic perspective, columnist Judith Timson laments "the
proliferation of overweight kids":

> It used to be that most kids *looked the same* — wiry and fidgety, with
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> bony knees peeking out from shorts in the summer, and snowsuits making
>
> them look adorably padded in the winter. *Now you can see* padded kids in
>
> summer and it's not adorable" (2011, my emphasis).

This, Timson insists, "is where the outrage should be directed," at the slow generational slide of Westerners into overnutrition, idleness and illness. The key here is that Timson emphasizes the threat of the visible fat body itself: "Now you can see" the proliferation of fat young people, Timson claims, and beyond being just "not adorable," this proliferation is represented as a threat to the cohesive and normative sameness of population size and health. The "advent" of obesity heralds what Boesveld terms the "fat moment," a moment at which fat and larger bodies become all-too-familiar and, socially and culturally, no longer signify as aberrant or extraordinary, but rather normal and everyday. One of the vexing effects of this transition, for Boesveld, is that "the public" is made more susceptible to "obesity" through a gradual cultural process of expanding the normative limits for body size.

What are the politics of intolerant and itinerant concerns over the perceived normalization of fat, a normalization emphasized in many mainstream news sources and reinforced by carefully commissioned "expert" opinion? As Weight Watchers' health policy expert and lobbyist Zoe Hellman put it in the U.K.'s conservative newspaper *The Daily Telegraph*, in an article describing a shift in obesity policy toward more libertarian measures: "So many of us are now overweight that people don't even recognize it any more; it's more normal today to be overweight than not, which is a pretty frightening situation to have reached" (Donnelly). The notion of an anomalously "fat moment" requiring the urgent re-regularization of children exposes a central, self-evident, yet frequently mystified

fact of the obesity "epidemic": that the public defended in the "war on obesity" is a public that summons the authority of public health and preventive medicine to marginalize fat bodies and voices. Sentiments like Boesveld, Timson, and Hellman's—framed in the future anterior so as to predict, protect and foreclose upon the future—represent a popular fear that fatness is on the verge of becoming entirely naturalized, a concern that "letting oneself go" has invaded the mainstream.

A useful text for contextualizing our "fat moment" is ABC Family's short-lived teen "dramedy" *Huge*—a show that, when it debuted in 2010, was read alongside a spate of shows (mostly comedies and reality TV) dealing with the fat experience as indicative of a sea change in the kinds of constraints placed on images of fat bodies in popular culture. In two articles from Fox News and CNN, *Huge* was politicized upon its debut as having the potential to make fat seem dangerously "ordinary" to its young, impressionable audience. Holly McKay wrote for Fox News that "shows which feature heavily overweight or obese characters embracing their weight problem as an acceptable lifestyle"—which the protagonist "Wil" on *Huge* does—send the wrong message. Raising the question of whether "Shows Focusing on Overweight Characters Further [the] Obesity Problem," McKay's article proffers a securitized notion of the public through an argument that frames favourable media representations of fat as a potential threat, reflecting anxieties about the fattening effects such representations might have on youth. CNN offered a slightly more sophisticated account of *Huge'*s particular

significance in the age of obesity. Denise Mann describes "expert" concerns with how the show might "cast a sympathetic light on the plight of overweight teens," and the way in which it also downplays the complexity of teen obesity. Mann speaks here to the cultural imperative to "contain" the representation of fatness. The matter of "containing," as an essentially liberal project of coping with cultural difference, has many histories. "Containment" in a contemporary filmic/televisual context, for Mosher, "pretend[s] to protect fat people from the possibility of degradation or exploitation" by ensuring that representation of, in particular, fat erotica is rigidly regulated (Mosher 171); that is, ensuring that representations of the transgressive body (particularly any form of fat sexuality) are all but withheld entirely.

Huge spanned ten episodes before being cancelled by ABC due to poor ratings, but during the course of these ten episodes the show demonstrated a deep sympathy for victims of weight bias, provided positive and varied representations of the experience of being big and young, and undermined normative containments of corpulence with unabashed depictions of desiring and desirable fat youth. It is all the more disconcerting, for this reason, that the show was not only received as part of a "new wave of entertainment" that purportedly makes it "trendy to be fat"—NBC's The Biggest Loser, Fox's More to Love (the subject of a spoof on Huge as a dating show entitled "Love Handles"), MTV's I Used to Be Fat, CBS's Mike and Molly, and Lifetime's Drop Dead Diva, to name only a representative selection—but as a text that, in making fat seem innocuous and

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acceptable, threatens the consolidated normative front necessary to prevent obesity. Sasha Paley's *Huge* is an example of an effort to translate fat bodies from fiction to the domain of the visible. One of the fundamental risks of this type of translation for fat subjects is whether that representation will be met with stigma or sympathy. In the case of the televisual adaptation of Paley's text, this translative process subjected its star Nikki Blonsky to fatphobic readings of her body as, itself, a kind of contagion.

In this chapter, I ask how the translation of antiobesity ideology into images, in the context of a visual panic that inflects and infects the fat body's legibility, might place corpulent children in the stigmatized position of signifying the collapse of the future in the present. In her reading of the ways that visual culture stereotypes the public identities of particular subject positions, Ange-Marie Hancock delineates four principal aspects of the politics of disgust, and while all are relevant to the current discussion, the fourth aspect of disgust/intolerance—"a distinct lack of political solidarity between citizens who are and citizens who are not part of the target population of the legislation at issue" (6-7)—is particularly useful for reading the cultural dynamics of the obesity "epidemic." Images play a decisive role in limiting the possibilities for political solidarity in both the racial context of rendering welfare recipients as a needless bane on state funds and in constructing "the obese" as a homogenous group whose shared characteristics vex public health.

For example, images of the "headless stomach" (or fat bodies represented in popular culture with heads cropped under the pretense of protecting the subject photographed) circulate as reminders that the visual culture of obesity represents fat as a reprehensible identity requiring some form of cover-up. The effect of fatphobic stereotypes and judgments brought to bear on these images, and the reality of being fat to which they refer, is that the possibility of acting individually or collectively within available democratic modes of public-making and public-shaping becomes increasingly to be seen as a "negative right" (Roberts 1997, 309). The persistence of unequally distributed social opportunities and the misdistribution of wealth are permitted within the democratic framework of liberty as freedom from state power. In contrast, what Dorothy Roberts describes as "positive" liberty is constituted through the active responsibilities of governments to foster self-determination through rigorous protection from "degradation" (309). Especially in the United States, then, emerging policies that medicalize the consumer lifestyles of fat people, framing them as problems for the management of obesity, may ultimately lessen the drain on health care to some extent, but this still amounts to blaming the social condition of disadvantaged groups on the individual choices of those within those groups.

The present chapter can only provide a selective compendium of some of the genres of fat-focused spectacle—the "headless stomach," the unkempt, the suicidal, the addicted, diseased, etc. I am interested here not only in film and television, but also in the visual language of fat-focused images and texts that

appear and circulate online. A crucial part of both Michelle Obama's Let's Move!

campaign and the CBC's "Live Right Now" project—two recent high-profile anti-

obesity measures that target culture and education as sites of struggle—has been

the incorporation of things like flash mobs, web confessionals and online missives

from the First Lady, competitions for obesity-fighting iOS applications, and other

visual and virtual pedagogical strategies intended to exploit the unique appeal of

new media to young people. When pop singer Beyoncé, for example, volunteers

to lead a flash mob group of schoolchildren in a frenetic cafeteria party

(embedded in a slew of webpages under the title "Move Your Body"), her efforts

to engage children directly as the objects of an "inactivity crisis" by means of her

celebrity imprimatur inaugurate the New Public Health's specific approach to

combating obesity through cultural interventions. Employing their recognizability

and global appeal for the purpose of increasing critical awareness of the bulging

bodies of young people, Beyoncé and Obama aim primarily to effect a change in

the signification of fat bodies in contemporary culture.

Yet, what has been too often displaced in the technocratic drive to map out

and understand this "epidemic," is any discussion about the increased cultural

stereotyping of fat people. That said, at their first Summit on Weight Bias and

Discrimination, members of the Canadian Obesity Network and media outlined

the project of working through how "a deeply ingrained stigma against obesity"

affects "individual Canadians, the health system, employers and the economy"

("1st Canadian Summit" 2011). Presentations were replete with data sets and

grave warnings about the material and metaphorical costs of a widespread but under-recognized bias against large bodies. The motivating cause of the CON conference as a whole—to not only raise the issue of fatphobia as a persistent but unapparent form of discrimination, but also raise awareness of the potential for a surge in weight prejudice as a result of obesity's meteoric rise to the top of a growing number of national health agendas—is an intensely relevant one at the current moment. Keynote presenter Rebecca Puhl explained in the press surrounding the CON conference that the basic message of scholars concerned with weight prejudice should be that stigma is equally "a social justice issue and a public health problem" (qtd. in Crawford, 2011). But is fat stigma preeminently an issue of public health, or of social justice? Under what conditions do public health and social justice not overlap? What is the relationship between the medicalization of obese bodies and the enduring stigmatization of being-fat? Stereotyping attitudes toward fat are detrimental, Puhl suggests, mainly because they foster "unhealthy behaviours that reinforce weight gain" (qtd. in Kirkey, 2011). This prevalent notion of an isomorphic relationship between discriminatory attitudes toward fatness and "unhealthy [read: fattening] behaviours" politicizes weight prejudice only in terms of the capacity of the stigmatized to shed the source of their alienation and conform to normative standards for physical fitness.

Progressive on the surface, Puhl's pairing of population health management and social justice here is a difficult one to reconcile, due to the fact

that her principal aim is to highlight the significant medical scrutiny paid to the

ways that self-loathing, in measurable ways, can contribute to further weight gain

or militate against the ability of overweight and obese people to reduce their size

(see Strauss and Pollack 2003; Meunnig 2008). Although Puhl's lecture was no

doubt intended as a demonstration of the ways that systemic fat prejudice renders

the struggle of "the obese" exponentially more painful and difficult, the effect of

her comments is to blame the victim by arguing that the persistence of fatness

accounts for the perpetuation of fat stigma.

Fat stigma is an area of critical study that cannot wait for, or rely

exclusively upon, the accumulation of data. If the fear of a fat populace makes an

increasing number of young people "vulnerable to the social consequences of

obesity" (Craig 41), it is important to understand the representational modes

through which that transmission occurs. Anti-obesity projects employ stigma, I

contend, as a kind of visual vaccine, a defamiliarization of fatness in the service

of preventing the perceived collapse of physical standards for body size. The

function of stigmatizing images of the fat body is as a characteristically liberal

means of replacing a dangerous complacency about fat with intolerance. Stigma

employed as kind of antivirus protection functions to emphasize that obesity is "a

truly autonomous biological condition," and to stereotype it as such (Satel 149).

In the words of Sally Satel, if obesity and the assortment of individual

"behaviours" that are seen to cause it are understood to "portend humiliation"—

that is, if fat people are made to feel as though they "wear their unhealthy

decisions"— then individuals will be faced with a powerful societal imperative to more closely control their weight (149). The reason we should interpret the function of stigmatizing images of the fat body as a characteristically liberal means of replacing complacency about fat with intolerance is that they are not meant to mobilize him or her on the basis of anxiety over the potential for societal scorn. Assessing the rhetoric surrounding the fading power of norms regarding body shape and body care alongside obesity documentaries, in particular, exposes the ways in which the "obesity epidemic" contains a tendency toward repulsion that often openly denigrates fat people. Understanding the atomizing social costs of size discrimination is as important here as considering the specific "visual power" of the anti-obesity message conveyed in public service announcements (PSAs), documentaries, web videos, advertisements, and diffused more broadly throughout popular culture.

Stigma and the Visual Vocabulary of Anti-Obesity

A primary question here will be, then, how a society of the spectacle represents and encodes the problem of childhood obesity. In what ways has the urgency of obesity as a problem for public health been exploited to, in effect, legitimate shocking and denigrating images of fatness? Here my intervention stresses the importance of grasping the effects of anti-obesity pedagogy on the objectified populations constructed as "at-risk," especially where such campaigns vilify fat youth. For instance, in gruesome photos of flabby necks encircled by a

noose of sausage links, a wide mid-section rigged with butter stick explosives, and a woman in her robe immobilized on the kitchen floor after ingesting a lethal number of pill-shaped chocolate candies, the PR company Blattner Brunner makes an emphatic visual statement of obesity's connections to lifestyle management and the implication of a certain self-determination with regard to health, size and death. The images, intended as an exercise in advertising bariatric surgery, went "viral" in the virtual sense of being suddenly embedded and reproduced in manifold pages across the net. The images exemplify contemporary hostilities to fat bodies, in the sense that they both persuade the knowledgeable viewer that fatness is, now, a matter of "eating ourselves to death," and that, in the face of the futility of resisting an ostensibly fat-friendly culture, the only two options are a slow suicide (however symbolic and proleptic), or expensive and dangerous surgery.

How is the metaphor of suicide deployed in discussions of this crisis, and in what ways has fatness-as-suicide been literalized in visual culture as a marker of obesity's symbolic exclusion from an ideal polis? The equation of a (debatable) decrease in life expectancy as a result of being obese—or what Berlant terms "slow death"—with suicide is not only the effect of the inherent alarmism of employing the epidemic metaphor; it is also an attempt to further inscribe fatness with the erasing of agency and vitality. In a ubiquitously quoted sound-bite for obesity's demographic origins, obesity researcher and popular anti-obesity drug advocate George Bray suggests that our "genes load the gun, [and] the

environment pulls the trigger" (qtd. in Brownell, 24). Bray means for these violent tropes to function as a way of endorsing sympathy for "the obese," by taking choice out of the equation and making genetics and ecology the issue, but the rhetorical effect is to reinforce the comparison of fat with a self-inflicted gunshot wound! My argument aligns with McVey et. al.'s in "How Children See Themselves," which suggests that "teaching children and families to have tolerance for diversity, including diversity in size and shape, is paramount to decreasing body dissatisfaction and reversing social discrimination against overweight and obese individuals" (1025), taking their point that creating deeper tolerance for diverse body sizes is "especially important given the link between weight-based teasing and depression or suicide in youth" (1025). The denigration of fatness as a fault, a sign of disease or a defect in itself, in this instance, makes the tenuous links between fat and lowered life expectancy moot, as it becomes clear that fat stigma and identifying the sources and forces of fat discrimination in visual culture are sounder targets for improving population health than politicizing the health effects of lifestyle.

When the 13-year-old South Wales student Laura Rhodes wrote in her suicide letter that she was "fat, ugly and worthless," and as a result intended to take her own life, she was at once expressing an unwillingness to be exposed to further fatphobic bullying, and the debilitating psychic effects of having one's size stigmatized. On the fateful morning in September 2005 that she and her friend Rebecca Ling resolved to carry through on their suicide pact—their only

perceived escape from fatphobia—Laura wrote that she "got up, walked over to my door, took off the school clothes…. [and] was a shocking size 24" (Rhodes). "I just ate and ate," she writes, "I didn't care any more. I shoved myself into it and went downstairs. I put in my lunchbox and I felt my heart start to beat faster, a gripping pain inside myself, but no, this wasn't a special day, this was every day. This had gone on for a few weeks now" (Rhodes). If we follow Michael J. Cholbi's convincing claim that there are manifold situations in which suicidal ideation, because it is indicates a "nihilistic disenchantment," not only authorizes, but demands precisely the kind of coercive surveillance and brute interruption characteristic of "biopower."[12]

The bleakness of being fat and young today necessitates that we think through suicide as a regulated result, the symptom, of a stigmatizing disposition of the visible. Jacques Peuchet, in the 1846 tract *On Suicide,* translated famously by Karl Marx, expresses it well: "When one has noted all these things, one cannot comprehend how, in the name of what authority, an individual can be ordered to care about an existence that our customs, our prejudices, our laws, and our mores trample under foot" (Peuchet 49). And in a different diction Cholbi asserts

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[12] What Foucault's otherwise illuminating account of the role of suicide in forming early sociology misses is the baleful ordinariness of suicide contemplated and committed as a result of, rather than at the "borders" of, the governing of health and death. Foucault represents the history of studying suicide in *History of Sexuality, Volume 1* in terms of an "astonishment," an act that represents the "interstices of power," to highlight the history of the determination to die, or what Foucault calls the "individual accident," as an object of power/knowledge: "This determination to die, strange and yet so persistent and constant in its manifestations, and consequently so difficult to explain as being due to particular circumstances or individual accidents, was one of the first astonishments of a society in which political power had assigned itself the task of administering life" (139).

something similar, returning to his notion of nihilistic disenchantment: "suicidal agents care little for their own happiness, because their state is such that they have come to have a diminished conception of the personal good that constitutes their happiness" (Cholbi 247). Suicidal ideation for Cholbi is precisely the annihilation of the possibility of conceiving self-worth, the evacuation of all that is possibly self-validating. Again the particular position of fat adolescents (and certainly adults, as well—among a whole range of injuriously interpellated subjectivities) confounds this issue. If a regulatory force of cultural representation vigorously rescinds all dignifying indicia of one's "humanity," the "fundamental dignity" of one's life, then it becomes untenable to figure that person's act of taking their own life as a moral infraction.

Claims by fat advocates and obesity sceptics that the obesity "epidemic" has engendered pedagogies of healthiest individualism (in the form of viral video campaigns or public billboards) that implicitly shame the fat body are beginning to emerge as the fulcrum of a backlash against the still largely univocal debate regarding what must be done to curtail obesity rates. When, for example, the Disney corporation introduced its "Habit Heroes" attraction at one of its parks in February 2012, the show's characterization of stereotypically fattening lifestyle traits (inactivity, overeating, etc.) as embodied fat villains provoked the ire of fat-acceptance groups, concerned parents, and even obesity doctors. Facing a somehow unexpected public relations backlash, Disney quickly closed the show

for "retooling," but the effect of Habit Heroes—to conflate fat with an uncivil expression of individual freedom—had already taken place (Freedhoff 2012).

The National Association to Advance Fat Acceptance has taken issue recently with the advertising campaigns currently targeting childhood obesity in Georgia, led by the state's "Children's Health Alliance." The Alliance's video advertisements portray portly children complaining of fatigue, bullying, and so on, but their billboards—which are the main target of NAAFA's outrage—are a great deal more blunt, as they depict children in black and white, somber faces evoking an equivocal empathy, with a vivid orange "WARNING" written under each. The warning that reads "Stocky, chubby, chunky are still fat" is ostensibly aimed at parents presumed to rely on euphemistic language to exonerate their child's obesity and their complicity in it. The campaign's other health "warnings" are more revealing for our purposes here: signs which read "WARNING: Chubby isn't cute if it leads to diabetes" and "My fat may be funny to you, but it's killing me" speak directly to the purported threat of fatness' banalization. The controversy that has dogged the Alliance's campaign forced its Chairman Ron Frieson to defend its shock doctrine to WBRL News in Columbus, GA. Frieson cites the unverifiable (but nonetheless frequently reproduced) statistic that "Seventy-five percent of parents of obese kids do not acknowledge that their kids are obese;" hence the Alliance's investment in denaturalizing and re-stigmatizing weight by labeling and libeling it as "fat," something supposedly extraneous and unnatural in children (WBRL). The sense that fat adults and their children are

incapable of perceiving the aberrance of their size—and that, as *Newsweek*

reported, "grave misperceptions about weight," about what constitutes normal

weight, are responsible for perpetuating the so-called "epidemic"—is dependent

on the specious comparison of population obesity rates to anecdotal data.

