Obesity, parents and me

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Abstract

Obesity discourses are shaping us. Amidst an avowed obesity ‘epidemic’, we are all considered at-risk, hailed to understand ourselves as such, and persuaded that we have the capability to author our bodies in a desired/required slender form. Attention has shifted from ‘fat’ adult bodies that have thwarted reform, to the bodies of ‘innocent’ babes, drawing parents into the firing line. This thesis destabilises obesity scientists’ authority over truths about parents and obesity. It enacts a poststructural sensibility, using Foucault’s ethics of discomfort to disrupt the ease and certainty with which parents are known as responsible and blameworthy for fat on children’s bodies. Through an analysis of New Zealand based obesity scientists’ texts, personal obesity encounters and evocative analytical writing, this thesis journeys to a destination where it is possible to ponder parents otherwise.
Acknowledgements

This thesis honours those who laboured so that I may have the opportunity to become and keep on becoming the many selves that make me up.

My parents –
For their gift of life, love, an enquiring mind, and the freedom to find my selves …

My husband -
For joining his name and days with mine, inspiring me to be all that I can through his own doing so, and making this time of learning and reflection possible …

My two children –
For bursting with the stuff that fills my days and nights and makes me theirs, for their patience and understanding, their questions and questioning and insatiable zest for life …

My mentor, colleague and friend rolled into one –
For her unwavering support and exuberance for a mobile sensibility, which provided the freedom to make of this journey all that I have …

I am humbled by you all and want you to know that you make me many selves I could not otherwise be. My life is so much richer for having you in it.

Finally, to all of those people who have pondered obesity and parents with me thank you for your insight.

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1. Old beginnings

It is exceedingly difficult to know where to start this thesis. It is a tale that takes up a poststructural sensibility, which acknowledges and makes use of “complexity, uncertainty and doubt and … [is reflexive] about its own production and its claims to knowledge about the social” (Ball, 1995, p. 269). Its purpose is to disrupt the “pleasantry of certitude” (Harwood & Rasmussen, 2004, p. 308) with which parents are known as responsible and blameworthy for fat on children’s bodies.1 As a critique:

[I]t is not a matter of saying that things are not right as they are. It is a matter of pointing out on what kinds of assumptions, what kinds of familiar, unchallenged, unconsidered modes of thought the practices that we accept rest (Foucault, 1981, cited in Rabinow & Rose, 2003, p. vii).

It is perhaps fitting that I am anything but certain about where or how to begin the telling. According to Goodall (2008), “[b]eginnings are a matter of choice. You, as the author, have to decide when something ‘began’” (p. 66). I have made many attempts. However, I find myself coming back around again and again to the ‘Introduction’, re-working it, destroying it and starting again in light of my latest line of inquiry (or flight of fancy).

My whole experience is best characterised by a mash of old beginnings. Everything I read, ponder and write, supposedly for the first time, turns out to be connected through so many little threads to readings I have already made, eureka moments in my sleep, and stories I have already written. This signals that things are coming together, but I am also being pulled here, there and everywhere, rather than from start to finish. It is this coming together and pulling apart that is making it darned hard to settle upon a place to start, and so here I am putting off, once again, making that call about

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1 See: Boero (2009); Burrows (2009a, 2009b); Burrows and Wright (2004); Coveney (2008); Evans, Colls, and Horschelmann (2011); Jackson and Mannix (2004); Jackson, McDonald, and Mannix (2005); Maher, Fraser, and Wright (2010a); Solovay (2000); Warin, Turner, Moore, and Davies (2007), and Zivkovic, Warin, Davies, and Moore (2010).
where this story began. I am tangled up in trying to write a document that unfolds like a coherent tale with a beginning, middle and end, but also takes account of my doctoral journey, which has been anything but linear. Although in the following remark Foucault (2002) speaks of the “manifest truth”, he accurately describes my experience with the ‘manifest beginning’ of this thesis:

… the new manifest truth is always a bit of an idea from the back of your mind. It allows you to see again something you had never completely lost sight of; it gives the strange impression that you had always sort of thought what you had never completely said, and already said in a thousand ways what you had never before thought out (as cited in Harwood & Rasmussen, 2004, p. 307).

On first encounter my tale just might unfold from whoa to go, but it would be misleading to construct this document such that you imagined this study of obesity scientists’ stories and my own obesity encounters as following a preordained order and a systematic method of rigour. It is rather a messy study; on a good day I think of it as opportunistic and tactical, on a bad day, haphazard and baffling. On paper it consequently flows nicely for a stretch and then it gets stirred up, chops and changes as I encounter rapids, twists and turns, in trying my hand at different forms of writing, and allowing different kinds of ‘evidence’ to speak. I intend to take you with me, through this text, such that you may experience what I encounter and what I make of it. We may go in a few circles, hopefully spirals that build on each other as they cycle back round, just like old beginnings, and we may trail paths that seem to lead nowhere or somewhere unknown, but in all this text will, I hope, result in both of us critically reflecting on the certainty of parent responsibility and blame. This is not a study of discovery, it does not seek truths, but rather attempts to make space for movement and create possibilities for thinking and being otherwise (Wright, 2006).

2 The phrase ‘obesity encounters’ refers to the myriad ways I engaged with obesity discourse through conversations with friends, family, teachers, other parents, health professionals, school documents, people at conferences, taxi drivers, participants in previous studies, media ‘texts’, and so on. Central to all of these encounters is my engagement, the story that I heard, co-constructed and what was invoked viscerally, emotionally, intellectually and consequently what stories I can tell as a result of these encounters. I use these obesity encounters to critically reflect on my thinking and practices and to consider the way others engage with obesity discourse and what I can learn from this.
Would you take a look at that! I am always-already beginning. Rather than making a decisive call about where this story began I have begun by talking about beginning.

In the next section I set out a collection of statements that give a sense of the issue at hand and then take a moment to make explicit what this thesis intends to do and how it contributes to the emerging field of critical obesity studies. I save more formal introductions to obesity scientists’ work for a later chapter and get to my take on poststructural thinking and the various tools I use to destabilise truths right in the spot where they become necessary. I think it is important to get a feel for the certainty I speak of and some of its effects before I nibble at its foundations. Then, to exemplify the impetus for this study, I write myself into the text, sharing some of my experiences as a mother parenting amidst this obesity ‘epidemic’.

1.1. I pronounce you responsible and blameworthy

I like to imagine that we are entering a room where people have come to take part in a performance. I am flapping about handing out slips of paper to those who seem open to the challenge of becoming both actor and audience.

I breathe and introduce myself.

“Hi I am Jaleh McCormack. Thank you all for joining me today in this first performance of *I pronounce you responsible and blameworthy*. Briefly for those of you who have not encountered a *Readers’ Theater* what you are about to be a part of is an attempt to “destabilise the teller’s place in

3 I place the term epidemic in scare quotes here to signal that I am persuaded by work questioning the epidemiological basis upon which obesity has come to be understood as an epidemic (see Campos, 2004, 2011; Campos, Saguy, Ernsberger, Oliver, & Gaesser, 2006; Ernsberger & Haskew, 1987; Flegal, Graubard, Williamson, & Gail, 2005; Gaesser, 2002; Gard & Wright, 2005), such that I am wary of speaking about an epidemic of obesity with any degree of certainty. However, throughout this thesis I refrain from continuing with this practice of alerting you - just as Gard says - I want to avoid ‘typographical clutter’ but am no more “inclined to use the term without qualification” (2011, p. 12).

4 See: Denzin (1997a, p. 191). Also note that, all references used in my creative writing are cited in footnotes in order to allow the reader to focus on giving these stories a reading without troubling with who said what.
The story that is told. The excerpts I have just handed out tell stories about my encounters with obesity, the way I have come to know obesity through reading scholarly texts, stories in the media, having and hearing conversations and reflecting. I could simply read these or more typically present them as part of a scholarly paper where they would get a reading, but only my reading as supporting ‘evidence’ for a particular kind of analysis. In doing this though, an opportunity would be lost to experience different voices simultaneously reading the words I have gathered up, and performing them, bringing them to life for us to ponder in this moment. My hope is that in performing these texts through this (imagined) theatre, we can feel them – experience how they sound, consider what they make us think of, reflect on them, mull over how they may resonate, or not, with our own experiences and move us to think critically about parents and obesity. If you can read your pieces, I will read the last piece and then open the floor for discussion.

**Reader One:**

Dr Hilde Bruch, a German psychiatrist was “one of the first modern commentators to explicitly blame mothers for childhood obesity”. “As early as the 1930s … in her work on eating disorders, [she] suggested that mothers should be held responsible for having ‘overweight’ children”. Bruch felt that childhood obesity:

often emerged within families run by nervous, ‘bossy’ and neurotic mothers and weak, ‘energy’ deficient fathers. … [that] mothers of obese children consistently lied about the amount of food that they fed their children. … [and] mothers overfed because of deep-seated anxieties and disappointments in their own lives, and children overate because of a lack of ‘true’ parental love.
Reader Two:

In the 70s a judge in Kansas City, Missouri insisted that the “overweightedness” of a child constituted a violation of parental responsibility and as such warranted the disruption of his/her parent’s custody rights.10 The case of Marlene Corrigan, made infamous by the United States and international media in the late 90s involved the State bringing charges of child abuse and manslaughter against a mother for the death of her obese daughter.11 According to some academics “[M]edia representations shaped a portrait of Marlene Corrigan as a negligent mother unable to care for her child, and as responsible for her daughter’s death”.12 In 2009, the case of “[A] severely obese family in Dundee Scotland, whose newborn child was briefly taken from them by child protective services while the mother was still recovering in hospital” drew international attention to the issue of whether childhood obesity signals abuse or neglect.13 In a medical journal published in Australia, obesity scientists urged government intervention, in the form of state custody of obese children, wherever parents are deemed unable or unwilling to intervene and reduce the weight of their child.14

Reader Three:

In 2010 the Dean of Education at the University of Auckland, aggrieved about government talk of legislation requiring schools to provide an hour of physical activity a day to all students, penned a letter to a national daily newspaper, which read:

Is some responsibility to be put back where it belongs, to families to monitor and take responsibility for what their children eat and to educate them towards their attitude to food? How about a fat tax on families where members creep over a certain weight? I doubt it, even though it’s no sillier than the exercise idea. All of this is simply too hard because it requires the problem to be addressed by those who

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10 See: Solovay (2000, p. 70).
13 See: Cox (2009).
14 See: Zivkovic et al. (2010), Alexander, Baur, Magnusson and Tobin (2009).
are truly responsible. Much easier to dump the whole thing on teachers and schools and blame them if something goes wrong.\textsuperscript{15}

\textbf{Reader Four:}

The current First Lady of the United States of America, Michelle Obama, launched a multi-million dollar anti-obesity campaign in 2010, called \textit{Let’s Move}. Whilst attempting to garner support and action from a range of institutions, organisations and individuals, parents were readily tasked with fulfilling Obama’s vision of eliminating childhood obesity in one generation.\textsuperscript{16} As the parent of two girls Michelle Obama regularly drew on her own experiences. At a forum on childhood obesity held at the Whitehouse in 2010, she: “told the crowd that her passion for the issue originated from her experience as a mother”. She noted that “her family’s health habits were ‘way out of kilter’ until her paediatrician warned her about the potential health consequences”. Obama spoke of the simple changes she made “such as adding more fruits and vegetables to her children’s diet, and limiting desserts and TV time”. According to Obama these changes were all it took to ward off obesity within her family. She said: “[I]f I could make those kinds of changes and it could help my family in such a significant way, I wanted to make sure that we were doing that with the rest of the country”.\textsuperscript{17} While these references to her personal life encourage American parents to view the First Lady as a regular mom, they also demonstrate Michelle Obama’s convictions about parents’ role in causing and preventing obesity. In a news report she is quoted as saying: “[U]ltimately this issue is on us, .... We’re the ones who make the decisions about what our kids eat”.\textsuperscript{18}

\textbf{Reader Five:}

A mother doing the school pick-up explained that despite her every effort to provide healthy food and opportunities for exercise, her daughter is plump and what is more, proud. As her mother, she worried about what she should do.

\textsuperscript{15}Langley (2010).
\textsuperscript{16}See: Sweet (2010).
\textsuperscript{17}Finn (2010).
\textsuperscript{18}CBS News (February 8, 2011).
Reader Six:

In 2012, a columnist for the New Zealand Herald, Tapu Misa, called her article *Keeping kids from getting overweight isn’t all that hard*, and outlined a bunch of possible causes for fatness on children’s bodies only to settle upon the following conclusion: “we shouldn’t get too far away from the key to all this, which is parental responsibility. Kids might watch the food advertisements, but it’s the parents who do the shopping and who control the environment”. Misa suggested that the reasons for children’s obesity “are usually blindingly obvious – to everyone except their parents” and goes on to tell a story about her nephew who is “euphemistically called ‘a big boy’ by his father”. According to Misa, during a stay at her home the boy’s weight began to drop off, which she put down to the provision of “three square meals a day, water when thirsty and plenty of outdoor play” – testament to how preventing obesity is not all that hard.19

Reader Seven: Me

Walking along the street I pass McDonalds and sitting at a table in the front window is a child eating chicken nuggets and sipping on a soda. The child looks about five years old and his tummy is bulging out of his t-shirt. I can’t see his parents, but it is his parents whom I automatically think about. This fat child says to me that his parents don’t care about what he eats, don’t care that he is fat, don’t care that he is unhealthy, and plain don’t care about him at all. Actually, the child doesn’t say this to me, he doesn’t speak, he doesn’t even look up from his food, but his body speaks to me, and his behaviour speaks to me – they explain to me what is going on here.20

Now I imagine a silence. I don’t think people would clap. It would be odd to clap at your own performance, but then perhaps clapping would relieve the nervous tension I anticipate. Never having taken part in a *Reader’s Theater* I don’t really know how I would feel or what would happen next. Instead of imagining this here I present the rest of my thesis as the outcome of my reflection on these texts, these encounters and the many others I have experienced that pepper this thesis. I

20 Anon, 2011.
suggest this thesis could be thought of as the “critical, reflective action” (Denzin, 1997b, p. 114) that might result from being part of such a Reader’s Theatre.

1.1.1. What do we have here?

It seems that it matters little where you look, whom you listen to, or what you read, the message is the same - parents are responsible for preventing fat on their children’s bodies and very much to blame if ever it accumulates. Whilst attaching discourses of responsibility and blame to parents, and particularly mothers (see section 1.4.2), is not a new practice, nor is it one limited to the issue of children’s fatness, both Boero (2009) and Burrows and Wright (2004) contend that within obesity discourses the extent and breadth of culpability is unprecedented. For Burrows and Wright it is “the expansion of the boundaries and responsibilities of the family so that almost every disposition and behaviour of children is potentially amenable to family regulation” that is noticeably new (p. 90). Further to this, according to Boero (2009) historical responsibilisation pales in significance to the “hysteria and moralism seen in more recent ratcheting up of mother blame in the context of the ‘obesity epidemic’” (p. 115).

Drat! Excuse me one moment, my son, Jack, (a.k.a Master Four) needs help getting breakfast. My early start has been thwarted by his a-little-later start. I’ve been working on getting my children to help themselves to breakfast to allow me a little more study time, but a desire for tinned peaches has put paid to that. I wonder if a four-year old could manage a can-opener? Perhaps tinned peaches in sweet syrup are not ideal for a little boy’s breakfast. I should be paying attention to the energy going in and I know I should sit with him throughout his meals. Why was that again? Right I better go. There is chaos in the kitchen. …

Now where was I? Tinned peaches led on to toast with marmite and the morning grind got the better of me. An hour or so later and it’s difficult to pick up where I left off. Aahh, yes … oh and I forgot to introduce myself, you can
just call me mum. I don’t mean to disrupt your reading. It’s just that I’m falling apart trying to be a scholar one moment and a mum the next. So I’ve decided to just be a scholarly mum, whomever she might be. I’ve let mum into the scholarly text, and the scholar into the motherly text and all hell has broken loose. It is not the most comfortable arrangement but I’m hopeful that it will help illuminate the complexity of being a mum studying and parenting in this so-called obesity epidemic. … Back to thinking about what we have here …

Regardless of whether uttered over 80 or merely one or two years ago, the statements presented at my Readers’ Theatre reflect the certainty with which we (in Western societies at least) have come to regard parents (and ourselves as parents)\(^{21}\) as able to control the weight/shape of their children. It is this certainty I aim to trouble because it produces effects and affects that shape: who parents can be; how they can parent; and how society comes to know, judge, and intervene in their lives. It is this certainty that supports the narrowly defined “notion of what constitutes a good and healthful family” (Burrows, 2009a, p. 138), renders the absence of fat on a child’s body the marker of “a fine neoliberal family” (p. 137), and provides a means to evaluate parents’ “capacity to care in the right way” (p. 133). The way we understand childhood is significant because it affects how we treat children (Stainton Rogers & Stainton Rogers, 1992). Similarly, how we understand the relationship between parents and obesity is significant because it influences how we think of, know and treat parents. In short, it is a particular understanding of parents and obesity that makes it possible to responsibilise and blame parents with certainty.

Oh no not again, just a moment. My daughter, Lucy, needs help finding the sausages in the freezer. My husband is taking the kids camping tonight – great excitement. I am staying put to try and get some of my great big book written. The kids are having buns, tomato sauce and sausages for dinner. Lacking the

\(^{21}\) See for example, Reader Five above and Michelle Obama who share a sense of responsibility for preventing and removing fat on their children’s bodies. See also Ristovski-Slijepcevic, Chapman, and Beagan, B. (2010) regarding mothers sense of responsibility towards providing their children with healthy meals and educating them about healthy eating.
I contend this certainty is (at least in part) supported by obesity scientists’ truths that construct all parents (as with all individuals) as capable of producing particular body shapes/weights. My analysis of a collection of obesity scientists’ texts, coupled with the production of stories inspired by my obesity encounters, provide two means of destabilising this certainty. First, the constitutive nature of obesity scientists’ work is revealed to illustrate that parents are not inherently or universally capable of producing children’s bodies in a desired/required slender form but rather obesity scientists’ work produces them as such. Secondly, tales about my obesity encounters indicate that the lived experiences of parents, me included, are nuanced, complex and contradictory. These stories challenge obesity scientists’ construction of parents as inherently capable and, further to this, disrupt their tidy differentiation of parents as either competent or deficient subjects. Both strategies provide the means to experience a little discomfort with the way parents are currently known.

1.2. Critical obesity research

This critique of obesity science contributes to an emerging body of literature, which questions truths that make obesity known and points to the effects and affects of this way of knowing. The critical effort to date has been roughly twofold. Firstly, questioning the science (and rhetoric) of obesity science or “work that critiques the seemingly ‘neutral’ and ‘natural’ facts, which support the language and evidence of scientific discourse” (Warin et al., 2007, p. 97). Secondly, work that critiques obesity discourses (typically underpinned by obesity scientists’ truths), by pointing to their (sometimes unintended and potentially detrimental) effects and affects in people’s lives,

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22 See Colls and Evans (2009, p. 1013), Monaghan (2005, p. 304) and Rail, Holmes and Murray (2010, p. 60) for summaries of critical work.
particularly for those deemed fat, overweight and obese\textsuperscript{25} but also in children’s\textsuperscript{26} and parents’\textsuperscript{27} lives. Maher, Fraser and Lindsay (2010b) describe this work as “examining the meaning and effects of this ‘epidemic’ in regard to social relations, stigmatisation, impacts on communities and families and the rise of governmentality” (p. 305). Whilst work critiquing science tends to engage directly with obesity scientists’ truth claims and indeed their data and reporting, the work on effects and affects draws more broadly on discourses of obesity that are prevalent in the media, policy documents and people’s rhetoric.

