Fat Politics: Collected Writings

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Abstract

This publication is a collection of short articles published by sociologist Deborah Lupton on her blog and The Conversation website dealing with topics relating to the politics of body weight. The articles include discussion of obesity and fat politics, fat activism, the Health at Every Size movement, fat stigma and discrimination, motherhood and children’s body weight, the use of disgust in anti-obesity campaigns and pro-ana websites.

About the author

Deborah Lupton is a sociologist in the Department of Sociology and Social Policy at the University of Sydney. Her latest books are Medicine as Culture, 3rd edition (Sage, 2012), Fat (Routledge, 2012), Risk, 2nd edition (Routledge, 2013) and The Social Worlds of the Unborn (Palgrave Macmillan, forthcoming). She blogs at This Sociological Life, where most of the articles collected here were first published.
IS BEING FAT BAD FOR YOUR HEALTH? OBESITY SCEPTICS DISAGREE

For some years now obesity sceptics have argued against the mainstream medical and public health perspective on obesity. Writers such as Paul Campos (2004), Michael Gard and Jan Wright (Gard and Wright, 2005; Gard, 2011) have published closely argued critiques of the obesity science literature. They persuasively identify the many inaccuracies, distortions, misleading assumptions and generalisations made in scientific and epidemiological research which have contributed to the idea that obesity is at ‘crisis’ or ‘epidemic’ levels and that being over the arbitrarily defined ‘normal’ BMI automatically damages people’s health.

Some specific points obesity sceptics make are as follows:

- It is not the case that there are far greater numbers of fat people now compared to several decades ago. While there has been a modest increase in average weight, this does not represent an ‘epidemic of obesity’.
- Life expectancy in western countries has risen, not fallen, despite alleged growing rates of obesity and the supposed life-threatening health conditions caused by obesity.
- There is no statistical evidence that being fat necessarily equates to a greater risk of ill health or disease. Statistics show that only those people at the extreme end of the weight spectrum (the ‘morbidly obese’ in medical terminology) demonstrate negative health effects from their weight. The data show that higher body weight may even be protective of health in older people.
- The epidemiological literature has been unable to demonstrate that significant weight loss improves fat people’s health status. Indeed continual attempts by fat people to lose weight can actually be negative to their health status if it involves extreme diets, being caught in a cycle of losing and gaining weight or poor dietary habits.
- Fatness is often a symptom rather than the cause of ill health and disease.
- There is no consensus from the scientific literature that people in contemporary western societies are less active now than in previous eras: indeed many people, particularly those from the middle-class, are highly physically active.
- No clear association has been found between activity levels and childhood overweight and obesity, or between children’s television watching habits and their body weight.
- Nor have studies conclusively demonstrated that relative levels of physical activity influence health status. Medical research has not been able to show how much exercise should be undertaken and how often to achieve and maintain good health and which diseases are affected or prevented by taking regular exercise.
- It is also very difficult to demonstrate scientifically the relative influence of genes in body weight.
In all these areas there are many contradictory and conflicting findings from research studies, making it difficult to anyone to make confident statements about these issues. As these obesity sceptics point out, many of the generalisations made by obesity scientists and public health experts simply disregard the lack of consistent, clear or conclusive evidence for such statements as ‘obesity is caused by lack of exercise and eating too much’ and continue to reiterate these assertions.

What obesity sceptics present, in essence, is a detailed critique of the ways in which political agendas and pre-existing assumptions shape the reporting and interpretation of medical and epidemiological data relating to body mass. Quite apart from its relevance to debate about whether the obesity epidemic exists and how serious it is, such an analysis is valuable in drawing attention to the work practices and knowledge claims of medical and public health researchers.