Observing that rates of obesity have tripled in the last decade and that parents

rarely report that their children are problematically overweight, the "F as in Fat"

policy report from which the BBC derived the assumption that "we have all

adjusted to overweight being the norm" faults parents as wardens of a society in

which fatness has been made synonymous with a failure to thrive. Reports like

these characterize parents as oblivious when, after being shown selected images

of corpulent children, they "mis-categorise" a child "as being [at] a healthier

weight than they are" (Hope). Parents' failure to perceive fat as a blight and

indicator of illness, or inability to categorize bodies as normal or abnormal based

on the child's Body Mass Index, is read, too, as exacerbating the problem of

childhood obesity. The importance of parents learning to diagnose the dimensions

of their children in terms of rigid and medicalizing categories of body

morphology is rationalized through the injunction to stop the "epidemic."

For a documentary invested in undermining acquiescence to fatness and

emphasizing its inherent morbidity and abnormality, Steven Greenstreet's

reactionary 2008 documentary, *Killer at Large*, serves as a good example of a text

that sees obesity as a "mystery of our civilization" and even a "crime on the body"

(Greenstreet). The film opens with the dilemma of Brooke Bates, a sixteen-year-

old in Texas who, after "struggling many years with weight problems" and dealing with the "emotional scars" of being fat, opts, under the guidance of her parents, to have liposuction. Gratuitous shots of Bates nearly naked and manipulating her flesh to show her surgeon particular "trouble areas" give way to disturbing scenes of the procedure itself. While we are left wondering what could possibly necessitate this extreme response to adolescent adiposity, Greenstreet flashes through a litany of medical problems associated with obesity, juxtaposing it with images of outbreak maps, pictures of appendages lost to diabetes, and images of expert talking heads who describe how "shocking" and "shameful" the scale of the problem has become.

The Canadian government's recently renewed "ParticipACTION" ad campaign makes the point, in perhaps the most lurid way imaginable, that kids have got to get outside. Children are seen playing bingo, driving motorized wheelchairs, discussing pacemakers, bypass surgery, heart attacks, and colonoscopies. In caricaturing Canadian kids as indistinguishable from octogenarians, prematurely immobilized by age and illness, the campaign tactically adopts a pedagogy of hyperbole to emphasize how obesity has perverted childhood social relations. The implication of the ads is that children move between conditions of confinement and addiction that forfeit their bodies to chronic health problems: the home with its virtual amusements, the school and the mall with their endless indulgences. Private comfort or uninterrupted shelter, in the case of most Western kids, excludes the out-of-doors and, the story goes,

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displaces play from childhood altogether, leaving us with an idle class of youth whose allergy to activity leaves them unfit to reproduce the social.

In a similar example of isolating the substance, adipose, as a means of inspiring disgust in the viewer, the New York Department of Health introduced an anti-soda ad campaign that involved a web PSA and public ads depicting a man guzzling a glass full of brownish, goopy fat. As the man tips back his glass, globs of fat stream down his cheeks and the message "drinking one can of soda a day… can make you 10 pounds fatter per year" appears, interspersed with more images of fat falling to a plate, then sliding amorphously off the side. Like Frieson's public "Warnings," New York's attempt to regulate soda consumption through alarm and disgust contributes to public conceptions of fat as an alien, separate, and extraneous entity.

Are these documentaries and ads invested in a type of shame that is "productively unsettling" or just unsettling? The question is paramount as it gets to the issue of whether there is repulsion at the heart of the representational politics of antiobesity, one that sees size as monstrous, perverse. The US Soccer Federation, like numerous other major athletic associations in the West, has taken a stab at harnessing anxieties about obesity to advertise its services. In a PSA that aired briefly on U.S. television and was subsequently archived on the USSF's website, children are shown chasing a soccer ball while faceless, large-bodied adults chase them. Each adult wears a formless black suit with an intimidating word or phrase written across the chest, the most prominent being "Obesity." The

message of the ad is that physical activity is a means of defending against the monstrosity of fat, but the effect is to visually conflate obesity with a predatory public menace.

Anti-obesity has made fat embodiment an increasingly untenable subject position by reinforcing a fatphobic "disposition of the visible" (Butler 2004, 306), and the pernicious effects of this regularization on personal embodiment are especially hard on young people. The effect of this visual disposition is the creation of what Eve Sedgwick and Michael Moon (1994) have called a "privileged narrative understanding" of the fat person's individuality, "will," "history," "perception," and "prognosis" (240). This sizeist projection happens according to the same logic of stereotyping by which images of racial or ethnic otherness are made "overscrutable," in Sianne Ngai's (2005) terms (93). Ngai describes the ways that stereotypes of affect and intellect are inscribed on the body, substituting firsthand knowledge of the other's habits, routines, and styles of self-care with a presumed history overdetermined by "the always obvious, highly visible body" (95). Ngai's insistence that stereotypes have "symbolically violent effects" offers an important insight for producing a dialogue between critical race studies and fat studies, in that it shows the cultural power that is at stake in the paralytically contagious circulation of negative stereotypes.

In response to their own findings regarding journalism on the "epidemic"—which suggest that, particularly when it appears online, obesity news is almost always accompanied by denigrating images of fat bodies with

"their heads cut out… portrayed showing only their abdomens or lower bodies," engaging in overeating, sedentary behavior, and, most notably, without sufficient or sufficiently "professional" clothing—the scholars at the Rudd Center have devised two critical texts intended as correctives to the diffusion of fat stigma in visual culture (Heuer et al. 1). The first is a proto-policy document entitled "Guidelines for the Portrayal of Obese Persons in the Media," and the second is a gallery of sample images that the Center presents as exemplums of the non-stereotypical portrayal of obese bodies, and as a resource to news agencies that continue to act as harbingers of woe for a persuasive anti-obesity discourse.

The Rudd Center's gallery and guidelines are inchoate attempts to problematize the role of popular culture in presenting and producing knowledge about the links between fat and public health. Rudd's resources are also a helpful pretext to raising the more general question of how contemporary visual culture influences the manner in which one learns to see the fat body. My guiding concern here is that the Rudd texts offer little more than a politically-correct strategy of "containing" the fat frame—Jerry Mosher's term for the ambivalent tolerance shown toward fat bodies in an effort to inoculate their representation. The concern of the Rudd Center with images that expose too much of the fat body, or which show fat people clothed in "unprofessional" ways evince some of this normative anxiety and its compulsion to regulate fat representation as a nominal means of avoiding stigma.

In their "Guidelines for the Portrayal of Obese Persons in the Media," the Rudd Center scholars, in collaboration with The Obesity Society, [13]outline alternatives to the extant praxis for representing the epidemic's "causes and solutions," a praxis which, they claim, tends to "impair [the] emotional well-being" of fat people, "leading to depression, anxiety, low self-esteem, and even suicidal behaviors" ("Guidelines"). I will address the important issue of suicide as a risk factor in the communication of fat stigma in much more detail later in this chapter, but for our purposes in this section it is more important to isolate the themes of the Rudd Center and Obesity Society's critique of anti-fat representation.

The guidelines are preeminently concerned with developing appropriate terminology for classifying "the obese." While the authors advocate the use of scientific descriptors for conveying the reality of "excess weight," we might ask whether the Body Mass Index as a more scientific language for codifying the fat body's proportions is actually an inherently less stigmatizing one than common subjective, and thus more obviously pejorative, terms such as "fat". Despite their insistence that "excess weight" be employed as a preferred descriptive term, the guidelines suggest that among those images that "contribute to the depersonalization and stigmatization of overweight and obese persons" are ones

[13]An antiobesity non-profit organization funded by pharmaceutical companies such as Bristol Myers Squibb, manufacturers of "Metformin," an anti-diabetic now being used on a trial basis to reduce the birth weight of in utero infants as the ultimate "early intervention" anti-obesity measure ("Babies given anti-obesity drugs…").

that "place unnecessary emphasis on excess weight" and especially those images

which present the fat body without an identifying head. Bethan Evans refers in her

research to the significance of the headless stomach, and to broader concerns over

the "depersonalization" wrought by obesity discourse. "Depersonalization" is a

concept with a complex history in psychology; it points to the splintering power

of self-loathing, feeling divided against yourself. Evans writes that:

> "No face is shown to preserve anonymity in order to avoid the shame
>
> inherent in being identified as fat… and because this would imply a self,
>
> where what is at issue is the body. We therefore need to recognize that the
>
> (re)production of obesity knowledge is situated in wider social and
>
> cultural contexts which position thin as good and fat as bad…. Fat, unlike
>
> muscle, is not solid or still; it moves, wobbling and spilling out over belts
>
> and other clothing – apparent in illustrations accompanying media reports
>
> on obesity which frequently show fat spilling over a waistband (263).

Why do the guidelines stipulate the need to represent the obese body with head

attached? News stories have for a decade documented the "obesity epidemic" with

photos of thick torsoes and legs that lacked a subject. This effort to capture

obesity less as a human condition than as a melodramatic collapse of the care of

the self, and as a dilemma for the scientific administration of bodies, demonstrates

how the medicalization of obesity influences the visual representation of fat

bodies. Evans teaches us, in other words, that the cropped bodies of the fat are

devoid of a unique personhood in these images because the problem pertains

specifically to population. While the Rudd Center guidelines helpfully react against the promulgation of such "pejorative pictures," they do not suggest ways of politicizing the imposed "anonymity" of these bodies, an anonymity which symbolically effaces the needs and feelings of fat people, along with their individual appearance.

Thus, when the guidelines advocate for "pictures that depict obese persons engaging in stereotypical behaviors (e.g., eating junk food, engaging in sedentary behavior)" to be "accompanied by pictures portraying obese persons in ways that challenge weight-based stereotypes (e.g., eating healthy foods, engaging in physical activity)," one wonders to what extent simply providing an inverse encoding of the fat form necessarily models an anti-stigma message, and if the Rudd Center's own alternatives to pictures that are pejorative toward fat are built out of a concern with increasing fat tolerance or containing fat bodies.

Offering itself as a resource for the positive and non-stigmatizing reporting of obesity-related news, in particular, the Rudd Center's peculiar online gallery is a text that spells out some of the criteria of fat tolerance today. I read the gallery as an assemblage of images of an "integrated" obesity—the images are of fat people dressed in professional clothing, working in board rooms, buying fresh produce at an organic market, or running on a treadmill. Presented as an antidote to visual simplifications of fat's etiology, the gallery does not offer a more nuanced representation of the fat body, just an uncritical mirror-image of the sorts of images we tend to receive in reporting on the "epidemic."

The Rudd Center's documents offer to supplant present modes of representing obesity with a more visibly diverse and tolerant agglomeration of fat representations. I argue that the stigmatizing spectacularization of fat bodies prompts what Judith Butler calls reading more "aggressively;" this, for the purpose of furthering an alternative hegemony "over the visual field" that contests assumptions that fat is antithetical to a healthy liberal public sphere populated by self-managing, rational actors (307, 2004).

Ending Fat Stigma: Precious, Visual Culture and Anti-Obesity

> It is not just that White racism has waged a war of decorum that names as 'improper' Black bodies, consumer vogues, tones of voice, ways of reproduction and family-making and ways of inhabiting space, although it is that. It is not just that Black people globally have entered the American-style world of consumer identity with such an intensity of self-pleasure that White people feel compelled to worry about the cultural effects of capitalism, although much sensationalism about Black pathology comes from that.
>
> —Arjun Appadurai, Lauren Berlant, Carol A. Breckenridge, and Manthia Diawara, "On Thinking the Black Public Sphere" (xii-xiii)

Reading the recent and highly provocative film *Precious* and its reception in relation to anti-obesity texts and interventions that use techniques of shock and

disgust to convey the starkness of the societal drain represented by fat requires us to look at the regularizing function of "the public." While Daniels' film and Sapphire's novella are fundamentally concerned with surviving sexual violence, AIDS, and the late 1980s attack on public education by the white solipsism of the Reagan-Bush era, Precious has come out, today, at a time when fatness is more than ever a marker for racial and class division. I argue that, given our current context, in which fatness is unprecedentedly medicalized, politicized, and stigmatized, the interpretation of Precious could not help but be constrained by the fatphobically-coded images manufactured through authoritative talk of an obesity crisis. Confronting Precious' own sense that she is, as Sapphire puts it, merely "ugly black grease to be wipe away, punish, kilt, changed" implies the need to address the film in terms of fat stigma and the pathologization of Black consumer lifestyles (Sapphire 31).

Audiences marveled at previously unknown actress Gabourey Sidibe's performance in *Precious: Based on the Novel Push by Sapphire* (2009, dir. Daniels). The seemingly endless commercial buzz the film generated through celebrity endorsement (talk show host Oprah Winfrey encouraged everyone to see it, despite describing the trauma the film represents as an unbearable viewing experience) almost served to drown out a recurrent characteristic of the media coverage it received: few, if any, reviews and articles could comment on the film without sensationalizing actor Sidibe's fat proportions. Across the board, writers reiterated her weight and dimensions as though they were describing a piece of

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furniture, a characterless piece of the mise en scène. Betsy Sharkey (2009) in the

LA Times even glibly declared that "there is little that seems precious about

Precious, whose 330 pounds and constant scowl is cross-the-street intimidating."

The "audacity" of Precious, as the New York Times' Lynn Hirschberg

(2009) titled the phenomenon, consisted in director Lee Daniels' brazen disregard

of the fact that his general audience might not be "ready" for the story of "an

obese Harlem girl" whose family and community unrelentingly terrorize her.

Hirschberg supposes that "the audience's initial rejection of Precious, even

repulsion at the sight of her," as she puts it, "slowly gives way to a kind of

identification" in which audiences work past their initial shock at having to relate

to the character in order to become more sympathetic readers of her body.

It is all the more outrageous, then, that in popular reception of the film Sidibe's

body has been subjected to a battery of beratement centred on the intersection of

her body size and ethnicity. In a scathing indictment of what he sees as the film's

racist and opportunistic denigration of its impoverished characters, Armond White

(2009), chief film critic of the New York Press, had no qualms about degrading

Sidibe, who, he claimed, is "so obese her face seems bloated into a permanent

pout." Anthony Lane (2009) wrote in The New Yorker that Sidibe is "grimly

overweight, her face so filled out that the play of normal expression seems

restricted." Like Hirschberg, Lane identifies Sidibe's fatness with the coercion of

Precious into silence, while at the same time assuming that the perceptive viewer

gradually "learns to spot the flare of anger" in Precious' eyes as the film unfolds.

A. O. Scott (2009) followed a similarly fatphobic line in the New York Times when he called Precious's "massive body at once a prison and a hiding place," adding with an unclear mixture of compassion and disdain that Sidibe seems "inarticulate and emotionally shut-down." And, in New York magazine, David Edelstein (2009) remarked hatefully that the actor's "head" is like "a balloon on the body of a zeppelin, her cheeks so inflated they squash her eyes into slits." Edelstein echoes Lane's assumption that "normal expression" is debilitated by fatness when he writes that Sidibe's expression is "either surly or unreadable. [That] even with her voice-over narration, you're meant to stare at her ebony face and see nothing." What these critics share is the conviction that, to see and be susceptible to the particularity of Precious' trauma, viewers have to "push through" entrenched dispositions toward size that are far from neutral to the implications of body size.

The central problem of Sapphire's work is the problem of translation and legibility. Precious' size is a major mediating factor in the relationship of the viewer to the sublimity of her trauma, and it is used by the director Daniels to evoke a combination of pity and disgust. Does Precious the film or Precious the figure engender, or even seek to engender, sympathetic identification in the viewer? Daniels and Sidibe insist their film is less concerned with compelling viewers to recognize what is ordinary and relatable about the "audacious" body, and more concerned with dramatizing the courage, struggle and self-love that Sapphire theorizes as constitutive parts of a lasting counterpublic.

How can the ideology of an obesity "epidemic" be said to influence possible readings of Precious, the character? Is there a gaze, a viewing of the film, which is not also already a presumptuous reading of the title character's girth? How does the prevalence of obesity epidemic discourse influence our ability to read Precious? Is our reading of Precious fatphobically schematized? How, I wonder, would an obesity scholar invested in understanding the effects of one's built environment speak to the meaning of the scene in which we see Precious rushing to her first day of class at an alternative school and stopping for fast food (which she steals, quickly consumes, and promptly throws back up)? Precious ostensibly lives in what nutritionists in obesity studies call a "food desert," wherein the only food available in one's immediate social environment is high in fat, relatively devoid of healthful nutritional content, and loaded with processed ingredients. Her choices are therefore conscripted, coerced.

Where in this formula can Precious' ability to react to her environment be imagined? If, on the one hand, fat embodiment is a question of social justice, then the issue here is not the abuse of Precious' body by her environment but, rather, the ways in which Precious' body mediates and determines the nature of her relationship to that environment. If, on the other hand, fat embodiment is understood in principally normative terms as an issue for public health, issues of identity, representation, and power tend to be jettisoned in favour of devising strategies of social control.

Despite her presumptuous sense that Precious's size and suffering will necessarily repulse viewers, in truth Hirschberg (2009) was right to raise the important question of whether the public is "ready for a movie about an obese Harlem girl." The tendency in reviews of the film not only to link the on-screen believability of Precious to Sidibe's size, but also to collapse the two into a subject that is wholly denied the capacity for intelligible speech, and thus subjectivity, or one whose ability to convey emotion is supposedly effaced by the fat that comprises her body, indicates that audiences were not ready—that widespread intolerance of fat bodies increasingly militates against one's ability, as a visual reader, to do justice to fat characters. It also confirms Sapphire's own anxieties about the possibility that, translated from her source text into the modality of the hyper-visible, the shape and scale of Precious' embodiment will cause her to be viciously misread. In a 2009 CBS News interview, Sapphire said that her biggest fear in clearing Daniels to adapt Push was that Precious might end up being viewed as part of a continuum of voiceless black "obese maids," and that the character might reinforce the notion that the stigmatized and disadvantaged cannot speak for themselves or articulate their own needs.

Especially in the United States, then, emerging policies that medicalize the consumer lifestyles of Black people, framing them as problems for the management of obesity, may ultimately lessen the drain on health care to some extent, but this still amounts to blaming the social condition of disadvantaged groups on the individual choices of those within those groups.

Conclusion: Thinking Before and Beyond "Viral"

The function of the present analysis has been to confront the intensification of concern about fat's normalization or banalization (via an allegedly sudden shift in the social perception of "healthy" weights) through an analysis of visual and "viral" texts that problematize size and reinforce what Gail McVey calls "weight and shape preoccupation" (1025). I have argued that the supposed usefulness of stigmatizing images is derived from the sense that they attract as much attention as they will inspire disgust regarding fat, and that the shaping power of the visual consists in its ability to influence what counts as tolerable and intolerable about the visible body of both self and other. The assumption that exposure to fatness puts impressionable young people and their parents alike at risk of miscalculating the objectionableness of obesity, of becoming oblivious to the relative normative size of one's own body, is not only openly hostile to fat people, it also belies the continuing structural inequality caused by fatphobia. For this reason, the growth of antiobesity as a cultural discourse, and the intensified stigmatization of fat people mandates approaching the issue not simply as an object of scientific and demographic scrutiny, but also as a problem of identity, difference, representation and power.

