

Feeding a fear of fatness?

The discursive construction of anti-obesity health promotion campaigns in accounts of women with a history of an 'eating disorder'

Lisa Catling and Helen Malson

Lisa Catling: Department of Psychological Medicine, Cardiff University, Cardiff, UK.

Helen Malson: Department of Psychology, University of the West of England, Bristol, UK.

Address for correspondence:

Dr. Helen Malson, Centre for Appearance Research, Dept of Psychology, Frenchay Campus, University of the West of England, Bristol, BS16 1QY. UK.

Tel: (+44) 117 328 6165

Helen.Malson@uwe.ac.uk

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Abstract

In recent years concerns about an 'epidemic of obesity' and its associated implications for health have led to national and global health promotion campaigns seeking to encourage weight-loss through healthier eating and exercise. Whilst intended as health-enhancing, these campaigns have been criticized for vilifying fatness and fat people and for promoting 'dieting' as unproblematically healthy. The ubiquitous media idealization of thin female bodies and the concomitant normativity of dieting are now widely recognized as contributing to the development of body dissatisfaction, restrictive dieting and 'eating disorders' amongst girls and women. Yet little attention has been paid to the possibility that anti-obesity health promotion campaigns may mobilise similar problems. The aim of this study was to explore the perceptions of women, who had been diagnosed with an 'eating disorder'; specifically the way they made sense of contemporary anti-obesity healthy promotion campaigns. Hence eight women, aged 19-57 years, who had had a diagnosis of 'anorexia' and/or 'bulimia' participated in face-to-face, semi-structured interviews. The resulting transcripts were analysed qualitatively using a discourse analytic method. Findings indicate that anti-obesity campaigns were often construed not only as health-promoting but also as 'anorexogenic' and 'bulimogenic'. This emerged in four key ways where these campaigns were portrayed as (i) exacerbating already-existing cultural denigrations of fatness and idealisations of thinness; (ii) justifying fat-phobic bullying; (iii) mobilising 'unhealthy' eating practices; and (iv) occluding problems of under-weight and 'disordered' under-eating. The implications of our analysis for future weight-related health promotion of this preliminary study are briefly discussed.

Key words: anti-obesity, health promotion, 'eating disorders', iatrogenic readings.

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Introduction

In recent years 'obesity' has become a highly prominent issue, represented as a national and global epidemic and as a major and costly cause of ill-health (Brownell, 2005; DoH, 2004). One consequence of this has been a massive proliferation of both government-endorsed and popular media health promotion campaigns aimed at reducing 'obesity' by warning of its associated risks and promoting exercise and 'healthy eating' amongst both adults and children (Aphramor & Gingras, 2008; Rich & Evans, 2008). Weight-loss - or maintenance of 'normal' bodyweight - through 'watching what you eat' has now become a socially prescribed preoccupation for all (Riley et al., 2008; Tiggemann, 1996). Yet, whilst this 'health promotion' is ostensibly aimed at men and boys as much as at girls and women, the longstanding cultural idealisation of female slenderness as a mandatory criterion of hegemonic 'feminine beauty' also renders any prescription regarding body weight and weight-loss in very gender-specific ways (Malson, 2009; Rich & Evans, 2008).

Whilst no doubt intended as health-enhancing, 'anti-obesity' health campaigns have also been heavily criticised on a number of grounds (Aphramor & Gingras, 2008; Gard, 2009; Lebesco, 2009; Riley et al., 2008). Firstly, it has been argued, the near-ubiquitous health promotion message that fat bodies are unfit and unhealthy misleadingly oversimplifies the evidence about the relationship(s) between excess weight and health (Aphramor & Gingras, 2008; Gard, 2009) and unhelpfully intensifies the already-existing social stigmatisation of fatness and fat people and particularly women (Gard & Wright, 2005). Secondly, by representing restrictive dieting as both health-enhancing and effective, the overriding message occludes the evidence that dieting can often result in weight gain rather than loss and is associated with depression and the onset of 'eating disorders' (Aphramor & Gingras, 2008; Polivy & Herman, 1987). And, thirdly, by equating slimness with health and promoting dietary restraint as a primary way of achieving weight-loss, 'anti-obesity' campaigns may have the effect of marginalising feminist critiques of dieting as oppressive and damaging to girls and women (e.g. Orbach, 1993; Woolf, 1991).