The assertions and critiques of obesity sceptics have failed to make an impact on mainstream obesity science, government health policy and anti-obesity public health efforts. Journal articles concerning the dangers of obesity continue to appear in medical and public health journals with monotonous frequency. Alarmist predictions continue to receive attention in the mass media. Governments in western countries have also continued to invest large sums to fund health promotion campaigns seeking to counter obesity. For example, the American ‘Let’s Move’ campaign, directed at controlling childhood obesity, was launched by First Lady Michelle Obama in early 2010, while on the same day President Obama created a Taskforce on Childhood Obesity. The Australian ‘Swap It, Don’t Swap It’ anti-obesity campaign commenced in early 2011. It would seem that there are powerful political and career investments in continuing to ignore the arguments of the obesity sceptics.

References

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WHY IS FAT DISCRIMINATION SOCIALLY ACCEPTABLE?

People who are deemed overweight or obese (as the medical terms have it) or fat (as many fat activists prefer to call their body size) suffer discrimination, prejudice and humiliation from several fronts. Television programs such as The Biggest Loser hold them up to contempt and public shaming. News media reports on obesity constantly display photographs of fat bodies with their heads cropped off – the ‘headless fatty’ representation -- and commonly use such derogatory expressions as ‘fat arses’, ‘flabby
flesh’, ‘lazy’, ‘unsightly slobs’ and ‘nuzzle their snouts into the trough’ to describe fat people.

**Weight stigma** has **significant effects** on fat people’s lives. Compared with others, fat people are statistically more likely to live in poverty, earn less income, be unemployed, have lower education levels, be employed in lower status jobs and experience lower living standards. **Women in professional occupations** are particularly discriminated against in the workplace if they are overweight, failing to reach the higher echelons compared with thinner colleagues. In social terms, fat people receive less respect from shop assistants, are less likely to be married and are often subjected to derogatory humour and pejorative comments from co-workers, friends and family members and in public settings from strangers. **Health care workers** openly admit to being ‘repulsed’ by fat people. **Fat children** are subjected to greater harassment and prejudice than other children, and experience ostracism, teasing and bullying to a greater extent. Remarkably, even **their own parents** may subject them to discrimination compared to their thinner siblings.

The emotional underpinnings of the meanings surrounding the fat body are a central theme of my new book *Fat*. In the book I explore why it is that in contemporary western societies such as Australia fat people are subjected, often very openly, to very negative discrimination, derision, humiliation and stigmatisation. In a society in which most people understand that discriminating overtly against social groups such as women, people of minority ethnic or racial groups, gays and lesbians and people with disabilities is wrong, and where such discrimination is legally prohibited, fat people are apparently fair game.

Why this hostility and lack of compassion towards fat people? Why this apparent urge on the part of many to shame and blame people who are deemed to carry too much flesh? As I argue in my book, fat bodies are culturally represented as inferior, deficient, ugly and disgusting. These meanings have developed over centuries of ideas derived from Judeo-Christianity that the disciplined body is closer to God and that an ascetic self-control over such bodily urges as hunger and sexual urges is evidence of moral superiority and relative lack of sin. While we live in a more secular society today, these moral assumptions still dominate in our understandings of the value of self-discipline and how it is reflected in our body size and shape.

Added to these meanings are the newer ideas derived from medicine and public health, intensifying in the late 1990s, that an obesity epidemic has emerged in many countries that it is predicted will lead to higher rates of disease and premature mortality. Fat people are therefore considered not only ill-disciplined but also pathological. Unlike other attributes that commonly attract discrimination and marginalisation such as skin colour, gender or disability, fat people are viewed as deserving of their fate because of their apparent lack of self-control. They are also often represented as threatening others by attracting higher health-care costs. This reason is used to justify fat
stigmatisation, even though others who may need higher levels of health care are not treated to such revilement. And ironically, fat people often avoid attending medical appointments because of their concerns about being judged negatively by the doctor. This means that they may not receive early preventive treatment for any conditions they may have.