Unfortunately, these kinds of scholarship have not reached a broad audience, are rarely acknowledged in the “medico-scientific literature” (Gard, 2009, p. 32), and, whilst sought at times by the media, are often countered by an ‘expert’ in the very same article,\textsuperscript{28} and continue to be dwarfed by the magnitude of reportage that privileges orthodox understandings of obesity (Boero, 2009; Colls & Evans, 2009). According to Rail (2009), “[W]hile these critical debates raise significant questions, they have taken place away from the public, and media stories feeding anxieties over obesity have continued to flourish” (p. 141). Indeed Gard (2009) argues that: “‘obesity epidemic’ sceptics have been so completely ignored that national health authorities and high profile medical researchers continue to claim, for example, that obesity is as big a problem as global warming” (p. 32). Furthermore, despite a concerted effort by Physical Education scholars,\textsuperscript{29} critical obesity work has not made a significant impact in education and policy contexts, or in stemming the flow of anti-obesity interventions targeting children and families.\textsuperscript{30}

\textsuperscript{25} See for example, Murray (2008) and Jutel (2011).
\textsuperscript{26} See for example, Burrows (2012, 2010), Evans et al. (2004), and Rail (2009).
\textsuperscript{27} See for example, Boero (2009); Burrows (2009a, 2009b); Burrows and Wright (2004); Coveney (2008); Herndon (2010), and Maher et al. (2010a, 2010b).
\textsuperscript{28} See for example online news article by Torrie (2012).
\textsuperscript{29} See for example: Burrows (2012, 2010); Burrows and Wright (2007); Evans (2003), Evans et al. (2004); Gard (2008, 2007); Gard and VanderShee (2011); Gard and Wright (2001); McCuaig and Tinning (2010); McDermott (2007, 2008); Powell (2010); Rail (2009), and Tinning and Glasby (2002).
\textsuperscript{30} Although, see Beausoleil (2009) who reports: “Officials involved in curriculum revisions have taken seriously our warning of the dangers involved in physical educators using the BMI to assess their students. These officials have also followed our recommendations to avoid focusing on body measurements in a specific classroom resource book for physical education teaching” (p. 97).
Dowling, Fitzgerald and Flintoff (2012) argue that: “too many important insights into the complexities of ‘schooling the body’ remain largely within the domain of theoreticians and only fragmentarily filter down into practice” (p. 2). They speak here of the inaccessibility of thinking about difference and inequality for practicing physical educators, but could just as easily be speaking about the inaccessibility or lack of filtering down of critical obesity thinking to those working with children and families as physical educators, other kinds of educators and as health professionals (general practitioners, nurses, midwives). This is of concern because whilst one version of obesity continues to take precedence and others fail to become known, we continue living in a society that understands, positions and treats parents as culpable.31

Our beat-up former rental campervan has just pulled out of the driveway in a cloud of blue smoke. I hope they get where they’re going, as much for them, as for me. Twenty-four hours to see what I can do with this. Bliss.

My contribution to this critical scholarship is to interrogate the how rather than the what of obesity science by drawing on poststructural thinking about the production of knowledge and subjects. Like Monaghan (2005) I don’t want to get into the “quarrelsome ‘science wars’ … [and] [R]ather than claiming fat is intrinsically good (or bad), and throwing punches at others who disagree, I take a different position and I have other intentions” (p. 303). I do not attempt to reveal exaggerations, limitations, and so on but rather lift epistemological veils that render visible the ways obesity scientists produce knowledge through discursive strategies and normalising practices, such that we may think of their work as knowing objects and subjects into being (Stainton Rogers & Stainton Rogers, 1992). In this thesis I create a way of questioning this powerful means of

31 For instance, McDermott (2008) reports that when the students she teaches at a Canadian university are asked to consider the social, political and economic dimensions of a current health issue as represented in the media, many focus on (in)activity, diet and obesity, particularly as they pertain to children. These students believe that (in)activity and obesity are serious problems caused by “… uninformed and irresponsible parents who are not modelling “good” behaviour regarding an active healthy lifestyle …” (p. 9). McDermott contends that this understanding signals, “how the identification of children as being at-risk of succumbing to inactivity and obesity has increasingly enmeshed parents within moralistic discourses of blame and responsibility” (p. 9). These Canadian students are not unique. According to Burrows, university students studying Physical Education in New Zealand hold similar convictions, commonly positioning parents as responsible for causing and preventing obesity amongst children (personal communication, 2011).
producing knowledge by positing that we can think of obesity scientists as storytellers, like us all. That is, not superior in their abilities to ‘know’ but rather as having at their fingertips a range of discourses and practices that exude power and produce authoritative ways of knowing. In line with this I tell stories to mess with obesity scientists’ texts and make sense of my own obesity encounters in ways that invoke curiosity rather than judgement.

Inspired by narrative work emerging from Physical Education, which serves to provide a rich and accessible means of coming to know bodies and movement (Carless, 2011; McCuaig, 2007; and edited collections by Dowling, Fitzgerald & Flintoff, 2012 and Denison & Markula 2003), along with narratives produced by scholars working on the issue of obesity (Burrows 2012; Gard, 2011\(^\text{32}\); Murray, 2005, 2009; Pause, in Torrie, 2012; Rich 2012) and stories produced across myriad disciplines (Bochner, 2001; Curt, 1994; Ellis, 1997; Ely, Vinz, Downing, & Anzul, 1997; Goodall, 2008; Nash & Bradley, 2011; Stainton Rogers & Stainton Rogers, 1992; and edited collections by Bochner & Ellis, 2002 and Tierney & Lincoln, 1997), I make storytelling perform as critical scholarship and produce material that may resonate with an audience broader than theoreticians and critical scholars. This thesis brings to the critical study of obesity, weight and fat\(^\text{33}\), evocative analytical writing (Richardson and Adams St Pierre, 2008), which offers both a means to trouble the authority and certainty of obesity scientists’ truths (Rail, 2009) and pedagogical possibilities for those engaged in teaching and learning about health and bodies. This is not a mere trifling with a different style but is a determined effort to produce substance that is critical, evocative, and accessible.

\(^\text{32}\) Gard (2011) begins his book called *The End of the Obesity Epidemic*, with a piece of creative writing called ‘An Obituary’ that uses a time/space/voice to gaze back and reflect upon the phenomenon of the obesity ‘epidemic’.

\(^\text{33}\) See Colls and Evans (2009, p. 1013); Monaghan, Hollands and Pritchard (2010, p. 39); Wright (2009), and Rich, Monaghan and Aphramor (Eds.) (2011) for discussion about different ways this critical scholarship has been ‘named’ and the different reasons why some scholars focus on obesity, others weight, and yet others fat. In this thesis I use the term critical obesity studies because my focus is to critique the truths that are produced by obesity scientists that make their way into everyday rhetoric and produce effects in parents’ lives.
1.3. The time for stories is now …

It may be rather late in the game to join the play. So many stories have already been told across myriad disciplines. I was not around, not even warming the bench, when the first whistle blew. But now I am kitted up, I'm ready to take my place, and goddamit there better still be some game-time left. I sense we are not playing anymore, that the time of experimentation has passed and now what was once a friendly kick-around has become the pursuit of professionals. Stepping out onto the field as a novice, I am likely going to take some hits. I doubt I'll be a play-maker, the crowd may not cheer, but it feels good to write this way. If there was ever a time for my stories it is now, so I am going to quietly mingle in with those big names already sweating on the field and see what I can make of it.

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Writing creatively, producing stories, in the social sciences is not new, just new to me. It is connected to the freeing up of social scientists to experiment with alternative forms of writing following the crisis of representation that occurred in the 1980s. This crisis brought about an understanding that ‘findings’ were not detached from observations, reflections, interpretations, and the presentation of these in writing, and consequently the accepted mode of academic writing and theorizing was brought into question (Denison & Markula, 2003; Richardson, 1990; Sparkes, 1992). As a result, qualitative researchers have for many years been “central characters in their research stories [and] their methods of analysis [have] included accounts of their own experiences in the field portrayed through memoirs, fiction, or dramatic readings” (Denison & Markula, 2003, p. 7, referring to Denzin’s (1994) commentary). Further to this a proliferation of ‘new’ literary forms is apparent across the social sciences with scholars making use of genres formerly thought of as exclusive to the literary domain of writing.
Numerous scholars have set out justifications for this and I do not attempt to provide another.\(^{34}\) Rather I situate my work in what Denzin and Lincoln (2000) call the seventh moment of qualitative research, wherein use of genres such as fictional ethnographies and multimedia texts is taken for granted. This is a context wherein “the novelty of narrative studies has passed” (Denison & Markula, 2003, p. 16), and “issues of legitimisation fade into the background” (p. 16) such that the focus according to Denzin (1998) is now on the need to: “write critically informed stories with the power to illustrate, illuminate, inspire, and mobilize readers to think and act critically and reflexively” (as cited in Denison & Markula, 2003, p. 17).

**1.3.1. My kind of writing**

Rather than writing being the final stage in a research project, the mere communication of ‘findings’, I regard it as a means to explore, understand and analyse my selves and the worlds I encounter (Sparkes, 2002a). I acknowledge that through writing we can uncover “new aspects of our topic and our relationship to it” (Richardson (2000), cited in Sparkes, 2002a, p. 15). Further to this, I embrace the opportunity to write differently. I produce a text that makes use of my many selves, the multiple authoring voices that vie for attention within me. On the page these voices communicate in myriad literary forms, as conventional social science writing, as poetry, prose, plays, conversations, and forms that have no name. For me, a “mobile sensibility” (Barratt, 2004, p. 192) towards writing has worked best. Lincoln (1997) argues that: “[M]ultiple stories feed into any text; but equally important, multiple selves feed into the writing or performance of a text, and multiple audiences find themselves connecting with the stories which are told” (p. 38). She refers to this multiplicity as a ‘polyphonic chorus’ and this suits me just fine.

In so saying, my writing is defined by what it attempts to do. Richardson and Adams St Pierre (2008) refer to new literary forms emerging in qualitative research as “creative analytical processes” (p. 477). This term allows for both writing creatively and writing that serves an analytical purpose. She argues that: “[A]ny dinosaurian belief that ‘creative’ and ‘analytical’ are contradictory and

\(^{34}\) See for example, Denzin (1997b); Dowling (2012); Richardson (1990), and Sparkes (2002a).
incompatible modes are standing in the path of a meteor; they are doomed for extinction” (p. 477). I work hard to produce both creative and analytical writing, however, I am also drawn to Markula’s (2003) reference to “evocative writing practices” (p. 27). As the aim of this thesis is to disrupt certitude I am in essence seeking to evoke. I want my writing to do something, to move people. I want it to make people feel, react, question, relate to my stories and create stories of their own in response. Consequently, I like to think of my kind of writing as **evocative analytical writing**.

**EAW** – oh dear, what an acronym to work with - the call of a donkey! That disturbing braying that is difficult to ignore and to forget, a noise that demands a response, a turning of heads, a shock, an annoyance, a cacophony indeed, and yet an honest, from the heart (and lungs) call to attention. Our donkey was called ‘Fred’ and I see him, with his big ears and unmistakable mark of Jesus, and I feel his EAW reverberating through me as we speak. ... Perhaps we better just pop that imagery of a braying donkey away; it’s not really working for me either.

The stories I produce do significant critical, reflective, creative, analytical, and evocative work. They are a means to be in this text, to question, trouble, and challenge certainties, to collect and analyse data, to make sense of methodological and theoretical concepts, to play, and most importantly to demand a response, in whatever form it comes (annoyance, delight, mocking, shock, laughter, nodding, nay-ing, balking, braying, or the bubbling up of stories of your own).

I am making much of stories and of evocative analytical writing, however, it is important to note that a great deal of my thesis is written in a conventional form. I liken myself to a “research pluralist” (Nash & Bradley, 2011, p. 14). That is, someone who is not pitting ‘traditional’ social science writing against other forms of writing, not finding faults and attempting to fix them but rather making use of the myriad approaches to writing available to me. The conventional writing throughout this thesis may be thought of as the mainstays of a garden, the evergreen bushes, not
glamorous in of themselves, but alongside other plants providing structure, a garden that is full and thriving. In amongst these bushes are pockets of potted colour, they are surprising, brash and bold; sometimes a bit of whimsy, and yet striking in the overall effect they have on the garden, and the way it impresses upon the retina and invokes thought, questions, memories and daydreams.

A short maxim from Jessamyn West is worth pondering here. She says: “[T]here is no royal path to good writing; and such paths that do exist do not lead through neat critical gardens, various as they are, but through the jungles of self, the world, and of craft” (as cited in Nash & Bradley, 2011, p. 157). Into the jungle we go.

1.4. Knowing me and knowing you, aha

Without the aid of ABBA, I hope it is clear that I am here in this text, and further to this I conjure my version of you up as I write. It is important (to me and my work) that you come to know me (or at least the parts of me that I am comfort/able to share) in and through my tales. Whether I write “self-narratives” or “realist tales” (Biddle, Markland, Glibourne, Chatzisarantis & Sparkes, 2001, p. 801; 803), whatever I say is contingent on who I am becoming. I seem to be always becoming someone else these days, or rather simultaneously many selves, some complimentary, some contradictory. Like Foucault (1997), “[M]y way of no longer being the same is, by definition, the most singular part of what I am” (p. 137). I am acutely aware that we do not: “have one ‘true self” that we can choose to either hide or authentically share with others. Rather, we have multiple potentials and possibilities that different situations will evoke or suppress, make more or less likely…” (Lerner, 1993, p. 206, as cited in Lincoln, 1997, p. 40).

Consequently, it is not such a straightforward task to just sit down and tell you who I am so that you may know me and from whence this thesis came. As Nash (2011) writes:

I do not possess a natural substance called an "I", a permanent "self" that transcends particular times and places. My self is a changing construct. In my own writing, truth be told, I change my "self" in order to convey different meanings to different
audiences. My rhythms, word choices and sentence structures are less my indelible, writer's fingerprints and more my conscious choices to hit my readers where I think they might live (in Nash & Bradley, 2011, p. 29).

Further to this, in making use of poststructuralist thinking about relationships between language, meaning and power, I have come to know myself as not so much the author of this text but rather as the product of my words. I do not have a unified consciousness but rather shape my selves through writing. I work my selves into the storylines of this thesis to illuminate the perspectives from which I interpret the worlds I experience. As Richardson (1990) puts it: “[W]e are always inscribing values in our writing. It is unavoidable. When we write social science, we are using our authority and privileges to tell about the people we study. No matter how we stage the text, we – as authors – are doing the staging” (p. 12).

In thinking of this thesis as a story, or series of stories, I have relaxed somewhat about my presence in the text. I know I am always already between the lines and pulling the text-strings to make things (and myself) appear and disappear. Of course I am the one making this thesis mean something, no matter behind whom I hide, or how meticulously in places I attempt to erase myself. This is unsurprising since as, drawing on Nigles (2001), Sparkes (2002a) explains that the researcher is partially a product of the social context and practices under investigation. Consequently, knowledge is partial and situated but also: “it is constructed through a process of reflexive mediation, where the world that is studied is created, in part, by the author’s experience and the way the text is written” (p. 11).

It is therefore appropriate and necessary for me to share my emotions and experiences - they are the means by which I come to know and to question. In being present I acknowledge “the impossibility of remaining outside of one’s subject matter” (Nightingale & Cromby, cited in Goodall, 2008, p. 39). I am guided by a view that: “all writing, whether scholarly or not, begins and ends with the personal” (Freedman, cited in Nash & Bradley, 2011, p. 57). Reflexive accounts crop up here and
there, not merely to reflect upon my experiences of doing this research, like “confessional tales” (Sparkes, 1992, p. 284), but rather to point to the way in which I act upon, influence, and inform it. Further to this, I reflect on my experiences, realities and selves throughout as a means of analysis. I attempt to bring into question my selves in connection with the workings of the world, and also use my selves to question the ways of the world.

Whilst it may seem obvious, I also want to state that I wrote this thesis for you. As Lincoln (1997) advises: “the conscious imagining of those who might read our work, will have some influence on who we are in the text” (p. 41). Consequently, while I attempt to shape myself many ways, my imaginings of you also shape me up in this text. As examiners you are my audience, my reader(s). I do not know you but I have inklings about examiners, your role, expertise, expectations, and as such I feel some trepidation about the choices I make, the text I produce, and the selves I share. I am buoyed by Barratt’s (2004, p. 195) assertion that:

[S]cholarly work is a practice through which the writer constitutes him or herself as a subject, but also an experimental practice. The aim is to ‘transform oneself and to think differently...not a process of affirming what was already known ... one writes to call into question what one knows’ (Barker, 1998: 84).

In this thesis I explore the intersection between the personal and the professional that makes me up (Tierney & Lincoln, 1997). This is a place full of dust and cobwebs where I have not ventured before. It always existed but I thought it needed to be kept under lock, to never see the light of text, because this intersection reveals my partial and situated knowledges, some of who I am and “tut-tut” there could be no place for that in serious, ‘professional’ writing. In coming to know some of my selves I offer a means to make sense of my interpretations and to “judge the[ir] plausibility, utility and accountability” (Goodall, 2008, p. 25).
It may seem that there is a lot of self-obsession and navel-gazing going on here. Indeed one of the criticisms levelled at work using the interpretive voice, or more particularly at autoethnographers, is self-indulgence (see: Chase, 2008; Ellis, 1997, and Sparkes, 2002b), and I am everywhere in this thesis. However, rather than a narcissistic exercise, this doctoral journey has taught me that I am always-already part of my texts and that I may understand my experiences as ‘data’ and my self-narratives and stories as analysis (Richardson and Adams St Pierre, 2008). I am encouraged by Ellis’ (1997) retort to accusations of self-indulgence, in which she contends:

[W]asn’t it self-indulgent to think we could white out or separate self from our studies, as we did for years (Mykhalovskiy, 1996)? How self-adoring was it to make sure our writing practices protected the self of the ethnographic author from close and critical scrutiny? (p. 122).

1.4.1. Taking up a subject position

Part way through drinking a glass of milk at our kitchen table, my pint-sized daughter, Lucy, (Miss Three – i.e. three-years-young), put down her glass and said to me: “I better not have any more milk or my tummy will get fat”. After quite a long pause – necessary to gather myself up – I responded: “Your tummy won’t get fat, you just drink as much milk as you like”.

Not the ideal response – I would have liked to express something along the lines of ... people all coming in different shapes and sizes and a fat tummy being of little consequence or a fat tummy being delightful, soft, and imminently cuddle-able; but once again my engagement with a dominant set of cultural norms got the jump on me.

Her frown said it all, but just for good measure she retorted: “No, no, it will get fat and we don’t want that!”
The royal ‘we’ implicated me but surely I had not brought on this abhorrent thinking.

In this moment, my child was the perfect proselytising agent, taking up public health messages, delivered by her educators, and working to indoctrinate those in the ‘difficult to reach’ private sphere of home.\(^{35}\)

I’d like this to be so and I think in part it is but I can’t stop the words bubbling out that refuse to allow me to hide here. It is entirely plausible that I am part of the “we” who “don’t want that” because, whilst I hope not in front of the children, I am caught up in the “cult of slenderness”,\(^{36}\) and the concern about getting a fat tummy speaks to me. But that Miss Three should speak of this made me flap (in a flustered unprepared way and like an attacking mother goose).

The New Zealand Women’s Weekly magazine runs a column called Over the Teacups in which for as long as I can remember, readers, usually mothers, grandmothers, aunts and the like, send in little snippets along the lines of ‘kids say the darnedest things’. I don’t know why but they refer to the child character as Miss (age) or Master (age), and share their experiences in an attempt to make us laugh. When I wrote these few lines about my encounter with Lucy ‘Over the Milkcups’ I thought well this is not bloody funny but it fits the genre of kids saying the darnedest things. You’ll encounter a few of these here and there, they are my way of flipping children’s supposedly innocent toying with words on their heads and reworking these utterances as effects of obesity discourses that produce meanings both for parent and child.

\(^{35}\) See Evans, Colls and Horschelmann (2011) regarding the construction of children as “vectors to carry information on ‘healthy lifestyles’ from educational spaces back to more responsible actors within the home (parents)” (p. 326).

\(^{36}\) Kirk (1999).
At the time of this encounter I thought I had done a good job of fending off this no-doubt, well-intentioned guide to living. Afterwards I realised that whether or not I intended to, liked it or not, in my role as a parent I would have to engage with obesity in some way. Indeed I had already taken up a subject-position. In countering the health imperatives that Lucy seemed keen to follow, I became a problematic parent - a parent who did not know how to feed her child appropriately (ignorant), and/or who did not understand and/or care about the consequences of this inappropriateness (negligent).