To return to the expressions of fatphobic apprehension with which I opened this chapter, Boesveld and Timson's shared concern that the sight of "obese" bodies has a normalizing social effect, it is worth noting that this perspective has its analogue in social science's study of obesity patterns. Indeed,

each journalist's speculation on the consequences of supposedly fat-friendly

social trends—wherein the visibility of the fat body is considered, in a certain

sense, contagious—has a foundation in the concept of social contagion. In the

developing stages of sociological methodology, "social contagion" gradually

emerges from theoretical work that employs it as a convenient metaphor for

collective behaviour and begins to function as an increasingly literal and practical

framework for grasping the mechanics of social organization (cf. Wald 2008).

One of the many scientific models vying to explain the "spread" of obesity, social

contagion problematizes contact with "overweight" and "obese" members of

society on the basis of the assumption that, in a way, one "catches" obesity from

one's social network.

In a widely reported study, Nicholas Christakis and James Fowler (2007)

address what they call "friendship effects" (377). One of their more provocative

explanations for how obesity spreads through social contact is that having obese

peers increases the individual's "tolerance" for fatness: meaning that as fatness

becomes increasingly banal, it will begin to register as normal and its associated

stigma—the healthy sense of its abnormality—erodes. It is worth quoting

Christakis and Fowler at length:

> Whereas obesity has been stigmatized in the past, attitudes may be
>
> changing. To the extent that obesity is a product of voluntary choices or
>
> behaviors, the fact that people are embedded in social networks and are
>
> influenced by the evident appearance and behaviors of those around them

suggests that weight gain in one person might influence weight gain in others. Having obese social contacts might change a person's tolerance for being obese or might influence his or her adoption of specific behaviors. (371)

The effect of drawing the distinction between the influence of fatness becoming more familiarized and the infectiousness of a fat person's presumed "habits" on those around him or her is the pathologizing assumption that "socialising with [fat people] is likely to revolve more around eating or watching TV and less about exercising or engaging in energetic activity" ("Obesity is contagious as fat friends…"). But as statistician Russel Lyons helpfully explains, Christakis and Fowler's claims about the cultural infectiousness of fatness do not take into account shared environmental factors. The "clustering" of high BMI within particular groups cannot be explained statistically as the result of infection or "induction," as Christakis and Fowler claim (Lyons 14), but are instead the result of a shared exposure to a particular social conditioning.

In a similar attempt to model a scientific understanding of the clustering of body attitudes and their role in the social contagion of obesity, Hruschka et al. have recently outlined a series of ways in which norms of body size circulate "virally;" as Hruschka explains:

You might learn what is an acceptable body size from your friends and then change your diet and exercise to try to achieve that. Or, you might not agree with what your friends or family members think, but still feel

pressure from them to achieve some ideal body size. Finally, you may

form an idea of appropriate body size by simply observing your friends'

bodies, which in turn changes your eating and exercise habits. (e5)

Despite the fact that the authors discovered no strong evidence in their complex

study of social networks for the first two modes of social contagion, and

discovered only weak evidence of the third, the popular press has foregrounded

speculation on what the final iteration of fat-promoting cultural pedagogy listed—

which links the visible contours of the fat body to subtle transformations of

individual lifestyle—reveals about how fatness is "transmitted" between socially

intimate bodies.

The concept of social contagion is key to an understanding of the

relationship between the physical and the cultural, literal and metaphorical in

obesity's construction as a social problem. In Priscilla Wald's account, social

contagion is historically indissociable from communication, the material

transmission of normative constraints through representation (117, 2008).[14] With

children, and particularly matters of health and lifestyle in children, the question

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[14] I am indebted to the position Zygmunt Bauman develops in his work on fear, security and the collapse of the public: "the perception of crisis precedes the awareness of the norm. And so, contrary to Habermas, it is the perception of a crisis that prompts the search for a theory of the 'normal', which posits the image of 'normality' -- and not the other way round' (Bauman 142, 1999). Reacting against Jurgen Habermas' sense of the prior effect of a supposedly stable norm on the genesis of a given crisis, Bauman formulates a theory of the normal which inverts this, arguing that the image of normality is not just defined, but created and contained in opposition to the abject object it is protected against.

of the transference of cultural norms has higher stakes generationally in terms of ensuring sound social reproduction.

In fact, to return to my earlier assertion that stigma has been subtly adopted as the visual "vocabulary" of many anti-obesity campaigns, it is clear that the cultural aspiration to "go viral" increasingly belies asymmetrical relationships of power. More serious than the transferring of fattening habits and bodies, I contend, is the diffusion of assumptions that a society adjusting to fatter children is indicative of a culture in peril. In presenting a particular type of body with a particular set of habits as healthy and normal (or at least salutary and unproblematic), the concept of social contagion is especially emblematic of the way obesity not only politicizes medicine and medicalizes politics, but also creates new subject positions with regard to what is acceptable within the ideal, healthy public sphere. Social contagion sees the "obesity epidemic" as the potential result of a declining intolerance or disgust toward fat, a diminished fatphobia. And as Boesveld's sense of the perils of the "fat moment" helpfully illustrates, there is a specific and recurring visual bent to anxieties around fat's banality.

If, in certain research communities, the familiarization or inoculation of fat is thought to be socially viral, the focus of the cultural study of corpulence should be, in part, developing an assessment of the way fat as an image of the "revolting" has become equally culturally "viral." Truth claims regarding fat's "causes" do not merely inform policy discussion today, but are also translated into scathing

images that "transform difference into etiology" (Sedgwick & Moon 230, 1994).

Alexandra Brewis et al. (2011) have suggested that, as a result of the cultural

backlash against a perceived "obesity epidemic," a "global diffusion of negative

ideas about obesity" has become a contemporary social reality for fat people

(269). Through an analysis of survey participants' attitudes toward fat in ten

culturally diverse nations, Brewis and her collaborators conclude that it is the

collection of "moral attributions embedded in these now shared ideas about fat

bodies"—things like the belief that fat bodies are socially undesirable, addicted,

or frustrated, and that they make themselves so—that make it possible to condemn

the supposed victims of the "obesity epidemic" (269). As the interdisciplinary

journal *Obesity* acknowledged in its 2008 special issue on fat prejudice, "Little is

known about the secular trends in weight-related teasing...."[w]ith the heightened

media attention on the high prevalence and dangers of obesity, one might expect

increased weight-related stigmatization and resultant weight-based teasing over

time" (Haines et al., S18). Nonetheless, the particular accumulation of images

that express hostility to fat, which I have been tracing throughout this chapter,

undoubtedly represents an increasing stigmatization of weight culturally, which

should indicate a connection between bias against fatness becoming more

common and the representational strategies of the contemporary war on obesity.

Further reinforcing stigma's psychological impact, a study by Schwimmer

et al. in the *Journal of the American Medical Association* suggests that an obese

child's health-related quality of life, in terms of physical, emotional and social

well-being, is frequently equal or below that of young people struggling with cancer (Schwimmer 2003). And more recently, Hruschka et al.—in a study that investigates the effects of "shared norms" on producing "obese social networks"—found that a high percentage of their respondents would rather suffer severe depression or blindness than occupy the position of an obese person in our current culture (e3). Since, as Hebl et al. point out, youth were already "denigrated to a larger degree than older" individuals for their weight, the stakes are especially high for determining whether medicalization reinforces fat prejudice, particularly when disseminated through new or traditional forms of visual representation (Hebl et al. S46).

Where fat stigma's relation to the public has been investigated, studies have generally concluded by advocating a mode of health pedagogy that teaches techniques of weight management that do not stigmatize fat. What is missing, though, as I have been asserting throughout this chapter, is an explanation of how, especially if anti-obesity discourse has made fat prejudice a sanctioned and scientific position, such a health education is to be modeled. It is not compassion that is directed toward sufferers of fat stigma when the psychic effects of stigma are described as a "drain on the human capital and economic productivity of our nation" (Glass et al.), for example. Functioning less through the explicit promotion of shame as a technique of shaping bodies than through the rhetoric of protecting the moral fabric and economic stability of an imagined national totality from the threat of obesity, the visual culture of antiobesity casts "obese" children

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as the central players in a broader staging of self-help as a duty to the future of a larger social project.

However, this perhaps begs the question: Is the obesity "epidemic" decried by perspicacious critics of consumerism like Raj Patel the most important or pernicious symptom of consumer culture? Rising rates of obesity might be one of the symptoms of contemporary consumer culture, but is it the most worrying one? And why is this question so seldom raised? Amid the sense of outrage or emergency incited by the presumed relationship between predatory consumer culture and fat children, arguments about the way in which this culture jeopardizes our collective future by fostering individualism, social alienation, and the accumulation of debt, have found conspicuously little traction. In the next two chapters, I turn to investigating the politics of knowledge production in the childhood obesity debate through the concept of risk. The guiding questions in these chapters will be: How does the material basis of obesity risk, which is necessary speculative, get established? What are the effects of associating chronic health issues with fatness? How is the government of risk imagined and enacted today? One of the first tasks, then, for obesity skepticism, with regard to the logic of risk, is to continue interrogating our relationship to knowledge on the basis of its embodying effects.

Chapter 2

The Cogency of Imminent Risk: Childhood Obesity and Governing the Virtual

The continuing expansion of knowledge about health hazards, the informational deluge, the frequent exaggerations of risk and insatiable consumption of medical news, all framed by the professional and lay mandate to protect and improve health, aggravate the very insecurities they are designed to quell.

-   Robert Crawford, "Health as a meaningful social practice" (2006, 214)

In Chapter One I developed the position that the permeation of popular culture by ideas of obesity's contagious spread through the social render fat bodies, like "disabled" bodies, inefficient and therefore disposable. More than a concept-metaphor, I suggested that "social contagion" has flourished as a model for understanding obesity's social diffusion; this notion—which I juxtaposed with reactionary methods of containment and quarantine—is not neutral to body size, but instead seeks to present fatness as a harmful physical condition and as indicative of infectiously harmful ideas and practices. Seeking to grasp the relationship between fear of rising obesity rates, the inchoate production of medical models for understanding and treating fat, and the risk of increased fat prejudice, I argued that, more dangerous than the alleged normalization of fat-friendly dispositions toward life and lifestyle, the diffusion of diagnostics which register obesity as something sickening or unnatural manufacture perniciously

fatphobic perspectives that have made anti-fat bias especially difficult to ignore in a highly technologically mediated culture. This chapter begins by mobilizing the concept of social contagion for another critical purpose: recognizing the central role that risk, risk perception and risk anxiety play in organizing thinking on obesity as an issue of population. I hope here to expand on my articulation of a pro-fat oppositional politics by highlighting the tendencies in discourses that constitute obesity risk through appeals to anti-fat paranoia, and anxieties regarding hypothetical future population crises effected by unchecked obesity.

Social contagion became recognized as a primary cause of the "obesity epidemic" following a presentation given in 2000 by William Dietz and Ali Mokdad, representatives of the Center for Disease Control. In an avowed effort to publicize obesity as an enemy of the public good, Dietz and Mokdad unveiled a series of "infographics" that represented the steady climb of obesity rates over the previous fifteen years as an outbreak. Because the statistics Dietz and Mokdad revealed through these maps were already both widely available and acknowledged, their use and deployment can only be understood as a "redefinitional tactic," a distortion that, Lauren Berlant (2007) tells us, "aspires to make an environmental phenomenon appear suddenly as an event" (760). In their images, "hot zones" appear across a set of maps of the United States: particular areas slowly turn deeper shades of blue until, dramatically, red states appear and then darken ominously, indicating the nefarious "spread" of obesity through social networks.

Rather than simply reproducing the numbers, then, the power of Dietz and

Mokdad's maps consisted in their ability to reinscribe the data in more cogently

spatial and visual terms. One should note the openness with which Dietz's

explanation of his map's intended effect advocates for instrumental rationality:

"After people have seen the maps, we no longer have to discuss whether a

problem with obesity exists. These maps have shifted the discussion from whether

a problem exists to what we should do about the epidemic" (Oliver 616). Dietz's

map recodifies and ontologizes obesity, catalyzing a transition already in progress

from speculation to active intervention that requires the virtuality of risk in order

to produce the perception of an "epidemic." The maps have been widely

disseminated, and still circulate as symbols of obesity hysteria, providing the

foundation for subsequent efforts by many health professionals to map out the

obesity issue. A 2010 article in Newsweek entitled "Culture of Corpulence"

underscores the sustained influence these images have had over public imaginings

of the "epidemic": "Look around anywhere in America and the reality assaults

you: we are simply too big. Nowhere is the evidence for this more striking than

the Centers for Disease Control and Prevention's color-coded map. Between 1990

and 2008 the country morphs from a sea of pleasant blue, representing an obese

population of less than 19 percent, to an alarming patchwork of tan, orange and

maroon" (Kalb). Not unlike the colour-coded Homeland Security Advisory

System that described the affective politics of a hyper-insularized, post-9/11

United States, Dietz's diagram of obesity "hot zones" continues to command a fear of fat's threat to a healthy public sphere.

Calamitous claims made by well-credentialed experts and advocates concerning the consequences of allowing obesity to escalate beyond its already unprecedented levels have only become more urgent in tone as we pass the end of the new millennium's first decade. Eugene Thacker notes that the language of biosecurity currently being used in documents like the US Department of Health and Human Services' "Pandemic Influenza Strategic Plan" to describe catastrophic risks to national public health tends to read "more like a filmscript than a public health document," in the sense that these nominally medical tracts provide forecasts for threats to health that are as figural and pedagogical as they are pragmatic governmental protocols ("Shadows of Atheology" 136). Michael Gard explains that, rather than conveying an objective situation, the transmission of claims by health experts regarding the relationship between fat and global risk frequently foregrounds alarmist "claims that obesity will cripple Western economies, slash 10 years off life expectancy and lead to a generation of children — today's children — dying before their parents" (7). He also rightly notes that many of the authors who support these claims conclude that "without a war on obesity the entire populations of the United States and the United Kingdom will be overweight or obese within a few decades" (Gard et al.). This climax of the obesity "outbreak narrative"—a fever dream of obesity eventually affecting every pocket of every population and dooming the globe to perpetual malaise—denotes

a "biological future" that, in Bruce Braun's words, can be understood "in terms of the imminence of a generalized, yet nondescript catastrophe" (17). This is largely because the future imagined to be at risk in discourses of childhood obesity, in particular, is one in which fatness is thought to guarantee a lower life expectancy to those children afflicted with it—a form of collective "suicide by sedentariness," as Canada's first "Chief Public Health Officer" David Butler-Jones put it in an interview with the Globe & Mail's Andre Picard (Picard).

Here and in the next chapter I want to explore the ways that a vexatious "informational deluge" regarding childhood obesity has created risk anxiety surrounding, first, the potential of becoming fat; second, the potential health effects of overweight; and, third, the risks that an "obesity epidemic" is thought to pose to the vigour and vitality of human capital as a whole. It is this last category, population, because it is the epistemological basis on which reports documenting the dangers of obesity are built, that tends to conceal rather than elucidate differences based on race, nationality, class, or cultural affiliation. For this reason, Bethan Evans emphasizes that the demographic foundations of obesity discourse are constituted according to the "ecological fallacy inherent in diagnosing individual bodies as diseased on the basis of population-level correlations" (22). In response to this key fallacy of obesity discourse, I claim that—even if we were to accept the terms according to which the story of this state of emergency is told—the obesity that purportedly plagues youth globally is far from a "conventional" epidemic because there is no cure *per se* for the multifarious sites

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at which "obesity" originates, no matter how early we begin "treatment." Despite how commonplace it has become for parochial statements regarding how simple the personal transformation required to slim down to appear in newspapers, documentaries, and even academic treatises on the issue, "obesity" is an irresolvably complex phenomenon. Steven Shapin offers a pointed critique of obesity risk discourse, in which he argues that:

> inference from the population to the individual is always highly problematic; no one knows what course of behavior is certain to be good for you; some 'cures'—bariatric surgery and the Atkins diet among them—may turn out to be more dangerous than the condition they seek to remedy; nutrition scientists and epidemiologists routinely contradict each other on matters of public policy and in the advice they give to individuals. (2006, par. 5)

Even genetic explanations for obesity, which seem to offer a straightforward language for representing the risk and realization of obesity, are written, as Eric Oliver puts it, "in a language far too complex for us to understand" because the metabolization of food and body weight are, in fact, "the consequence of many genes, working in combination" (105). The monocausal narrative of obesity being the derivative result of a monolithic "obesity gene," then, is in competition with (and has largely displaced) a more networked understanding of the genetic influences on body size and weight gain.

For an example of this confusing combination of, on the one hand, monocausal explanations which collapse conveniently into the rhetoric of personal satisfaction through self-fashioning, and, on the other, multifactorial analyses that attempt to piece together the structural causes of obesity, we might look at a National Geographic cover article titled "Why Are We So Fat?," in which Cathy Newman juxtaposes the opinions of nutritionists who claim that reducing obesity in populations is a simple matter of making people eat fewer calories with more tentative answers rooted in the critical study of human geography. Here the scientific metaphor of the body as a machine reducible to energy ingested or expended is juxtaposed with a structural analysis of the problem that illuminates intractable social problems related to uses of technology that endanger everyday physical activity. In the space of this one article, then, you have a breakdown of the "trouble with fat" that simultaneously privileges the individual management of caloric intake, the imperative to force oneself to exercise, and a more macro-political discourse on public health that implies a relationship between genetics, environment, politics and culture. Shapin's sense is that the contradictions between simplistic and more sophisticated accounts of the obesity issue matter because it is through mass dissemination that not merely information, but advice, is conveyed about body fat. Newman's report on obesity is not just informing, it is advising. As such, the question is, how does her emblematic representation of the circumstances surrounding the obesity crisis— "Betrayed by our genes, confused by the experts, we graze," she writes, "in

endless pastures of food while the statistics grow more chilling" (61)—function to increase anxieties about fat and about the "mysteries" of fat's chilling origins?