Claims that 'obesity' is linked to poor health are not new (Turner, 1987) but the cultural prominence of this message, now underpinning national and global public health priorities, is (Gard, 2009; Malson, 2008; Riley et al., 2008) and can be seen as adding to the compilation of other culturally embedded 'negative associations that cohere around large bodies [and particularly, we would add, around large female bodies] including laziness, stupidity, unattractiveness, psychopathology, badness and immorality' (Markula et al., 2008: 1). By thus adding to the cultural vilification of fatness and particularly female fatness, anti-obesity health promotion campaigns no doubt increase the stigma experienced by those deemed to be 'fat', 'overweight' or 'obese' (Riley et al., 2008; Tischner, 2009). But, as a discursive field, they may also constitute and regulate the subjectivities and body management practices of girls and women of *any* body weight in other problematic ways too. In particular, through their intensification of culturally dominant values surrounding body weight and eating behaviour (Halliwell et al., 2005; Malson, 2009; Rich & Evans, 2008) and through their potential to mobilise weight-related bullying (e.g. Eisenberg, Neumark-Sztainer & Story, 2003) – both of which have been identified as contributing to the development of 'eating disorders' in girls and women - these campaigns might have the potential to mobilise 'anorexic' and 'bulimic' subjectivities, experiences and practices¹.

There is now a mass of evidence indicating that exposure to idealised media images of thin women increases body-dissatisfaction amongst girls and women and, for some, will exacerbate 'eating disorder' symptoms (e.g. Grogan, 2008; Halliwell et al., 2005). Whilst the epistemological assumptions and arguably over-simplistic conceptualisations of cause and effect underpinning experimental studies that investigate these 'media effects' have been rigorously critiqued (Blood, 2005), their findings are nevertheless persuasive and converge with critical feminist analyses (e.g. Bordo, 1993; Malson, 1998) that illustrate how culturally prevalent constructions of femininity and beauty are implicated in the production and regulation of 'anorexic' subjectivities. If media images (e.g. Halliwell & Dittmar, 2008) and cultural values (e.g. Malson and Burns, 2009) idealising thinness mobilise 'eating disordered' practices, exploration of the relationships between current anti-obesity health promotion campaigns and 'eating disorders' is similarly needed.

This may be particularly so, not only because of the prominence and authority lent to anti-obesity campaigns by government endorsement, but also because the cultural 'ideal' of thin femininity has now become interlinked with a culturally normative

'healthy' weight such that 'health' and 'beauty' are now often conflated (Lupton, 1996; Malson, 2008; McKinley, 1999). Pursuit of one has become virtually indistinguishable from pursuit of the other, a conflation which might further marginalize earlier arguments against 'dieting' made by feminists (e.g. Orbach, 1979, 1993; Woolf, 1990) and others (e.g. Polivy & Herman, 1985, 1987) in its reframing of a gendered, aesthetic project of weight-loss diets as 'healthy eating'. Yet, while anti-obesity health promotions often encourage exercise and consumption of fruit and vegetables, their emphasis on eliminating or avoiding excess weight does not necessarily preclude unhealthy or damaging weight-loss practices. Aphramor and Gingras (2008), for example, have highlighted the physical and psychological risks entailed in 'dieting' (see also Polivy & Herman, 1985, 1987). Furthermore, Burns and Gavey (2008) have illustrated how women who identify as 'bulimic' sometimes frame purging as healthy weight-management on the grounds of it being a weight-loss strategy. By drawing on health promotion discourses in which health becomes equated with slenderness and weight loss, the women in Burns and Gavey's (2008) study construed their 'bulimic' practices as healthy.