I am off the hook somewhat because Lucy is ‘scrawny’. One of our favourite games is to squeeze her thigh muscles and say “chicken legs” – something that may trouble her in years to come and may make me realise what a terrible mother I am/have been. At the moment it is fun and results in peals of laughter from us both (long may the ‘chicken legs game’ last).

I am not overtly problematic because despite my errant behaviour, flawed beliefs and mistaken knowledge about diet and obesity I (apparently) have produced an un-fat child. If Lucy were anything other than slim I would not be given free rein to behave, believe and know in such ways. Rather I would be scrutinised and continually affronted with information and imperatives to align myself with an obesity-preventing art of living. However, because obesity is framed as a continual threat to “everyone, everywhere” (see Gard & Wright, 2005, pp. 17 - 25), I remain somewhat problematic. I am after all supposedly putting Lucy at risk of becoming fat. If I were to play with obesity scientists’ words, I may even be considered obesogenic.

My experience of parenting amidst a panic about obesity has required that I take up a subject-position in relation to obesity, that I engage with dominant obesity discourses, and justify my behaviour, beliefs and knowledge to my young children (and to myself and anyone else who engages me about obesity or obesity in a thinly veiled disguise - a.k.a. exercise and diet), all of which has made me angry. As Burrows (2009a) puts it, as a parent I have been “drawn into the obesity change project in very explicit ways, whether or not [I] would ordinarily choose to be so
engaged” (p. 131). I am incensed with the impact that obesity discourses have in my life, albeit relatively insignificant in my case because my children are un-fat and I am the quintessential ‘good-mother’ - white, middle-class, un-fat, (cough) working (cough) - but only during school-hours (Boero, 2009). I despair at the way they have and continue to shape my children’s thinking and actions, and how they interfere with the way I wish to raise my kids, to feed them and encourage them to ‘know’ and enjoy their bodies. I am in the patch where the teacher is always darned right, no matter how convincing my argument is to the contrary. I am run ragged with my flip-flopping – in one moment acting with conviction to rid my home and my parenting practices of obesity preventing propaganda, and in the other worrying about whether I gave the kids enough fruit and vegetables this week. I am angry because the notion that parents are responsible for fat on children’s bodies has become the truth, such that parents are positioned as good/bad and moral/immoral based upon the waistlines of their children or indeed the contents of their lunchboxes (Burrows 2009a).

The motivation for this study is clearly personal. As a parent I am “hailed” (Butler, 1997, as cited in Graham, 2011, p. 670) to take up a subject-position in relation to obesity, but I am also positioned as a particular kind of subject simply because I am a parent with young children living amid a purported obesity crisis. As a parent questioning current health imperatives I am lonely and often unequipped to support my counter views and practices. In part, this study is designed to provide a means for me to resist the subject-positions on offer without forfeiting my own and others’ acceptance of my status as a ‘good’, caring, engaged parent. It has also become the means by which I am working on questioning the certainties I draw on to position other parents as succeeding or failing as I gaze upon their children’s waistlines.

1.4.2. Mother of two

Although uninvited, obesity enters my home, physically in the form of pamphlets through the slot in my door and electronically via the television and computer. It seems to seek me out. Obesity enters my consciousness through chat with
other parents waiting at the school gate, curriculum meetings in which I am
told my daughter will be taught to act as a responsible citizen by ensuring she
maintains her health (i.e. her weight through eating and exercising appropriately),
and through instructions from my son’s head teacher to always send a
nutritional lunch, including beans, meat, rice, fruit and so on, but never white
bread, or packaged items as these have no nutritional value. I am up to my neck
in it! I am fed-up with food, exhausted with constant demands to concern
myself with my children’s supposed exercise ‘needs’, and overwhelmed by the
voracious attention directed at my own, and it seems, all children’s, weight.

As if to hammer it home - whilst handing out wedges of chocolate mousse
cake at my daughter’s, not-so-long-ago, sixth birthday party, I was confronted
with two young girls urging each other to deny themselves a piece of cake.
According to one: “too many treats make you fat”. They sat with an empty party
napkin on their lap and watched on while the other fifteen children inhaled or
savoured their treat, sucked chocolate off their fingers, licked remnants from
their lips, chins and cheeks and thoroughly enjoyed celebrating my child’s
birthday with CAKE. Either I am a horribly deficient parent or this obesity thing
has gotten horribly out of hand.

As a parent of two young children, neither of whom is considered, medically or popularly, obese or
overweight, I am (nevertheless) continually and compulsively encountering obesity. Further to this
I am made to feel and take it upon myself to feel responsible for the shape/weight/mass of my
children’s bodies. I experience some of the effects and affects that result from understanding
parents as culpable amidst this obesity epidemic. Obesity discourses shape the kind of mother I am,
the kind of mothering I do and in many instances the way my family life unfolds.

Assumptions about the gendered responsibility for food and families including the production of a
healthy baby, are currently used to not only responsibilise mothers but also position them as
Mothers are regarded as having significant influence over their children and in the current age of the obesity epidemic, as having “immense control over children’s weight” (Herndon, 2010, p. 333). Women are regarded biologically responsible for children during pregnancy and infancy (Maher et al., 2010a). According to Chhichhia (2007) it is important to monitor female nutrition because “the development of her foetus depends not only on the nutritional intake during pregnancy, but depends on her health and nutrition throughout her life” (p. 38). Women are positioned as natural carers of children and responsibilised as “keepers of the kitchen” (Burrows, 2009a, p. 133). Mothers are also marked out as “killing with kindness”, that is, allowing the love for their child to cloud their “judgement in making the right, rational, healthy choices about their children’s lives” (Evans, Colls & Horschelmann, 2011, p. 334). Reminiscent of Hilde Bruch’s arguments, noted above: “excess body fat becomes the materialisation of excess love/emotionality in the parent-child relationship” (p. 334). Further, should “undesirable conditions, embodiments or identities develop, it is the mothers who are admonished” (Herndon, 2010, p. 333).

Whilst in this thesis I speak of parents and parenting I am cognisant that oftentimes it is mothers who are targeted and implicated within obesity discourses (Herndon, 2010). Evans et al. (2011) argue that emphasis placed on parents within a recent Government funded social marketing campaign in England called Change4Life “means that it is mothers who are the target audience for the campaign” (p. 332). They cite a relevant Government report, which states: “[W]ithin the family, our focus will usually be the mother, who is more often the gatekeeper of diet and activity” (p. 332). Maher et al. (2010b) argue that “exhortations for parental involvement in response to childhood obesity … obscures all known data about the division of labour in regard to the preparation and provision of food and primary responsibility for childcare” (p. 307). These authors contend: “responsibility for food preparation and child feeding clearly rests with women, meaning that generic discussions of parents in fact address mothers” (p. 307). Further to this, Zivkovic et al.

See for example, Boero (2009); Burrows and Wright (2004); Herndon (2010); Maher et al. (2010a, 2010b); Zivkovic et al. (2010).

See further discussion in Maher et al., (2010b) about the absence and yet underlying presence of mothers in obesity studies.
(2010) state that in the Australian news media “‘parents’ often serves as a euphemism for mothers” (p. 381).

Critical scholars raise concerns about the way understandings regarding the care of children, role of women, and attributes of mothers may open women’s lives up for scrutiny, regulation and intervention. Burrows (2009a) cites Gard (2007) to state: “there is something about the couplet of ‘child’ and obesity’ and I would argue, the couplet of obesity and ethnicity that makes it palatable to dissolve private/public barriers and intervene in the micropractices of families’ lives” (p. 137). Multiple papers draw attention to the targeting of mothers in anti-obesity policies and programmes. Other papers bring to the forefront the legal implications of understanding mothers as in control of their children’s body (Boero, 2008; Solovay 2000, and Zivkovic et al., 2010). For example, Herndon (2010) states that the “scrutiny and assumption that a heavy child is proof of poor parenting has lead to several court cases after which children were removed from homes and/or parents were prosecuted because the child’s weight was constructed as a sign of neglect” (p. 341).

Picking up on Burrows’ linking of obesity and ethnicity, Boero (2009) also notes that women from minority ethnic groups are often targeted in anti-obesity interventions as the key to bringing errant population groups into line with white, middle-class, neo-liberal notions of appropriate bodies, behaviours and families.

Although only a small cadre of researchers have written about parents and obesity, most focus their efforts on the effects and affects of obesity discourses for mothers, rather than fathers specifically or parents generally. Whilst fathers are not entirely absent in this thesis it is important to state that mothers and their stories within obesity scientists’ texts and my obesity encounters provide most of the material I work with.

39 See for example, Warin et al. (2007 p. 108) who discuss an Australian policy document which they argue claims to target children and young people but works to position ‘women, (as primary school teachers, child care workers) and particularly mothers at the forefront of these strategies’. See also, Boero (2009); Burrows (2009a, 2009b); Colls and Evans (2008); Maher et al. (2010b), and Evans et al. (2011).
I acknowledge that “gender is absent and yet centrally implicated in obesity debates and policy” (Zivkovic et al., 2010, p. 375). Further I agree with Herndon’s (2010) assertion that the rhetoric which positions mothers as in control of their children’s bodies and needing to be vigilant in preventing and treating obesity produces a “problematic atmosphere for women and children, an atmosphere often left unexamined and unacknowledged in discussions of the ‘epidemic of childhood obesity’” (p. 333).

In so saying, I speak of parents and parenting. I do not dispute Herndon’s (2010) contention that “in a social system where women are still expected to be the primary caregivers, mothers are the parents who will fall under most scrutiny” (p. 346). I am aware obesity scientists’ contribute to and make use of the understandings about women and mothers detailed above and that the term ‘parent’ in their papers is often a thinly-veiled disguise, however, I am not undertaking an analysis of the gendered nature of obesity scientists’ work that positions parents. Critical studies that draw attention to the implications of obesity discourses for mothers are important, and further to this, work that destabilises truth claims about mothers’ role in the production, prevention and treatment of obesity is also necessary. However, these are not tasks I tackle. I focus my effort on troubling certainties produced by obesity scientists that establish a (causal, preventive and corrective) relationship between parents and obesity.

40 A further gap exists around how fathers are positioned and may experience myriad affects and effects of obesity discourse in their lives. Whilst Monaghan has published multiple papers critiquing obesity discourse in relation to men’s lives, he does not speak of fathers and I am unaware of any papers that specifically address fathers’ lives. Fullagar (2009) studied the governance of healthy family lifestyles and includes some fathers in her work. Fathers albeit to a far lesser extent are targeted in media stories about obesity and in my analysis of obesity science there is some mention of fathers (as having a role to play in socialisation around physical activity, and in terms of study limitations as a result of fathers’ non-response). Solovay (2000) also discusses fathers in relation to weight-related custody battles between spouses and with the State. These, albeit relatively few, mentions suggest that obesity scientists and wider audiences understand fathers as having some kind relationship with the cause, prevention, and treatment of childhood obesity. Many fathers are also involved in the care of children, including the provision of food and opportunities for physical activity, as such they are likely to be engaging with anti-obesity imperatives and regardless of whether targeted or not do not sit outside of efforts to responsibilise families for the production of un-fat children.
1.5. A way forward …

To this point I have provided a sense of what this thesis is about, some clues about who I am and how I shape this research, and a taste of how this thesis appears on the page. Rather than a conclusion that draws nicely together this collection of old beginnings, I want to pause for a moment to rein in this beast, regain some order and present a way forward. This thesis is presented in two parts. The first contains four chapters that set-up what I need to be able to think critically about certainties. The second part of the thesis provides what Goodall (2008) calls, the “pay-off” (p. 86). While he speaks of the “pay-off” as the end to a story I make the “pay-off” the part of this text that delivers the goods. Over five chapters I present my reading of obesity scientists’ texts, tracing discursive strategies and normalising practices that serve to constitute parents in particular ways. This is followed by four self-narratives written in different forms that serve to disrupt certainties, and in the throes, I merely trail away, leaving open a space where certainty does not reign supreme and it becomes possible to think about parents and obesity in other ways.

Through a poststructural-inspired reading of obesity science and my encounters with obesity as a scholar and a parent coupled with reflective and evocative stories, this thesis makes some kind of disturbance. Perhaps not that of Foucault’s (1980a) whale spurt rippling the ocean but maybe just some question marks where once a full-stop comfortably sat. It does not shatter the world, as we know it, (although it has my once seemingly coherent little world), but with luck it will bring a little discomfort to a certainty that is not only a bane of my life but also affects everyday relations between parents and children and shapes subject positions that denote what it is to be an ‘appropriate’ parent, and what it is not (Coveney, 2008; Danaher, Shirato & Webb, 2000; Maher et al., 2010a, and Ristovski-Slijepcevic et al., 2010).
Part One: The set-up

In the following three chapters I discuss the theoretical and methodological tools that I make use of to think critically about parents and obesity. In chapter two, I detail my critical approach to certainty, setting out how I understand and use Foucault’s ethics of discomfort. Chapter three serves to reposition obesity scientists’ texts as stories through the take up of poststructural theories about the production of knowledge and subjects in and through discourses. Chapter four, sets out the genealogical tactics I use to read obesity scientists’ stories as discursive effects and sites for the production of meaning (Tamboukou, 2008).
2. A bit of a ‘tude

Lately, we (my husband, Travis, and I) sometimes describe our darling daughter as having “a bit of a ‘tude”. This expression is used to depict an attitude, directed at us, played out in speech and actions, which we find inappropriate for a/our six-year-old girl. When Lucy decides to become someone other than the compliant child our rules and ideas about appropriate conduct attempt to make her, we think of her as having “a bit of a ‘tude”. Often these moments are characterised by the slamming of doors, and a flow of ear-splitting interrogatives - Why do I have to ...? How can I ...? Why is she ...? Why can’t I ...? Why does he ...?

Saying she has “a bit of a ‘tude” is our way of deflecting Lucy’s behaviour from our parenting practices. It makes it about her, and not us. It allows us to remain comfortable in our approach to parenting, in our views on appropriate conduct, and feel certain that the problem lays within Lucy. However, I have noticed that this ‘tude is tactical. Lucy is onto something.

Our six-year-olds’ questions (about the rules of our home, rules that govern what it is to be our daughter) make us pause and consider why we are so certain about the necessity of our ‘house rules’, (so comfortable with age-old phrases like “because I said so” and “that’s the way life is”). More often than not one of us makes the journey upstairs to find out how Lucy understands the situation. In effect her questions make us a tad uncomfortable with our convictions and her explanations often result in possibilities for all of us thinking and behaving differently.

Lucy’s questioning attitude inspires me. Of course, it annoys me too, when I am in a hurry or don’t have the energy for to-ing and fro-ing, and yes I am ashamed to say I shut it down on occasions.
What it has taught me though, is that if a six-year-old can ask questions and make me feel a little uncomfortable about my certainties, then perhaps taking up a bit of ‘tude would be useful in my scholarly work. Not asking questions to answer them, but rather to mess a little with certainty in the hopes of creating opportunities for thinking and doing differently. My study is not an exposition of facts and neither does it manufacture any. Rather it is an attempt to destabilise the certainty with which we are encouraged to know parents, and know ourselves as parents.

2.1. An ethics of discomfort

The bit of a ‘tude that I take up is inspired by what Foucault (1997) calls “an ethics of discomfort” (p. 135).41 I struck upon this ethics in a paper by Wright (2006) outlining the use of postmodern, poststructural and postcolonial perspectives within Physical Education research. By citing the work of Harwood and Rasmussen (2004) who refer to Foucault, she concludes her piece as follows, “[A] key to ‘post’ work is the need to keep ‘troubling’ the taken-for-granted and the familiar, to engage what Foucault describes as ‘an ethic of discomfort’, that is, ‘to never consent to being completely comfortable with your own certainties’” (p. 71).

Just the name was enough to pique my interest, but her brief mention of what it is to take up this ethics meant I needed to grab my keys, lock the door, breath, and take a brisk walk around the block – to process, to calm down, to get excited, to talk to myself and work through what it might mean to approach my study with an ethics of discomfort.

You could be wondering, like my husband does, what must the neighbours think? Don’t worry I held my ‘smart’ phone up and pretended to be having a very intense conversation with someone on the other end. … Yes it rang and made me look very foolish. It wasn’t even Foucault calling to help me out but rather the nurse

41 Hereafter I refer to this ethics of discomfort as simply ethics. My reading is drawn from Foucault’s short review of Jean Daniels’ book Le’Ere des Ruptures, which he calls For an Ethics of Discomfort. The original review was published in 1979 but I draw on an English translation made by Hochroth and included in a compilation of Foucault’s work by Lotringer (1997). Coupled with this I also make use of readings of Foucault’s work produced by Rabinow and Rose (2003), Barratt (2004), Harwood and Rasmussen (2004), and Zembylas (2010).
from the school calling to say one of my kids had wet their pants and would I kindly bring a change of clothes immediately because I had neglected to send in spare clothes at the beginning of the year. So much for the brisk walk offering an opportunity to process this epiphany. Now I had to run all the way home, hope that I had done the washing yesterday, and traipse up to the school with tail between legs. Can you hold on a minute Foucault, I’ll return your call just as soon as I can?

It was as if Foucault had gifted me all the critical corner pieces to my PhD puzzle. I had a name for my bit of a ‘tude and I could understand it as a way of doing research. Now all I needed was to find the straight-edged pieces to build my frame, to give me the parameters, the shape of the puzzle, and then puddle about in the middle fitting together all the pieces until I revealed something to myself. Albeit, still a puzzle, of course. Here was a little legacy from Foucault I could understand, the language was accessible, and the concept of never allowing yourself to get completely comfortable with your own certainties just made sense to me. It is what Lucy makes me do with her stream of interrogatives. These few words were what it took for me to get a sense of what Foucault was trying to do and why he studied the way he did.

In searching for interpretations and applications of this ethics I was struck by a common practice of a simple reference to the term ethics of discomfort or to the first sentence or two in the final paragraph of Foucault’s (1997) review of Jean Daniels’ work – regarding never being completely comfortable with your own certainties, as exemplified by Wright’s (2006) text above. A further example is provided by Graham and Slee (2008) who interrogate discourses of inclusion in schools in Western Australia and in their abstract contend: “we must ask ourselves uncomfortable questions and develop a critical perspective that Foucault characterised as an ‘ethic of discomfort’” (p. 277). I thought I was on to something with this paper, however, whilst these authors put Foucault to use in myriad ways, they do not elaborate on his ethics of discomfort. It seems this ethics is so familiar that it requires little more than a mention to communicate what it entails. Indeed perhaps this is the
beauty of it, the name says it all, and that single sentence conveys for many all that is required to imagine what it might mean to enact this ethics. However, these brief mentions did nothing to slake my curiosity. I sought words from the horse's mouth.

2.1.1. Jean Daniels and ‘For an Ethics of Discomfort’

I am not a well-read ‘Foucauldian,’ nor do I have experience reading the kind of philosophical texts that Foucault produced. My tactic to date is to have faith in those who have spent their careers, or a great deal of time, making sense of Foucault, (like Danaher et al., 2000; Dean, 2010; Graham 2011; Harwood, 2009; Rabinow & Rose, 2003, Scheurich & McKenzie, 2008, and Tamboukou, 2008, 1999). I accept it is unlikely that I could make a unique insight to justify the years required to learn to read Foucault. Coupled with this, my thesis is not about Foucault. I am not trying to make sense of Foucault’s work but rather am inspired by, and want to make use of aspects of his approach and thinking (albeit interpreted by someone else). Further, I am mindful of Barratt’s (2004) caution that scholars should not attempt to copy Foucault’s practical work because his projects have a “precise strategic function at a particular time for a particular set of circumstances and particular political forces” (p. 199) but we should rather “learn from and evaluate a certain way of practising scholarship” (p. 201).

Despite these misgivings and cautions, much of what Foucault had to say about an ethics of discomfort is contained within a short review he wrote about a book written by Jean Daniels. The title of his review, ‘For an Ethics of Discomfort’, rolled off the tongue, and I thought, surely I could handle making my own reading of it. This was of course before realising that Daniels’ book was all about politics, and for that matter politics at a time when I was not alive. Further to this, it became rapidly apparent that Foucault (like all of us) did not write in isolation. His review is connected to so many things he read, to his thinking across many years, many publications, and his views about what was going on in the world at that time. It was impossible for me to understand all (or indeed very much at all) that Foucault spoke of in his review. I haven’t the foggiest about what went on post-World War II, something in Algeria, the “courageous anti-stalinists” (1997, p. 139),
“revolutionary movements in the Third World” (1997, p. 140). But peppered throughout this review Foucault made remarks about the kind of work that Daniels did, the kind of history he wrote, and these mean something to me. It is in these remarks that Foucault gives clues about what he thinks of as an ethics of discomfort, and the way he describes Daniels’ book gives insight into how and why one might take up this ethics.