Engaging a whole population's social will on an issue like obesity—its "demand for health," to use Clare Herrick's phrase—is typically thought to be achievable through the development of campaigns to inform citizens, primarily as consumers, that unless they choreograph their everyday habits according to sensible values of "instrumental health-seeking behaviour," they will be helpless to prevent themselves from falling victim to non-communicable diseases like obesity that, they are informed, will lower their life expectancy and quality of life (97, 100). Herrick advocates extending individualistic conceptions of "behaviour change" into the realm of risk management, arguing that "there has to be a risk minimisation component at work whereby the health risk of obesity is diminished through the actions provoked by campaigns" (100). Part of Herrick's point is that health advocates must operate from the understanding that resistance to being fat also comes "from below," in the sense that individuals, in fact, privately fear becoming fat, losing control, but more importantly losing status, and that they should be interpellated as such. What is at issue, in her estimation, is how to convert "scientific certainty" on individual risk factors, however tenuous, into "universally applicable" epidemiological solutions for governing lifestyle. In the case of obesity, the expansion of the range of social and cultural factors postulated to be related to health generates an array of explanatory models and metaphors that each present a partial account of obesity's contentious etiology,

and at the same time represent "the type of society we want, and the body types that we value" (Evans & Rich 355, 2005). As a *de jure* domestic war to protect against the current generation of children entering adolescence overweight or obese begins to be undertaken in earnest—because, as Kersh and Morone point out, preemptive policies have, to this point, largely been imagined but not implemented—it is necessary to parse not just the objectives, but the competing assumptions being generated by a dense network that involves medicine, law, science, government, health entrepreneurs, the media, grassroots organizers, and, most importantly (yet somehow most marginally), the overweight or obese "victims" of the crisis who are being enjoined to pull their own weight. Given the contradictory representations of the complex etiology of the problem, what might it mean to take the question of risk seriously at a time when "excess weight" is considered by many governments—according to the U.K.'s primary policy document on the subject, *Healthy Weight, Healthy Lives*—to be "the most significant public and personal health challenge facing us today" ("Healthy Weight" 33)?

A spate of recent polls by corporate and academic research groups confirm that the majority of people in the United States have finally become convinced by the intensive statistical tracking of obesity that children are legitimately imperiled by the health risks associated with the condition, and that the problem ought to be seen as a major health priority of state government. Most people, according to polls conducted by CBS News, NPR and Greenberg Quinlan Rosner (GQR)

agreed that "investing in a comprehensive program to combat childhood obesity is worth it" and that it is the responsibility of policymakers and researchers to develop and implement programs designed to reduce obesity, regardless of the cost, social consequences, or risks implied by doing so during a period of enormous global economic turmoil (Greenberg Quinlan Rosner). GQR also reports that there is overall faith that "eliminating childhood obesity within a generation is achievable" (ibid.). Consider this in relation to the findings of Eric Oliver and Taeku Lee, who contended in 2005 that "contrary to the views of health experts, most Americans are not seriously concerned with obesity, express relatively low support for obesity-targeted policies, and still view obesity as resulting from individual failure" (923). Oliver and Lee suggested that, at the time, the "low visibility of obesity on the American policy agenda" could be attributed to two things: the fact that obesity is an unfavourably complicated medical and political issue that lacks ready-made policy solutions, and a lack of attention paid by news media outlets to obesity "as a public health matter" (924).

One of the most telling consistencies between Oliver and Taeku's report and more contemporary reports on public sentiment regarding obesity is that, in both cases, there is overwhelming support for the notion that obesity is the product of a failure of individual rational control. This same distillation of obesity discourse is in evidence in Canada's latest attempts to codify competing governmental approaches to answering calls for intervention: the Public Health Agency of Canada and the Canadian Institute for Health Information's joint report, *Obesity*

in Canada, particularly in its media release, articulates a specific individualization

of the roots of obesity risk and recommends, in its final diagnosis, individuals

taking greater responsibility for their exposure to the lifestyle risks associated

with "developing" obesity. The report specifically claims that "Eliminating all

physical inactivity among Canadian adults (defined as less than 15 minutes of

low-impact activity a day) could avert the equivalent of 646,000 cases of obesity

in women and 405,000 cases in men…. Similarly, improving poor-quality diets—

as measured by the frequency of fruit and vegetable consumption—could result in

the equivalent of 265,000 fewer cases of obesity among men and 97,000 fewer

cases of obesity among women" (23). The actual report is the work of an

interdisciplinary team, and as such manages to complicate obesity's

"determinants" further, but this specific case of linking a projected number of

"cured" obese people to a simplistic regulation of personal habits has largely

determined the reception of the report.

How do we address the place of obesity in the risk society? The Healthy

Lives program, an annual government report which "looks at the latest evidence

and trends" in the interest of tracking and engineering the reduction of body

weight at the population scale, is just one example of a renewal of state interest in

the physical habits of families, in more intensive medical scrutiny of fat bodies,

more extensive demographic research, and a more robust scientific understanding

of the psychosocial factors postulated to increase the probability of certain

populations being or becoming obese. In the U.S., recent reports like the 2010

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Dietary Guidelines for Americans, drafted by a panel of federally-commissioned experts in health and nutrition, describe obesity as "the single greatest threat to public health in this century" ("Report of the Dietary"). The authors of the latter report tell us that the most "sobering" aspect of the need for a document like theirs is that their report is "addressing an overweight and obese American population" in dire need of guidance.

At the current moment a persuasive model clearly exists (based in the pedagogical power of a sustained "informational deluge") for conveying the sense that individuals in affluent nations are in the grip of an obesity "epidemic." This model operates chiefly, I argue, by reiterating and reinforcing that obesity is a symptom of risks which are an inescapable part of living a "consuming life;" this is a life that is spent embedded in ceaselessly seeking gratification as a result of being permanently unsatisfied. Reinforcing the pervasive sense in cultural studies that the "society of consumers" relies on the production of dissatisfaction, the deliberate frustration of consumer desire, Zygmunt Bauman asks whether one can name or formulate a theory for the ethos or ideology that drives a society based on a contradictory strategy of control through pleasure, of governing through the selective "liberation" of desires (2007). Personal, physical fulfillment is structurally unobtainable, Bauman and others have argued, because the imperative to sell a wide variety of goods means that corporations must breed in consumers a resistance to any enduring or genuine form of satisfaction.

Here I want to consider the extent to which the meaning generated from demographic health information and biostatistics is mixed with and influenced by the criticism leveled at consumer culture against what Michael Pollan calls the "blandishments" of a liberal-capitalist society (106). In the best-seller *The Omnivore's Dilemma*, Pollan argues that increasing rates of obesity can be attributed to the incongruity of contemporary culture with the homeostasis our bodies are spontaneously built to maintain on a daily basis with regard to energy and activity. In Pollan's formulation, the "blandishments," or hidden constraints of everyday life—the ways in which leisure and work, consumption and self-management and other brittle binaries collapse—erode our ability to make rational decisions. The basic function of critique in Pollan's formulation seems to be the work of reducing an imagined resistance to what David Ropeik terms risk communication and risk perception: concepts that rely on the assumption that, as Ropeik puts it in an interview with Andrew C. Revkin, "Facts, in and of themselves, are meaningless.... We interpret them, judge them, screen them through subconscious mental processes, qualify them based on the trustworthiness of the source, and weigh them in the context of our own life circumstances and views and values" (Revkin). Obesity experts recognize the importance of this element of translation to risk communication.[15]

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[15] For example, William Dietz and Thomas Robinson write that "Mobilizing the grassroots support necessary to elicit and sustain a social movement will almost certainly require a more widespread perception of obesity as a threat to families and children and greater positive beliefs about the benefits of changing the behaviors that promote obesity" (2008, 224).

What few critics have noted, however, is that the cogency of imminent risk is mediated *by* and *through* consumer culture; thus the effort to emphasize that, for example, young people—particularly teenagers and adolescents—are afflicted by a particular inability to rationally manage their ensnarement in a consumer-driven economy and culture suffers the fatal flaw of speciously privileging the reason and self-management of the ideal neoliberal adult. The research of Sheena Iyengar and Brian Wasink, for example, into the effect of overly abundant food options on "rational" consumer choice or the effect of portion sizes or food presentation on eating behaviours, respectively, suggests only that the habituated temptations of advanced capitalist food culture are universally designed to mitigate against restraint, to undermine self-management and encourage a certain risky abandon. What insight their work actually provides into the risk behaviour of discrete groups is questionable, and, more importantly, fails to complicate or address the ways that risk, lifestyle and marketing, for example, are continually collapsed into the responsibility of individuals for their own health. In an era that unprecedentedly pathologizes weight as a marker of self-management, Gladwell's insight that people rarely take more than a moment to choose whether or not to eat something fails to help us understand in more detail how calculations regarding health risk are undertaken.

A number of parents and consumer advocacy groups were outraged when Enfagrow, in an open effort to stimulate infants to consume more formula, added a chocolate-flavoured option to its product line. The outcry that occurred as a

result of what was seen as a clear corporate strategy of producing desire, even addiction, in the very young through the manipulation of taste was largely based on the fear that this "baby milkshake" would exacerbate the "epidemic of obesity in six month olds" in the U.S. (Lustig). Because of the power of obesity discourse to render the product anathema to child health, Enfagrow was quickly forced to discontinue its baby milkshake formula (though they continue to manufacture formula with comparable sugar contents).

What this seemingly isolated struggle demonstrates is that obesity in children is defined by a struggle over where the power to determine what children consume should be located. Part of the reason chocolate formula (which is only one among manifold odd and unnecessary food products marketed to youth) produced the backlash it did is that it was seen to exploit the inability of children to discern between fulfilling foods and non-nutritive ones, between lasting nourishment and fleeting gratification. But perhaps more to the point, it was a product viewed with scorn because it was seen to exploit parents, or rather the difficulty parents face in limiting their children's consumption of sweetened foods.

If the present convergence of extreme food security and the human body's genetic predisposition for hoarding fat is unique in the history of human evolution, as critics like Michael Pollan and Kelly Brownell suggest it is, the obesity epidemic that is its unintended effect is not just a warning that the health of the "overfed" is at risk; it is a sign that obesity should be read as analogous to

other environmental health risks endemic to the organization of society in modernity. And because the expanding bodies of children are increasingly leading them to be diagnosed with metabolic, digestive, respiratory, skeletal and psychosocial conditions previously seen only in adults (Daniels 49), health scientists like Garry Egger and Boyd Swinburne, for example, adopt the position in their Planet Obesity that obesity should be viewed as "collateral damage in the battle for modernity," a signal that wealthy nations have left what Egger and Swinburne (without a trace of irony) term the "sweet spot" of capitalist modernity and entered a phase in which the structural problems wrought by that progress threaten to override the boon of safety our bodies enjoyed in some mythic past (41).

Philosophers of modernity such as Ulrich Beck, Anthony Giddens, Bruno Latour, and Zygmunt Bauman have long argued that the scientific, political and quotidian calculation of risk (in this case, the potential of "developing" into an obese person) is, in Beck's words, "a response to the uncertainties generated by modernization" (2009, 24). Beck also describes managing risk in the face of virtual dangers as the paradoxical experience of assuming personal responsibility in the context of "organized irresponsibility" (2009, 31). In the new risk societies, for Beck, "the past loses the power to determine the present. Its place is taken by the future, thus, something non-existent, invented, fictive as the 'cause' of current experience and action" (34). If and when one takes action in the present "in order to prevent, alleviate or take precautions against the problems and crises of

tomorrow," one does so in reference to the perception of a risk rooted in the future (34).

Only a few of the progenitors of obesity discourse, mainly sceptics like Gard and Wright (2005) and Bethan Evans (2010), are indebted in their thinking on risk to Beck's important work on the transformation of capitalist societies into populations governed by the production and calculation of risks. Fundamental to this transformation, Beck claims, are the "causal interpretations" (23) added by experts to the discourse surrounding risks. These interpretations are causal not only in the sense that they offer a technical account of the causal chain and structural conditions that lead to a given emergency, but because the speculative analysis of social data they perform also effectively hypostatizes risk.

BMI, IBM and the CDC's BRFSS

For a germane case of the type of risk calculation (which is, in fact, a risk construction) that this and the following chapter are invested in developing a critical language for, we might look to a recent CDC [Centers for Disease Control and Prevention]-affiliated obesity study by biostatistician Haomiao Jia and his colleague Erica Lubetkin. Jia and Lubetkin's paper, published in the *American Journal of Preventive Medicine* as "Trends in Quality-Adjusted Life-Years Lost Contributed by Smoking and Obesity," sets out to determine what they term the "health burden of obesity" on afflicted individuals. Their purpose, in other words, is not only to assess the impact of obesity on life expectancy—the projected risk

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obesity poses to lifespan—but also to establish a way of talking about how obesity

compromises one's quality of life, which can inform health interventions on a

broad scale. The methodology they employ relies on two things: the contested but

still widely-used "Quality-Adjusted Life Year" (QALY) index, a clinical

quantification of the *duration* of a patient's life based on the degree to which they

are forced to cope with illness, and the CDC's relatively new "Behavioral Risk

Factor Surveillance System" (BRFSS), the world's largest contemporary phone-

survey system for surveilling risks to the health of populations. Jia and Lubetkin

used BRFSS data in order to determine the total number of obesity-related

"QALYs" lost over the past 30 years, finding that, speaking in the abstract, the

number of qualitative years lost doubled during this span.

The CDC uses BRFSS data to "identify emerging health problems,

establish and track health objectives, and develop and evaluate public health

policies and programs" (CDC). The QALY scale that Jia and Lubetkin applied to

this data works by subtracting a percentage of the lived year from the actual

elapsed year; so that, for example, a year in which one is fortunate enough to

enjoy perfect health is given a value of 1.0—what we might call an "unadjusted"

life year. If one were to spend that same year bed-ridden, quality-adjustment

would place your experience of that life year at perhaps a 0.5. The CDC's

surveillance system determines QALYs on a more massive scale by administering

a series of questions yearly, since 1984, in which health indicators are tabulated

for hundreds of thousands of respondents. The survey includes quasi-

metaphysical questions like "Would you choose to remain ill for an indefinite period of time, or have perfect health but a lowered life expectancy?" or "Would you choose to remain ill or consider opting for a medical intervention that could restore your health or reduce your current QALY to 0.0, or death?" The startlingly utilitarian practice of adjusting lifespan according to "health burden" is, unsurprisingly, used in cost/benefit policy analysis of potential health interventions, and for the purpose of allocating scarce healthcare resources. The difficulty comes from the fact that, by beginning with the assumption that body size is likely to represent a significant "health burden," research attempting to articulate fat and disease or fat and disability through the anticipatory logic of risk confuses what Robert Castel calls "the concrete subject of intervention," or, let's say, those that are legitimately ill and in need of medical attention, and the indistinct victims of "endemics" (288). Moreover, it informs a sense of political necessity regarding the work of teaching parents and children what the BMI test means for their health prospects, continuing to cull biometric data on the general social will to health, and disciplining risky (read: fattening) behaviors through early intervention.

Critical geographer Bruce Braun provides a picture of the way medical surveillance operates today in the interest of biosecurity that is useful for understanding the culling and deployment of new data in the fight against obesity risk. In an essay titled "Biopower and the molecularization of life," Braun pressures Nikolas Rose's concept of "ethopolitics"—or a politics in which

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individuals are interpellated as beings that ideally take responsibility for certain

genetic risks and for the optimization of health—to construct an alternative

framework that preserves Rose's sense that the body has been "molecularized" by

genomic knowledge, while offering a more sophisticated sense of the place of this

body in an "unpredictable molecular world filled with emergent yet unspecifiable

risks" (7, emphasis added). Braun explains that this is a world in which "the

future is less about 'care of the self' than it is about imminent catastrophe," and

that the body, in relation to this future, is more often made subject to political

rationalities that hinge on "the concept of 'security'" than on the exclusive

ethopolitical imperative of self-fashioning (Braun 8). It is worthwhile to quote

Braun's re-reading of Rose at some length:

> for Rose the idea that the state should coordinate and manage the affairs of
>
> all sectors of society—that it should attach importance to the 'fitness' of the
>
> national body *en masse*—has fallen into disrepute, 'fitness' is no longer
>
> framed in terms of a struggle between national populations, but instead
>
> posed in economic terms, such as the cost of days off from work that are
>
> caused by ill health. Hence, when it comes to national health, the state seeks
>
> to 'enable' or 'facilitate' the health of individuals, rather than govern bodies
>
> in any direct way. The difference between 'old' eugenics and what some
>
> have today labelled 'liberal' eugenics, then, can be seen as the difference
>
> between state-led programmes that in the past sought to produce a particular
>
> population with particular traits and capabilities, and the ethical decisions of

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individuals in the present, who are exercising 'choice' in reproductive

matters (10-11).

Railing, in a sense, against the impact of Rose's mode of interpreting Foucault's

insights on governmentality, or the "conduct of conduct," Braun argues that, to

grasp the logic and logistics of epidemiology under the new public health, "we

must see Rose's ethopolitics as something more particular and less universal, as

perhaps a form of biopolitics within globalization that is specific to the zone of

'liberal peace' in the affluent spaces of the West" (25). This should offer a

corrective, particularly in the face of widespread and increasing inequality that, in

fact, widens the gap between the thin and the fat.

In May of 2010 IBM, the world's largest computer company IBM,

announced "Project Splash," a public health initiative that will, when

implemented, likely surpass the BRFSS's scope and mandate. IBM's multiyear

project will use research facilities to run computer simulations designed to "bring

policymakers some guidance on which levers to pull to most effectively influence

obesity" by collecting, integrating and analyzing the interaction of individual risk

factors in collected health data (things like "consumer behavior, the location of

grocery stores, the availability of physical activity facilities and… community

transportation options") (Hobson). IBM's VP of Integrated Health Services

Martin Sepulveda explained in a press statement that his company "hope[s] the

results of this project will help individuals, governments and business actually

understand exactly how the actions they take affect health—and then work

together to make better decisions that make it easy to be healthy" (qtd. in Manos).

Project Splash will need to radically expand its purview, however, given that an

entire field has developed around locating obesity's particular "risk factors,"

which is to say, the social factors (depression, overwork, lack of sleep, having

obese parents) frequently associated with obesity.[16] This is reflective of a

neoliberal optic through which the social becomes a bane, and the individual

circumstances of social actors incidental to politics. The particular foci of these

studies should caution us against ignoring the material consequences of

biometrics.

It is curious that the Body Mass Index is the statistical tool used in nearly all

major studies to link a projected decline in life expectancy to population health,

since BMI is considered by many specialists to be an imprecise and misleading

measurement (particularly for bodies that are undergoing rapid growth and

change). Nonetheless, imagining childhood obesity as a diffuse risk is

conceptually contingent upon the BMI, a capricious method of indexing

normative height and weight at the personal and population levels that serves as a

standard of risk assessment not only for health providers and insurance

companies, but also for a U.S. government vexed by the economic costs and

compromised wartime readiness attributed to obesity by research firms like the

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[16]   This body of research and IBM's surveillance project share a common ancestry in Adolph
Quetelet (inventor of the BMI scale)'s theory of "social physics;" Quetelet's work was based on
the belief that the actions of groups could be understood by calculating statistical regularities
based in population study.

RAND Corporation and RTI International. Guthman provides a succinct yet comprehensive context for the deployment of BMI as a method of measurement and of knowledge production:

> BMI is a ratio of weight to height that in its denominator squares a metric measurement of height. Not only does this give relatively low values of BMI to those of tall stature, BMI cannot differentiate lean from fatty body mass and thus, it does not even successfully measure the excess of adipose tissue that is supposed to constitute obesity…. More significant to claims of an epidemic, "overweight" and "obese" are determined by arbitrary cut off points in BMI (those with 25+ BMI deemed overweight; those with 30+ deemed obese). These then are categorical variables in the truest sense (obese or not obese). Because population distributions of body size fit a bell curve, a small upward shift in average BMI shift an enormous number of people into the next category. And, in June of 1998, when the National Institutes of Health released new guidelines on the recommended cut-off of overweight from over 27 BMI to 25, several million Americans became overweight overnight ("Fat Ontologies," 10-11).