People who identify as fat or overweight are highly aware of the moral failure that their fat bodies represent. Research with fat people has identified the shame they may feel about their bodies, and the social humiliation to which they are often exposed by others. For example, in an English study one man spoke about his emotional distress at being laughed by some young men at while sitting in the sun in his shorts on holiday because of his fat body: ‘they could see me and they were laughing and joking and carrying on and it was only as they got past that I realised that they were laughing at me, about how fat I was. And er, I mean it hurts’. Fat people often express highly negative thoughts about their bodies, as was evident a weight-loss blogger who wrote about her weight-gain: ‘I felt ashamed. I felt ugly. I felt like some sort of animal.’

Fat people often feel very self-conscious about going out in public, particularly eating out or grocery shopping, feeling that others are examining and making judgements about what and how they are eating. As one fat woman commented, for her, ‘even grocery shopping is an exercise in courage’. They feel out of place, open to mockery and very exposed.

Given the discrimination to which they are subjected, it is not surprising that fat people are more likely than others to suffer from depression, anxiety and low self-esteem, which in turn may lead to a greater likelihood to eat for comfort. Medication taken for these mental health conditions may also lead to gaining excessive weight.

Whether or not socioeconomic disadvantage leads to fatness, or whether fatness itself causes poverty and other forms of social and economic disadvantage is a point of debate. The kinds of discrimination against fat people described above can result in them not being able to obtain more highly-paid employment, for example. The lower socioeconomic status of fat people in itself is more likely to cause health problems, in which a combination of living in poverty, experiencing stigma based on body weight and accompanying diminished social status causes continuing stress. In conjunction with poor living conditions and the lack of opportunity to exercise and consume a high-quality diet, this exposure to stress may result in illness and disease, which in turn may not be treated effectively because of lack of access to high quality medical care.

People who discriminate against fat people, or consider it appropriate to use fat-shaming terms when talking about or to them, don’t seem to view fat people as real people who are hurt and humiliated by their actions and may be struggling with self-hatred or mental health conditions. Or perhaps they don’t care about this in their belief that fat people deserve punishment. In a supposedly modern and compassionate society such as Australia, shouldn't fat discrimination be viewed for what it is? It is a kind of
bigotry and represents a lack of understanding, compassion and tolerance for bodily difference. It shouldn't just be fat people who call attention to fat bigotry and fat phobia. All of us are implicated if we accept the negative concepts of fatness that currently circulate in our culture and tolerate fat discrimination from others.

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CAN A THIN PERSON WRITE ABOUT FAT?

In recent years a field of study that has come to be entitled ‘fat studies’ has developed, largely in response to the discourse around obesity in developed countries. Just as gays, lesbians, bisexual and transgendered people have chosen to reappropriate the once pejorative word ‘queer’ for their own purposes, attempting to reinstate it as a positive self-identifying and political term, some academics and activists seek to use the word ‘fat’ to describe corpulent people in a positive, accepting manner.

In her foreword to The Fat Studies Reader, a ground-breaking collection of radical essays critiquing dominant cultural representations of fatness, well-known fat activist Marilynn Wann (2009: ix) defines fat studies as ‘a radical field, in the sense that it goes to the root of weight-related belief systems’. She contends that fat studies rejects the following assumptions: ‘that fat people could (and should) lose weight … that being fat is a disease and fat people cannot possibly enjoy good health or long life … that thin is inherently beautiful and fat is obviously ugly’ (2009: ix).

Interest in fat studies is such that there is now a new journal (Fat Studies) and regular conferences and sections of major conferences devoted to this topic. Taking its name from other critical areas of interdisciplinary study such as gender, queer, black, Latino/a, postcolonial studies, those who designate themselves as part of this field tend to share the following ideas:

- they prefer the terms ‘fat’ or ‘fatness’ to what they view as the medicalised terms ‘overweight’, ‘obese’ or ‘obesity’;
- they challenge the dominant biomedical perspective on the relationship between fatness and ill health and disease (see here for my previous post on the contentions of obesity sceptics);
- they represent fat people as members of a minority group that contends with routine discrimination and marginalisation;
- they seek to counter and resist such discrimination and marginalisation;
- they often adopt a feminist or queer approach in their critiques.
There is no lack of evidence to demonstrate that these writers are correct in identifying highly negative meanings and experiences around fat embodiment, many of which have been apparent in popular and medical discourses for centuries. A central theme for many writers in fat studies, as well as in the areas of what are variously entitled ‘fat activism’, the ‘fat acceptance movement’ or the ‘size acceptance movement’ is that they themselves identify as ‘fat’ people. Adopting the position that ‘the personal is the political’ they view their activities as part of a political project.