At the time of publishing his book, Jean Daniels was the “General Editor of Le Nouvel Observateur, a Left-leaning French weekly paper” (Lotringer & Hochroth, 1997, p. 145). Foucault (1997) suggests his book was written “vertically with respect to his journalistic career – overhanging it and flat up against it” (p. 136). According to Foucault, Daniels traced “the structuring of the consciousness of the Left” (p. 141), over the thirty-year period of his career (circa post-World War II until publication). Foucault speaks admirably of Daniels as, unlike others, someone “for whom time remains and thought moves – not because it always thinks new things, but because it never ceases to think about the same things differently” (p. 136). Foucault’s commendation of Daniel’s approach to writing this history of the Left, of “never ceasing to think about the same things differently” (p. 136) is akin to Foucault’s advice to “never consent to [being] completely comfortable with your own certainties” (p. 144), which, as noted, many scholars use to typify his ethics.

There is another aspect of Foucault’s (1997) commendation that interests me. He speaks of time and thought and the way that “[F]or some people, the destiny of time is to flee and thought is meant to be arrested … [but for Daniels], time remains and thought moves” (p. 136). In line with this Foucault describes Daniels’ book as a “treatise on mobile thought” (p. 136), wherein he does not write about “great pasts – wars, resistance movements, revolutions …. [but what] he tells us are rather imperceptible moments of change, displacements, slidings, cracks, turn-about, gaps that increase, decrease, paths that get far, cave in and suddenly turn back” (p. 137).
Foucault (1997) suggests that Daniels allowed the messiness of it all to show and he allowed himself to move as a subject in making sense of this messiness, to acknowledge that things, people and selves change, not just through time but because of the way we continuously think differently. To this end, Foucault applauds Daniels’ courage in writing history in this way. He speaks of the “political courage … [and the] mastery of oneself and of one’s language” (p. 137) required for Daniels to be able to refrain from:

… yield[ing] to the temptation of saying that nothing has changed that much, despite appearances. In order not to say either that: that’s what happened, that’s the powerful undertow and the force that carried everything with it. And especially not to assume a posture nor set oneself as a fixed point: I knew it. I’ve always told you that … (p. 138).

When Foucault speaks of the “slidings, cracks and turn-about” (p. 137) that Daniels recorded it makes me think of the messiness and complexity that Foucault demonstrates in his own historical projects. His attempts to exemplify that thought does not progress in a linear fashion, that we did not get here, like this, through the simple passage of time and the replacement of one thought by another (Harwood & Rasmussen, 2004). As Barratt (2004) notes: “[G]enealogies seek to explore ‘the accidents, haphazard conflicts and events’ (Brown, 1998, p. 42) which have shaped the present” (p. 193).

To elaborate on the way Daniels traced the mixing up of certainties that resulted in the political present at the time of his writing, Foucault (1997) suggests his book showed that:

… an obvious fact gets lost, not when it is replaced by another which is fresher or cleaner, but when one begins to detect the very conditions that made it obvious: the familiarities which served as its support, the obscurities upon which its clarity was
based, and all these things that, coming from far away, carried it secretly and made it such that “it was obvious” (p. 143).

Foucault’s remarks about Daniels’ work tells me that he thinks of an ethics of discomfort as an approach to research, in this case to making sense of the present and how we got here like this. This approach revolves around a particular kind of questioning in order to tell a particular kind of story. Inspired by Foucault’s remarks, I interrogate obesity scientists’ texts to detect some of the conditions that make parents the obvious location for responsibility and blame, to point to familiarities, the old ideas that are brought into play to support this view of parents, and issues that are obscured or silenced in order to retain and maintain culpability. I trouble the certainty that shores up assertions of responsibility and blame to see if it is masking a messiness that might allow us to make a broader, deeper, more nuanced and accommodating sense of what it means to parent amidst this obesity epidemic.

This is not an historical study. I do not try to locate and reveal the subtle and decisive moments that have contributed to thinking of parents as responsible and blameworthy in times past and what these may say about the present. But I do question how we got here, like this. How Michelle Obama felt the need or desire to share with the world what for many is likely to be a very sensitive, personal story about her doctor’s concern with her daughter’s BMI? Or, how Miss Three could refuse milk on account of concern about her tummy becoming fat? Foucault’s commendation of Daniel’s style of research and writing has encouraged me to allow myself the freedom of letting this inquiry be messy, of not trying to take a stand and say we are here because of this, but to try thinking differently about the same things, and to reflect on my self, to keep on being some one else, even many some ones all at once.

**2.1.2. The final paragraph**

Perhaps of most significance to understanding what Foucault meant by an ethics of discomfort is his suggestion, in the final paragraph of his review, that when reading Daniels’ book he could not help
but recall an “essential, philosophical task” bequeathed by Maurice Mearleau-Ponty (1997, p. 144). This final paragraph is commonly consulted to interpret his ethics (e.g. Caduff, 2011; Rabinow & Rose, 2003, and Zembylas, 2010). First Foucault (1997) outlines what he means by an ethics of discomfort, as follows: “Never consent to be completely comfortable with your own certainties. Never let them sleep, but never believe either that a new fact will be enough to reverse them. Never imagine one can change them like arbitrary axioms” (p. 144). Then he describes how one might take up this ethics:

… in order to give them an indispensable mobility, one must see far, but also close-up and right around oneself. One must clearly feel that everything perceived is only evident when surrounded by a familiar and poorly known horizon, that each certitude is only sure because of the support offered by unexplored ground. The most fragile instant has roots (p. 144).

What Foucault means by an ethics of discomfort and how he envisions and experiences it being taken up in his own and others’ scholarly work is, like all of Foucault’s work, open to interpretation. To make some sense of Foucault’s remarks I turned to a set of readings that make different understandings and uses of this ethics. The texts I draw on come from disparate disciplines and are authored by scholars that understand and use Foucault’s ethics in varying ways and for their own particular ends: to encourage scholars to transcend academic critique and take up a more engaged, politicised approach to research (Barratt, 2004); to make sense of Foucault’s project as a “kind of constant activism in relation to the present” (Rabinow & Rose, 2003, p. xxvii); to encourage teachers to critically reflect on their discomfort such that it may be productive and transformative (Zembylas, 2010); to create a means of interrogating familiar discourses by pointing to their poorly known horizons (Harwood & Rasmussen, 2004).

Whilst I do not want to reduce these texts to some kind of coherent take on an ethics of discomfort, I suggest that what all of these scholars take from Foucault and offer up through their thinking and
application of this ethics, is a multiplicity of possibilities for seeking change. That Foucault’s short book review and his mentions elsewhere about ethics, or issues and ideas that scholars have read as connected to his thoughts on this ethics, should give rise to so many different ways of taking up a particular kind of critical practice, is something to be celebrated. Consequently, in reviewing these texts I am not interested in covering off diversity, identifying commonalities, or pitting one against another, but rather in locating understandings and applications that help establish my take on an ethics of discomfort and support fashioning it into an approach for my research endeavour.

2.2. My ethics of discomfort

Foucault does not view ethics as reducible to a set of rules (Barratt, 2004), but rather regards them an attitude that one takes towards one’s self, the ‘truth’, history, and the present. Inspired by Foucault’s ethics, it is a critical, or questioning bit of a ‘tude that I utilise in this study. This critical attitude positions me as someone other than an expert, it supports me to make productive use of the discomfort that comes with ceasing to be certain, and helps me create that necessary space to question and trouble the familiar.

2.2.1. A critical attitude

An ethics of discomfort can be understood as a particular kind of attitude, not a theory, not a doctrine, (Harwood & Rasmussen, 2004), nor a ‘method’ but rather a way of doing research “which can have relevance to some of the problems with which we are struggling …” (Barratt, 2004, p. 201). Barratt suggests the notion of an ethics of discomfort emerges in Foucault’s work in the mid-1970s, and he regards it a new theme in Foucault’s reflections on intellectualism, that of “never being wholly at ease with one’s own values or commitments” (p. 197). He views Foucault’s talk of this ethics as being part of his work to “rethink his intellectual interests and ‘method’, and to define his role and relationship, as an intellectual, to the political field” (p. 196), which changes

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42 Barratt writes for a critical management studies audience, not typically a discipline I would engage with, however at this point I feel discipline-less. That is, not ill-disciplined in that anything goes but just choosing to be without the confines of a particular discipline and so freed up to make use of works from within or across whatever disciplines they may originate.

43 Barratt contends that this ethics continues to be taken up by Foucault in his late reflections on the goals of his project.
over the course of his career. He looks to Foucault’s work for ways to support scholars attempting to conduct research from a more engaged or politicised position (2004, p. 191). Barratt contends that Foucault’s work offers “more than a conceptual architecture and a ‘method’ … [rather it inspires the take-up of] an attitude of practical engagement – of permanent responsiveness to the dangers and opportunities of the moment, the willingness to critique and change one’s own values” (p. 201). In this statement there are vestiges of Foucault’s (1997) comments about Daniels’ work, in particular, the way Daniels’ book was a “treatise on mobile thought” and how he recognised that he had changed, and was sensitive to things and people around him changing (p. 137).

Barratt’s (2004) talk of how Foucault’s *ethics* may be applied inspires me in multiple ways. Firstly, it makes me consider this study an opportunity to do something more than produce an academic critique of obesity scientists’ positioning of parents. Like the scholars that Barratt attempts to support, I desire to “transcend purely academic criticism and move towards a more engaged or politicised position” (p. 191). I am not directly fuelling a parent revolt, but rather taking up a form of activism that makes use of what is available to me. Namely, this opportunity to study and think critically, to: “recognise the force of dominant discourses, to engage opportunistically when possibilities open up in one’s daily existence and, in a situation of weakness, the exposure of the contradictions of dominant discourses, or finding ways to inflect them in subversive ways …” (p. 201).

I want this thesis to be more than a demonstration of my abilities as a social scientist. It is an opportunity to put energy, not merely into an apprenticeship for being an academic, but to make myself many some ones other than who I was when I started and through this to offer others an opportunity to consider that things are not as necessary as we may think and there is always possibility for movement (Foucault, 2003). For me, the critical attitude demanded by an *ethics of

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44 Barratt’s piece outlines the identities that scholars typically assign to Foucault and then introduces an identity of “Foucault as activist” along with an interpretation of his project as a form of “engaged, activist intellectualism”, which Barratt regards as excluded and ignored, at least within management studies (p. 194). He does not specifically mention Foucault’s review *For an Ethics of Discomfort* that I discussed above but rather looks more broadly across Foucault’s work published around this time.
discomfort centres on making use of a “mobile sensibility” (Barratt, 2004, p. 199), which in turn is nurtured by being someone other than an expert.

2.2.2. Not being an expert

According to Barratt (2004), despite many scholars taking up Foucault’s aim of critique, “critical enquiry continues to be limited by the terms of reference of epistemological discourses” (p. 198). Barratt speaks of an expectation that scholars should be experts and that their research projects therefore provide expert advice. By citing Townley, he suggests that: “transcending the expert paradigm requires a reflexivity in relation to one’s perspective and value positions, a willingness to engage with the practical concerns of social actors and a preparedness to address one’s readership on non-hierarchical terms” (p. 198). I am committed to a kind of criticism that does not stem from understanding or positioning myself as an expert. I attempt to free myself from this burdening and imposing role, in order that I may make use of a mobile sensibility.

According to Rabinow and Rose (2003), whilst for Foucault a critical attitude towards the present was necessary, he did not intend this “act of thought upon thought” (p. xxvi) being deployed to say “it is useless to revolt” (p. xxvii). He did not intend it to “demand resistance where it is absent … [nor] to tell all those who play a part in the practices of power – the social workers, the psychiatrists, the doctors, the bioscientists – what to do, what not to do, what to strive for, what to reject” (2003, p xxvii). With respect to this I refrain from making any suggestions about what obesity scientists should do, for who am I to make such claims (Foucault, 2003). I also have no expectations that other parents should view obesity as I do. I think critically about the present to trouble the certainty underpinning the positioning of parents that is producing myriad effects and simultaneously stifling thinking about, and being parents in ways that reflect the contingencies of people’s lives. This is a politicised attitude concerned with my own struggles and those I anticipate, but am not sure of, occurring within other families.
Rather than being an academic critique, this thesis has practical intentions. Whether enacted or not, it aims to destabilise obesity scientists’ truths, not to contest their veracity, or to cause trouble by invalidating them, but rather to reposition them as claims rather than certainties. That is, claims constructed through subtle and decisive strategies and practices, rather than non-contestable, objective facts, and as such claims that lack the supreme authority to govern families’ lives. With certainty wavering, my hope is that we can think upon the same things differently. Thus, my intention is to open up a tactical space wherein we can reimagine being parents and doing parenting.

2.2.3. Creating that necessary space

I am rather taken with Barratt’s (2004) view of critique as “guided less by theoretical concerns or interests as by a desire to ‘expand the possibilities for movement’” (p. 199). In order to move one needs space. Applying an ethics of discomfort requires creating that necessary space to reflect, question and move. According to Rabinow and Rose (2003) the reason Foucault made use of an ethics of discomfort was not to relativize thought but rather to “establish a certain necessary distance from [present problems and their] apparently implacable immediacy, from the demand they make upon us to provide answers not questions. Such a space is necessary for us to begin to reimagine these problems …” (p. xxvii). They suggest Foucault’s engagement with history was not due to an interest in the past but rather as “part of a critical project directed toward the present” (p. xxiv). Foucault took up a view, also held by Nietzsche, that in order for his work to be useful in the present it needed to be untimely, “that is to say, acting counter to our time and thereby on our time and, let us hope, for the benefit of a time to come” (as cited in Rabinow & Rose, 2003, p. xxvi).

Foucault attempted to ask questions of issues, truths, selves, that we would not ordinarily question because they are so familiar that they have become commonsense and taken-for-granted. Distance is vital to this exercise. Being certain makes it difficult to question or indeed see the need for

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45 In the introduction of Rabinow and Rose’s (2003) edited collection of Foucault’s work an ethics of discomfort forms part of the summary of Foucault’s relation to the present.
46 Whilst Rabinow and Rose do not directly mention Foucault’s genealogical work at this point, I think this ethics can be understood as the attitude Foucault envisioned intellectuals, including himself, enacting to pursue a history of the present.
questioning, however by creating a space between yourself and your certainties - a space characterised by discomfort - it becomes possible to ask questions and to reimagine problems that certainty contains or masks. By introducing discomfort to certainty, Foucault opens up a space to consider how self-evidences come about, and in doing so he points to the possibility of other forms of existence.

2.2.4. Productive use of discomfort

Zembylas (2010) focuses literally on discomfort and how approaching feelings of discomfort with Foucault’s ethics can be constructive.47 He takes up Rabinow and Rose’s (2003) interpretation of Foucault’s ethics as emphasizing the “proactive and transformative potential of discomfort” (as cited in Zembylas, 2010, p. 704). He contends that the aim of this ethics is to “make emotions and affects of discomfort problematic ‘without portraying them as acts of bad faith or cowardice, to open a space for movement without slipping into a prophetic posture’ (Rabinow & Rose, 2003, p. xxvii)” (p. 707).

Zembylas (2010) views this ethics as an opportunity to critique one’s own assumptions through the experience of discomfort in the hopes of transforming underlying assumptions and beliefs. That is to utilize discomfort as a “point of departure for individual and social transformation” (p. 713). His paper inspires me to consider how I can make productive use of my own discomfort in potentially socially transformative ways. Throughout this project I use discomfort to experiment with being part of my project, to appear in this text, and to question my views about fat on children’s bodies, to critically reflect on why it is I cling on to certainties about how that fat materialises, and to make sense of why it is I experience discomfort through my encounters with obesity. All of these moments of discomfort when acknowledged and questioned are effective ways of practicing criticism and as such provide a means to question the familiar and often unquestioned or unquestionable.

47 Zembylas analyses the ways “emotions are constituted and mobilized by teachers to respond to growing diversity and multiculturalism in schools” in Cyprus (p. 703). He attempts to influence the curriculum and pedagogical practices of pre-service and in-service teachers.
For example, as a parent in the current context it is very difficult to speak of obesity in any way other than concern for what one must do to prevent a child from becoming fat. To do so would mark one’s self out as ignorant and/or negligent. However, through talking about my discomfort with, for instance, Lucy refusing to drink milk on account of an imminent fat tummy, or my discomfort with children being removed from their homes because they are fat, albeit in so-called ‘extreme’ and one-off occasion, a space opens up where I am able to be a ‘good’, caring, parent AND question certainties about obesity. In other words, acknowledging and sharing discomfort makes it possible for me to question the certainties of obesity, without saying how it is, without suggesting what people should do, or implying what is bad about this or that. This discomfort enables me to make little disturbances that suggest we can think of parents, of ourselves, of children and of obesity differently.

The attitude I take up requires that I engage in the art of critical reflexivity, in particular to locate my discomfort and rather than make myself comfortable (by masking my uneasiness or doing something to appease it), to work with this sensation to explore why it occurs and how it may lead me to thinking and being otherwise. I use my discomfort to question my self, and take up other subjectivities. I work hard to own it as an emotion that can take me somewhere. Discomfort is fundamental to this thesis and Zembylas (2010) has gifted me the means to use it as part of the ethics I now apply to my scholarly and motherly work.

I experience discomfort when Lucy comes at me with her interrogatives, but rather than remain certain about my rules and put my foot down, it has become possible to acknowledge my discomfort as a way to step back from my certainties and interrogate myself, with the likely result being taking a different tack with Lucy and revelling in the ability to be mobile as a parent - to not be bound up by my certainties.
It is discomfort that motivated me to begin this project. It is discomfort with the effects of obesity discourses and with my inadequacies to deal with or circumvent these effects that makes me angry. It is discomfort with myself that makes me seek other selves. It is discomfort with the way parents are responsibilised and blamed that makes me want to find a way for thinking differently.

When we ask questions about why we feel discomfort and what we can do with this discomfort we enact Foucault’s *ethics*.

**2.2.5. Troubling the familiar**

In contrast to Zembylas (2010), Harwood and Rasmussen (2004) focus on *comfort* - in the form of the familiar - and draw on Foucault’s *ethics* as a means to interrogate it.\(^{48}\) They contend: “[I]t is when discourses habitually become so familiar that there is no longer any pause for reflection and they are able to appear truthful and comfortable” (p. 305). I suggest, familiarity breeds certainty and vice versa, such that we may think axiomatically of parents as responsible. Harwood and Rasmussen argue: “the idea of a poorly known horizon paradoxically provides an opportunity to fashion an ethics of discomfort: a means to craft a practice that assumes “everything is dangerous” (p. 308). Here they invoke another of Foucault’s arguments, wherein he focuses on problematising history rather than seeking solutions, not because he thinks “everything is bad” but rather “everything is dangerous” (p. 308). These authors assert that in thinking everything is dangerous Foucault moves away from being locked into the binary of good and bad and does not have to take part in a search for solutions. Applied to an *ethics of discomfort* this means not being stalled by apathy, always having something to do, and being able to hone the kind of activism Foucault desired. For these authors, an awareness and application of this *ethics* offers the opportunity to focus on the importance of continually interrogating certitudes that underpin the production of ‘truths’. They argue that this *ethics*:

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\(^{48}\) Harwood and Rasmussen write for educational researchers studying schooling. These authors focus on what they view as some directions, which Foucault provides in the final paragraph of his review of Daniel’s work, for enacting an ethics of discomfort. Specifically, “[H]e cautions that “everything perceived is only evident when surrounded by a familiar and poorly known horizon” (1997a: 144, in Harwood & Rasmussen, 2004, p. 306). These authors demonstrate how this *ethics* can be used to interrogate ‘familiar’ discourses that constitute lesbian, gay, bisexual, transgender, and intersex young people as wounded.
does not seek to find “facts” to solve the poorly known through the injunction of locating a known. On the contrary, … [it] seeks to consider how it is that the poorly known is poorly known. Thus … we are not seeking to replace one truth with another, nor are we advocating the search for a truth to make our horizons known (p. 307).