When Guthman pronounces that, at a certain historical moment, the recalibration of BMI effectively crafted an epidemic by reclassifying formerly "normal" bodies as obese, the temptation might be to see the NIH's move as a professional sleight-of-hand, rather than as an event in the production of authoritative knowledge concerning the implications of body size that constructs a reference population as

a bar for measuring contemporary bodies. To establish the type of percentile chart used to assess one's "degree" of obesity, the Body Mass Index requires a reference population. In the case of the BMI, the reference population in question invokes a picture of past generations, particularly those of the 1960s and 70s, when childhood obesity was not as prevalent, as a normative referent for the present. National public health initiatives which set target dates for increasing the number of "normal weight" people in the population by a particular date necessarily target children, because they are seen as malleable bodies, the promise of a future that can be brought into alignment with a privileged, healthier past.

Attempts to reform or replace the BMI have resulted in the creation of equally medicalizing methods for standardizing the evaluation of unhealthy body weight. Recently there has been a great deal of public support for pediatrician Olubukola Nafiu's technique of evaluating obesity and obesity risk in children by measuring their necks. The scope of their article, though, extends beyond the methodological. By positing a large neck circumference as a potential sign of future weight problems they establish an optimal cutoff point for fat necks and bodies; they do so, as the authors boldly claim, because obesity has become "arguably the most serious chronic health problem facing children in the United States," adding that it may be a "potential cause for the decline in life expectancy during the 21st century" (Nafiu et al 309). Despite stressing that the most crucial tactic in "controlling the childhood obesity epidemic is to make available monitoring tools that are low-cost, quick and easy to use and generally

acceptable," (Nafiu et al 309) Nafiu's team acknowledges that their method of determining degrees of child obesity would lead to inconsistent results in its application.

Arya Sharma and Raj Padwal, in an attempt to model a form of clinical assessment which takes obesity's socio-cultural, emotional and, as they put it, "hedonic" elements into account, devise a system of measurement which is a great deal more complex than Niafu's. Stressing in the title of their paper that "Obesity is a sign - over-eating is a symptom," Sharm and Padwal break the etiological assessment of obesity risk down into three categories: metabolism (or energy requirements), energy intake, and physical activity. Their argument for a novel "theoretical diagnostic paradigm" insists that obesity must be measured and the risk of obesity must be identified not only through rigorously quantifying the body, but also by assessing (and ultimately managing) the social, physiological and psychological factors associated with energy balance according to a clinical schema (363).

Another common alternative to using the BMI is the austerely-named "dual-energy X-ray absorptiometry" or "DEXA." DEXA is a relatively complex technique common in sports medicine in which two x-ray beams of differing intensities are aimed at the subject's body, typically for the purpose of measuring bone density. For my purposes, what is interesting about the test are two things: firstly, when used to closely quantify the presence of fat in a body's overall composition, the process does so through a process of subtracting soft tissue from

the amount of x-ray absorbed by a patient's bones. The presence of fat is measured differentially as an absence. Secondly, the technique is now being used to diagnose the paradoxical condition of "Normal Weight Obesity." In other words, the category promises to reveal the health status of fat individuals who slip through the clinical cracks by measuring within "normal" BMI levels. Championing this measure as a more accurate means of ascertaining the scale of the obesity "epidemic" and obesity-related risks than the "baloney mass index," Eric Braverman—a New York doctor who led a single-center study of how DEXA might be used to more accurately classify patients by weight—said at a recent press conference that his colleagues' research results suggest it is "very likely that obesity is a much bigger epidemic than the 300 million people acknowledged by the World Health Organization." Braverman's promotion of DEXA is couched in the urgent need for the subtraction of tissue from bone at the level of a global population.

The difference here lies in potentiality: while dangers are concrete situations that imply a requisite reaction, risks represent emerging threats. In other words, risk management is constructive, or "future-invocative," to use Melinda Cooper's phrase (qtd. in Braun 19), in the sense that, in the case of health, it "claims to construct the objective conditions of emergence of danger, so as then to deduce from them the new modalities of intervention" (Castel 289). The targets of these interventions are not only

dangers that lie hidden away inside the subject, consequence of his or her

weakness of will, irrational desires or unpredictable liberty, but also the

exogenous dangers, the exterior hazards and temptations from which the

subject has not learnt to defend himself or herself, alcohol, tobacco, bad

eating habits, road accidents, various kinds of negligence and pollution,

meteorological hazards, etc" (Castel 289).

Medical calculation of risk proceeds by deduction "from a general definition of...

dangers,' rather than originating in "a conflictual situation observable in

experience." Castel explains that "this surveillance dispenses with actual

presence, contract, the reciprocal relationship of watcher and watched, guardian

and ward, carer and cared" (288).

Body Mass Index values are deployed in representations of the obesity

problem as though they transcend history, providing an historically continuous or

consistent perspective on the current state of population health. But, in fact, BMI

is a differential diagnosis of the present that is only meaningful in historical

context. As a empirical substrate of all obesity thinking, BMI only communicates

the key significance of risk for thinking obesity if we understand it as operating to

enhance risk perception by communicating a sense of anxiety over the perceived

perversion of the relationship between shape, size and health socially. It can be

extrapolated that, if our analysis is critical without being historical in this context,

one cannot, then, gauge anything about the contemporary politics of obesity.

Using a method common to other studies of medical knowledge, Chang and

Christakis document how, over seven decades of iterations, obesity is conceptualized in the widely-consulted *Cecil Textbook of Medicine*'s entries on the subject. Their essay is not explicitly critical of the rhetoric of an obesity epidemic, but they do provide an historically rigorous account of how obesity has become "progressively medicalized" (152). In their view, the history of modeling obesity medically is a history of pursuing an explanatory field that deciphers the relationship between environment, everyday life, and human agency—this pursuit continues in the production of knowledge about obesity in the present. In this section I summarize their useful genealogy in order to establish the grounds for a critique of obesity discourse's dependence on the inculcation of potential dangers caused by fatness as felt threats in the present.

Chang and Christakis' intervention is most significant for its assertion that the "medical conceptualisation of a presumably cohesive object of knowledge can undergo transformation quite independently of definitive experimental evidence, with a persistent dialectic between etiological configuration and formulations of social culpability and remediation" (152). The authors take obesity to be an exemplary instance of a health problem serving as an object of study that continually generates meaning in spite of little new scientific data; as they put it, each iteration of the textbook's guide to diagnosing obesity is "underdetermined and partial," exposing the speculative work that "underlies the representation of phenomena such as obesity" (154). Chang and Christakis state that their findings suggest an evolving sense of the relationship between assumptions about etiology

and "conceptions of social responsibility and culpability" (154). Despite the fact that they do not employ their findings to argue, as I will here, for the existence of a radical shift in the "medical appraisal of obesity," their insistence that there is a "general tension in epidemiological research… between an individual level of focus on risk behaviours, and a population or structural level of focus that contextualizes risk behaviours within a social and material framework" is invaluable for the context it provides to recent developments in obesity science (152).

How specifically does each edition of the *Cecil Textbook* reproduce the obese body as an object of medical discourse? The 1927 edition of the Textbook pathologizes the "delight in eating" exemplified by "fat persons" by conflating this particular indulgence with the subsumption of instinct by habit (where instinct is assumed to regulate energy balance in such a way that staying thin is inevitable): "the normal appetite ordinarily adjusts intake so accurately that it just meets, but does not exceed, the requirements of energy expenditure. When this adjustment loses its delicacy and eating falls under the rule of habit, obesity may develop (594)." The belief that human instinct prevents imbalance in this way is based wholly on a mechanical conception of the body, and subtended—as Chang and Christakis point out—by the assumption that "obesity is primarily the result of aberrant individual activity" (156). Practitioners at the time would learn that overeating marks a situation in which "psychologic sensations may become

deranged so that the usually automatic balance of the intake and outflow of energy is upset" (emphasis added, 156).

A major change occurs in the years between 1947 and 1967; the medical discourse on obesity is effectively radicalized, and the problem begins to be understood as an evolutionary collapse, an epidemic of overnutrition and underactivity. This frame demonstrates the persistence of the mechanical model of the body, but also, more importantly, the emergence of a sort of oracular mode of medicalizing obesity, where the simplistic energy-in/energy-out economy of framing the fat body portends "obesity of epidemic proportions" by extrapolating from the cultural habituation of overeating and sedentarization. Chang and Christakis point out that, in this permutation of the textbook, the "comforts and conveniences of modern affluent societies, with their attendant technologies and patterns of parenting," become essential to explaining the causes of obesity (158). Even so, some of the earliest attempts to explain obesity as a social condition see the patriarchal indictment of "domineering mothers" whose "enforcement" of certain risky habits, and failure to responsibly react to emerging cultural factors like industrial agriculture and the personal computer revolution are, audaciously, blamed for childhood obesity (157).

In the 1985 edition of the textbook, obesity emerges as a disease proper, as the *Cecil* authors describe it as "the most common disorder of metabolism in man" (158). This explanation of obesity's frightful banality marks the beginning of a tendency (which persists in the present) to generalize about the social factors

assumed to have a measurable effect on body size: citing the "overall effects of modernisation," the authors instruct us that: "Cultural influences and socioeconomic status have a strong influence on the prevalence of obesity. Every social factor studied has been correlated with obesity, and thus there are many determinants" (159). The most recent iteration of the textbook in 2000 is more tentative, genuflecting to the complex "interrelation of genetics to particular environments." While attention to the genomic dimensions of obesity's causality is not unique to this edition, the urgency with which the problem's "polygenic," yet still persistently cultural, origins are described is telling. In response to the sense that "waist girth and weight" continue to "rise dramatically," the textbook insists that the "interrelation of genetics [itself a complex network of causes] to particular environments [which are constituted by an incalculable array of factors] needs to be further investigated" (160).

Not only does one's level of body fat operate as a primary health indicator, a determinant of the quality of one's life (and a sign for risk factors that will cut it short); it is also a means of signifying the extent to which a subject can withstand, exert agency over, and control the risks one's body is exposed to by things such as food marketing, screen culture, or the technologization of everyday life. As a result, obesity discourse consistently reinforces that "our material lifestyle and use of things are at the heart of the discussion about well-being, happiness, and sustainability" (Soper 1).

Conclusion: The Subject of Intervention

The obesity controversy has emerged as a national and international public health fixation despite the fact that it is arguably a distinctly less pressing health or welfare concern than issues like poverty, hunger, mental health, or the needs of the elderly. Eric Oliver suggests that the "general lack of concern about driving," despite the millions of deaths which occur yearly in traffic collision and are accepted as sad statistics of an ignorable endemic, should indicate that the public angst around obesity is not generated out of concern over its associated "health consequences or… medical costs" (77). We might ask, then, why "the ability to become obese" is still stigmatized according to genetic susceptibility and personal health risk (Ulijaszek and Lofink 350). Posing obesity as not only an objective health risk, but a generalizable one, and extrapolating from extant data regarding obesity rates that "we" are all at risk of developing obesity, serves to obscure the social reality that the risk of being obese is disproportionately high among non-affluent populations. Is the intended effect of obesity risk anxiety "disciplining the so-called normal," to recall Julie Guthman's deceptively complicated claim (194)? Guthman tentatively titles obesity "the trope of our times" because of the normative framework it sets up, in which BMI becomes indicative (in, for example, features in magazines like *National Geographic*, *The Economist* and on the supermarket shelves in *Time* and *Reader's Digest*) of how a supposedly innate and universal appetite for excessive consumption as an end in itself. BMI is used

to mark the borders of disciplined and deleterious consumption, sanctioned and self-destructive indulgence, torpid and energetic performance—making lifestyle not just a question of cultural capital or social distinction, but also a predictor of morbidity.

Obesity's peculiar traction as a health crisis is partly attributable to narratives of its unfettered and indiscriminate prevalence. This accepted version of the obesity epidemic's insatiable expansion has become a ritual part of reporting obesity research. Reinforcing that obesity is on the rise globally and that its rampancy implies that we are all ensnared in a network of "risk relations," *New York Times* science reporter Natalie Angier writes that "virtually every group known to demography is getting fatter;" in particular, she writes, "*children too young to have a category* are really getting fatter" (Angier 2000: 1, emphasis added). The "everyone everywhere" thesis, which narrates obesity's encroaching universality or becoming-normal, erases individual differences in favour of population flows, exemplifying a general shift in medical discourse toward not taking up discrepancies in economic privilege or cultural difference. This creates the ideal conditions for commentators to "talk vaguely about the 'environment' or 'society', 'Western societies' or 'modern lifestyles' or simply 'we,'" when addressing the contemporary susceptibility of subjects to obesity risk, according to Gard and Wright (19).

Exemplifying the trend toward understanding body fat in terms of the effect of a lifestyle imbued with known and unknown risks, the *Washington Post* in May

2008 ran a series of articles chronicling the rise of obesity in the United States. In the first installment of the eight-article series, Susan Levine and Rob Stein reinforce how "much more vulnerable young bodies are to the toxic effects of fat," writing that the "the future health and productivity of an entire generation— and a nation—could be in jeopardy" ("Obesity Threatens a Generation"). If the "ubiquitous" risk of an obesogenic lifestyle is not addressed and youth are not prevented from being "disabled in what otherwise would be their most productive years," Levine and Stein argue, the problem of fatness might ultimately take on a scale of decimation analogous to climate change. The report gestures to a discourse on obesity prevention that represents it less as the concern of the few than as a worrying potentiality that all of us possess. Much of impetus for the Post series' alarmist examination of obesity's causes, consequences and associated prevention strategies comes from S. Jay Olshansky et al.'s much-cited research on the correlation between risk factors associated with obesity and the projected life expectancy of affected youth. Olshansky et al's study begins with an affirmation of the fundamental role of forecasting in the development of medical policy, and quickly identifies obesity as a primary reason why "the steady rise in life expectancy during the past two centuries may soon come to an end" (Olshansky et al. 1138). They suggest that "the life-shortening effect of obesity could rise from its current level of about one third to three fourths of a year to two to five years, or more, in the coming decades" (1141). To predict that a broad increase in the weight of contemporary children will mean an overall downturn in life

expectancy—or, in other words, that obesity is a danger not just to longevity, but to the vitality and reproducibility of the social as a whole—is a scientific claim characteristic of a risk society. In this context, the worst-case-scenario of the obesity epidemic's total projected "life-shortening effect" relies, as Beck puts it in relation to risk more generally, "on more or less fictive suppositions, hypotheses and imaginary scenarios" (119). Nonetheless, this ominous and conjectural claim—that, due to obesity, today's kids will suffer an untimely demise and the teleological procession towards higher and higher life expectancy will be disrupted—has become one of the more persistent legitimations for representing the "epidemic" as a threat to the well-being of young bodies and to the futures of whole nations.

The next chapter assesses the need for a specifically risk-oriented approach to regulating body weight at the body's "onset" in childhood, and the ways that childhood obesity complicates the position of children in what Beck calls the "childless society" of risk relations.

Chapter 3

Beyond Solving Obesity Within a Generation – "Risk Anxiety" and the Generational Imperative in Michelle Obama's Let's Move! Campaign

> The center of risk consciousness lies not in the present, but in the future.
> In the risk society, the past loses the power to determine the present. Its
> place is taken by the future, thus, something non-existent, invented, fictive
> as the 'cause' of current experience and action. We become active today in
> order to prevent, alleviate or take precautions against the problems and
> crises of tomorrow and the day after tomorrow - or not to do so.
>
> - Ulrich Beck, *Risk Society* (34)

Building on the previous chapter's renegotiation of the politics of obesity risk, the present chapter outlines my project's concern with the precise ethics and ethos of early intervention, or how the pretense of a responsibility to protect what Claudia Castañeda terms the "processual" nature of children and childhood forms the crux of speculation on the local and global risks associated with childhood obesity, and what to do to manage them. One of the most salient products of obesity becoming a locus and focus of risk anxiety, I suggest, has been the targeting of families, parents and children in order to assign them the blame for a burgeoning biopolitical disaster. But beyond this, I contend that the political capacity of the child to signify the future has informed the language of risk more

broadly, investing the obesity crisis with greater medical and political exigency and rendering the endgame of anti-obesity more radical and totalizing.

The devout sense that "we can and must do better" in the struggle to "produce" healthier children—a point made vociferously by André Picard in a 2008 diatribe concerned with Canada's disappointing rankings in international categories of child population health, published in the *Globe & Mail* as "Children are our future - why can't we protect them?"—is more and more clearly informed by assumptions that reducing the risk of obesity, particularly in children, is a basic test of national resolve. If the child or the family is not invariably the central focus of biopolitical interventions to end obesity, then what is it, in particular, about the obesity issue that focalizes concern around the child? How do we account for the assumption that if the child fails to mature, in normative terms, into a healthy and slender student and worker, it is fundamentally the fault of the parents, and, more pointedly, the mother? Leaving aside for now questions of whether obesity prevention makes up a realpolitik that genuinely asks the question of how— without desire, intention, or awareness—vast populations of kids are "at risk of developing obesity," I want to explore the function of a risk calculus that has a determining effect on a dramatic national battle to "raise a healthier generation of kids" (Kulick and Meneley 7). With a seemingly incontestable construction of childhood innocence and parental blame bolstering it, the politics of governing against obesity risk has become more and more concerned with normalizing a construction of a "healthy family."

The family as a "system of alliance" has become the object of diverse efforts to eliminate obesity (Foucault 108). Ulrich Beck claims in *Risk Society* that a society in which risks are considered an integral part of progress and economic health, and one in which the precarity of the labour market expects and extracts what he calls "mobility without regard to personal circumstances," is a society "without families and children" to the extent that it is one which must, structurally, disregard or de-prioritize familial bonds. The child, in this context, is ideally a being that can adapt to the forms of social disintegration intrinsic to a market society. Beck's perspective here on the politics of childhood contradicts his later writing, in which (as Deborah Lupton points out in an article titled "Risk and the ontology of pregnant embodiment") he argues that in risk societies children signify "a 'scarce resource,' whose success must be ensured" (Beck and Gernsheim, 1996:143). In Lupton's terms, children are the "loci of risk anxiety," and, by the same token, childhood is increasingly constructed through "a general sense that the social world itself is becoming less stable and predictable" (88). Beck pinpoints the contradictions of children maintaining a special value in a "childless" society when he writes that child-rearing has become "the structural risk of a female wage-earning biography… a handicap" (Beck and Gernsheim, 1996: 146). He also consistently argues that the overlapping of class inequalities and what he terms "risk relations" produces a pronounced and unique form of control, in which the production of risks through the systemic forces of progress

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and profit escalates as a result of inequality, commanding a disproportionate amount of attention from the dispossessed (44).