Other scholars prefer the terms ‘critical obesity studies’ or ‘critical weight studies’ to describe their writings on the social and cultural dimensions of obesity discourse (for example, the contributors to the collection edited by Rich, Monaghan and Aphramoor, 2011). The emphasis in these terms is on the word ‘critical’, as these scholars seek to identify and challenge the taken-for-granted assumptions circulating in mainstream lay discourses and in the biomedical and public health literature on obesity/fatness. Here again, many of these writers actively avoid the use of the term ‘obesity’, preferring instead to use the term ‘fat’. Such writers may themselves identify as fat, but this is not the case for all or even many of them.

Some commentators in fat studies and fat activism have expressed very negative opinions about people writing on the topic who do not themselves identify as fat. When I was working on my book on fat politics and fat embodiment (Fat, 2012), this was an issue of which I was highly aware, as I have always been a thin person and have therefore never personally experienced the stigmatisation and marginalisation to which many fat people have been subjected.

However, as I point out in my book, fat people are not the only individuals who have been singled out for attention in contemporary anti-obesity discourse. Mothers of young children, regardless of their own body weight, have been positioned as key targets in anti-obesity campaigns and programs because they are viewed as responsible for monitoring and disciplining their children’s diet and weight. As one such mother, I have found myself the subject of moral discourses in relation to the ‘child obesity epidemic’, implicated in the network of expert advice directed at mothers (see here for a previous post on the topic of maternal responsibility for children’s weight). The voices of mothers with young children have not often received attention, except when researchers want to determine how well they are conforming to advice on controlling their children’s weight. Yet there are many difficult ethical questions to negotiate as a mother in response to weight control issues. How, for example, do mothers ensure that their children are healthy without instilling a hatred and fear of fat or of their own body if they do not conform to the ideal of slim embodiment?

Another argument against the rigid categorisation of people as ‘fat’ or ‘not fat enough’ to write about the politics of fatness and obesity is that fatness is a fluid and unstable
category, depending on the historical and cultural context and personal experience. People who may officially be categorised as 'normal weight' according to medical guidelines such as the Body Mass Index (BMI) may still feel 'fat', particularly if they aspire to or admire the kind of extreme thinness displayed by models and celebrities. People who were once medically categorised as 'obese' or 'overweight' but then lost a great deal of weight and reduced their weight to a 'normal' BMI may still identify as 'fat'. Conversely, people who have always been large-bodied may resist being labelled 'overweight', 'obese' or 'fat' because they view their weight as normal and appropriate for them. What has been considered 'fat' in one historical era has fluctuated according to the prevailing norms of beauty and medical advice.

Further, it may be contended that everyone, regardless of body shape or weight, is caught up in or reacting to obesity discourse in some way or another. According to several public health campaigns and policies, we are all potentially fat people, unless we take steps to constantly monitor and discipline our bodies. Whether or not we identify as 'fat', it is difficult to escape the prevalence and dominance of anti-obesity discourse and fat phobia. Willingly or not, resistant or accepting, we are all implicated in the contemporary discourse that positions fat people as morally deficient, undisciplined, sick and inferior.

References

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A SOCIOLOGICAL CRITIQUE OF THE HEALTH AT EVERY SIZE MOVEMENT

The Health at Every Size (HAES) movement has become a popular alternative to the dominant scientific discourse on obesity, particularly among fat activists and the fat acceptance movement as well as some nutritionists eager to avoid an over-emphasis on body weight in their work with clients. First developed by American psychotherapist and nutritionist Linda Bacon (2010), the main argument of HAES is that good health and physical fitness can be achieved regardless of body size. As such, the approach adopts the arguments made by many other obesity sceptics that fatness does not necessarily
cause ill-health and premature mortality and that losing weight may not improve health status.