My version of an ethics of discomfort draws together threads from Foucault’s text and other scholars’ interpretations. It orients me towards a particular practice of criticism (Barratt, 2004); one that enables me to “transcend purely academic criticism” (p. 191); to create space that allows the reimagination of problems that I did not ordinarily conceive of as problems because they were so familiar that they had become unquestionable (Harwood & Rasmussen, 2004). It helps me do something productive with discomfort (Zembylas, 2010); to move away from casting everything as either good or bad, and requiring the provision of solutions, answers, and instead supports engagement in a kind of activism (Rabinow & Rose, 2003), a questioning that opens up possibilities for “different forms of existence” (Barratt, 2004, p. 198).

I act on what I have learnt from Foucault’s work by fashioning and applying my own bit of a ‘tude. I embrace “a tension between a disciplined, self critical and empirical orientation on the one hand and an attitude of passionate engagement on the other” (Barratt, 2004, p. 198). It makes for a somewhat disorderly text but it is a fair reflection of the messiness this scholarly mum or motherly scholar encounters in raising kids and writing this big book. But you may ask, why though? Why do I want to take up this particular kind of critical attitude in my study of parents and obesity?

Here come my no-doubt weary and filthy campers. It is no surprise to me that I am so close to completing this but that it will have to wait. It’s been a mind-blowing twenty-four hours this end, but alas as much as I want just another twenty minutes it is not going to happen. Now it is time for putting on
the washing, running the bath, cooking the dinner and switching off what I was about to say, in order that I may be mum. Hold that thought ...

2.2.6. Why though?

Well taking up this ethics means I can contribute to the subversive scholarship that Rail (2009) regards as necessary to destabilising the truths of obesity currently governing people’s lives and producing myriad effects and affects. This ethics provides me with a name for my bit of a ‘tude, and guidance about how to apply this attitude and what I may hope to achieve through doing so. It gives a different purpose to my questioning, that of ‘troubling’ certainty rather than setting out to denounce the truths that underpin it, and in their place providing answers or solutions of my own for which I am in no position to authorise. As Foucault (1997) states: “nothing is more arrogant than wanting to impose one’s laws on others” (p. 137). I no longer seek answers, am no longer comfortable with my own certainties, and am no longer therefore able or willing to tell it like it is, to pretend that it is possible to replace one truth with another. The most fruitful part of this ethics for me has been the freedom to become no longer the same, to change what I think, who I am and to keep on changing through the productive use of discomfort and a constant questioning of my certainties.

The London Underground is infamous for its Mind the Gap signs and audio instructions. Whilst this message is designed to ask people to take care, to pay attention to the gap, so as not to fall in it, an ethics of discomfort enables me to mind the gap into being, that is to use my mind to create a gap, and to loll about in it such that things start to appear something other than self-evident. The appearing otherwise could have something to do with being sucker-punched in the stomach by a train in the gap, but this is a risk one has to take. It’s not easy attempting to question one’s certainties and the sensation of discomfort, whilst productive, is unlikely to be pleasurable.

This ethics does not offer me a theoretical framework, or a method. I likened it to the critical corner pieces of a puzzle and that is still the way I understand it. As an attitude to apply to my entire
project I can question my way in from each corner of my puzzle, revealing how discursive strategies and normalizing practices come together to speak of parents in particular ways that underpin the certainty with which we understand them. In so saying there will be no eureka moment. No one complete picture will emerge on the face of my puzzle; it will always remain a puzzle. But through questioning from the corners I hope to mess about in the middle to reveal how bits and pieces fit together (and do not), to reveal how the illusion of certainty is the sum of many, “imperceptible moments of change, displacements, slidings, cracks and turn-abouts …” (Foucault, 1997, p. 137).

An ethics of discomfort allows one to look at that picture, ornately framed, encased in glass.

The one that has always sat upon the mantelpiece for all to see.

An image harnessed in fleeing time.49

AND THEN to step back, raise one hand to the chin and tilt the head to ponder.

There before you appear thin, tell-tale lines of protruding bits and holes that have for so long been invisible.

Coated with lacquer, a transparent bonding agent, which meant you had never before noticed that the picture is indeed a puzzle.

The ‘pleasantry of certitude’50 this picture afforded you is corrupted.

It is merely an image of the ‘real’ fitted together through so many pieces.

But possibilities abound.

What other pictures on mantelpieces are puzzles and what other pictures can we make with all these pieces?

49 Foucault (1997).
50 Harwood and Rasmussen (2003)
By puddling with an *ethics of discomfort* I aim to create a space where parents can be responsible, and they may be blameworthy, but where they may also be, and be thought of in other ways. A space where we are not so sure that parents are inherently responsible for fat on children’s bodies and a space where when we encounter tummies bulging out of t-shirts on little boys in McDonalds we don’t automatically think of their parents, and where we would experience such great discomfort with any suggestion of taking children away from their parents on account of their fatness that all we could do would be to think of alternatives. Tierney and Lincoln (1997) argue that:

> [T]he desire to create change, to lessen oppression, or to assist in the development of a more equitable world sets up a different research dynamic from that of the disengaged academic whose main purpose is to add to the stock of theoretical knowledge (p. viii).

I do not want to be a disengaged academic, and clearly through taking up a critical attitude I am seeking change. However, I am not certain about what the end result of that change should be so my focus is a desire for never consenting to be completely comfortable with certainties about parents and obesity.
3. Obesity scientists’ stories

This title may appear (oxy)moronic and perhaps even offensive to some (Monaghan, 2005). It is intended to be provocative, to jiggle a bit with the comforting notion that we understand obesity because scientists have discovered the truth about it. In marrying up scientists and stories I am not trying to provoke the view, as some so-called obesity sceptics (Gard, 2009; Saguy & Riley, 2005) claim, that obesity scientists tell ‘Big Fat Lies’ (Gaesser, 2002). I do not contend that obesity scientists have been fooling us all along, or that their claims are necessarily false (Gard, 2011). I aim for a different kind of provocation, one that rather than finding and righting faults, provides opportunities for slipping outside of the truth, or away from the demands of delivering answers. I make a case for understanding obesity scientists’ texts as discursive effects rather than recitations of the truth and thereby reposition them as stories so that I may draw attention to the constitutive work utilised to position parents as particular kinds of subjects. I draw on poststructural theorisations about the production of knowledge, including the workings of language, discourses, power and the constitution of subjects in order to counter an illusory epistemological superiority that affords obesity scientists the means to produce claims that shape who and how parents can be.

3.1. My obesity scientists

My ‘data’ comprise a collection of fifty-two texts produced between 2001 and 2011, by scientists affiliated to New Zealand. I read this ‘dataset’, coded, analysed, read again, and tried to make some coherent sense of how these scientists spoke of obesity and parents. Cognisant that it is not possible to reveal their ‘true’ inner state nor their intentions or beliefs, neither can I see through their words to some underlying meaning or uncover attitudes that they might not have been aware of (Taylor, 2001). My reading is necessarily partial and bound-up in who I am, and as such it does not equip me to know all about obesity scientists and their discoveries. However, through reading their work as stories, as discursive effects, I am able to know something (Richardson and Adams St Pierre, 2008; Sparkes, 2002a; Tierney & Lincoln, 1997).
To affirm that I make no claims to know these individual scientists or indeed obesity scientists as a collective I refer to them in this text as *my* obesity scientists. I acknowledge that the only subjects these scientists can be in this text are whom I make them. The obesity scientists I engage with are a bunch of clever, dedicated people who I construct through making readings of a set of texts reporting obesity discoveries. I come to know them through knowledging them into being, that is telling tales about what I see them get up to in their texts such that we can re-imagine their truths. Surely it is only fitting that in unveiling the way obesity scientists play a role in shaping me up that I get to shape them up too, if only in this text. Through a not-so-subtle twist of fate, actually no, through a calculated take up of an *ethics of discomfort*, I tell tales about the way my obesity scientists constitute parents and in doing so I make them storytellers and come to know their treatises on the truth as stories.

### 3.2. The bones of it

My obesity scientists’ texts ooze authority and initially I felt intimidated by them. I found myself reviewing rather than critiquing. They led me round by the nose. I collated the sense *they* made of obesity and parents rather than using their symbols in my own process of coming to know. I battled tables and tried to gain meaning from statistical tests I did not know how to verify. I fretted that in order to say something I needed to develop a sound knowledge of the science of obesity. Numbers have never been my thing. The more I wrestled trying to make myself come to know as these confident, revered, well-funded, obesity scientists had, the more conscious I became that I had no place, indeed no business at all in critiquing obesity scientists’ understandings, because I could not make head or tail of them.

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51 This is not a hard and fast rule. When I am making references to another scholar’s work about obesity science or scientists I may leave out the ‘my’. Furthermore there are times when I want to acknowledge obesity scientists’ shared epistemological beliefs and use of scientific method in a pursuit for the truth. In these instances I am not making a reading of their stories but rather just describing the body of knowledge (and sometimes kinds of practices) that scientists intent on discovering the truth of obesity contribute to and/or make use of. My obesity scientists’ texts are referenced in the same way as other texts, however, I have included full reference details in a separate list at the end of this thesis so that should there be any uncertainty about which texts were produced by obesity scientists (as opposed to say, critical obesity scholars) this can be verified by referring to the final reference list.
Unfortunately or fortunately, like a little but feisty fox-a-terrier dog on the end of a cow’s leg bone, three-times its size, I could not let go. I smelt the potent mix of knowledge and power in these scientists’ work and knew they had something to do with shaping me and other parents up as an accessory to fat on children’s bodies. There was a meal in here for me if I could just find a way to get through the calcified protective exterior to the soft marrow core.

In this section I describe what makes me think of obesity scientists’ work as hard (science) and strong (powerful and authoritative) like a bovine bone, and then I move on to outline my means for getting to the mushy stuff, the ‘soft’ science of obesity stories. I take issue with the assumption that obesity science is bone through and through, that there is no marrow, that science enables the discovery of objective neutral, universal truths about parents and obesity.

The term obesity scientists and sometimes scientists is used here to speak collectively and generically of (primarily) biomedical and epidemiological researchers who work from a range of fields including Public Health, Nutrition, Physiology and Genetics, Medicine, Psychology, Exercise Science (Physical Activity Specialists), and others, but who draw on common ontological and epistemological assumptions. I am interested in critiquing the discourses produced by scientists who prioritize positivism as the theoretical foundation for their examinations of obesity (Rail et al., 2010; Stainton Rogers, 1996).

3.2.1. The positivist way of coming to know

Whilst rarely explicitly acknowledged within published works, the means of coming to know characterised by positivism is recognisable in obesity scientists’ language, approach, methods and claims. These scientists share an understanding of the nature of reality and the status and production of knowledge, which since the Enlightenment has come to be regarded by many as the only valid means of coming to know. They may not lay claim to the same truths but are united by a belief in their ability to discover through scientific investigation the universal essence of obesity and its manifestation in people’s lives.
For those drawing on positivist traditions, the truth “is ‘out there’ waiting to be discovered” (Stainton Rogers 1996, p. 68). As such it is obtainable through take up of the ‘right’ tools, which are those considered appropriate, well-established and capable of identifying predictable relationships between variables (Burrows, 1999; Macdonald et al., 2002; Taylor, 2001). This belief is based upon the assumption that: “if we want to know about something, what we need to do is to measure it” (Stainton Rogers & Stainton Rogers 1992, p. 16). For instance in one of my selected texts, a claim is made that: “research examining the factors associated with obesity and physical activity among New Zealand youth will provide a foundation of knowledge …”, and that in order to carry out this research we must first have a “real picture of our adolescents in terms of both overweight/obesity and physical inactivity …” [italics added] (Hohepa, Schofield & Kolt, 2004, p.10). This real picture, can purportedly be provided through the ‘right’ measurement tool as follows: “[T]he development of accurate measurement tools is critical for (1) determining obesity and inactivity trends, (2) identifying at-risk groups, (3) tracking progress toward national health priorities, and (4) evaluating the efficacy of interventions targeting obesity and physical inactivity” (Hohepa et al., 2004, p. 1).

In another text, authors state: “[D]etermining the social and environmental factors associated with PA [physical activity] behaviours in young children is a fundamental first step …” [italics added] (Oliver, Schofield & Schluter, 2010, p. 403). These statements are based on assumptions that reality (the ‘real picture’) is something that can and must be discovered, that it is through scientific investigation that we can generate knowledge, which will reveal the truth (about people), and that establishing these (universal) truths through objective measurement is fundamental to knowing obesity and knowing ourselves. According to Macdonald et al. (2002) “[T]he positivistic epistemology and research tradition has been applied to many fields, some of them quite disparate: medicine, agriculture, psychology, economics, statistics, and education” (p. 135). Further to this, these scholars assert that: “positivism has steered thought and conduct in many areas” (p. 135),
including I suggest, the way we are encouraged to come to know obesity and conduct our selves in relation to it.

### 3.2.2. Expertise, power and governance

Albeit re-presented via the media and put to work through Government policy, programmes and legislation, prior to reaching the masses, our current understandings of obesity - its manifestation, causes, consequences, increasing propensity to strike, along with the actions required to prevent it - are delivered courtesy of a collective of experts known as obesity scientists. As the finders and keepers of knowledge about obesity (that is, purportedly and through their own making the only people with the means and authority/credibility to ‘know’ obesity and its perils (Stainton Rogers, 1996)), these scientists play a significant role in the governance of obesity (Rail et al., 2010).

According to Burrows & Wright (2004), Gard (2004) contends that epidemiological and biomedical research provides the expert testimony for validating the establishment of new health ‘risks’ and the sustenance of ‘old’ ones. For Rail et al. (2010) “obesity scientists and clinicians are presumed to know the ‘truth’ of obesity and to have the moral and intellectual authority to label it a diseases and prescribe treatment’ (p. 261). Obesity scientists’ truth claims are drawn on by the media, policy makers and health professionals to give credibility to particular ways of understanding obesity and indeed to justify ways of acting upon people (e.g. healthy eating interventions and BMI reporting). Obesity scientists provide the statistics and facts upon which decisions are made regarding the status of obesity as a disease and a health crisis deserving of limited resources. Halse (2009) argues that the production of a ‘truth’ that “a BMI outside the statistical ‘norm’ constitutes a social, economic and/or health problem, legitimates the intervention, disciplining and control of individuals and populations by states and their surrogates” (p. 55). Obesity scientists establish measurements that determine the obesity status of individuals, the prevalence of obesity across populations and the means to forecast its trajectory into the future. They produce the knowledge that is used to justify the roll out of interventions, the targeting of particular groups and population-wide education. As Coveney (2008) puts it: “fatness is constructed
within regimes of expert truth that determine the conduct of individuals and submits them to particular courses of action through a process of objectivisation” (p. 204).

Scientists’ knowledge is considered superior; indeed it is regaled as ‘fact’, in contrast with the status of ‘belief’ accorded to other forms of knowledge (Stainton Rogers, 1996). Such claims to “expert knowledge are an extremely effective means by which the ascendancy of one group over another can be established” (Murphy, 2003, p. 455). In regards to engagements between ‘overweight’ patients and health professionals, Jutel (2009) contends that in the clinical setting, numbers are regarded as a superior kind of information, whilst “[I]nformation presented by the patient sits in a subordinated position … It is assumed by science to be subjective and contaminated by patients’ investments in their own lifestyles … On the other hand, the scales don’t lie” (p. 69). Turner (1987) argues that the power of the medical profession “depends, at least in part, on the ability to make claims successfully about the scientific value of their work and the way in which their professional knowledge is grounded in precise, accurate and reliable scientific knowledge” (as cited in Stainton Rogers, 1996, p. 217).

Whilst the scholars cited above refer to generic scientists and health professionals, the same power to produce legitimate knowledge and marginalise other knowledge can be associated with obesity scientists. For instance, Rail et al. (2010) assert that:

"Flavoring a particular ideology and excluding alternative forms of knowledge, obesity scientists have established a dominant ‘obesity discourse’ within which obese and ‘at-risk’ bodies are constructed as lazy and expensive bodies that should be submitted to disciplinary technologies (for example, surveillance), expert investigation and regulation (p. 259).

In Wright’s (2004) words – obesity scientists produce “institutionally privileged discourses” (p. 30). They carry with them the taken-for-granted credibility of scientific expertise and knowledge and are
understood as the means of getting as close to the ‘truth’ about obesity as we can get. The discourses produced by this group of ‘experts’ are more powerful than other discourses in the current moment.\textsuperscript{52} This power is “premised on the authority of the scientific/medical discourse from which their expertise is both derived and, in turn, legitimated” (Stainton Rogers, 1996, p. 217).

Connected to this and speaking of obesity scientists, McDermott (2007) argues that statistics are imperative to scientific expertise and may be understood as a significant technology of governance. Numbers do not just produce ‘facts’ but a host of effects. According to McDermott the statistical measuring and monitoring of populations achieved through epidemiology (like that used by many obesity scientists) does not only produce “a potent set of ideas about ’risk factors’ and ’risky behaviour’” but it also establishes ‘health norms’ which are used to measure individual compliance and negligence (p. 309). It is in this way that obesity scientists play a significant role in shaping up what obesity is, and consequently how people must come to understand it and themselves accordingly.

Wright (2009) states that the ‘obesity epidemic’ is “[O]ne of the most powerful and pervasive discourses currently influencing ways of thinking about health and bodies” (p. 1). According to Halse (2009), the belief that we are experiencing an ‘obesity epidemic’ and living in an ‘obesogenic’ environment is:

… evident in the funding priorities of medical and scientific research; the reform agendas of social agents such as health services, education and the media; in the programs and policies of governments and national bodies … and in the surveillance activities of supranational agencies such as the World Health Organisation (p. 45).

\textsuperscript{52} This is not to deny the significance of other discourses in shaping parents’ subjectivities, nor does it in anyway underestimate parents’ ability to shape their own subjectivities, to take-up, resist and negotiate discourses as they continually constitute their subjectivities amidst an avowed ‘obesity epidemic’ that implicates them.
It is in light of this notion of obesity as an epidemic, that “bodies may be mobilized, resources may be dispensed, and tactics of surveillance and regulation may appear justified” (Rail et al., 2010, p. 261). The way that my obesity scientists position parents, the ‘truths’ they (re)construct and articulate about what parents can and should do (i.e. their capability and responsibility), and the way in which the majority, in many cases, are lacking, (i.e. ignorant, negligent and therefore culpable) is likely to significantly shape understandings about parents that circulate in contemporary Western societies.

My interrogation of obesity scientists’ texts is not based on a whim. It responds to my understanding that the discourses produced by obesity scientists are a coming together of power and knowledge, which produces a range of effects. A potent mix of knowledge/power - bound up in the historic/current assumption in Western societies that the scientific method enables scientists to discover the truth - operationalised through discourses - privileges obesity scientists’ constructions and produces a range of effects, some of which, as this thesis will demonstrate, constitute people as particular kinds of subjects and underpin our certainties about the responsible and blameworthy parent.

All in all, a pretty tough bone to crack.

3.3. Getting to the marrow through the necessity of rhetoric

Sparkes (1992) argues there is no research without rhetoric. All researchers must use language to represent their discoveries/productions. Consequently, facts do not sit outside of language but rather are produced in and through language. Indeed, it is language that makes something appear factual. In this section I question the ability of my obesity scientists to present neutral texts and figures and acknowledge their use of rhetoric. In doing so I begin to chip away at the bone to get at the marrow.

As a result of poststructural thinking about the production of knowledge and its representation in scientific writing and the ensuing crisis of representation, many scholars currently working in the
social sciences confront their involvement in the production and communication of research/knowledge. However, most in the ‘natural’ sciences and some ‘human sciences’, (like Public Health, Nutrition and Exercise Science, disciplines within which my obesity scientists work), continue to produce scientific research and writing that upholds notions of objectivity, universalism, and the neutrality of language.