In short, anti-obesity health promotion campaigns constitute a prominently hegemonic and highly regulatory part of the contemporary Western cultural milieu in which gendered bodies, subjectivities and body-management practices are constituted. The ways in which they may be variously interpreted, taken up and/or resisted thus requires further interrogation. The orthodox view of these campaigns (as mobilising healthy body-management) has already been roundly challenged by critical analyses of anti-obesity literatures as, instead, mobilising fat-phobic prejudice and often unnecessary and potentially damaging weight-management (e.g. Aphramor & Gingras, 2008; Gard & Wright, 2005). However, there has been less attention to the ways in which these campaigns may be perceived and interpreted differently from different subject positions. The ways in which they are interpreted, taken up and/or resisted by those who are or have been engaged in 'eating disordered' practices is, we would argue, of particular importance. Hence, in this context where slenderness and weight loss diets have become increasingly framed and promoted as healthy, this study represents a preliminary exploration of how health-promotion campaigns aimed at reducing 'obesity' are read by women who have experienced an 'eating disorder'.

Method

Participants

Our data comprised in-depth interviews with women who self-identified as having or having had an 'eating disorder'. Eight women, aged 19-57 years, who had received a diagnosis for an 'eating disorder' were recruited in 2009 through personal contacts and snowball sampling. Of these eight participants one was an inpatient, two were day-patients, one was an outpatient and three had been discharged for between 12-18 months. Five had been diagnosed with 'anorexia', two with 'bulimia' and one with EDNOS ('Eating Disorder Not Otherwise Specified'). The duration of their 'eating disorder' ranged from two to 40 years. One participant identified as Asian British and seven as white British/English and all were living in the South of England.

Procedure

Participants were each provided with an information sheet, a copy of the interview schedule and examples of current anti-obesity health promotion campaignsⁱⁱ, before agreeing to participate. They then took part in face-to-face, in-depth, semi-structured interviews at locations of participants' choosing, usually at the participant's home. Additionally, one interview took place at the participant's place of work and another at the hospital where she was engaged in treatment. Participants were asked to discuss their views and feelings about anti-obesity health promotion campaigns including those aimed at reducing childhood as well as adult obesity. Interviews, each lasting approximately 45 minutes, were audio-recorded, transcribed verbatim and all names and identifying features were removed from the data to ensure confidentiality was maintained for all participants.

The interview transcripts were then analysed within a feminist social constructionist framework using thematic analysis (Braun and Clarke, 2006) with the aim of explicating the key themes entailed in the construction of anti-obesity campaigns - and the bodies, identities, and practices represented in these campaigns – attending to the variations as well as commonalities in these constructions and to the significances of these particular readings (see also Willig, 2001; Wetherell et al., 2001). In the analysis reported below we focus specifically on the more prominent shared constructions of anti-obesity campaign targeting childhood obesity in particular.

Analysis

Whilst our participants sometimes construed anti-obesity campaigns as having beneficial effects in promoting healthy eating, they were in general highly critical of them, construing the campaigns as demonising fatness and fat children; as promoting potentially 'disordered eating' and as occluding the dangers of weight loss and being under-weight.

Demonising 'the fat kid'

Specifically, one of most prominent criticisms of anti-obesity campaigns that participants articulated focused on the vilification of fatness and fat children.

Naomi: The pictures they show of these children ... of that really quite fat boy. I mean the poor, it's just I mean its saying because he is a bad person and there he is and this is what you don't wanna be and what you don't wanna be like.

Beth: I think it's now that fatness is *not* acceptable. (.) It's, I mean if the government's even saying that fatness is bad, you know, then the government are therefore supporting a slimmer figure which is its very hard then to then fight against really.

In the extracts above Naomi and Beth both point to campaign representations of fatness as bad, unacceptable and representing 'what you don't wanna be'. Naomi in particular reads these images as moralising body weight. The 'fat boy', she argues, is presented not just as unhealthy but as 'a bad person' while Beth's comment that 'now ... fatness is *not* acceptable' implies a view that this morally loaded social denigration of fatness has intensified in recent years. This message that 'fatness is (morally) bad' was portrayed by participants as both ubiquitous in anti-obesity campaigns and as fundamentally inextricable for the wider cultural idealisation of thinness as an index of beauty (as well as health). Thus, Rhianna, below, for example, refers to celebrity magazines and the 'deification of people that are really thin' as part of the wider cultural context in which we read anti-obesity campaigns.