Together with a critique of the blaming of the family, this chapter contends that the cultural fact or episteme of childhood obesity provides an exemplary site at which the meaning of the future for neoliberalism can be explored. In other words, it would appear to contradict the inherent presentism of neoliberal "investment," captured neatly by cultural theorist Lawrence Grossberg:

> Neoliberalism rejects what many have assumed to be the basic assumption of capitalism, that one invests in the present for the sake of the future. After all, profit only becomes productive when it is reinvested in the infrastructure for future profit. In that sense, then, even in capitalism, the present is responsible to the future. This is precisely what makes capitalism such a powerful ideological ally of the notion of progress. But neoliberalism seems to have reversed the relationship: the future is responsible to the present. The future is reduced to a set of commodities aimed at increasing present profits. (126)

The commitment to producing healthy children that marks present-day talk of how to "deliver a sustainable response to obesity" seems to contradict the argument that neoliberalism constitutes a further distancing of the ruling class from labour, or the final abandonment of any notion of a social contract. Is it therefore inherently progressive for right-thinking people, whether left- or right-leaning in their politics, to be concerned about obesity? Should we take it as given

that the biopolitical project of producing healthy children is symptomatic of a

statist commitment to social reproduction? The neoconservative turn to a

biopolitics of regulating body weight would seem not to discount the future, but

rather to indicate an obsession with it, and with relieving the perceived pressure

on the future portended by childhood obesity.

Yet, just who is invested in the production of healthy children, and what

theoretical language do we have for the ad hoc "proliferation of agencies" like the

U.S. Preventive Services Task Force, Yale's "Rudd Center," and Foresight in the

U.K. whose "role is to help government think systematically about the future"

(Foresight)? John Coveney's contention that the obesity crisis is constituted

through a rationale of governmental force that does not include an exceptionally

strong role for state or policy intervention might strike us as a strange claim in this

context, considering that very little about the discourse of obesity prevention

strikes us as "post-national. That said, I share Coveney's sense that

governmentality is a concept that is essential to understanding the extent to which

political power today is "exercised well beyond the state," as well his sense of the

concept's value for tracing the discursively productive relationship formed in the

articulation of politics and expert knowledge (200).

In this context, Julie Guthman encourages us to consider "why 'obesity'

would be re-elevated to a social problem when neoliberal discourse holds that

there is no social, only the individual" (194). Even as austerity measures designed

to buoy volatile markets make the concept of a social contract seem anachronistic,

legal documents like the Healthy, Hunger-Free Kids Act of 2010 have set into motion measures designed to drastically reduce obesity rates that frequently target children at an early age. Interventions that target obesity on a population scale have been around since before the beginning of the new millennium. In 2000, after the city of Philadelphia was ranked the fattest city in the United States by the magazine *Men's Fitness*, the city's mayor John Street appeared on Oprah to discuss his plans to "enroll the city into a strategy of collective weight loss" (Marvin and Medd 315). Drawing on the popularity of the city's basketball team, Street resolved to confront obesity by introducing a "76 tons in 76 days" initiative. The city as a whole was to lose 76 tons in just under three months. The program produced diet groups, free fitness and dance classes, and forced restaurants to offer healthier food. The result was an average weight loss of 5.3 pounds among 26000 Philadelphians (Marvin and Medd 315). It is important to note the form of governmentality illuminated through this causal chain - ranking of fat cities links to public shaming of an entire population, which leads to a drive to retain social distinction through collective weight loss and health improvement, which leads to the mobilization of a panoply of proto-professional initiatives in the interest of curing or curbing obesity. That fighting obesity is principally a question of distinction is confirmed by the mayor of the city which usurped Philadelphia's position as top pariah, Houston: Lee Brown admits it was not something he wanted "as a distinction of our city" (Marvin and Medd 315). Taber et. al note that "numerous interventions have attempted to reduce adolescent obesity" since 2007,

either by educating young people to become active and consume healthy food (a method that they point out has yielded little weight loss), or by addressing the material root of fatness through an juridical attack on "competitive" foods youth encounter at school and elsewhere (Taber 438). The type of health interventions that Taber et al. chart, which have been largely met with failure, operate as reminders that the mortgaging of the social to commercial interests is not yet total. Seeking to instrumentalize children's bodies for the purpose of hedging against the loss of vigour, productivity and competitiveness estimated to be the result of leaving the "obesity epidemic" unchecked, this particular investment in the wellness of the child represents a moment in which questions of population vitality are entwined with a virtual crisis rooted in an affective relation to a figment of the future. Beyond inducing anxiety with regard to fat embodiments, this virtual crisis of "fat deposition" is mediated and constituted through expert knowledge and a pedagogy that emphasizes parental responsibility in the battle to preserve and protect young bodies from fat (Marvin and Medd 314).

The commitment to producing healthy children that marks present talk of how to "deliver a sustainable response to obesity" seems to contradict the claim on the left that neoliberalism constitutes a further removal of governmental responsibility from the coordinates of everyday civic life, or the final abandonment of any notion of the future. It would seem to contradict, for example, Nikolas Rose's contention that the subjection of life to "judgments of value" is no longer performed "by a state managing the population en masse"

(58). "Contemporary biopolitics in advanced liberal polities," according to Rose, "does not take the living body of the race and its vital components as resources whose fitness is to be maximized in a competitive struggle between states" (58). The marshalling of state forces and nationalist ideology in the war on obesity suggests otherwise.

Obesity-as-risk has been highly effective at stoking anxieties about the future prosperity of affluent nations, placing prevention less within the purview of the state than with "stakeholders inside and outside the health system" (Coveney 200) that posit early intervention as an essential crisis fix. Stuart Hall observes in *Hard Road to Renewal* that critics on the left (where obesity sceptics are consistently positioned politically) are frequently flummoxed by the contradictory role of state power in the contemporary global moment, in which the neoliberal ideology that dominates any statist realpolitik represents itself as "unremittingly 'anti-statist'" and a hard-line supporter of the capacity of the market to perform the functions of sovereignty in a global age. To understand the duplicitousness of neoliberalism as a system of indifference and exploitation, in cultural critic Michael Berube's reading of Hall, we must accept that "pointing out the contradiction between the New Right's passion for economic deregulation and its fetish for policing… doesn't actually render the combination ineffective," only obscurantist (176). In a related vein, philosopher Wendy Brown argues that market rationality collapses the "modest ethical gap between economy and polity," noting no contradiction and subjecting "every aspect of political and social life to economic calculation"

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(Brown 22). Brown suggests that, in order to maintain social control, neoliberalism necessarily has to "cloak itself in liberal democratic discourse" in order to work within "liberal democratic institutions," that neoliberal governance cannot exactly "legitimate itself in its own terms, without borrowing from other discourses" (Brown 27). If we "cannot count on the expectation that moral principle undergirds political action or even on consistency as a value by which to judge state practices or aims," we equally cannot count on knowledge of neoliberalism's cloaking device to account for the complicity of policing and indifference which seems to define politics in the context of globalization.

Reconciling the conflict between neoliberalism's privileging of profit over all forms of social wealth, and the ham-fisted conservatism which sees the obese child's body as a disinvestment in the future of the nation requires us to look at not just one example, but an emblematic case of statist intervention that contains multifarious examples. In regarding Michelle Obama's Let's Move! as the emblem and model of emerging anti-obesity interventions, I try to respond to the seemingly contradictory political problematic outlined in the above section.

Let's Move!

In February 2010, when Michelle Obama began to roll out her Let's Move! campaign to "solve obesity within a generation" she received a great deal of criticism for personalizing the struggle with comments about her daughter Malia's efforts to lose weight. Despite the fact that focusing on the private habits

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of individuals has become central to the language of anti-obesity reform, Obama was met with charges that framing the issue by speaking personally exposed Malia to public ridicule. Obama's political gaffe and the brief controversy it sparked illustrate the janus-faced politics of the so-called obesity epidemic, in which we are enjoined to be or become thin, and to give an account of our size, while still keeping quiet about the things that one risks in doing so. This controversy also illustrates an entrenched aversion to talking about the foundations of fat intolerance. In a sense, then, Obama's misstep was a fitting inauguration of her flagship project, since the effect of Let's Move! has largely been to give a name to that already existent cathexis that obesity "epidemic" discourse has generated over roughly the last decade by drawing together millennial anxieties about individual agency and self-management; parental responsibility and reproduction; market autonomy; and the role of the state in a future of "sustainable development."

The rise of national get-fit programs globally is predicated on the fear that, if factors associated with the risk of developing obesity are not controlled through early intervention, and developed nations do not establish deadlines for breaking the generational "cycle" of obesity, the fat that is said by experts to be weighing these nations down physically, spiritually and financially will ultimately replace manageable growth with a form of arrested development or growth run amok. The adult world in this case derives its compassion for the obese child from a fear of the "fragility of growth (the possibility that it might be pathological)" both in the

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structural sense of an economy organized around expansion and the tenuous

maturation of youth, the vulnerability of a developing being, the perception of its

helplessness (Castañeda 24). Thus, in my reading of Let's Move!, I am more

concerned with the attitudes and assumptions regarding the social potential of

children that drive anti-obesity regulatory measures than with what these

measures set out to do; this, because the stated objective of anti-obesity

intervention is always presented as neutral and straightforward, surveying the

behaviours of individuals and groups at the local level in order to manage energy

balance in bodies at the level of the entire population. But the ideological battle

being waged over when and how intensively governments should act in the

obesity struggle has not been addressed in terms of how the emphasis on

managing obesity risk in children fosters a politics of prevention that cast fat

youth "firmly on the receiving side of socially recommended or tolerated action,

treated in the best of cases as an object of benevolence, charity and pity

(challenged, to rub salt into the wound, as undeserved) but not of brotherly help,

charged with indolence and suspected of iniquitous intentions" (Bauman 13,

2004).

Reading the sudden surfeit of fat young people as a state of emergency is

as much a political decision as a clinical assessment. Which is to say that the

"epidemic" is not, in the words of Michael Gard and Jan Wright, just "big news,"

it is also a controversy that tends to generate "an apparently irresistible desire to

lash out and blame someone," a moral economy in which "[n]othing and no one

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completely escapes responsibility for the waistlines of Western populations" (18). When Obama spoke to a National PTA Conference in March 2010 about her still amorphous "assault" on childhood obesity, she represented the anxieties that drive her ambitious Let's Move! campaign to "solve the epidemic of childhood obesity within a generation" as "first and foremost" those of a mother, and addressing parents directly in their concern over their children's futures, the First Lady stated that we need to grasp that the childhood obesity epidemic "isn't just about how our kids look," but more importantly "how they feel, and how they feel about themselves" (Hosmer). She underscored that the issue compromises "their health," "their futures" and the future of the country as a whole (obesity reportedly being one of the most common "disqualifiers for military service")— all the while insisting paradoxically that the issue is not a matter of "inches or pounds," or of appearance, but of collective national vigour.

An investment in the regulatory efficacy of early intervention—that is, in the efficacy of public health initiatives developed according to the exact age at which strategies are likely to have the greatest impact on weight regulation—is thus central to Let's Move! The guiding rhetoric of Let's Move! as a kind of intergenerational injunction is thus one of transcending anxieties about physical appearance in order to arrive at a seemingly more objective understanding of weight that sees it strictly as a chronic health condition, budget strain, and as a problem of self-esteem (the latter paradoxically based in a connection to the issue of physical appearance). On the initiative's surface, then, is a liberal ideal of

tolerance for fat bodies that would seem to contradict the designated aim of the overall project: the elimination of a generation of fat people.

The notion of producing a solution to the epidemic "within a generation" is based on the specific sense that obesity rates represent an evolutionary turn for the worse. One of the most important aspects of the Let's Move! program, for example, is a 2012 deadline for testing the BMI of all American children. The main purpose of this population-wide weigh-in is to provide a baseline for "bend[ing] the curve" of contemporary obesity rates back to the 1972 benchmark, in which only 5% of American kids were reportedly obese, by the year 2030. So, while Michelle Obama hosts PR events like the convention of 500 chefs who gathered on the White House lawn to receive their particular mission in the battle against obesity (a component of Let's Move! titled "Chefs Move to Schools"), the more concrete work involved in calculating and assessing the vital characteristics of the population according to historically-situated norms of body shape, and developing an appropriately "comprehensive" epidemiological response to "turn the tide of obesity," continues.

The implicitly statist articulation of risk, health and responsibility implied by the term "stakeholder" has so far defined First Lady Michelle Obama's official sanction of anti-obesity efforts. Obama has presented her sprawling project in the following way: "we have a very solid road map that we need to make these goals real, to solve this problem within a generation. Now we just need to follow through with the plan. We just need everyone to do their part—and it's going to

take everyone" (Holecko). "No one gets off the hook on this one," she tells us, "from governments to schools, corporations to nonprofits, all the way down to families sitting around their dinner table" (Malloy). Obama does not equivocate on the question of why Let's Move! is a necessary intervention, writing in the Washington Post that, as "stakeholders" in a sustainable society, "we owe it to our country -- because our prosperity depends on the health and vitality of the next generation" (Maer). Obama's campaign for a certain dietetic social engineering rests on the presupposition that, from corporate power "all the way down" to schooling and the family, the asymmetries of privilege and risk that shape obesity and obesity counter-measures can be temporarily disregarded, political antagonisms set aside, in the interest of producing a lighter generation of children.

Obama made these remarks in May 2010 in order to introduce the findings of the United States Preventive Services Task Force (USPSTF), a team of health experts specializing in prevention which, according to CNN, was given "90 days to craft a plan encouraging 'optimal coordination' between the federal government and both the private and nonprofit sectors" in the interest of a broad "assault" on childhood obesity ("First Lady: Childhood…"). The result of this group's efforts is a report titled "Solving the Problem of Childhood Obesity Within a Generation" that has, at its core, 70 recommendations for "combating" obesity that continue to circulate prolifically in the American mediascape. Flanked by an impressive entourage of U.S. policymakers—Domestic Policy Advisor Melody Barnes, Health Czar Nancy Ann DeParle, Federal Trade

Commission chief Jon Leibowitz, Education Secretary Arne Duncan, Housing and

Urban Development Secretary Shaun Donovan and Deputy Secretary of

Agriculture Kathleen Merriga, among others—Obama introduced the USPSTF's

findings by stating that, since "[w]e all know the dangers of childhood obesity,

and the toll that it takes on our children, our families, and our country," the

project of state-wide weight reduction will require everyone to "help in

monitoring, tracking, having the important discussions that we need to inform

families about what's going on, how to make the changes that they need"

(Obama). The conceptualization of Let's Move! as a governmental strategy relies

on the assumption that obesity is a uniquely recalcitrant medical condition; one

that—because of the risks of sedentarization, obesogenic heredity and

compensatory eating that characterize the everyday lives of millions—requires a

zero tolerance, "no-one-gets-off-the-hook" paternalistic authority to teach and

track the mass of the masses.

At a time when empowering individuals to manage their risk exposure is

conceived of as public health's "best buy" (Hills et al. 533), or the most effective

way of preemptively governing health according to projected cost and prospective

benefit (without radically restructuring the distribution of health to address the

chronic precarity of care in a market society), preventative projects like Let's

Move! emerge as campaigns to demand more disciplined care from parents and,

more importantly, the means for children to become and remain autonomously

thin. Paradoxically, however, anti-obesity projects like Obama's generally abide

by the liberal rationality of minimal governmental coercion by forging numerous contracts with private companies that effectively privatize anti-obesity measures, thereby putting them in the hands of food-monopolizing corporations like McDonalds, Wal-Mart, Coca-Cola and Cadbury.

In 2000, prior to the inception of "Let's Move!," the U.S. had set targets to, as Crombie et. al put it in their review of national antiobesity goals, "increase the proportion of adults who are at normal weight and to reduce the proportion of adults and children who are obese" (2). This included a more specific goal of effecting a 15 % increase in moderate and vigorous physical activity among American citizens by the year 2010. While efforts to "control" obesity through these regulatory population targets, which are designed largely to coordinate public health efforts around a shared project, have primarily failed, Let's Move! lives on as a war on risk and posits the current generation of children as the key to changing the overall shape of the population.

As a result of widespread thinking that fatness constitutes a state of emergency, many nations have, since the early 1990's, begun to adopt future targets for "reversing" their own "epidemics" of weight gain. There are often separate targets for children and adults, with the targets for reducing obesity in children typically being more urgent and ambitious. New Zealand was among the earliest to establish a target limit for national weight gain by aiming to keep its citizens from expanding more than 10% beyond 1993 BMI levels (as it turns out, setting this benchmark was ineffective, as rates of increase reached more than

double the designated amount). Countries like Australia, Sweden, Ireland and Japan all have similar targets (Uauy and Lock 2006). The United Kingdom had set firm goals for reversing rising obesity rates to their 2000 level by 2020, however, Tory health secretary Andrew Lansley has recently, and with some controversy, scrapped the UK's "Change4Life" campaign, which was the culmination of campaigns to undo obesity by the 2020 deadline, and has instead entrusted much of the work of militating against the obesity "epidemic" to corporate food manufacturers like Nestle and McDonalds (Triggle). Functioning through the rhetoric of protecting the moral fabric and economic stability of an imagined national totality from the threat of obesity, the collaboration of public and private regulatory regimes that state governments have insisted is essential in the "battle against obesity" targets youth at risk of obesity as a major site of cultural struggle. In the birth and demise of programs like Lansley's they function as the central players in a broader staging of self-help as a duty to the future of a larger social project.

In fact, the urgency regarding the particular nature of obesity's risks to economic and medical survival appears to be diminishing. This is likely due to the growing sense that the interventions necessary to effect structural change conducive to ending a perceived upward trend in body weight would outrage profit-driven "consumer advocacy" groups (lobbyists for corporate food behemoths). It may also be due to the realization that such interventions would probably not result in rapid or extensive enough population-wide weight loss.

Franco Sassi's "Fit Not Fat" report, along with other statistical projections, conflict with the USPSTF's speculative certainty about the immediate health advantages of attacking obesity. Sassi's report suggests that even radical structural changes, such as political interventions to education and govern directly the social, if their aim is stopping the proliferation of obese bodies, will either not succeed or succeed in normalizing things somewhat only decades down the road.

How can we think past the specious right-wing paranoia that paints the objectives of fat-fighting social reform as indicative of, in Ken Blackwell's terms, a "nanny-state on steroids" (Blackwell), the rhetorics of crisis and prevention, and the overall political project or mode of "governmentality" that undergirds preventative measures taken against this "virtual" enemy? Alternatives might be rooted in examining the developmental factors thought to produce the risk of obesity in children. Demographic analysis continues to be done in order to account more fully for obesity's etiology by exploring the links between factors like: obese parents and the risk of kids becoming obese; the abuse or depression suffered by the mothers of fat children and a neglect which leaves the latter vulnerable to obesity-inducing behaviour; or a young person's degree of clumsiness and their risk of putting on weight. Still, despite the increasing number of studies which endeavour to recombine factors into a sensible account of how the risk of obesity is produced, it is still very difficult to calculate with any practical certainty how consistently particular media technologies, social conditions or individual lifestyle factors "create" obesity or the potential for

obesity on a mass scale. Indeed, researchers still struggle with determining whether eating or inactivity is the primary driving factor in taking on "surplus" weight.