Social science writing at least throughout the 1960s and 1970s was dominated by academics’ engagement with a positivist paradigm that aligned the work of social scientists with those of natural scientists. Despite moves to other kinds of paradigms or ways of coming to know such as interpretive and critical approaches, social scientists across many disciplines continued to represent their research via conventional scientific writing. Denzin (1997b) reports that this kind of representation of research: “presumes that there is a world out there (the real) that can be captured by a ‘knowing’ author through the careful transcription (and analysis) of field materials (interviews, notes, etc). The author becomes the mirror to the world under analysis” (p. 4).

The crisis of representation in the 1980s that compelled social scientists to take account of their writing practices was in part a critique of scientific modes of representation. These critiques have encouraged me to question the certainty with which I read scientific texts as neutral recitations of discovered objective truths. My obesity scientists’ papers generally conform to a particular style, such that their facts appear to speak for themselves and it is rare to find use of the first person. According to Sparkes (1992), this style of writing is a textual strategy which “plays a crucial persuasive function within a research community that believes a major threat to the validity of any conclusion is likely to come from the writer’s own bias” (p. 278) and further to this, “the scientist’s contribution needs to be seen as essentially coincidental with the unfolding realization about the objective state of the world” (p. 278).

Tables of numbers bare witness to the non-ideological way in which obesity scientists have come upon their ‘truths’. These numbers are made readily available such that they may be scrutinised and
re-analysed by any reader. They serve to prove the fidelity of the scientist in representing the truth. However, poststructural theories challenge this understanding of texts (and the numbers included in them) and the way in which authors and readers engage with texts and each other through them. Just like text, all numbers are made to mean something by people that collect, interpret, and make use of them, including obesity scientists. For instance, Best (2004) argues that:

[W]e tend to assume that statistics are facts, little nuggets of truth that we uncover, much as rock collectors find stones. … a statistic is a number, and numbers seem to be solid, factual proof that someone must have actually counted something. But that’s the point: people count. … Instead of imagining that statistics are little rocks, we’d do better to think of them as jewels. Gemstones may be found in nature, but people have to create jewels. Jewels must be selected, cut, polished, and placed in settings to be viewed from particular angles. In much the same way, people create statistics: they choose what to count, how to go about counting, which of the resulting numbers they share with others, and which words they use to describe and interpret those figures. Numbers do not exist independent of people; understanding numbers requires knowing who counted what, why they bothered counting, and how they went about it (p. xi).

Obesity scientists’ (often, numerical) discoveries and the ways they present them in text and tables, regardless of attempts to transparently transmit them (i.e. render them naturally-occurring), are a textual construction of reality because “language not only functions as a means for conveying ideas to others, but it also acts as an agent that shapes what we see” (Sparkes, 1992, p. 274). Goodall (2008) states: “words - symbols - do not have a one-to-one relationship with reality, nor are our choices of word usage ever neutral. … We construct a truth, not the only truth. We represent reality; we don't reproduce it” (p. 23). From a poststructuralist perspective, language is a constitutive force, and the site where meanings are created and changed. As Richardson (1990) would have it: “[A]ll language has grammatical, narrative, and rhetorical structures that construct the subjects and objects
of our research, bestow meaning, and create value. This is as true for writing as it is for speaking, and as true of science as it is of poetry” (p. 12).

The consequence of these understandings of language and writing is a realisation that “there can be no such thing as a neutral, innocent report since the contentions of the text and the language forms used are actively involved in the construction of various realities” (Sparkes, 2002a, p. 12). That is to say, “texts do not simply and transparently report an independent order of reality” (Aitkinson, 1990, p. 6). Rather, the texts themselves are implicated in the work of reality-construction” (Taylor, 2001, p. 319). As Denzin (1997b) puts it: “[T]here can never be a final, accurate representation of what was meant or said – only different textual representations of different experiences” (p. 5).

Yep, all stories here.

**3.3.1. “News, news, get your stories here”**

“In breaking news, study results released by scientists, confirm that New Zealand is in the grip of a burgeoning epidemic of obesity.”

Rates of obesity have dramatically risen over the past 25 years in line with social changes in modern environments. Professor Expert said today, that: “the reality of daily life for children is excessive calorie consumption, imbalances in macronutrient intake and missed opportunities for activity ... driven by the physical and social environment”. I am live with Professor Expert at the University of Knowledge tonight. Welcome Professor”.

“Thank you Jaleh, it’s great to be here to discuss such a pressing issue”.

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54 Yelavich et al. (2008, p. 51).
55 Teevale, Thomas, Scrugg, Faeamani, and Nosa (2010, p. 26). See also Gard and Wright (2005, p. 68) for critique.
“In the study released today you seem to be particularly concerned that obesity is simply a normal response to an abnormal environment. How can this be?”

“Well a walk around any neighbourhood will show that our environment is sick. Our environment is not normal. We should not be surprised that our children are growing fat when their world is saturated with unhealthy messages.”

“Your study notes the usual culprits, sedentary behaviour, consumption of unhealthy food and not enough exercise. But if these have become normal responses to modern obesogenic environments what can be done?”

“Well the onset of obesity is insidious and treatment is known to be difficult. Our best hope is to target children before they become overweight. My colleague Dr Fact, a nutritionist, would argue that if parents were only aware that even with modest increases in the consumption of fresh fruit and vegetables poor nutrition mortality rates would significantly decrease, we could ‘stem the tide’ of this rampant global problem. The difficulty with this though is that as obesity becomes more common, it may become harder for parents to recognize children with BMI values at-risk-of-overweight as having too much fat. Excess weight will not be noticed because being overweight will be the norm and if parents don’t

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57 Williden et al. (2006, p. 136) note that obesity is understood in this way.
59 Many obesity scientists now refer to ‘obesogenic environments’ when discussing the cause of obesity (e.g. Swinburn, 2008; Wilson, Thomson, & Jenkin, 2007; Quigley & Watts, 2005). This is supposed to indicate a shift away from blaming individuals for causing their own obesity and suggests that everyone living in such environments is at risk for obesity. As is the case in this narrative, despite the cause of obesity shifting to the ‘environment’, individual responsibility is often re-deployed when obesity scientists get down to the business of preventing obesity (see section 6.3. for further discussion).
60 Williams (2001, p. 158).
62 Taylor (2007, p. 2). This metaphor is also used internationally; see McDermott (2007, p. 303) who cites the Canadian Fitness and Lifestyle Research Institute as referring to “stemming the tide” of obesity and inactivity epidemics.
know their children are fat they are unlikely to act in ways that will prevent fat\textsuperscript{63}. It really is of great concern”.

“That is all we have time for in this segment. This is Jaleh McCormack reporting for Thesis Network News, and back to you in the studio Tom”.

Boring. The information and formula presented in this account of obesity are all too familiar. These kinds of ‘experts’ and their ‘facts’ are commonly trotted out in the media, policy writing, and in every-day conversations. Whilst my poorly articulated foray into news reporting, that is my fictional account of obesity, is rather emotive and sensationalist it does not register as nonsensical. I suggest that many people accept some kind of account of obesity along the lines of this narrative. But is it reasonable to refer to obesity as a ‘tide’ – something unstoppable that sweeps over everything in its path? Or to suggest that if we just eat a few more apples obesity will be resolved? Or indeed, that we live in an abnormal environment? Granted these statements have been taken out of context, and this is an imaginary account. However, such statements about obesity are commonplace and they are rarely questioned as rhetorical tactics or presented as anything other than legitimate.

What is troubling about this particular account of obesity is not merely the use of metaphors but that it is not derived from lay discourses, nor media-generated hyperbole, nor is it purely a figment of my imagination - but is rather crafted from a series of claims made by my obesity scientists, within their ‘objective’ scholarly writing, no less. This fictional news report suggests that scientists establish the truth by drawing on their discoveries but also by making sense of these, or making these discoveries plausible and relevant through rhetoric - by telling stories or (re)producing discourses. Richardson (1990) contends: “[S]cience writing, like all other forms of writing, is a sociohistorical construction that is narratively driven and depends upon literary devices not just for adornment but for cognitive meaning” (p. 13). The excerpts used to craft this narrative demonstrate

\textsuperscript{63} Miller, et al. (2007, p. 169)
some of the literary devices that my obesity scientists deploy and suggest that their research (like all research) “draws upon rhetorical strategies to persuade the audience of its worth” (Sparkes, 1992, p. 273). As demonstrated by the rhetorical flourishes included in the narrative presented here (but which were originally produced in scholarly work), my obesity scientists’ accounts, are not merely a collection of objective facts, but rather a representation, a tale designed to persuade us of this or that about obesity, and in that sense similar to a story constructed by a news reporter (Richardson and Adams St Pierre, 2008; Stainton Rogers & Stainton Rogers, 1992), even a fictional story cobbled together by a bogus news reporter. As Sparkes (1992) argues:

[W]hatever else scientists may do in their laboratories or with their testing procedures, they end up writing about it. When this happens they employ a range of rhetorical strategies that express their paradigmatic assumptions and act to persuade the reader that their findings are valid and worth paying attention to (p. 278).

The notion that all researchers (indeed all people) use rhetoric to give meaning to themselves and the worlds they encounter has made it possible for me to think of my obesity scientists’ texts as being, like all other writing, rhetorically staged, contrived, that is, stories about obesity made to appear objective, impartial and mirroring ‘reality’.

Obesity scientists, however, are wedded to different understandings about the way in which knowledge is produced in line with the positivist paradigm. In light of this, they are unlikely to conceive of their writing as a story or meaning-making work (Richardson, 1990). This is not only because of an understanding that through the careful selection of words one can make language transparent but because regardless of language the scientific method of enquiry is thought to ensure the discovery of objective facts. Richardson (1990) states that:

[I]ntellectual inheritors of the seventeenth century insist that language is intrinsically irrelevant to the scientific enterprise. Like a clear pane of glass, science writing
presumably neither distorts nor smudges reality … Reality is conceived of as outside and independent of any observation of or writing about it (p.15).

Consequently, obesity scientists would likely sweep aside my attempt at showing the constitutive nature of their work through the use of rhetoric simply by referring to the objectivity of their facts, that for them sit outside of language. However Richardson (1990) flags up that this modernist belief in the “externality of facts and the neutrality of language … is out of step with contemporary scientific thought about science and its construction (p. 15). Further to this Sparkes (1992) suggests language and rhetorical devices “need to be understood as an essential aspect of meaning production, sense making and truth creation in any paradigm” (p. 276).

Poststructuralism offers a “body of theorization about the processes of making, maintaining and using knowledge” (Stainton Rogers, 2001, p. 29) that stands in critical relation to positivist principles of knowledge production (Wright, 2006). Key to this theorization is the notion that “truth is a fiction” (Wright, 2006, p. 60) and a “doubt that any method or theory, any discourse or genre, or any tradition or novelty has a universal and general claim as the “right” or privileged form of authoritative knowledge” (Richardson and Adams, St Pierre, 2008, p. 476). In the next section I beef up my attempts to get at that marrow by exploring poststructural theories that disrupt conventional scientific understandings about the production of knowledge, before moving on to explore theorisations of discourse and subject-constitution.

3.4. Getting to the marrow through (de/re)construction

According to Sparkes (1992), “[A]t the heart of post-structuralist strategies and forms of analysis lies the dismantling or deconstruction of stable conceptions of subjectivity, identity and truth” (p. 273). As such poststructuralism rejects the notion of a fixed (stable and universal) reality that is central to positivism, and contends instead that reality is constructed in relation to context (historical and cultural) (Macdonald et al., 2002), yielding a “multiplicity of alternative realities” (Stainton Rogers, 1996, p. 73). Within poststructuralist work “the partiality, locatedness and multiplicity of truth is privileged” (Burrows, 1999, p. 24) and truth is regarded as always produced
(Morss, 1996 as cited in Burrows, 1997). That is to say poststructuralism “rejects the possibility of arriving at a “truth” about the essence of a phenomenon” (Sondergaard, 2002, p. 188) and on this basis it “provokes a deconstruction of the ‘truths’ we take as given” (Burman & Parker, 1993, p. 6). According to Tamboukou (1999), a significant Nietzschean insight for Foucault was that “truth cannot be separated from the procedures of its production. The philosopher’s task is therefore to criticise, diagnose and demythologise ‘truth phenomena’” (p. 202). As Graham (2011) suggests:

[T]he aim of poststructural analysis is not to establish a final ‘truth’ but to question the intelligibility of truth/s we have come to take for granted. Although not ‘scientific’ this approach can be a powerful analytical tool … it is possible to come to see otherwise, to be able to imagine things being other than what they are, and to understand the abstract and concrete links that make them so (p. 666).

This notion of the truth opens the way for considering obesity scientists’ claims as something other than the definitive truth and for thinking about parents as something other than naturally responsible and consequently blameworthy for fat on children’s bodies.

**3.4.1. Objectivity**

My study is premised on a poststructuralist rejection of scientific objectivity and truth as ahistorical and unaffected by context, power and values (Lupton, 1992). Poststructuralism insists on “placing science and truth in social and historical context and always examining knowledge in relation to power” (Burrows, 1997, p. 137). In taking up a poststructuralist perspective, Stainton Rogers (1996) argues that: “[P]sychologists cannot discover ‘objective facts’ because there are no such facts – no timeless, naturally occurring psychological phenomena (such as ‘attitudes’ and ‘beliefs’) – to be ‘discovered’” (p. 70). She goes on to explain that the objective facts or truths that scientists discover are a reality that scientists make real. That is to say “our realities are products of our representational labour” (p. 73). She gives the example of cholera, which she suggests:
… is (and is only what we think it is, what we have made it to mean and made it to matter – no more and no less. Cholera microbes therefore have real existence, but only to the extent that human beings have developed concepts like ‘microbes’ and they cause illness only to the extent that concepts such as ‘illness’ and ‘cause’ have gained currency within human meaning-making (p. 69).

This theorisation of the production of knowledge supports poststructuralism’s denial that science is the “sole authority over what constitutes knowledge” (Stainton Rogers, 1996, p. 68). Rather than scientists’ ‘facts’ being the truth, poststructuralism posits they are constituted as the truth. Amongst the multiple realities that are always possible scientists’ realities are made real and as such have currency. When applied to obesity science this understanding of reality encourages questions to be asked of obesity scientists’ truth claims. These claims can be understood as a product of “representational labour” (p. 68), and as such a reality constituted through obesity scientists’ understanding of health, obesity, parents and children, based not only on the historically and culturally constructed scientific facts they produce but on the discourses they engage with and their “personal investments, desires and needs” (Wright, 2004, p. 30).

3.4.2. Impartiality and ideology

Poststructuralism rejects a founding principle of positivism that scientists can produce data that is objective through methods and ethics that purportedly ensure the impartiality of the researcher. According to Wetherall (2001), “the process of analysis is always interpretive, always contingent, always a version or a reading from some theoretical, epistemological or ethical standpoint” (p. 384). For poststructuralists, neutrality is impossible since the research and the researcher cannot be meaningfully separated. The identity of a researcher influences the selection of their topic, the relationship they have with participants, and through the knowledge and general worldview that they bring to the data, their interpretation and analysis (Taylor, 2001).
Science claims to be a non-ideological, value-free pursuit of objective truth. However, Stainton Rogers (1996) suggests: “[I]f we define ideology as ‘the use of knowledge to promote the power of certain groups” (p. 74) the ideological nature of science becomes apparent. She gives the example of psychology which she argues is a discipline where knowledge is sought not for its own sake but to achieve certain goals: “[F]ar from being ‘mere scholarship’, health psychology is a profoundly value-laden, ideological endeavour, with a far-reaching commitment to human betterment” (p. 75).

Rail et al. (2010) attempt to get ideology in obesity science “out of hiding” (p. 262), that is, to expose ideology in obesity science and demonstrate that is it not objective and impartial. For these scholars, obesity is a construct “that is forcibly materialized through time. It is not a simple scientific fact or the static condition of a body, but a process whereby regulatory norms materialize obesity and achieve this materialization through a forcible reiteration of those norms” (p. 262).

Further to this, Gard and Wright (2005) argue that the obesity epidemic is a “complex pot-pouri of science, morality and ideological assumptions about people and their lives” (p. 3), and suggest:

[W]hile we might hope that decisions about health agendas and the resources devoted to addressing them are made according to available evidence, this is not always the case. Certain ideas, such as the ideas that the best way to study health is scientifically and that the way to study health scientifically is to think of the body as a machine, often have more power than other ideas. This power may have very little to do with the extent to which these ideas provide answers, as is the case with the science of overweight and obesity, but may derive from their age, because they have worked well in other contexts or because the people who subscribe to them are themselves powerful. Looking at the moral and ideological content of these ideas, however, may lead us to conclude that they are not quite as scientific as they are usually held to be (p. 15).
This is not of concern simply because scientists claim to be seeking and producing objective truths yet their work is ideological, but because their efforts are “not benign and egalitarian” (Stainton Rogers 1996, p. 75). In the case of psychology, Stainton Rogers contends that psychologists’ work “can serve to bolster the power injustices that run through the relationships, between men and women, the rich and the poor, indeed anywhere where there are differentials of power” (p. 74). In the case of obesity science in New Zealand claims to neutrality mask for example, obesity scientists’ maintenance of inequalities between different racial and socio-economic groups, the stigmatisation of particular groups such as overweight and obese people, single mothers, Pasifika peoples, low-income families, and a power imbalance between educators and parents. Rail et al. (2010) assert: “[T]he most powerfully ideological practices are those that claim that their ‘facts’ are non-ideological because they are ‘scientific’. Such practices have certainly prevailed in obesity science” (p. 262).

 Whilst poststructuralism rejects positivist assumptions about the truth and the production of knowledge, this study is not an anti-science project. I am not explicitly setting out to denounce the value of obesity scientists’ work in attempting to address obesity. Like Stainton Rogers (1996) I am of the view that: “Western medical science undoubtedly offers immense benefits to humankind in alleviating pain and discomfort and saving lives” (p. 74). 64

According to Tamboukou and Ball (2003), “Foucault has widely criticised what he has called ‘the sciences of the man’ and has revealed the disciplinary and normalizing procedures inherent in the various epistemologies revolving around them” (p. 1). In a similar vein, I make use of Foucault’s analyses and broader poststructuralist theories to question obesity scientists’ authority over the truth (that is their universal, impartial, accounts of who parents are, who they can and should be, and what they must do in relation to obesity). In doing this I seek to draw attention to the effects of these claims (the construction of subjects rather than their discovery, the narrow, definitive and

64 See Gard and Wright (2005) who provide a critique of obesity science but explicitly state that they: “are not advocating an anti-science agenda … Instead, we are calling into question the role played by scientists in the construction of a so-called ‘obesity epidemic’ … We also want to point out that this book should in no way be read as downplaying the health dangers of extreme obesity. … what is at issue in this book is not whether severe obesity is a problem, but whether the world is in the middle of an obesity crisis” (p. 11). See also, Monaghan, 2005, p. 303, 304; and Murray, 2008, p. 8.
deterministic set of subject-positions offered to parents and the governance of family life in accordance with obesity scientists’ prescribed code of conduct).

This thesis then does not take issue with veracity but rather with “matters of ethics and, crucially, issues of power, especially who has the power to construct, distribute and legitimate knowledge” (Stainton Rogers, 1996 p. 76). It is premised upon two assumptions that in more general terms underpin much poststructuralist-inspired work. Firstly, that parents constitute their subjectivities by drawing on existing discourses or sets of meaning. Secondly, that obesity scientists’ texts produce dominant discourses that generate repertoires of meaning available to parents and those claiming to ‘know’ them and seeking to shape them. It is on the basis of these two assumptions that I contend an interrogation of discourses (re)produced by obesity scientists is imperative if we are to make sense of the effects of these discourses for parents’ subjectivities and family relationships.

### 3.4.3. Discourse

At the heart of poststructural theories about the production of truth are particular understandings about what discourse is and the role that it plays in constituting realities. The term ‘discourse’ is difficult to define; indeed Macdonald et al. (2002) describe it as being “defined and redefined” in poststructuralist writing (p. 143), Taylor (2001) depicts it as “wide-ranging and slippery” (p. 8) and Lupton (1992) as “nebulous” (p. 145). It is used across myriad disciplines for different ends aligned with a range of theoretical perspectives. When a definition of discourse is given it often reflects a particular theoretical underpinning, and despite being perhaps the term with the widest possible range of significations within literary and cultural theory, it is frequently left undefined (Burrows, 1997; Cheek 2004).