Rhianna: You can't pick up a magazine or read a paper these days without somebody talking about fatness, thinness, good, bad ... At the moment it's all obesity, obesity, obesity and then pictures of thin celebrities, pictures of 'oh so and so's put on so much weight' as well 'cos it's not *just* the [health promotion] literature. It's the media ... childhood obesity, just talking about it and then the whole, like, what's the word, deification of people that are really thin.

By promoting and exacerbating already-existing cultural values about fat and thin bodies, anti-obesity campaigns might, as participants implied, already be seen as having a potential to mobilise 'eating disordered' practices. In addition, however, five of our eight participants also drew parallels between this denigration of fatness and fat children in health promotion campaigns and their own childhood experiences of fat-phobic bullying. In the interview extracts below, for example, Lucy, Sarah and Beth all refer to their past experiences of weight-related bullying *and* to their perception of anti-obesity campaigns as mobilising such bullying.

Lucy: I used to get really badly bullied, um I was quite big as a child. It'll just like encourage bullies to bully that person even more just because they're slightly overweight and I think then the person that's being bullied will also think 'oh OK perhaps I am overweight. I'm not normal.' And I think that's the way I would feel like, being bullied and over these adverts saying you have to be this *certain way*. And it's the same as the media as well. You have to be a certain size zero and when (.) surely, if you're happy the way you are, you shouldn't have pressures being put onto you.

Sarah: Like at school you were seen as the *class buffoon* um and often they, people weren't, they were as intelligent as anyone else. ... I believe it [Anti-obesity campaigns] raises awareness *but* for a child to look at that and say 'oh god that's me. I'm being pinpointed or stereotyped' in that to be obese is wrong, /L: mm/ can then cause a lot of unhappiness and maybe other problems within the child; they feel *different*, left out, *picked upon*.

Beth: I was a bit overweight when I was younger and even *then* having all my friends thinner than me I was occasionally well I was called fat and I was, I think, left out of things and I was isolated and I was teased and I mean all my school memories are really negative because of that. If you're a bit overweight people will now, probably kids will now probably call them obese

um and (.) that that will just, that could just ruin a kid basically or make them feel that they are not as good because they are overweight. ... I think now that focus [on body weight] will be even more heightened and kids will be a lot more aware and there will be more bullying and there will be more isolation.

Participants thus often talked about themselves as having experienced weight-related bullying as children and expressed concern that anti-obesity campaigns would increase the likelihood of such experiences for children today who, as Rich and Evans (2008) amongst others note, are increasingly subject to 'body perfection codes' and an increasingly intense emphasis on physical appearance (see also Orbach, 2010). Entailed in these accounts was not only a sense of the isolation and misery of being bullied but also, as the extracts below illustrate, a desire to gain social acceptance through weight-loss which five of our eight participants described as the first step, for them, in developing an 'eating disorder'.

Beth: I had always felt like the fat one. I had always felt like I should be ashamed of what I was and it was me then desiring to be, to fit in, which is the only way I could see that was possible was to lose weight.

Sharon: I just wanted to lose more and more and more 'cos of what people said. I was like "no but I can prove to you that I'm not, that I don't have to be like this" yeah.

Beth's and Sharon's accounts of embarking on weight-loss diets that spiralled into 'want[ing] to lose more and more and more 'cos of what people said' clearly converge with research findings (Eisenberg et al., 2003) linking weight-related bullying with the development of 'eating disorders' and lend additional weight to concerns about the potential of anti-obesity campaigns to mobilise such bullying.