A central plank of the HAES approach is that weight loss by means of continual dieting attempts and punishing exercise regimens should not be the main goal of those seeking to live a healthier life. Instead of attempting to follow the rigid guidelines of medical advice on losing weight and focusing exclusively on this objective, individuals should instead follow their bodies’ intuitive lead in choosing their diet and exercise activities. They should learn the instinctive hunger and fullness cues of their bodies and eat accordingly, whether or not following these cues lead to weight loss. On an information sheet about HAES (2008) Bacon notes that ‘We all have internal systems designed to keep us healthy – and at a healthy weight. Support your body in naturally finding its appropriate weight by honouring its signals of hunger, fullness and appetite’. In a YouTube video she claims that as long as ‘you stop fighting yourself, achieving and maintaining the weight that is right for you is effortless – your body does the job for you’.

A further integral part of the HAES philosophy, and one that bespeaks Bacon’s other training as a psychotherapist, is that people should accept their bodies’ size and weight, and learn to love themselves. The ‘Health at Every Size promise’ is that ‘You can feel better about yourself. You can feel loved, accepted, and vital – and you can improve your health – regardless of whether you lose weight’ (Bacon, 2010: 2).

For someone reading the HAES manifesto as put forward by Bacon and others, it all seems so simple: love yourself and others will love you; trust your body’s instincts and good health will follow. The HAES philosophy appears to be eminently laudable, avoiding the kinds of fat stigmatisation and victim-blaming that is so pervasive in medical, public health and popular discussions of body weight (Lupton, 2012). Yet I would argue that there are elements of the HAES that should be held up to critical examination. It is time to challenge its assumptions and to identify the inconsistencies and its own brand of rigid thinking that underpin HAES, just as critics have done in relation to scientific anti-obesity discourse.

Bacon’s constantly refers to the body’s natural ‘set-point’ which ensures that too much weight is not gained if one makes sure to follow one’s body’s cues. References to ‘turning over control to your body’ assumes that the body is a natural entity that has its own wisdom independent of where it is sited or what experiences it has gone through.

While I agree with and support the major principles of accepting a range of body sizes and shapes and that everyone, regardless of their size and shape should seek a lifestyle that is both pleasurable and healthy, as a sociologist, I tend to approach the words ‘natural’ and ‘instinctive’ or ‘internal cues’ with suspicion. From a sociological perspective, the ways in which we understand, view, represent and live our bodies are
always sited within cultural and social contexts. The body is viewed as a complex interplay of biology, society and culture. It is extremely difficult to extricate one element from the other. I also find the continual position of ‘your body’ as a separate entity from ‘you’ in HAES discourse problematic. This discourse reproduces the classic Cartesian duality of the mind/self from the body/flesh. Yet as theorists such as Merleau-Ponty have argued, we cannot separate ‘self’ from ‘body’: we always and inevitably experience the world as embodied selves.

Take the concept of ‘internal cues’ for example. Such a concept as it is used in the HAES literature suggests that such cues are natural, instinctive, biologically determined and therefore appropriate to follow. But if nothing else, the sociology of the body (and indeed, the sociology of food and eating) has shown us motivations can never be fully or purely ‘internal’. They are experienced via social and cultural lens, including our own life experiences and our siting within the particular cultural context into which we are born and grew up. Bacon acknowledges this to some extent when she compares French with American attitudes to food and eating practices in a brief section in the book, but does not extend this idea to the rest of her argument. She also acknowledges the emotional dimensions of eating and food cravings, but again positions these as individual rather than as social products.