What seems to be widely agreed is that language is fundamental to discourses. Statements are regarded as the “building blocks of discourses” (Foucault, as cited in Powell, 2010, p. 12); these statements cohere, or come together to build a picture of a topic or issue (Carabine, 2001). Lupton (1992) refers to discourses as a “group of ideas or patterned way of thinking” (p. 145). Discourses
then, set out the possible ways in which a topic, object or process is talked about or “spoken of” (Cheek, 2004, p. 1142). From a poststructuralist perspective, however, language is understood as constitutive and as such discourses should not be understood as simply a “translation between reality and language but as practices that shape perceptions of reality” (Markula & Pringle, 2006, p. 31). Discourses in this sense are productive. Foucault recognises that whilst discourses can be understood as a “regularised system of statements”, these statements often imply much more than what is actually written or spoken (Powers, 1996, p. 207). He draws attention to the social practices and power relations that are wrapped up in discourses (Macdonald et al. 2002; Powers, 1996).

My analysis works to uncover discursive strategies within my obesity scientists’ stories. I am interested in the ways that discourses are deployed within stories, that is the strategies that give particular discourses their meaning and force and the strategies that are used to constitute objects and subjects within and as a result of these discourses (Carabine, 2001). I understand that these strategies are not (necessarily) contrived intentionally by my obesity scientists but rather are the coming together of conditions and practices that through power/knowledge relations work to constitute the truth within individual and particularly collectivised stories. It is important to note that I do not understand my obesity scientists as wielding power but rather the discourses they produce as being powerful in that they are productive, of truths, and through this, of subjects.

3.4.4. The power of discourses

Foucault (1972) imbues discourses with the means to do powerful productive work, that is, to “systematically form the objects of which they speak … Discourses are not about objects; they constitute them and in the practice of doing so conceal their own intervention” (as cited in Macdonald et al., 2002, p. 143). This productiveness is connected to Foucault’s contention that knowledge and power come together in and through discourses whereupon they designate what is and what is not (Carabine, 2001). Foucault’s understanding of this relationship is described as an “interconnected triad” wherein power is constituted through discourses and as such is significant in the production of knowledge and in determining what counts as knowledge (p. 267). Consequently,
“we have to see it as intermeshed with power/knowledge where knowledge both constitutes and is constituted through discourse as an effect of power” (p. 275). Thus the knowledge produced by ‘experts’, like my obesity scientists, can be understood as powerful not because it is ‘right’, but because of the way it is constructed and represented as the only way of thinking about, doing or saying something (Ball cited in Wright 2004).

According to Cheek (2004), “not all discourses are afforded equal presence, or, therefore, equal authority” (p. 1143). Consequently dominant discourses, characterised by their authority or validity, wield more power to shape reality, than other discourses. The ‘truths’ they produce denote “what is ‘normal’ and ‘natural’ whilst establishing the boundaries of what is acceptable and appropriate” (Carabine, 2001, p. 275). As such they profoundly affect the way people are able to understand themselves and their place in the world, what it is possible to do and who one can legitimately be. These discourses become dominant through power relations, which involve marginalizing or even excluding other discourses. Cheek argues that:

[I]t is the operation of webs of power that enables certain knowledge to be produced and “known”. … The fact that some discourses (for example, scientific/medical understandings of the body) gain prominence over others is the result of sociohistorical influences operating on them (Cheek and Rudge, 1994). They achieve “truth” status, where truth “is an effect of the rules of discourse” (Cheek and Rudge 1993, p. 275) (p. 1143).

Wright (2004) adds to this that some discourses “have more power to persuade than others and are reiterated more often across a wide range of sites and/or by those who are believable and understood to be expert” (p. 20). My focus on the work of obesity scientists stems from an understanding that the discourses (re)produced by obesity scientists are more powerful than other discourses because of the social and historical conditions within which obesity scientists produce their truths. These conditions include the understanding that they are considered ‘experts’ with the
ability to discover the truth about obesity in an objective manner, but also a much broader array of conditions, (some of which obesity scientists have contributed to), such as the current panic about obesity, its status as an epidemic with the potential to threaten everyone on an imminent and ongoing basis, Western civilisations’ cult of slenderness, along with current modes of government wherein individuals are charged with taking responsibility for their health, conceptualisations of the role of women, the care of children, childhood, and so on. One effect of this power is that the discourses (re)produced by obesity scientists are foremost in shaping the way obesity is known and how parents are positioned as responsible and blameworthy.

Whilst it is through knowledge/power relations that discourses establish rules or *regimes of truth* (as Foucault names them), their nature is such that at any given point in time there are many possible discourses or ways of speaking about aspects of reality and these can offer different, and often competing or contradictory ways of understanding the world (Burrows, 1997; Cheek, 2004). This suggests that whilst discourses may be understood as productive in the sense of determining what is and what is not, discourses are also a productive means of changing or resisting *regimes of truth*. Foucault (1978) contends that: “… we must not imagine a world of discourse divided between accepted discourse and excluded discourse, or between the dominant discourse and the dominated one; but as a multiplicity of discursive elements that can come into play in various strategies…” (p. 101, cited in Burrows, 1999, p. 34)

Stainton Rogers (1996) describes the power of discourses as “currency” (p. 69). Dominant discourses are those with currency in a particular context, they have purchase. However, in another context (time or place) where they may not have currency they are thus less powerful. This metaphor enables an understanding of the local and contingent nature of discourses. Discourses do not produce universal truths because their ability to produce truths (or knowledge that is spoken of in terms of truths) is contingent on their power, their currency in a given context. This means there is always a possibility of speaking of and doing things in other ways.
This thesis is primarily about the power of discourses (re)produced by obesity scientists and the effects of these in constituting parents as particular kinds of subjects. It analyses discourses in order to highlight their constitutive nature, the shifting and competing meanings they produce and ultimately uses this strategy as a means of resistance to diffuse the power effects of obesity scientists’ discourses. As such, I acknowledge that:

[D]iscourse can be both an instrument and an effect of power, but also a hindrance, a stumbling point of resistance and a starting point for an opposing strategy. Discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders its fragile and makes it possible to thwart it (Foucault, 1990, p. 101, cited in Tamboukou and Ball, 2003, p.9).

Obesity scientists’ discourses are made powerful but can also be made fragile. Similarly, whilst the effects of obesity scientists’ discourses in constituting parents as particular kinds of subjects are significant, they are not all-powerful in determining who parents can be, because when the parent subjects they produce are known as mere effects of discourse/knowledge/power, parents are freed up to know themselves differently. However, I am cognisant that: “although individuals and groups can resist dominant discourses by creating or reproducing ‘counter’ discourses, the availability and acceptability of such alternative discourses are always limited by social and cultural contexts” (Murphy, 2003, p. 439).

Whilst parents can and do resist the subject positions that obesity scientists produce for them (and use in attempts to govern their conduct), opportunities and resources available to do so are limited by what is acceptable and available within their social and cultural contexts (Wright, 2004). This context is currently dominated by understandings that parents are implicated in if not culpable for fatness and thereby ill-health amongst children (and future adults). My task then is to feed the creation of counter discourses available to parents by questioning dominant discourses that
currently shape the social and cultural context within which parents are constituted and constitute themselves as subjects.

3.4.5. Subject-constitution

The question of how we can understand the self has, for thousands of years, been a central issue for philosophy. And it is an important question, because determining who and what the subject is determines how the subject should be treated, and should treat others (Danaher et al., 2000, p. 117).

Since the Enlightenment, the subject in Western societies has commonly been understood as a “rational, unified and essential being existing outside of culture” (Burrows, 1999, p. 32). However, Foucault’s work indicates that this has not always been the case. By identifying a multiplicity of understandings of the subject throughout history, Foucault makes the claim that “what we understand by ‘being human’ has shifted radically over the ages” (Davies, 1997, p. 272). In light of this he posits that: “there is no sovereign, founding subject, a universal form of subject to be found everywhere” (Foucault, 1988, cited in Pike, 2010, p. 40). Whilst Foucault claims there is no such thing as the essence of human nature or a universal subject, he does not abandon the human subject. On the contrary he is often cited as claiming that his life’s work was to understand how human beings are made subjects (see for example, Davies 1997, p. 274). Similarly, the focus of my study is to examine the different modes by which obesity scientists make parents subjects, within a cultural context punctuated by an avowed global obesity crisis. I draw attention to the work of science, that is, the way science constitutes modes by which parents are made subjects, asked to take up particular roles and understand themselves in certain ways.

3.4.6. Subjects as dynamic and multiple

Foucault theorises a subject that is made - produced in and through discourses, institutions and power relations (Wright, 2006). This productiveness means subjects are also understood as dynamic and multiple, constantly constituted in and through discourses (Henriques et al., 1984; Wright, 2004). Consequently, rather than being “the free and active organisers of society, we are products
of discourses and power relations, and take on different characteristics according to the range of subject positions that are possible in our socio-historical context” (Danaher et al., 2000, p. 118).

It is not difficult to think of subjects as dynamic and multiple and as shaped by the contexts within which they engage. One can simply think of the different kinds of subjects we make ourselves and are made in different places and at different times.

At home I am a mother but when I enter my ‘home-office’ I try to become a scholar, when I accompany my husband to work functions I morph into a doting wife who knows just the right thing to say to whom (for the sake of this argument, we can pretend this is the case). In each of these contexts I am made and make myself a particular kind of subject in relation to “the rules, discourses and ideas … which determine what can be said, thought and done”.

When asked what I do at one of my husband’s work functions, not only would it be a faux pas to talk about breast-feeding and cleaning toilets, but I would mark myself out as a subject out of place, a not-subject, someone who is not playing by the rules, and consequently is not appropriate in this context. This is despite the possibility that I may very well share this part of my subjectivity with some of the women, perhaps even men at a different kind of gathering in a different place. In the work-function context, it might be anticipated that I am a mother, and even a cleaner, but it is also expected that this part of my subjectivity should merely be commented on in passing and the subjectivity I should focus on conveying is that of the polite and respectable wife of a very intelligent, engaging and hard-working husband. Of course I have tested Foucault’s thinking about how subjects are made and as expected the results have gotten me in hot water. I have tried on different hats, worn them in places where such hats are not to be donned. These instances often become uncomfortable and I quickly take off the hat, and do whatever it takes to

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65 Danaher et al., 2000, p. 123.
become an appropriate subject given the context. This is how subjects are made.

3.4.7. Subjects as produced through discourses

The rules, or the codes of conduct we encounter in different contexts, which tolerate and consequently (re)produce particular kinds of subjects, are the effects of knowledge/power that comes together in discourses. This notion of the subject supports a view of subjectivity (identity/self) as: “constituted in systems, rather than in people’s heads as the cognitivist would suggest, nor in their behaviour as the behaviouralist would have it, nor thoroughly determined by social or economic structures as structuralist proponents would claim” (Burrows, 1999, p. 32).

Tamboukou (1999) suggests that: “[A]s a genealogist Foucault works hard to trace the emergence and development of the practices of self-formation (p. 214). In doing so he demonstrates how “subjectivity, our sense of body and self, is constituted in and through a wide range of discourses and practices within fields of power, knowledge and truth” (Evans & Davies, 2004, p. 43). Wright (2004) notes: “[I]t is through discourses that meanings, subjects and subjectivities are formed” (p. 20) and Burman and Parker (1993) note that discourses have “an immense power to shape the way that people, … experience and behave in the world” (p.1). For Weedon (1987), “[T]he notion that individuals possess an innate, genetically determinable true nature or essence is eroded if subjectivity is conceived as a social construction (as cited in Burrows, 1999, p.32). On this basis, contrary to dominant understandings within psychology (at least those a couple of decades ago) Burman and Parker argue that:

… personality profiles … attitudes towards social issues … prejudice towards women … personal identity … and even deeply felt emotions like jealousy … are not things hiding inside the person which a psychologist can ‘discover’ but are created by the language that is used to describe them (p.1).
My interest lays in the ways that obesity scientists bring parents into the play, how they make them objects of obesity discourses. This objectification makes parents researchable, calculable and knowable, in effect positions them as scientific variables, and through scientific investigation as we shall see, parents are constituted as critical to the project of preventing (and treating) obesity. I draw attention to practices within obesity scientists’ work that produce a normative expectation that parents can produce un-fat children and their work to establish a set of competencies which are used to denote the ‘normal’ parent subject and in relation to this to render some parents, their bodies, behaviours, knowledges and values, deficient (and consequently in need of discipline/intervention).66

I examine how parents are spoken of in my obesity scientists’ stories and attempt to trace the ways this speaking coheres to constitute parents as particular kinds of subjects (Carabine, 2001). I illuminate statements that come together to produce rhetorical constructions, which work to discursively frame up particular positions such that the social text of parents and obesity is read in specific ways (Graham, 2011).

3.4.8. Self-formation

Foucault’s thinking on the subject shifts throughout his career from a discourse deterministic understanding to one in which people were understood to have the capacity to shape their own subjectivities through self-examination (Danaher et al., 2000). Murphy (2003) reports that Foucault:

… has frequently been criticised for over-estimating the effectiveness of disciplinary control in his treatment of the discursive production of docile bodies. He has been accused of producing a theory of power which is unidirectional, monolithic and irresistible (McNay, 1992). Feminists, including McNay and Ransom (1993) argued

66 I am in no doubt that my obesity scientists and others working to know obesity contribute to shaping parents up in many ways other than, and in addition to the capable, competent and deficient subject positions that I have spoken of. These contributions are also worthy of critical attention but for me to tackle any more would leave me trailing around in these narratives for far too many years and still I would not, could not, trace them all.
that such an understanding of power places women in the role of hapless victims with no possibility of resistance or undermining the operation of disciplinary power (pp. 438 – 439).

It could be argued that through my singular focus on obesity scientists, on the way they make parents subjects, on the disciplinary power they exert upon parents, that I give credence to the notion that obesity scientists are in control and parents are ‘hapless victims’ who must and do take up the subject positions that obesity scientists produce, with no capacity to produce their own subjectivities in relation to parenting and obesity. However, the stories I craft about parents’ encounters (my own and others) with obesity demonstrate my awareness, as Foucault works to show in the later part of his career, that subjects are also involved in their own self-formation, that they are not passive dupes. I argue that parents are continually traversing the terrain between the obesity-preventing and the obesity-producing parent subject and they do so by taking up different resources to constitute their subjectivities. Davies (1997) suggests that:

[W]hat the encounter with post-structuralism does is to enable the subject to see not just the object it appears to itself to have become, but to see the ongoing and constitutive force of language (with all its contradictions). It is through making that constitutive force visible that the subject can see its ‘self’ as discursive process, rather than as a unique, relatively fixed personal invention (p. 274).

Davies’ (1997) argument about the effect of poststructuralism on the subject is crucial to this thesis. It underpins the significance of my attempts to make the constitutive force of obesity scientists’ discourses visible. It suggests that if parents can be seen and see themselves as ‘discursive process’ then they can also use the ‘ongoing and constitutive force of language’ to become many ‘selves/parents’ other than inherently ‘the self/parent’ that obesity scientists have made them. My project then is about making this possibility of constitution in multiple ways more explicit, such that parents may more readily see the possibilities of constructing themselves differently/diversely and
that others may come to know parents as leading complicated lives wherein they are not inherently and universally responsible and blameworthy for fat on children’s bodies.

The following quote from Foucault (2002) is used to demonstrate that the “problem of the subject” necessitates his study of the “workings of power” (Harwood, 2009, p. 19).

I would like to say, first of all, what has been the goal of my work during the last twenty years. It has not been to analyze the phenomena of power, nor to elaborate the foundations of such an analysis. My objective, instead, has been to create a history of the different modes by which, in our culture, human beings are made subjects (as cited in Pike, 2010, p. 39).

Likewise it is my interest in the constitution of parents as subjects with roles to play in the cause, prevention, and treatment of obesity that drives my examination of the workings of power in obesity science. I attempt to critically read stories produced by my obesity scientists to make visible discourses, which are indeed made up of language but also produced by various practices and relations of power, that construct parent subjectivities, by designating what is and what is not an appropriate way of thinking, being, and behaving. I do not suggest that parents construct their subjectivities through direct engagement with the discourses produced by obesity scientists. Rather I argue that obesity scientists are dominant and largely trusted actors in the (re)production of ‘truths’ – of meaning-making about obesity. Consequently, how they position parents, the ‘truths’ they construct and articulate about what parents can and should do (i.e. their capabilities and therefore responsibilities), and the way in which the majority, in many cases, are lacking, (i.e. ignorant, negligent and therefore blameworthy) is likely to significantly shape understandings about parents that circulate contemporary Western societies.

Constructions of obesity contribute to the production of subjects in numerous ways. On a very basic level, when being overweight or obese is understood as ultimately unhealthy, or at least increasing
risks of morbidity and mortality, identifying how people can maintain slim bodies becomes imperative. As such, fat bodies are pathologized, thin bodies idealized and subjects are known as (un)healthy, (un)acceptable and (im)moral in line with their body shape (Gard & Wright, 2005; Murray, 2008). Children, whether fat or not, are positioned in and through obesity discourses in multiple ways. For example, as the sick child, anti-social child and the innocent child (Coveney, 2008); or as at-risk and not-yet-developed (Burrows & Wright, 2004), and as the means for securing our healthy future (Evans, 2010). These constructions of children are used in obesity discourses to warrant particular understandings of children and their health and consequently shape the way children are treated, including what interventions are deemed appropriate (Burrows & Wright, 2007, 2004; Evans & Colls, 2011). These child subject positions also contribute to the positioning and problematisation of parents.

Parents’ identities are co-constituted with the child (Zivkovic et al., 2010) in and through obesity discourses. When children are understood to be ‘innocent’ and in-need of protection from the “forces of fatness” (i.e. food marketing, sedentary behaviour, overindulgence) it becomes possible to think of parents as neglectful if fat accumulates on children’s bodies (Coveney, 2008, p. 207). This fat is perceived as evidence of poor parenting, and indeed can be construed as confirmation of abuse (Herndon, 2010; Solovay, 2000; Zivkovic et al., 2010). Ironically, parents are also positioned as ‘experts’ or ‘professionals’ within obesity discourses because despite the potential for errant parenting, in light of children being positioned as not-yet-developed and at-risk, and childhood understood as a critical time for intervention, parents are deemed key socialisation agents with the ability to influence their children’s lifestyle behaviours through teaching them the art of healthy living (Boero, 2009; Burrows & Wright, 2004; Burrows, 2009a, 2009b; Evans & Colls, 2011).

My contribution to research about the effects and affects of obesity discourse in family life is to put forward an argument that underpinning the positioning of parents as responsible is a taken-for-granted truth that parents are universally and inherently capable of producing un-fat children. Burrows and Wright (2004) draw attention to the pedagogisation of parents, the way parents are
constructed as “experts crucially involved in the production and maintenance of their children’s health” (p. 92). My focus is not the constitution of parents as ‘experts’ who teach, monitor, and regulate their children’s behaviours to churn out perfectly formed bundles of health, but rather something more banal/intrinsic – that is, as simply capable of producing un-fat children. I want to draw critical attention to the notion that parents can control their children’s body shape/weight (Herndon, 2010). Consequently at the heart of this thesis is an unravelling of my obesity scientists’ construction of a discourse of capability that I argue produces the notion of the capable parent and in coming to know parents in this way makes it possible to calculate their efforts to comply, thereby producing two further subject positions - the competent and deficient parent, which I suggest contribute to us comfortably knowing parents as responsible and blameworthy.

By drawing attention to these processes of constitution my intention is to challenge the taken-for-granted assumptions and ‘naturalised’ ways of thinking about parents as responsible and blameworthy. In making use of poststructuralist conceptualisations of the self, I aim to give parents some room to manoeuvre, to see the discursive work of obesity scientists (their storytelling) and therefore the potential to discursively constitute themselves - to seek alternative discourses to shape their subjectivity, to give meaning to themselves and to obesity. I take heart from Davies’ (1997) contention that: “[P]ost-structuralist discourse entails a move from the self as a noun (and thus stable and relatively fixed) to the self as a verb, always in process, taking its shape in and through the discursive possibilities through which selves are made” (p. 274).