Promoting 'healthy'/'anorexic' eating

In the analysis above, participants suggest that anti-obesity campaigns may promote 'eating disorders', first, by intensifying already-existing cultural values about fat and thin bodies and, second, by mobilising fat-phobic bullying. In the accounts below participants focus on a further cause for concern, pointing to parallels between 'disordered eating' and the ideas and practices of 'healthy eating' promoted to children in these campaigns. Calorie counting, the categorisation of foods as 'good'

or 'bad', the exclusion of 'bad' foods, and the moralisation of food choices were all read as being vigorously normalised by these campaigns *and* as re-articulating and (inadvertently) promoting 'eating disordered' ideas and practices.

Beth: If say your parents telling you, you can't eat that, that's *really* bad food, that can make you obese, that can make you ill, then that kid is not gonna eat that food or their gonna go and do it in secret and then feel terrible for having *eaten* it, which obviously you know can lead to bulimia. ... when you see all these adverts (.) it puts it all into the perspective that um there are really bad foods that you shouldn't eat. And I think that's quite a dangerous thing if people will see a chocolate bar and say to their friends 'oh you shouldn't eat that. It'll make you obese' /L: mm/ because then there are kids going to have eating issues straight away.

Rhianna: It is just making you feel guilty for eating these things /L: mm/ because you could end up like this. ... It's just sending out the, I mean yeah, it's sending out the message that kids need to lose weight which, yes I'm sure a small proportion of kids or a mid proportion of kids need to, but a lot of them don't. They're just growing. ... By demonising these food groups and by demonising the idea of obesity it's, these kids are going to be *constantly* thinking about or whatever they're eating that are going to be aware of what they're putting in their mouths.

Sarah: I think in the end they [children] could become secret binge eaters or secretive or manipulative or um (.) hide food away or even to the point of maybe stealing food because they've been denied it.

Thus anti-obesity health promotions were construed by participants not so much as promoting healthy eating than as inducing guilt, fear, a mis-perception that weight-loss is necessary, an obsession with food and body weight, chaotic eating and 'eating issues'. The excerpts also indicate how these anti-obesity messages might be re-articulated by significant others such as parents and teachers thus reinforcing their regulatory power as they seep through from the public domains of media and government policy into the personal familial and pedagogical contexts of children's lives. Naomi, a primary school teacher, elaborates further on this, describing the 'healthy eating' strategies of the school where she works as 'awful' and 'really

upset[ting]'. They lead, she suggests, to some children under-eating and to others 'sneaking about' with forbidden biscuits

Naomi: I work in a school and children do think of foods as being good and bad. And I think that's *very* unhelpful to think that your, you know, if you have a bit of chocolate or something it's um you know really a *bad* thing to do and you're a *bad* person for having it. ... I feel awful if someone brings a biscuit in at break time. I have to confiscate it. /L: really/ They're only allowed fruit and veg (.) so the only thing they're allowed to bring in from home is fruit and veg. /L: mm/ I mean it's just pathetic, *honestly* that's all they bring in, some of them, like a slice of cucumber. I mean you might as well have nothing ... It's horrendous, horrendous, like it *really* upsets me, really upsets me. /L: mm/ And then people were sneaking things about, you know, if they, if they have been given a biscuit or something, they know they shouldn't have it and so they're like sneaking about with it. It's just awful.

The banning in Naomi's school of 'unhealthy' snacks such as biscuits is thus construed not as health-enhancing but as problematically invoking feelings of shame and guilt about eating 'bad food'; feelings which participants and others (see e.g. DSM-IV-TR 2000) suggest are also part of 'eating disordered' experiences.

Beth: It's feeding into your eating disorder. It's, it's justifying that you shouldn't eat something or that something is a bad food and that the new ideal is definitely thinness.

An absence of balance

In the analysis above participants problematised 'anti-obesity' campaigns, first, for exacerbating the culturally prevalent moralistic denigration of fatness and concomitant idealisation of thinness. Second, for mobilising weight-related bullying and third, for encouraging (and sometimes enforcing) an excessive and emotionally-charged monitoring of food intake based on a problematically moralised categorisation of foods as good/healthy or bad/unhealthy. In addition to these critiques, participants were also highly critical of what they construed as a lack of balance in anti-obesity campaigns, whereby the focus on obesity and over-eating occludes recognition of any dangers of underweight and under-eating. For example:

Beth: People who, say, you or I might pick up as being anorexic or something, other people just see as being another thin person and accepting it, not raising an eyebrow, not being concerned, (.) you know. There are people who will starve themselves to death (.) and if it's not being particularly picked up on because all the focus is on obesity, that's really sad.