Another important aspect of HAES that requires more critical examination is the concept that we should accept our bodies whatever our size and the assumption that this will lead to better self-esteem, a goal in itself. But such attempts to improve self-esteem from within fails to recognise the continuing fat prejudice and loathing that continues to exist within our society. Bacon argues that HAES will ‘give you the tools … to live in a body you love’ (2010: 5). But this is similar to asserting that prejudice, discrimination and stigma based on such features as a person’s ethnicity or race, or their age, can be dealt with by ‘loving yourself’. Such an approach attempts to change individuals’ behaviours rather than wider societal attitudes, and the problem therefore remains personal (Murray, 2008). Whatever one’s own attitude about one’s body, the external societal meanings will remain unchanged, and prejudice, discrimination and stigmatisation will continue to exist. Fat people themselves, however, hard they try, may struggle to accept their body size in such a punitive social environment. Their inability to ‘love themselves’ may well become yet another source of shame and guilt.

References
CAN A ‘GOOD MOTHER’ HAVE A ‘FAT CHILD’?

In mid-2012 an Australian television and radio personality, Chrissie Swan, appeared in a cover story of a well-known national women’s magazine talking about her family. Swan has two sons, one a baby and other aged three. The story included photos of Swan and her sons, which demonstrated to readers that her elder boy, Leo, was rather chubby. Following publication of the story, social media forums erupted with a debate about whether Swan should have ‘allowed’ Leo to become fat and proffering advice about what she should be doing about it, including comments highly critical of Swan.

This criticism received much attention in other parts of the internet and on mainstream Australian news media. Swan was forced to appear on television and radio programs to defend herself. She noted that she herself had struggled with her weight throughout her life and had recently become aware that Leo was ‘a bit heavy’ and was working to do something about it. Swan also commented on the unkind nature of the comments and that she had been reduced to tears in response.

It is not surprising that this debate received so much attention. It brings together two extremely potent and value-laden cultural concepts: that of the ‘good mother’ and that of the ‘fat child’. Dominant concepts of the ‘good mother’ contend that mothers should closely monitor and regulate their children’s bodies, paying careful attention to their health and wellbeing and acting upon any problems that may arise. They should consult expert advice as part of their efforts to promote their children’s health (Bell et al., 2009; Lupton, 2011, 2012).

The figure of the ‘fat child’ has received a high level of public health and mass media attention since the late 1990s. A moral panic has developed around the issue of 'childhood obesity' and it has been argued that children are now more overweight than at any other time in human history. Fatness in general is surrounded with moral meanings concerning lack of self-control, greed and laziness. When small children are considered to be overweight, these moral judgements are transferred to their mothers. As in the case of Swan, such women become positioned as ‘bad mothers’ who have neglected their children's health.

What is also evident from the criticism of Swan is that mothers, particularly those in public life but also ordinary women, are constantly placed in a position in which their parenting and the way in which they care for their children are open to judgement from others. This begins when pregnant women in public spaces may be castigated by strangers for smoking or consuming alcohol. Judgement of mothers follows into early infancy, when women who do not breastfeed, or those who breastfeed in public, may be reprimanded and called to account by others. Throughout their children’s early years, problems or health conditions experienced by their children are frequently
positioned as the result of a mother's failings to heed expert or lay advice about how best to care for her children.

I have found in my own research (Lupton, 2011, 2012) with mothers about their beliefs and experiences of promoting their infants' and young children's health that they are highly aware of conforming to the 'good mother' ideal in taking responsibility for their children's health, development and wellbeing. They are also aware of the judgements that other people made of their actions, including other mothers. Most mothers in my study were concerned about the 'obesity problem' and attempted to ensure that their children ate a healthy diet and exercised. They even tried to act as role models for their children in relation to these behaviours by disciplining and regulating their own bodies. But the women were also confronted with the fact that they do not have full control over their children's health, development and wellbeing. Despite their mothers' best efforts, children sometimes become ill or have an allergy, developmental or behavioural problem, or may refuse to eat the 'right' kinds of foods.

Concepts of health risks have become privatised to the sphere of the home and to the figure of the 'good mother'. Notions of fate as causing ill-health or disease have given way to the idea that these conditions are the result of the individual failing to take up medical or public health advice to engage in health-promoting behaviour. As a result, women blame themselves for their children's health problems, or are blamed by others. And the role of the fathers of these children in caring for them and protecting their health are barely mentioned.