Conclusion

In reading the literature on obesity's manifold causes—which is foundational to the emerging medical and governmental science of preventing the problem's perpetuation in the future—one gets the sense that the search for a source in the social and the search for an answer in techniques of early intervention is as much a matter of attempting rhetorically to bring indefinite risks under rational control as it is a matter of epidemiological response and responsibility. Undoubtedly, many experts who support forecasting and preemptive anti-obesity measures would consider the claim I have just made irresponsible. However, in the battle against obesity, the scientific certainty that families that sit on the couch together lower their life expectancy together, or that efforts to slow or stop obesity must target children five years old or younger, should cause critics to pause, not because of the apparent gravity of the claims, but because these claims expose the ways that risk is embedded in the cultural and economic organization of our everyday habits. The medical investigation of how things like domestic abuse or overwork influence obesity in the young should illuminate the limits of quantitative research on obesity risk, and the effectiveness

of pathologizing banal aspects of lifestyle for producing risk anxiety in the context of the "epidemic."

Throughout this chapter, I have been tracing the political imperative of protecting child health and the association of childhood obesity with risky consequences, arguing that the articulation of fat with risk has helped to radicalize public opinion on obesity by linking it with biopolitical problems of life expectancy, reproduction and genetic predisposition (108). This, despite the fact that, as Gard and Wright point out, "at both the beginning and end of the twentieth century, the precise nature and severity of health risk related to excess fatness (however it is measured) remained poorly understood" (70). Gard and Wright claim that obesity science attempts to rationalize systems "impossible to calculate," creating an irreducible number of targets for risk anxiety. Yet, research groups like the U.S. Preventive Services Task Force, Yale's "Rudd Center," and Foresight in the U.K. have nonetheless emerged as agencies whose "role is to help government think systematically about the future" (Foresight). In response, I have posited that the policy-oriented documents produced in these contexts tend to include pledges to endow the public good by eliminating obesity in the future through an attack on its presence in the present generation of young people.

The question running through this chapter is: if the "war on obesity" is a war against the perceived drain on economies and polities of the unproductively fat body, then who or what is the war on obesity against? How do we imagine the plane or field on which this public health battle is waged? In the last of his

lectures, Michel Foucault unpacks the notion of "thickness" as a means of describing the collective aggregate of "a spontaneous bond between the individual and the others" (352). While this biopolitical thickness—the spontaneity of social bonds, or what a certain tradition of sociology terms "social contagion"—exists prior to the intervention of government (and is, as such, not an effect of government), it nonetheless becomes a primary locus of governmental strategies through the science of statistics. In other words, the exploitation of this immanent "thickness," or the indeterminacy and multiplicity of human cohabitation, heralds the development of a form of "governmentality" which regulates the micro-dynamics of populations through the production of vital statistics, birth rates, mortality rates, BMI, and so on. A pioneer of this theory of social architecture was nineteenth-century Belgian mathematician and inventor of the Body Mass Index, Adolphe Quetelet. Quetelet was a likely referent for Michel Foucault in his explication of how biopower developed during the nineteenth century, as he in many ways models the concerns of a class of intellectuals that Foucault identifies as innovating biopolitical techniques of governmentality.

The obesity "epidemic," through a fear of a global downturn in life expectancy as a result of "the risk obesity poses to the unborn" (Debrosse), has fostered increased scrutiny of the impact of the "prosaic17"[1] —Achille Mbembe and Janet Roitman's term for the indications of crisis that come as no surprise

[17] My use of the term "prosaic" here is meant to bring anxieties sparked by knowledge of obesity's massive scale into proximity with the scene of obesity reaching "all the way down" to the average (American) family. The prosaic represents the intimacy between the two scales, the two scenes, as integral to the production of risk anxiety regarding obesity

(326)—on the body weight of especially the very young. In the next chapter I turn

to investigating childhood obesity's politicization of the prosaic in relation to the

everyday, habituated elements of children's immediate "built" environments: if

the prior construction of children as consumers militates against efforts to change

the organization of spaces occupied by commerce, why has no government

invested in reducing obese populations thought to implement anti-consumerist

pedagogy as an early intervention and crisis fix? The answer to this simple

question is more complex than it may appear, and in the next chapter I attempt to

theorize child consumer subjectivity in the face of human geographies that

disregard the tenuousness of subjectivity formation. Ultimately, I argue that the

conceptualization of measures to restructure the built environment as a means of

eliminating obesity, to restrict the built environment's effects on human weight

gain, is both radicalized and stunted by prior assumptions about the role of

lifestyle in mediating the relationship between self and place. Here, obesity's

spatial dynamic—the epidemic's implication of aspects of the built environment

that have evolved to influence population weight gain—proves just as efficient as

its temporal dynamic, risk, at generating a type of political anxiety that collapses

easily into the rhetorics of individual responsibility, self-fashioning, and lifestyle.

Chapter 4

When Does it Matter? Obesity and Toxicity in the "Built Environment"

> [W]hen one looks to population increases in obesity, we ask, for example,
>
> why Japan has more obesity this year than last, why some nations are
>
> heavier than others, why an entire population is vulnerable to changing
>
> diets, and what might be done to reduce the problem. From this point of
>
> view, there is a clear explanation for rampant obesity - the environment
>
> has become fattening or 'obesigenic.' [sic]
>
> - Kelly Brownell, "Overfeeding the Future" (164-165)

In September 2007, University of Washington researchers headed by

Director of Obesity Research Adam Drewnowski released findings which

suggested that the most reliable way of predicting whether a particular population

had lifestyles that made them vulnerable to obesity was to look at U.S. property

values by zip code (Drewnowski, Rehm and Solet). Why should a household's

wealth, as expressed in the cost of people's homes, signal the susceptibility of

people to obesity more than any other factor? Are researchers hoping to account

for the ways that, in Christine Boyer's words, "space is fragmented into separate

districts of work, leisure, and living; hierarchicalized with respect to property

values, revitalized and restructured with the movements of capital" (408)? The

vexed relationship between space, economic privilege, social reform, and the

issue of population obesity is the subject of this chapter. T begin, I will link the discussion of the "built environment" to this thesis' broader consideration of the politics of lifestyle through Michael Pollan's historical account of the economic factors that produced the environmental conditions now perceived as causative of widespread obesity.

One of the lesser noted and critiqued aspects of Michael Pollan's argument against industrial corn is the author's engagement with the litany of theoretical causes for the "obesity epidemic." The relative indifference shown to Pollan's manner of intervening in obesity's significance today is curious because, while anti-obesity may not be his book's avowed point of departure, *The Omnivore's Dilemma* is a text that reads fatness as the embodiment and symptom of the sickness and inequality of the global food supply chain as a whole. As such, Pollan employs the obese subject as the necessary rhetorical antagonist of responsible consumerism: by conjuring the obese subject as a threat, his book exhorts the American public to embrace the everyday acts of nourishing our bodies and thereby reclaiming ourselves from the pernicious grip of Big Food.

Pollan's account periodizes "the obesity epidemic" as part of a longer genealogy of irresponsible consumption that, he contends, makes our current "Republic of Fat" the spiritual successor of a prior (but ostensibly not passed) "Republic of Alcohol." In his account, the collision between unregulated market control and consumption habits in the nineteenth-century U.S. caused an epidemic of whisky binge-drinking facilitated by the sudden cheapness of corn whiskey.

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While he presents a broad collection of possible sources for increasing obesity, Pollan ultimately settles on one in particular: market signals, prices. "All these [other] explanations" for rising obesity rates, he opines, "are true, as far as they go" (102), but the fact of the matter for Pollan is that—in part as a result of "clever marketers"— consumers are "sooner or later" compelled to ingest "the surfeit of cheap calories" that makes up the contemporary "pseudofoodscape" (Winson 299).

Pollan's "sooner or later" is meant to evoke a disturbing sense of the inevitability of unhealthy food, a sense that capitalism compels calories to convert themselves to profit, and, as an irrelevant externality, to the fat that accumulates as unburned energy on the consuming body. Lauren , examiningthis same problematic (obesity as a consequence of unregulated capitalist expansion), asks: "When does it matter, for example, that overweight, obesity, morbid obesity, and a mass tendency, in industrialized spaces, toward physically unhealthy bodily practices amass as a weirdly compounded symptom of a system and persons gone awry?" (2007, 763). Pollan's portrayal of a public and "republic" that has, in some fundamental way, succumbed to a "national eating disorder" marked by the replacement of autonomous with automatic eating is significant because it conveys an anxiety over the evolution of an environment that fosters the abandonment of health. The central problem identified in Pollan's intervention is the widespread production of high-fructose corn syrup (HFCS), an ingredient common in a wide variety of foods and beverages, but most commonly known as

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a main ingredient of processed foods and many brands of soda pop. HFCS is an industrial sweetener which, as Pollan points out with some panache, "the human animal did not taste… until 1980." Corporate food lobbyists have, predictably, decried Pollan's findings for being quasi-propagandist, but the overwhelming reaction to the increased exposure of HFCS as a "toxic" additive in food, especially food given to children, has been dictated by fear and alarm at the possibility that it is responsible for increasing the weights of children population-wide.

Princeton researchers in March 2010 provided further foundation for connecting HFCS to obesity, and added the authority of neuroscience to efforts to monitor or remove the substance from the human diet, when they demonstrated how rats presented with the sinister sweetener gorged uncontrollably on the stuff, "becoming obese — every single one, across the board" (Parker). Pollan is evidently motivated by concern that novel ways of subtly appealing to our palates and coercing us to over-consume might ensure that "today's children may turn out to be the first generation of Americans whose life expectancy will actually be shorter than that of their parents,18"[1] largely as a result of the rise of Type II diabetes as an illness strongly associated with obesity. High-fructose corn syrup has recently become both the centre of debates over the food environment, especially in the school, and emblematic of a semantic battle over what the

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[1] Michael Pollan, "The Way We Live Now: The (Agri)Cultural Contradictions of Obesity." *The New York Times Magazine*, October 12, 2003.

substance should be named (and how the names of foodstuffs inform consumers' attitudes toward them).

The problem with the politics of Pollan's otherwise reasonable lament of the invisible pervasiveness of HFCS, the loss of autonomy to the automatic, autonomy to corporate heteronomy, as Julie Guthman succinctly explains in an interview I conducted with her in April 2009 for the journal *Politics and Culture*, is that, while he is "usually spot-on with his critiques of industrial food… he often ends up in a messianic place." From the position of culinary messiah, Pollan concludes by displacing issues of structural inequality in order to advocate "eating in a more refined way…. to those who already are refined eaters and want to feel ethically good about it" (Guthman). And, for Pollan, the low cost of enticingly energy-dense snacks not only inexorably divides the social environment into the fat and the thin, crude and refined, it operates politically to foreclose the possibility of anything more than modest proposals for re-evaluating the source and significance of our food.

Pollan is, of course, not alone in his misuse of the obese body's overdetermined visuality to capture the contradictions of a "system and persons gone awry" (Berlant 765). Others have cogently linked growing faith in an "ersatz democracy of consumers" and in consumption as an ersatz show of democratic freedom to the decline of democratic values in general (Giroux and Searls Giroux 221; see also Guthman and Dupuis 442), and to the compromise of individual happiness and an active political life, in particular. More germane to the question

of the built environment, however, is geographer James Kunstler's point in *The Geography of Nowhere* that unregulated urban expansion and the demise of social planning have created populations that evince a "striking complacency when it comes to the everyday environment and the growing calamity that it represents" (10), as well as a constrained ability to "understand what is wrong with the places they ought to know the best" (11). Now indissociable from "the epidemic," a politics of disaster buttresses the work of critical food writers like Marion Nestle, Raj Patel, and Kelly Brownell, all of whom employ a combination of political economy and demography to reinforce the notion that obesity is rooted in a certain sort of energy crisis, one fomented—like all other energy crises that have defined the development of capitalist markets—by the corporate oligopoly on vital resources.

For the purpose of laying the groundwork for an analysis that scrutinizes the "terrain" of everyday life in obesity-afflicted societies and the structural conditions under which the financialized environment of unprecedented privatization is organized and negotiated, I have referred to Pollan's work and the debate surrounding it as a way of understanding when and why it becomes imperative to "repair" the space of the social, when and why an environmental threat to human health is determined, at a particular point, to matter. I go on to show, through an analysis of the film *Wall-E*, how the politics of conceptualizing obesity as an environmental health issue reverberates through popular culture.

Cost/Benefit

David Kindig and John Mullahy make an interesting case that federal governments invested in obesity intervention have an obligation to provide a degree of economic support to the study of social, economic and cultural determinants of health (i.e., the physical and built environment) equal to support for research within the exclusively medico-pharmaceutical domain. The thesis of their brief commentary is based in part on the work of Victor Fuchs, who in an influential 1974 study of health economics entitled *Who Shall Live?* asked the prescient question, "How much, then, should go for medical care and how much for other programs affecting health, such as pollution control, fluoridation of water, accident prevention and the like? […] In principle, the solution is to be found by applying the economist's rule of 'equality at the margin.' This means relating the incremental yield of any particular program to the incremental cost of the program" (20). The reason the problem of health distribution seems irreducibly complex, Fuchs argued, is that it is seldom posed. Beyond the principle of yield versus cost and the basic test of the bottom-line, Fuchs suggests that the solution for how to effectively allocate money, labour and time to best serve the total health of a population is such a broad question—comprising an inestimable diversity of environments, needs, conditions and challenges—that only more rigorous forecasting can provide a means of offsetting the potential for wasted time and resources.

Picking up Fuchs' question, Kindig and Mullahy argue that "without an adequate evidence base on which to judge the effectiveness of any particular strategy or intervention launched across… multiple sectors, the childhood obesity initiative—as well as any other broad, multisectoral initiative on important population health problems—will succeed *only by chance*" (902). At issue here is less the expediently moral injunction to produce a lighter generation of children than the question of how to provide for population health in an economically and biologically effective way. Kindig and Mullahy's piece is part of a much larger debate over what it means to invest in the struggle against population-health problems at a time when the soundness of an investment is defined by the immediacy of the return. Their article comes in the wake of a major WHO/OECD report on the economics of obesity prevention subtitled "FIT NOT FAT," in which the study's author Franco Sassi infers that, even with the use of forecasting and comparative cost-effectiveness analysis, investment in obesity prevention at the population level will likely not yield returns until thirty or forty years into the future. The reason for this, Sassi explains, is because "the scale of the impact of individual interventions is limited by the difficulties involved in reaching a large proportion of the population, either because only certain age groups are targeted by the intervention, in which case it may take many years before a large share of the population receives some exposure to the intervention, or because response rates are relatively low" (196).

The Director of the CDC's Nutrition, Physical Activity, and Obesity division William Dietz, for example, states that because obesity is "linked to complex behaviors, [and] it seems unlikely that the epidemic of obesity will respond to single interventions," concerned parties must therefore seize "opportunities… to positively influence children's eating and activity behaviors" at an early age and adopt "policies for daycare centers, schools, and communities" that can be implemented in support of prevention efforts (223). He cites a New York City regulatory effort from 2007 which revised the policies and protocols for group daycare in the city, "allowing no television, video or other screen viewing for children less than two years old" and "requiring sixty minutes of physical activity daily" for kids two and older (223). Recognizing the state of the child's ability to rationally differentiate between safe and unsafe, healthy and unhealthy—the characteristic identified as the reason for locating children "as vulnerable innocents to be shielded from the dangers of the wider social (implicitly adult) world"—is thus seen as the key to both preventing obesity and to saving struggling systems of health distribution, in particular, that of the United States (Jackson and Scott 90).

Significantly, the physical environment of the school (of which, one could argue, daycare is a precursor) is seen by population health experts like Boyd Swinburn to be the *only* space in which early intervention can be effective. Swinburn presented evidence at the recent International Congress on Obesity in Stockholm that interventions aimed at pre-schoolers are the only type that produce

consistent health benefits. Swinburn's findings provide credence to already in-motion initiatives which seek to free schools of the environmental causes linked to obesity in children. How are links between environmental causes and obesogenic effects made? To the extent that schools, students and teachers in the age of obesity are receiving intense scrutiny for the manner in which they support health or "promote" obesity, education comes to stand in for the environmental binds that the current generation of young people face.

Community initiatives, or what Julie Guthman calls "bringing good food to others," are an increasingly popular means of mobilizing against obesity rates in especially poor neighborhoods. Although many of these "lifestyle modification" programs confront serious issues relating to nutrition and the lack of safe areas for children to play, the latent fatphobia and fear of the future which drives them makes their objective at best unclear and at worst suspect. More importantly, however, educational programs tend to think about space in purely cultural terms, implying that "negotiating" one's space is a simple proposition. Here, Clare Herrick's insight helpfully points us to a renewed purpose for education in providing youth with the skills necessary to navigate a toxic food environment:

> Changes to the existing built environment, even with political support, are not easy to implement and will only happen over time. Buildings, roads, and neighborhoods, once in place, cannot be easily altered. Regulation may offer guidance and alter incentives for future development, but it

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remains unclear which design features will prove the most successful in promoting physical activity (399).

While it is conceivable to make structural changes in an effort to curb obesity, the cost is immense and the "social will" to undertake these "edits" to the built environment is in short supply. Thus, the question is, does it make sense to pilot and introduce structural adjustments in the built environment as a whole for the purpose of halting "the obesity epidemic" through childhood? Promoting change at a structural level is only possible if accompanied by a critique that contends with the logics driving economic development. Because the logic of unfettered and unscrupulous growth endemic to neoliberal capital has such a catalytic environmental effect, a critical pedagogy that teaches students ways of actively responding to local sites of unhealthy consumption might be a better strategy for mitigating the effects of market expansion on human health.

Kelly Brownell, in advocating what he admits are extreme countermeasures for combating obesity (imposing a tax on "energy dense" junk food, for example), has frequently used the term "optimal defaults" to outline an approach to imagining reforms to the built environment that might eliminate population obesity. The term, derived from analysis in political economy which considers the ideal conditions for economic growth, is employed in Brownell's lectures and writing as a means of creating a theoretical language for speculating on the implications of contemporary obesity rates, but more importantly on the environmental conditions or infrastructural adjustments best suited to fighting

fatness. As one article in the *Journal of the American Dietetic Association* puts it, "The primary question facing researchers investigating the built environment and obesity is whether community design factors might prevent individuals from engaging in physical activity while encouraging them to select and eat more energy-dense and low-nutrient-value foods, thus contributing to the obesity epidemic" (S111). Whether design *de facto* determines activity or encourages particular eating practices, or whether a systematic plan to reduce rates of obesity could exist given its targets are "random events and systems virtually impossible to predict or control" (Gard and Wright 6), medical deduction and the demographic recognition that poor populations are desperately and self-destructively overweight determine that, discursively, design does shape health and a plan must be implemented. Nonetheless, the debate in obesity science over the built environment is in many ways still highly speculative, with many of the increasing number of studies which compile data on the way spatial and environmental factors influence eating and exercise reporting the inconsistency of measurement criteria (Booth, Pinkston and Poston 2005; Papas, Alberg and Ewing et al. 2007).

What might it mean to take food seriously as the product not only of systems of supply, but of systems of representation in this context? The food one buys and eats from Tim Hortons, for example, is nearly the diametric opposite of sustenance. While the food we find in what Anthony Winson has named the "pseudofoodscape" may be an obviously concrete thing—and, in point of fact, it

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usually tastes a lot like concrete—it is also, and just as importantly, an image

forged from the interplay of a whole array of signifying forces, food advertising

being the most spectacular and sensuous of these forces. Understanding the two to

be interlinked by sublimely large systems of capital accumulation requires us,

following Michel de Certeau, to theorize the way that consumers find, or are

denied, places and time in which to make and make meaning of food. How does

the individual participate in the culturally informed practice of choosing,

preparing and eating food when faced with the "heterogeneous and mobile data"

that constitutes the supermarket (de Certeau 70)? Where is gastronomical

knowledge derived from? What determines its limits culturally and historically?