Rhianna: At the moment what they're doing is demonising obesity which yes, it's good to get the message out that obesity is bad but also there's nothing being said about well, what's the other extreme. And I think that's an important message that needs to be got out as well because at the moment kids are being told to lose weight and well, how do they know how much weight to lose?

Charlotte: It kind of, there's no point where it says stopping at *this* thin is good. So you kind of get this silly thought in your mind, or you can do, that the thinner you are the better it is but then it's like, you're gonna just disintegrate into the thinness of being dead, you know, 'cos you'll get to the point where you can't get any thinner, you know. So (.) definitely not the right messages.

In the extracts above Beth, Rhianna and Charlotte all raise the possibility of children losing too much weight and of self-starvation being overlooked 'because all the focus is on obesity'. A lack of attention to 'the other extreme' coupled with a demonising of high calorie food and a promotion of weight-loss *per se* (without setting limits) will they suggest, at least implicitly, lead to an increase in 'eating disorders' and a failure to notice 'people ... being anorexic' because they are 'just see[n] as being another thin person'. And, although Charlotte frames the idea that 'the thinner you are the better it is' as a 'silly thought' it is, we would argue, the idea itself - rather than those who might succumb to the thought - that is the target of her criticism. The idea of 'the thinner .. the better' is clearly presented as an anti-obesity health promotion message which then 'get[s] ... in your mind' and which, however 'silly', unreasonable or irrational, is also very dangerous because of its potential to mobilise its subjects to 'just disintegrate into thinness of being dead'.

Discussion

The recent and highly prominent framing of 'obesity' as a severe health risk and as 'a disease of epidemic proportions' affects not only those who are 'overweight' or

'obese': it also impacts more broadly on the ways in which body weight, food and eating are constituted and regulated more broadly in Western cultures (Riley et al., 2008). Anti-obesity health promotion campaigns, in particular, that have proliferated in the wake of this 'epidemic' take everyone regardless of age, gender or body-weight as their target audience including those – children as well as adults - who are or may become underweight. Yet, as noted above, while the promotion of slenderness and weight-loss on health grounds is ostensibly 'gender-neutral', the interfacing of such messages with more longstanding cultural prescriptions of thinness/slenderness and 'dieting' for girls and women as a project of gendered aesthetics cannot be ignored. While such campaigns are self-evidently intended to be health-enhancing, the possibility that they may also potentially have iatrogenic effects warrants investigation. The weight of evidence demonstrating the deleterious and, for some, 'anorexogenic' effects of idealised media images of thin women (e.g. Grogan, 2008; Halliwell et al., 2005) suggests, at the very least, a need for caution in any campaigns pathologising and denigrating of fatness and high calorie foods or idealising thinness and weight-loss.

This study represents a preliminary empirical exploration of these concerns from a feminist social constructionist perspective and indicates that such misgivings may be shared by those with experience of an 'eating disorder'. It is, to our knowledge the first of its kind to explore how anti-obesity campaigns may be interpreted by those who have been diagnosed with an 'eating disorder'. For the women in our study, at least, anti-obesity health promotion campaigns, particularly those aimed at reducing childhood obesity, were read as highly problematic because they were seen as endorsing and amplifying fat-phobic, pro-thinness cultural values which might mobilise 'disordered eating' and unhealthy weight loss, first, via the direct circulation and internalisation of these values and, second, via their seeming justification of weight-related bullying. Third, they were read as re-articulating 'anorexic' and 'bulimic' values and practices: as promoting problematic ideas about food (as divisible into moralised categories of good/healthy and bad/unhealthy foods) and as encouraging an overly zealous monitoring and self-monitoring of food intake. And, fourth, they were construed as taking a dangerously biased approach to body-weight and eating, focusing on the problem of obesity whilst occluding problems of underweight and 'disordered' under-eating.