**References**


THE ‘YUCK’ FACTOR IN ANTI-OBESEITY CAMPAIGNS

The most recent Australian anti-obesity LiveLighter campaign features a television ad showing a middle-aged man in his kitchen. He reaches into his fridge to take out a slice of leftover pizza. As he holds it, wondering whether to go ahead and wolf it down, he glances down at his belly. His other hand squeezes the flesh there, as the camera suddenly swoops into the man’s insides. The voice-over says ‘When you eat more than you need to and aren’t as active as you should be, fat doesn’t just build up around your waist. A toxic fat also builds up around your vital organs, releasing dangerous levels of chemicals that bring heart disease, diabetes and cancer closer.’ Viewers are treated to images of pulsing slabs of yellow fat on body organs. It bubbles like a kind of organic lava, looking as if it is taking over the body.

The camera goes back to the man as he looks pensively through a doorway at his young sons playing happily on a computer game. The voice-over goes on: ‘Fat around your waist is bad, but toxic fat around your vital organs is worse.’ The viewer is left in suspense, wondering if this dad will let himself and his family down by indulging his desire for pizza and thereby adding to his ‘toxic’ visceral fat.

This ad is yet another in a series of social marketing campaigns conducted for health promotion purposes and funded by public health authorities. Like many such ads, it seeks to achieve behaviour change by evoking negative emotions: fear of disease and an early death, guilt, shame, embarrassment -- and in cases such as this one, disgust. The images of this ad share the ‘yuck’ factor with past Australian anti-smoking campaigns and photographs on cigarette packets that show gangrenous limbs or digits, blackened lungs full of tar, a mouth disfigured by cancerous lesions, emaciated bodies in hospital beds, people coughing up blood and so on. The LiveLighter campaign is replicating the ‘Every cigarette is doing you damage’ anti-smoking campaign by focusing on internal organs contaminated and rotted by tobacco. The slice of pizza replaces the cigarette as the agent of bodily damage.

The health authorities that give the go ahead to advertising agencies to create such ads clearly believe that provoking shock, horror and repulsion in the viewer is a legitimate and effective means of persuading people to change their habits. In the case of the LiveLighter campaign, the intention clearly is to invite the target audience – people who have a ‘grabbable gut’, as the campaign’s print media ads put it – to envisage the insides of their bodies as diseased, poisoned and repulsively overrun with deposits of viscous fat. As it is noted on the campaign website itself: ‘We certainly hope to make a big impact with this new campaign’.

This campaign can be held up to criticism for the inpreciseness of such terms as ‘grabbable gut’ as a marker for dangerous weight-gain and representation of internal fat as invariably ‘toxic’. Furthermore, critics of these kinds of tactics in health social marketing campaigns are less than convinced that they are ethical or even effective. They have expressed strong concerns that the association of certain types of people
with revolting images serves only to position these people as disgusting themselves. Looking at these images of chunky fat strangling body organs is enough to put anyone off their pizza or even their low-calorie salad. The idea that this stuff is bubbling away inside one’s body is enough to inspire revulsion of one’s own body, both its outward ‘grabbable’ fat and its internal hidden ‘toxic’ fat.

Do such shaming and disgust-inducing tactics even work to change people’s behaviour? It is one thing to arouse controversy by using shock tactics – it is another to actually have an effect on entrenched daily habits. Research suggests although anti-obesity campaigns are certainly capable of drawing audiences’ attention to the issues and sometimes in inducing them to make short-term changes they have not often been effective in changing long-term behaviour. Some researchers have argued that fear tactics are counter-productive, as they simply encourage people to switch off and not pay attention to campaign messages. Even if fear is induced, if people feel unable to make changes this may lead to unresolved insecurity, anxiety and self-hatred.