Thinking past the comfortingly objective model of gastronomy as reducible to

energy expended vs. energy consumed, we begin to understand the ways in which

bodies are determined by the pleasure, power and sources of self-beratement

found in food.

The supermarket is uniquely illustrative of the way a "society of control"

(remembering Gilles Deleuze's term) operates, in the sense that it is designed to

exploit simultaneously the appetites of what Michel de Certeau sardonically calls

"the weak," or the hungry shopper, as well as a global underclass. It is important

that we think beyond theories of collusion and conspiracy in this context, beyond

the assumption that the food environment itself has a vested interest in making

people obese. Thinking beyond the false promises of corporate responsibility, we

should consider the psychogeography of the supermarket, the way in which its

layout is meant to make us feel about the food we buy, why we buy it, who we are when we buy it, in relation to the politics of organic and slow food, and (more radically) how these choices are implicated in the broader project of global food sovereignty.

What is important about the obesity controversy is, again, the catalytic way it politicizes food, and the way obesity queries the relationship of young people to the social as a whole. If we are convinced that what V. Kirby called "corporeographies" of power, place and performance constitute the spaces of human interaction, then we can begin to think through the ways that pedagogies of the built environment—including schooling, health campaigns, suburban sprawl itself, and advertising—influence, and are influenced by, the bodies of the youngest among us. In the following section I offer a concluding interpretation of Pixar's CGI spectacle *Wall-E* that discusses the ways the film not only dramatizes the wastes of globalization, but uses the fat body as an illustration of the pedagogical effects of a wholly corporatized and technologized social environment.

Wall·E: Sustainability, Waste and Obesity

Disney/Pixar's immensely successful *Wall·E* upon its release in 2008 was praised by critics as a timely political statement, with A.O. Scott exalting it as a "cinematic poem of such wit and beauty that its darker implications may take a while to sink in" (qtd. in Engber). Accounts like Scott's tend to be centred on the

social commentary provided through the film's representation of fat people as helpless, sluggish and wasteful, and fatness as emblematic of a dystopically ill culture. Indeed, Daniel Engber writes in the online magazine *Slate* that Pixar "goes out of its way" to "play off the easy analogy between obesity and ecological catastrophe, pushing the notion that Western culture has sickened both our bodies and our planet with the same disease of affluence. According to this lazy logic, a fat body stands in for a distended culture" (Engber).

In the dystopian vision of the future offered in Wall·E, a corporation named "Buy N Large" has pervaded the globe, inducing widespread overproduction, accelerated consumption and, crucially, an unmanageable and unimaginable amount of waste. The frenzy of capitalist exploitation that finally exhausts the planet also leaves in its wake an unbridled obesity epidemic among the survivors. In the film, the "obese, infantile consumers" who populate humanity's final remaining outpost (located on a kind of interstellar cruise liner), live out their unchanging days in automated chairs, staring vacantly at advertisements broadcast on their chair's built-in screen. In one of the first scenes aboard the ship, two residents find themselves cruising side-by-side in their respective chairs, traveling through the circuit of what Winson might call Buy N Large's media-saturated "pseudofoodscape" (299). We overhear one of the characters ask his friend what he would like to do together on that day, and his friend can think of no response, so ingrained has the physically and psychically stagnant life of being fat become in the void precipitated by mankind's insatiable

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greed. Wall·E consistently represents the fat body as locked into a condition of "objective desperation," to recall a term from Theodor Adorno's study of the politics of boredom, or a state of arrested development in which fat becomes synonymous with a lack of individual agency (189).

This immobility is crystallized in the film's climactic moments, as the heroic captain attempts to recover some of the strength he has abandoned to a sedentary lifestyle in order to defeat his villainous robotic assistant that, in a well-used sci-fi conceit, harbours a deep distrust of human agency. As the captain struggles against the technologies of convenience that confined him to a chair, the ship rocks violently, sending the obese denizens of the ship out of their chairs and helplessly onto the floor. From there, Pixar animates their bodies sliding limply along the floor, piling onto one another, forming an undifferentiated mass that is reminiscent of the barely organized skyscrapers of cubed garbage the film's titular robot is condemned to create on a desolate Earth. Reading these two images together, I claim, yields a revealing representation of the way that Wall·E uses and abuses the obesity/ecology metaphor to equate fat with waste and population obesity, in particular, with a laying-waste of the environment as a whole.

I want now to extend my analysis of Wall·E into a discussion of Simon Marvin and Will Medd's interdisciplinary attempt to theorize the parallels between the literal clogging of urban sanitation systems with fat, and the metaphorical "clogging" of the social with fat bodies. The juxtaposing images of these two piles of inertness and excess from *Wall E*'s first and final scenes

insinuate that—because fat people are not only oblivious to what it takes to shape the bodies according to norms of health and vigour, and incapable of acting even in their own self-interest—fat individuals ought to be viewed collectively as commensurate with the extraneousness of fat itself.

Conflating fat in sewers with fat on bodies as equal threats to public hygiene, Marvin and Medd write that each form of physical blockage or accumulation requires "a defensive approach in which bodies, sewers, and the city are sociotechnically reengineered to ensure that fat is kept on the move" (322). The authors employ a bifurcating notion of metabolism to depict the importance of flows in comprehending the composition of cities ("the city as an urban metabolism") and the composition of citizens within cities—a comprehension that, they argue, is integral to the type of "socio-technical" engineering required to combat fat. Their rationale for connecting the collection of fat in sewers to the obesity epidemic is presented in terms of a "multiplicity of metabolisms" which constitutes the complexly interlocked workings of a postmodern metropolis. While the authors suggest that the two are discrete, in (critical) practice, their comparative analysis of the "interconnections" between the fat of bodies, the fatness of cities and the fat which blocks sewers is rationalized via the claim that each represents a discrete but analogous challenge for managing the urban polis. The notion that all sites—body, sewer, and city—imply a "crisis of fat deposition," I argue, posits the obese body as, in a certain sense, disposable.

Their listing of technologies for combating fat in sewers has a magic quality, as though the authors wish for a similarly pragmatic means of sucking, blowing, decomposing or emulsifying the fat on bodies. The "obesity epidemic" and fat disposal are alike, in Marvin and Medd's estimation, in that they both necessitate "extraction and disposal" (318). Marvin and Medd write that "the (im)mobilities of fat through bodies, cities, and infrastructure reveal a more complex web of urban metabolisms" (313). Hence, when the authors argue for the "maintenance and acceleration of flows to ensure that the fat remains mobile and that the opportunities for its deposition are limited," what is "the fat" in their articulation? The authors ontologize "the fat" as something, first of all, requiring powerful outside stimulation to avoid coagulation. But "the fat" also, here, means "the overweight and obese," which means the authors are at the same time advocating that political strategies be developed for coercing "the fat" to remain mobile, so as to prevent "opportunities" for the accumulation of fat in the space of everyday life.

The network of institutions that determines the dominant paradigm for obesity's epidemiology is concerned with locating evidence of obesity's conjectured causes and developing technological fixes for fatness based on data analysis. As a result, arguments for a causative relationship between capitalist expansion, overproduction, and childhood obesity, have, until recently (with the publication of Julie Guthman's incisive *Weighing In*), been largely disregarded. That said, a spate of related studies and policy reports is emerging, focusing on

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how the deregulation of privately-funded public advertising mirrors obesity rates historically as well as on how problematic eating behaviours are produced by food marketing's exploitation of the child's inability to discern entertainment from advertisement. Marion Nestle, in response to a Rudd Center study which found that children are significantly more likely to chose a food product with a familiar cartoon character on the package, reiterated that children younger than seven or eight "really don't understand the persuasive intent of marketing," which she insists is "something we should protect children from, just like we protect them from other things we think are beyond their cognitive ability, like pornography" (Howley). As we can see, the idea that children are coerced and corrupted by their exposure to a particular type of media environment finds a particularly powerful venue in obesity epidemic discourse.

Population health requires a conception of the public good that emphasizes the health of a totality and that sees individuals as molecular members of a healthy human geography. Health without exceptions or exclusions, rather than a utilitarian politics of public health that privileges the greatest "average level of health." From this perspective, the unequal distribution of health is antithetical to a healthful totality. Thus, if the "new" Public Health is concerned primarily with control and the maintaining of a health social order, and rarely, if at all, in class politics and justice, the point is to first of all unite health and social justice within discourses that view justice as external to the practical politics of health distribution. This critical articulation is already underway, of course, as the work

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of obesity skeptics I have discussed above indicates. Indeed, I do not intend to suggest that a contestatory discourse which would link the geographies of obesity to issues of inequality and environmental racism is still inchoate in its methods or findings either. Instead, I have attempted to augment this oppositional perspective by foregrounding the productive obstacles such an interpretation faces in regarding the nature and extent of human agency under late capitalism. One of the obstacles I have faced in posing such an interpretation is in knowing the particular capacities of young people to act back upon and interrupt the effects, cues, and controls of their built environment, and conceiving of the possibility of collective reactions and reforms to the spaces of the built environment.

Conclusion

Childhood Obesity and the Problematic of Representation

> [A]ll the recrimination that replaces revolutionary thought today comes
> back to incriminate capital for not following the rules of the game. 'Power
> is unjust, its justice is a class justice, capital exploits us, etc.' - as if capital
> were linked by a contract to the society it rules…. Capital, in fact, was
> never linked by a contract to the society that it dominates. It is a sorcery of
> social relations, it is a challenge to society...
>
> - Jean Baudrillard (15)

When I presented an interpretation of *Precious: Based on the Novel Push
by Sapphire* to a group of gracious colleagues at McMaster University's "Health,
Embodiment and Visual Culture" conference in November 2010, the overarching
question of who or what decides when fatness enters the sphere of personal failing
or individual disease was thrown into high relief. Following my presentation, two
pro-fat activists, artists, and intellectuals—Cindy Baker and Stefanie Snider—
took me aside to discuss the meaning of my paper's title. In the publicized
version, my essay was titled "Learning to See the Obese Body," with no scare
quotes around the word "obese." They expressed serious offence to the way that I,
as an academic, would purport to speak in opposition to prevalent notions of what
the "obese" body can be or do while neglecting to make the important political

and theoretical move of signaling that the label itself is the material basis for much fat oppression.

I have neglected, in this thesis, to properly engage with the politics of choosing whether or not to consistently put quotation marks around the word—a means of placing it, as it were, under "erasure." The problem is important for framing childhood obesity, in the sense that the rhetorics of responsibility and futurity that govern the discourse on health and weight are shaped through appeals to the authority of expert knowledge, and within the empirical study of the issue "obesity" is an incontestable category. Nonetheless, there is a pedagogy operating within anti-obesity health discourses that is meant to foster normalization. Additional research must be done to further unpack the imbrication of childhood obesity with other forms and sources of intergenerational anxiety, like screen media preoccupation, economic decline, and the capacity of liberal societies to cope with population-level crises through democratic means. What particular type of public is implied by the rhetorical and political incorporation of quotes around the word "obese"? And how do we name or locate the normative public for whom "obese" would never warrant being put under erasure? For Snider and Baker — whose work, in the case of the latter, satirizes and exposes fat prejudice through public performances designed to intervene in and disrupt the occupation of the public by licit and legible bodies—the deployment of a term like "obese" without an attendant attempt to annul its power is problematic because its use is part of a

network of images and social relations that continue to make the well-being of fat people collateral damage in the "war on fat."

This thesis has argued that to decry an epidemic of fat people is to assign fatness the place of something that must be contained, quarantined and corrected. In my introduction, I raised the question of whether or to what extent the medicalization of childhood obesity militates against thinking fat in oppositional terms, as something to be reclaimed as a subject position deserving of dignity. I hope I have made clear that insisting upon a disposition towards fatness that couches any concerns over the health impact of body weight in what germinal theorist of embodiment Elizabeth Grosz terms "a defiant affirmation of a multiplicity, a field of differences, or other kinds of bodies and subjectivities" means first opposing the use of expert knowledge to create new markets for technologies of physical correction, such as bariatric surgery (qtd. in Lebesco 5). When one reads that Lillian Coakley, a single mother from Lower Sackville, Nova Scotia, penned her own obituary as a means of protesting the 10-year wait for bariatric surgery in her province, the question of how, against the pressure placed on fat bodies by anti-obesity rhetoric, body diversity can be advocated becomes a deeply pressing one. Coakley writes that: "She died at a young age due to complications with obesity that she fought for years to overcome. She leaves behind her two sons, who both lived at home. Her entire life was lived for her boys, who she loved immensely and were her pride and joy" ("Women pens own obit…"). The abstraction that mobilizes Coakley in this moment is the very real

and very fearful sense—a lived belief—that her weight is a death sentence, and that the fundamentally suicidal nature of "choosing" to remain fat, or being barred through structural forces from choosing an invasive method of "curing" fat, can be equated with the act of abandoning the child.

My thesis has argued more precisely that the child's body has been deployed discursively as a condition of obesity's escalation into a crisis, and that this crisis is phantasmatic in the sense that it requires the construction and reproduction, in multiple registers, of the image of a body politic bloated beyond hope. Functioning through the rhetoric of protecting the moral fabric and economic stability of an imagined national totality from the threat of obesity, the collaboration of public and private regulatory regimes that state governments have insisted is essential in the "battle against obesity" targets youth at risk of obesity as a major site of cultural struggle, and as the central players in a broader staging of self-help as a duty to the future of a larger social project.

I have sought to intervene in the field of obesity skepticism, a critical discourse that identifies the adverse cultural and psychic effects of obesity-phobia as equal to the health effects of the purported problem of excess weight. I have suggested that while the "childhood obesity epidemic" has coalesced groups around the question of the relationship of health to inheritance and generation, ironically, the "crisis"—rooted as it is in upholding normative thresholds for body size—too easily elides the principle of improving public health. Instead, childhood obesity has become an issue that privatizes responsibility by presenting

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the effective self-management of the consumer as a goal and ideal, while at the same time contributing to the constitution of a "risk society" that conflates economic growth with social wealth, and military readiness with a fit and happy body politic.

Eric Oliver notes the expedience of rhetorically instrumentalizing the obese body on both sides of the political spectrum, however. He insists that political efforts by organizations like the Obesity Task Force, the Obesity Society and the Center for Disease Control (among many others) comprise merely one pole of a largely self-interested struggle over who will determine the meaning of the "obesity epidemic." Oliver insists curiously that the other pole is occupied by "many liberal critics," who view "the childhood obesity epidemic" as, in Oliver's words, "a useful weapon in the battle against corporate political influence (620). Blinded by their hungry appetite for radical changes to contemporary food politics, have these critics scapegoated the fat body? Using the idea of an "obesity epidemic" as a political weapon may be well-meaning and may nominally be part of a push toward a left politics of food distribution and, more radically, food sovereignty, but that does not mean that it is helpful or benign. Less rigorous than reductionist, the rhetorical instrumentalization of obesity to convey more starkly the Global North's dispossession of the means of subsistence itself from an oppressed multitude is, ironically, put to use for the purpose of articulating a statist politics of opposition to fatness. In other words, the outrage surrounding "the obesity epidemic" tends to foreground the familiar obscenity of engorgement

as an epidemic that enervates the developed nation-state, not the dispossession of starving masses as a form of structural violence. This means, in my reading, that the polemical vehemence of antiobesity is innocuous and innoculating, in the sense that it largely obscures the changing network of power relations responsible for producing the conditions of capitalist food politics.

Finding a response to the difficult yet very simple question of the relationship between food and social justice today implies facing the complications that arise from the recent reconceptualization of obesity as a condition forced on vulnerable populations of young people by the toxic and exploitative food and physical activity environment of late capitalism. Beyond the debate over whether the obesity epidemic is actually real, actually occurring, I have questioned the politics which have arisen as a result of the widespread indictment the individual fat body as a body emblematic of a broader corrupt culture, a contradictory system of global dispossession and engorgement, even of a sort of rupture in the supposedly progressive evolution of our species—where the species' will to survive is imagined to be outstripped by the 20th century triumph of agro-technocracy and liberalization. All the criminalization of obese bodies in this context accomplishes is the privatization of outrage.

Therefore, my purpose in beginning this thesis with the assertion that alternative to obesity hysteria have become "unthinkable" was to point out the decisive role normativity, and the particular normative power of individualism, plays in regulating the limits of what is thinkable and articulable in the discourse

on obesity. Now is the time to begin thinking up novel ways of "ending" obesity.

Michael Gard, in an attempt to understand the obesity issue at its theoretical

"end," synthesizes the plethora of extant data and analyses regarding childhood

obesity by positing a division between "empirical sceptics" and "ideological

sceptics" (54). For Gard, though, obesity is thoroughly over; he argues with great

certainty, in his recent *The End of the Obesity Epidemic*, that the "obesity

epidemic was born some time around the year 2000 and died about ten years

later" (1). Anthropologist Tina Moffat explains that ideological struggle over the

meaning and consequences of obesity can be divided into the "obesity

researchers" who strive to make childhood obesity "a high-profile public issue to

garner resources for research," and the "critical theorists" who adopt a social

"constructivist position, critical of the discursive production of the 'child obesity

epidemic'" (1). Unlike Moffat, Gard is certain of obesity's demise as a

epidemiological controversy, stating that because rates have leveled off,

policymakers have given the impression that decisive action has been taken

against the problem (though a coordinated effort has not really occurred), and

"alarmist rhetoric has bred its own backlash," the obesity epidemic—or what he

also terms the "monumental task of educating the planet"—has begun to fade into

the background as a question of public health (Gard 5).

Moffat, despite her call to end the use of the epidemic metaphor in

discourse on obesity, is nonetheless in support of a continued multidisciplinary

discussion with regard to which goals matter, and which techniques work, in the

project of managing the body mass of children. In her words, "there are changes we can contemplate as a society to prevent a further rise in childhood obesity. Thus, to get out of the 'quick-fix' or 'the situation is out of control' mindsets, we must abandon the epidemic metaphor" (11). Moffat would likely argue, then, that Gard is speaking dangerously too soon, that a leveling-off does not necessarily preclude another increase, particularly because the potential environmental and cultural factors that researchers speculate lead to what has been called "the obesity epidemic" are still presumably in place. Indeed, even as rates of obesity abate slightly, they are not guaranteed to plateau and decline, especially considering that the U.S. is entering a time of austerity and recession in which already disadvantaged people will become poorer, especially within minority populations; the same food options (heavily processed, nutrition-deficient, but energy-dense) will remain, while people's buying power declines.

Preventive medicine, with its curious origins in eugenics (see Rose 2006), is the order of the day for understanding obesity and the political response it necessitates. The form this preventive medicine takes is in some ways familiar from past public health campaigns (anti-smoking), and in some ways distinct: anti-obesity policy signals a new mutation of social marketing, in the sense that antiobesity targets the forces that are imagined to intervene in everyday life to encourage various levels of self-abuse, and strategize ways of controlling those forces in the interest of renewing the health and vigour of the normatively constructed national body.

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