Clearly, given the small sample size of this study, and the fact that our participants were mostly white, middle-class young women and living in southern counties of the UK, our findings cannot be taken as representing in general the views of women

diagnosed with an 'eating disorder'. Neither do they illustrate any actual effects of anti-obesity health promotion campaigns. Further, the interpretations of anti-obesity campaigns analysed above may, of course, be particular to those who are or have been engaged in 'anorexic' or 'bulimic' practices or, indeed to our specific group of participants. The particular subject positions inhabited by our participants, including the specificities of their 'anorexic' and 'bulimic' experiences and practices, no doubt inform their perceptions of anti-obesity campaigns and perhaps render more likely their interpretation of such campaigns as 'anorexogenic' and 'bulimogenic'. Nevertheless, we would argue that the findings of this preliminary exploration illustrates how anti-obesity campaigns *can* be read as 'anorexogenic' and 'bulimogenic' as opposed to health-enhancing.

Clearly further research is required to explore whether such readings may be shared by others struggling with an 'eating disorder' or, indeed, by other girls and women in general. At the same time, however, it would also be problematic to frame our participants' readings as representing a specifically 'eating disordered' perspective since from a critical feminist stance, 'eating disorders' are understood not as objectively existing clinical entities but as discursive constructions: individual psychopathology is re-theorised in terms of problematic (but not pathologised) subjectivities and practices that are constituted *within* and mobilised by normative discursive contexts. The seemingly categorical distinction between 'the normal' and 'the pathological' is thus undermined. From this perspective then it seems likely that our participants' readings of anti-obesity campaigns, whilst no doubt far from universal, may be shared by others. Hence, we would argue, our study strongly indicate the need for further research both to explore the ways in which wider and more diverse constituents of participants read these campaigns and to investigate their potentially diverse impacts on lived practice. Whilst it might be considered unwise to alter health promotion initiatives on the basis of these preliminary findings alone, our analysis nevertheless indicates a need for caution and for further research if governments are to be sure they avoid adding to the problem of 'eating disorders' in tackling the problem of obesity.

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ⁱ As numerous feminist and critical writers (see e.g. Hepworth, 1999; Lawrence, 1984; Malson, 1998; Orbach, 1993) have argued, the terms 'anorexia', 'bulimia' and 'eating disorders' are highly problematic in that they signal a medical or quasi-medical theorisation of eating distress as an individualised psychopathology thus occluding their cultural and discursive production. The term 'obesity' has been similarly critiqued as a culturally specific medicalization and pathologisation of body weight (e.g. Gard & Wright, 2005). Our use of inverted commas around these terms indicates our critical feminist understanding of 'eating disorders' and 'obesity' as culturally specific discursive constructions and as amalgams of gendered subjectivities and practices that are constituted within (rather than outside of) the normative discursive contexts of contemporary Western cultures.

ⁱⁱ Prior to interviews participants were sent a set of five examples of anti-obesity health promotion campaign images (together with the information sheet and interview schedule). Four of these were downloaded from NHS and Department of Health websites (accessed from <http://www.dh.gov.uk/en/PublicHealth/Obesity/index.htm>). These included images of (i) a large boy sat on a sofa eating crisps, a bottle of cola next to him and a by-line 'Obesity: a weighty issue for children'; (ii) the head and shoulders of a girl eating a cake with the by-line 'Is premature death so

tempting?’ (iii) a child standing on weighing scales, cut off at the knee, with the by-line ‘Fat chance. Obese children are a good bet for type 2 diabetes. Heart disease. Stroke. Sleep apnea. Depression.’ and (iv) a potato surrounded by six cartoon images of people and various ‘nutritional facts’ with the by-line ‘Dig this! Read the label. It’s good for your body’. The fifth example was a photograph of a billboard where an image of a concerned-looking medic next to the by-line ‘Childhood obesity: Don’t take it lightly’ was displayed above an advertisement for McDonalds with the by-line ‘my kinda shoppin’ spree’.