While little focused research has zeroed in on evaluating the effectiveness specifically of attempts to induce disgust, it is likely that many members of the target audience may simply avert their eyes because they find the images so repellent. The whole emotional reaction of disgust is about aversion, the desire to avoid the sight, smell or touch of the repellent object with which one is confronted. Moral meanings are also central to what we find disgusting.

Whether or not they are effective, it is difficult not to feel queasy about the punitive, patronising and moralistic attitudes displayed in these kinds of anti-obesity campaigns. In their efforts to inspire negative emotional responses, the agencies that develop and fund such campaigns never appear to acknowledge or take responsibility for the possible unintended side-effects: provoking and perpetuating self-disgust, guilt and dread and the marginalisation and stigmatisation of certain body types or social groups.

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PRO-ANA WEBSITES: CELEBRATING AND PROMOTING THE ANOREXIC BODY

Several sociologists and anthropologists have started commenting on a particular worrying use of the internet - to celebrate and promote anorexia. Websites have appeared directed at people wanting to emulate the bodily practices and appearance of anorexics. They have been referred to as ‘pro-ana’ (short for anorexic) websites. The
term' Ana' is sometimes used in the websites as if were the name of a girl or woman, a friend perhaps of the individual who is seeking advice and help in her attempts to render herself thin and adopt 'Ana' as her supporter and mentor.

These websites, many of which have hundreds of followers, frequently include images of extremely thin women with conventionally beautiful faces, like models but even thinner. Some are celebrities at their very lowest body weights and looking particularly skeletal. These photos are captioned with approving comments, encouraging viewers to aspire to achieve such emaciation.

There are references on such sites to the 'eating disorder community' and the support that such sites offer their members. They are clearly directed at promoting the practices of anorexia nervosa and making members feel as if they are part of a broader community who share the same ideals of body wasting. The sites also refer to 'thinspiration', or inspiring others in the aim of 'getting thin and staying thin', as one pro-ana site put it. Varieties of diet pill, laxatives, diuretics and ways of stimulating metabolic rates are discussed, as are various workout and dietary regimes, fasting and purging methods and ways to 'hide anorexia'.

According to one such website the pro-ana 'creed' includes such commandments as: 'If you aren't thin you aren't attractive', 'Being thin is more important than being healthy' and 'Being thin and not eating are signs of true will power and success'.

A recent issue of the journal Body & Society includes an examination of this phenomenon by Natalie Boero and CJ Pascoe. As Boero and Pascoe note, such online communities provide a place for people engaging in stigmatised and proscribed body practices such as self-starvation and body wasting to come together and proclaim themselves as rebelling against mainstream negative concepts of anorexics. Participants in these sites position themselves as powerful and challenging of medical dogma, and as experts in the practices of anorexia.

Boero and Pasco focus in particular on the ways in which participants work to maintain an authentic community of people who are committed to the pro-ana lifestyle. They note that participants are wary of 'wannarexics', or people who are attracted to the 'anorexic lifestyle' or sense of community offered by these groups, but are viewed as not 'authentically' behaving as anorexics. Those who consider themselves 'real' pro-anas attempt to maintain group solidarity and keep out the wannarexics, often by being quite aggressive in their posts and positioning themselves as more knowledgeable about anorexia.

This is interesting research, showing how such communities operate to achieve distinctions between 'authentic' and 'fake' participants. In the case of pro ana sites, given their focus on the body and its proportions, to prove their authenticity, participants are asked to post photos of their bodies, their body weight, body
measurements and BMI (body mass index) and food reports of their daily diets. These indicators are used to assess whether they are 'true' pro anas.

However what is not discussed in the Boero and Pascoe article is the ways in which some of the most popular pro ana sites are clearly commercial in their orientation. They include advertisements for diet pills and Chinese medicine products aimed at losing weight or sell 'thinspiration' manuals with tips on wasting. Some people have obviously spotted a market among the followers of the 'pro-ana' philosophy. On their websites they position themselves as pro anas, but then attempt to sell their wares to people accessing their website. It is surely here that the authenticity of pro ana community members needs to be called into question.