As such regardless of the current dominance of obesity scientists’ ‘truths’, it is always possible through discourse to constitute selves in other ways. Indeed many parents are already doing just that, but for those targeted and governed as a result of obesity scientists’ knowledge/power effects, and for whom thinking or being other than responsible and blameworthy is seldom on offer, this thesis pries open an inkling of possibility by setting in motion a little wobble in obesity scientists’ authority over the truth about parents and obesity.
3.5. **At last, the mushy stuff …**

In order to get to the marrow, that is to understand obesity science as made up of stories, I have drawn on poststructural theorisations regarding language, the production of knowledge, conceptualisations of ‘truth’, power, discourses and subjects to strip away the calcified exterior that familiarly (read, ordinarily) and comfortably (read, with certainty) constitutes scientists as able to discover the truth. In the space that opens up I am able to reposition obesity scientists as - like us all - producers of fiction (Tamboukou, 2008; Stainton Rogers & Stainton Rogers, 1992).

Geertz made the case in the 1970s that all research stories are fictions, “in the sense that they are ‘something made,’ and ‘something fashioned’ – the original meaning of fictio – not that they are false, unfactual or merely ‘as if’ thought experiments” (as cited in Sparkes, 2002a, p. 13). Mulkay’s examination of biochemists work in the 1980s served to demonstrate that whilst scientists claim their work is factual, making a distinction between fact and fiction is very difficult, since what is fact for one is regarded mere fiction for another. He notes the: “statement of any fact presupposes a certain amount of prior interpretive work which ‘goes beyond the facts’ and which is, in this sense at least, a ‘fiction’ (1985, p. 10). Consequently, both facts and fiction are interpretative creations, indeed for Mulkay, they are merely labels that we attach to forms different forms of discourse on account of their varying conventions for formulating and presenting propositions. Both facts and fictions are forms of discourse “neither of which has a privileged relationship to the world in which we are interested” (1985, p. 12).

I re-position obesity scientists’ scholarly texts as stories not to challenge their validity but to nullify their assumed empirical superiority, their ability to report in a transparent fashion, the objective truths of scientists’ purportedly neutral scientific enquiries. This opens their texts up for interrogation as “discursive effects and as sites for the production of meaning” (Tamboukou, 2008, p. 116), which creates an opportunity to question the unquestionable and render visible things, that to date, are invisible (Wright, 2004). It provides a way of drawing attention to the constitutive nature of obesity scientists’ work and its effects in producing parents as particular kinds of subjects.
This unmasking of scientists’ meaning-making work poses a challenge to the notion that obesity scientists have discovered objective facts about the inherent nature of parents and the way their essence manifests itself in the absence or presence of fat on children’s bodies. Enacting a poststructural sensibility enables me to reframe the authoritative, ‘truths’ produced and articulated by obesity scientists as simply one of many possible realities about parents, children, obesity and health. Given this I am free to explore the work of obesity scientists as not merely producing facts and ‘truths’, but sets of meanings, discourses that constitute parents.

Throughout the latter sections of this chapter Foucault’s presence is incorrigible and so it is fitting that I turn to his ‘methodology’ for interrogating discourse, to guide my reading of obesity scientists’ stories. In the following chapter I outline an understanding of genealogy and related to this a set of genealogical tactics that I deploy to show how responsible and blameworthy parents are (at least in part) an effect of discourses, practices and power relations operating within and through obesity scientists’ stories.
4. Genealogical tactics

With my obesity scientists’ texts rendered discursive effects and consequently stories, I open them up, through a Foucauldian-style interrogation, to ask how the ‘truths’ therein came to be. Scheurich and McKenzie (2008) argue that Foucault’s “genealogical method is more like a set of critical tools that can be used in any sort of grouping” (p. 335). I use Foucault’s thinking as “tools of analysis” rather than “totalized or closed theoretical and/or methodological systems” (Braidotti 1991, p. 3, cited in Tamboukou & Ball, 2003, p. 2). Indeed I re-name them ‘tactics’ because I use them in a deliberate fashion for particular ends. There is nothing inevitable about Foucault’s theorisations and analyses. Over the course of his career Foucault avoided attempts to pin him and his work down (Graham, 2011; Tamboukou, 1999). According to Graham, he disliked prescription and “wrote provocatively to disrupt equilibrium and certainty” (p. 663). Picking up on this, many scholars using “discourse analysis within a Foucauldian framework have adopted a ‘Foucaudianistic’ reticence to declare method, fearful perhaps of the charge of being prescriptive” (p. 663). However, as Graham argues it is doubtful that Foucault intended researchers to be “unwilling to make an intellectual commitment to methodological possibilities” (p. 663). With this in mind I draw on interpretations of Foucault’s work offered by a range of scholars who make what they can of him. I attempt to live up to the tall order that Graham (2005) issued for her own doctoral studies. She states:

I seek intellectual freedom whilst remaining within and respecting the expectations of a community of scholarship. This requires, not that I dogmatically follow someone else’s model for doing discourse analysis but that I ground my work in careful scholarship and engage in a respectful conversation with Foucault; whilst looking to and building on the insights of others, all the while making what I am doing clear without prescribing a model that serves to discipline others (p. 6).
I make of Foucault’s work what I can without the comfort of knowing him or the ability to chat with him about why he thought or wrote this or that. I take heart from Jana Sawicki’s encounter in which she told Foucault that she had completed a dissertation about his critique of humanism and in response, he suggested that she “not spend energy talking about him and, instead do what he was doing, namely, write genealogies’ (as cited in Tamboukou, 1999, p. 211).

4.1. Genealogy

According to Danaher and colleagues (2000) Foucault took up an interest in a Nietzschean approach to the investigation of the “historical origins of powerful institutions and discourses which claimed to be universal and eternal”, known as genealogy (p. 24). Foucault uses genealogy to take to task “the notion that truth could be identified in a disinterested way and, relatedly, that knowledge was something that was independent of power” (p. 24). Through his genealogical analyses Foucault suggests that like everything else, truth and knowledge have a history, which is tied in with transformations in relations of power.

Genealogy is regarded as Foucault’s methodological approach to interrogating discourses. It is variously described as: a means of revealing power/knowledge networks (Carabine, 2001); a “meticulous study of the formation of objects, the transformation of practices, the intersection of chance-events as conditions for the production of discourse” (Arribas-Ayllon & Walkerdine, 2008, p. 98); as the means to interrogate the operation of power in constructing knowledge (Wright, 2006); and as, illuminating “the various ways, discourses and practices that human beings have used to make sense of themselves and the world” (Tamboukou. 2008, p. 102).

According to Tamboukou (1999) literature regarding the genealogical method is extensive, however, I focus on the work of a small set of scholars who describe how genealogy can be used to read discourses to aid the development of my own analytical tactics. At the heart of my interest in genealogy is an understanding that it works to isolate: “the contingent power relations which make it possible for particular assertions to operate as absolute truths” (Tamboukou & Ball, 2003, p. 3). In
the following sections I note how others understand genealogy as enabling this and then move on to
detail the tactics I take up.

4.1.1. A history of the present

Foucault’s genealogical approach focuses on an examination of history in order to explore how
things become problems (Tamboukou & Ball, 2003). It performs as a lens for reading discourses
that enables an understanding of the present by tracing their development in the past. According to
Carabine (2001), “Foucault sought to trace the development of knowledges and their power effects
in order to reveal something about the nature of power/knowledge in modern society” (p. 276).
Foucault acts on the present through interrogating the past in order to challenge self-evidences
(Rabinow & Rose, 2003). In contrast to ‘traditional’ types of history, that tend to understand history
as a continuous development towards a contemporary ideal, Foucault takes up the Nietzschean theme
of genealogy to highlight the discontinuities of history, the messiness, haphazard nature of events

The purpose of Foucault’s genealogies is to question contemporary ‘truths’ or to disturb what seems
like the unalterable truths by revealing the multiplicity of meanings, discourses, practices,
institutions, apparatuses and relations involved in their construction at different historical moments
(Tamboukou, 1999). His interference with certainties creates a vision of the present as “a fractured
or dislocated event … [and as such he opened up possibilities for thinking] differently about the
construction of the social and about the very processes through which individuals become
intelligible subjects” (Burns, 2007, p. 74). Foucault’s genealogical analyses provide possibilities
for coming to know subjects differently.

4.1.2. Allowing us to know ourselves otherwise

In the section on subject-constitution above I detailed a conceptualisation of the subject as ‘made’
through discourses, practices and power relations. Genealogical analyses help shed light on this
process of constitution but they also demonstrate that: “[H]uman beings are not "made subject"
(Foucault, 1982, p. 208) through processes of evolution that have a clear beginning and an end
point; instead, subjects are constantly being ‘made’ from within the erratic and unpredictable conditions of the present” (Burns, 2007, p. 75). These analyses “shatter certain stabilities and help us detach ourselves from our ‘truths’ and seek alternative ways of existence” (Tamboukou, 1999, p. 210).

Foucault’s genealogies “equip the reader with critical tools to understand how their being has been fashioned by historical forces such that they might be able to intervene in this fashioning” (Danaher et al., 2000, p. 115). According to Brown (2001) Foucault’s project is about “following the lines of fragility in the present” in order to render “that-which-is” as “that-which-might-not-be” (p. 112, cited in Burns 2007, p. 74). These aims are akin to my own whereby in highlighting the constitutive nature of obesity scientists’ truths I aim to strip away the authority, singularity, and finality of such truths and open up possibilities for others (including parents themselves) to fashion who and how parents can be. That is to disrupt the certainty with which we are encouraged to know parents by pointing to the way “that-which-is” has been storied into being and therefore can be considered “that-which-might-not-be” (p. 74).

4.1.3. On not doing genealogy

Historical analyses comprise a significant tool for the genealogist and do powerful deconstructive work in the present. For Foucault, it is through questioning the notion of the present as bound to the past and/or future in a teleological manner, and by drawing attention to the multiple and irregular nature of the past, that transformation can occur (Burns, 2007; Scheurich and McKenzie, 2008). The scholars whom I have drawn on to understand genealogy all emphasise historical analyses. Arribas-Ayllon and Walkerdine seem to suggest that what distinguishes Foucauldian discourse analysis from its other forms is that it entails “historical enquiry” (2008, p. 91), and they note the importance of “temporal variability” as a key tool for showing how an object has been spoken of and regulated differently (2008, p. 100). Tamboukou (2008) as we shall see in the next section advocates the use of different source material, that of narratives, however, her focus is squarely on the opportunity genealogy offers to analyse historical narratives in order to challenge the
constitution of our present. I am in no doubt that an historical analysis would serve this project well, and that drawing attention to the historical contingencies of truths about obesity and the way parents have been spoken of through the ages in relation to fat on bodies would illuminate the messiness of a truth that has become taken-for-granted. However, my interest lies in the productiveness of current writings and I do not need narratives from the past to do the work of illuminating this.

Historical analyses are not the strategy deployed in this thesis. I do not trace the historical development of discourses about parents within obesity science, or across society, in official documents, the media and scientific discourse, but I do provide a piece of the genealogical puzzle. I draw on Carabine’s (2001) assertion that genealogy can be used to interrogate ‘truths’ at a given moment, without needing to trace these ‘truths’ through history. She suggests that this “snapshot” can still serve to reveal the workings of discourse/knowledge/power (p. 280). Genealogy is not a method and as such there are no specific rules dictating what is and what is not a genealogy nor how to do genealogical analyses. As Tamboukou (1999) eloquently explains that instead of following methodological principles, “Foucault's genealogies create a methodological rhythm of their own, … [they] do not offer methodological ‘certainties’. They persistently evade classification, but they do inspire the writing of new genealogies to interrogate the truths of our world” (p. 215).

Inspired I am. A genealogy this is not.

Given genealogy does not provide methodological certainties, I feel freed up to fashion my own quasi-genealogical approach around a set of questions inspired by those Foucault might ask. Indeed Tamboukou (2008) states that genealogy is not a “closed methodological framework” (p. 103) and in her own exposition of genealogy she affords opportunity for such modification. She suggests it should “be taken as a map charting genealogical trails and at the same time inviting the researcher to follow these lines, but also to bend them, erase them or add his/her own” (p. 103).
In this thesis I don’t ‘do’ genealogy but rather deploy genealogical tactics to give obesity scientists’ stories a reading in order to trace the workings of knowledge/power. I deploy genealogical tactics to open up analytical paths that serve to make visible the constitutive nature of their work and consequently challenge the taken-for-granted view of parents as responsible and blameworthy. In this way I take up Foucault’s *ethics of discomfort* to question the self-evidences of the present but I do so by drawing attention to the various ways obesity scientists’ ‘truths’ about parents are constructed within their stories produced in the 21st century.

I may have taken Tamboukou’s (2008) invitation to bend lines farther than some may be comfortable with, but Foucault’s work was all about broken lines, fragments, discontinuities and seeing where paths took him, and he accepted that it was ok to double back upon oneself or to leave off to follow a different path.67 I am not advocating genealogical analyses of the present, I understand the significance of history in making genealogy work as an approach to challenging contemporary self-evidences, but I suggest this way of doing research can offer something other than a strict focus on making use of history. I like to imagine that Foucault would not mind my being inspired by the tactics he deployed in his genealogical work and to attempt to use some of these to destabilise certainties from within the present in the hope of becoming something else (Tamboukou & Ball, 2003, p. 3). As Adams St Pierre puts it:

> [G]iven his comment about Nietzsche that follows, we might assume that Foucault wouldn’t mind being a line of flight, “The only valid tribute to thought such as Nietzsche’s is precisely to use it, to deform it, to make it groan and protest. And if commentators then say that I am being faithful or unfaithful to Nietzsche, that is of absolutely no interest” (Foucault, 1972, pp. 53 – 54). I would imagine that all of us who use Foucault make him groan and protest in some way, so rather than be obsessed with essentializing questions about the truth of Foucault, we might ask

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67 See for example, Foucault (1980a, p. 78).
ethical questions … which focus on where our work with Foucault goes and what it does there (2004, p. 326).

4.2. Narrative and genealogy

Inspired by Tamboukou’s (2008) work with auto/biographical narratives written by women teachers in the 18th century, I work with obesity scientists’ stories written in the 21st century to create “an archive of stories, an assemblage of textual practices” (including scientific practices – tables, statistics etc) around the constitution of the parent as a subject of significance in relation to obesity (Tamboukou, 2008, p 116). Tamboukou makes the case that narratives can be a valuable addition to a genealogists’ archive because like other texts they operate as a “medium through which connections are made and regimes of truth are established” (p. 110). She uses genealogical analyses to examine narratives “through the structures and forces of discourse, power and history” (p. 102). Tamboukou contends that “narrative research creates a rich archive for understanding how ‘realities’ – be they social or personal, past of present – are being constructed” (p. 116). In line with this I consider my collection of obesity scientists’ stories/narratives as offering the opportunity to create a rich archive for understanding how the responsible and blameworthy parent subject has become a reality through the workings of knowledge/power, discourses and practices produced within and through obesity scientists’ texts.

A genealogy begins with an “interrogation of what has been accepted as the ‘truth’, any truth concerning the ways individuals understand themselves as subjects of this world” (Tamboukou, 1999 p. 214). However, genealogy is not a methodology designed to find or even seek the truth. It is not an approach attempting to present a unified or full picture of history (Carabine, 2001). Neither does it prescribe solutions to contemporary problems. This is important in my study; I am not setting out to replace one truth about parents with another, neither am I suggesting that my account of obesity scientists’ construction of parent subjects is the full story, there are of course many readings one could make. Genealogical analyses attempt to create alternative relationships with regimes of truth by describing practices and apparatuses that work to produce discourses, knowledge and their power effects (Arribas-Ayllon & Walkerdine, 2008; Carabine, 2001). In
keeping with this I take up Tamboukou’s (2008) thinking to suggest that obesity scientists’ texts, like her women educators’ diaries, journals and letters “cannot be taken as indisputable documents of life, but rather discursively constructed narratives, which however record[ed] and reveal[ed] various and significant processes in the constitution of the self” [in this case the parent as subject] (p. 115). Tamboukou conceptualises narratives as discursive effects and sites for the production of multiplicities of meanings. She uses genealogy to trace a map of the way “different stories connect with other stories, discourses and practices in shaping meanings and perceptions and in constituting the real and ultimately the self” (p. 111). Her genealogical analysis of narratives does not focus on the meanings of the narratives but rather explores their “connections and interaction in the production of the truth and knowledge about the self” (p. 116). In a similar vein Arribas-Ayllon & Walkerdine (2008) suggest: “the analyst is concerned with how the construction of a discursive object allows us to establish a critical relation to the present, to decompose the certainties by which we understand ourselves as ‘selves’” (p. 101).

Tamboukou’s conceptualisation of narratives and the way she uses them to examine how realities are constructed is central to my approach to working with my obesity scientists’ stories. I attempt to trace modes of truth production through which parents are constituted as subjects in and through scientific discourses of obesity. Whilst Tamboukou (2008) works to illustrate “the conditions of possibility for the ‘figure’ of the woman to emerge” (p. 106), I attempt to illuminate the contingencies that make the figure of the responsible and blameworthy parent plausible. Taking up the notion that genealogy is akin to cartography, I map multiple and contradictory discourses and practices deployed in my obesity scientists’ narratives that ‘speak of’ parents (Deleuze, 1992; Tamboukou, 2008). In tracing the way stories cross each other, connect, and reconnect, how particular discourses are deployed alongside others to give new meaning, and the way in which particular practices produce effects, I bring into question the universality, certainty and naturalised view of the responsible and blameworthy parent subject and in its place create a dispositif – a tangled web of power relations.
Tamboukou (2008) notes that in the genealogical literature an analyst begins their work by constructing a dispositif. She describes this as “a grid of intelligibility wherein power relations, knowledges, discourses and practices cross each other and make connections” (p. 109). As Foucault (1980a) puts it, a dispositif is a system of relations that can be established between heterogeneous elements, discursive and non-discursive, “the said as well as the unsaid” (1980b, p. 194). It is the grid or the system of relations that is of significance. Understanding a term or institution as a dispositif means it is “configured less as a linear, inevitable process and more as an assemblage of irregular and unpredictable discourses and effects” (Burns, 2007, p. 74). In considering the responsible and blameworthy parent subject as a dispositif I am interested in identifying that “which fixes it, makes it speak, or speaks in its name, gives it a presence, a visibility, a durability” (Lamer & Walters, 2002 cited in Burns, 2007, p. 81). In others words the relations between elements that story the responsible and blameworthy parent subject into being.

Whilst Foucault notes a broad range of elements that can make up a dispositif, including institutions, discourses, practices, architecture and so on, Tamboukou’s (2008) work focuses on “narrative modalities in the construction of the dispositif” (p. 110). In this thesis I focus on discourses and practices within my obesity scientists’ stories/narratives but there are myriad other elements that could form part of this dispositif, including, institutions such as schools, health clinics, government departments, (their policies, and people, including the Plunket Nurse, Lucy’s school newsletters, Jack’s Head Teacher’s advice about what a child should eat for lunch and so on) official documents and statistics, the media, and numerous discourses including those regarding the care of children, the role of women, neoliberal governance, health, bodies and so on.

In thinking of the notion of the responsible and blameworthy parent as a dispositif I am not searching for the essence nor the emergence of this idea in order to understand what it is, but rather aiming to draw attention to what it does, how it operates to make parents particular kinds of subjects (Burns, 2007). Regarding this notion of the parent as a dispositif also works to suggest that if the elements involved in its make-up related in different ways, as they may well do in the future or in
another context (or indeed have done in the past), then the figure of the parent may well be otherwise. Constructing a dispositif helps highlight the contingencies of current truths about parents and obesity. It renders the notion of the responsible and blameworthy parent as something other than a natural and obvious way of thinking of parents. It is rather like a contrived, strategic mechanism that serves to regulate who and how parents can be. The nature of a dispositif, however, as a system of relations means that it is unstable and productive in an ongoing fashion, and as such change is possible.

4.3. Disposi … what if I think of it like this?

It's paper number 56

… fifty-six is my favourite number, whenever I need to think of a random number, it is always faithfully waiting to be enunciated. My neuron path between random and 56 is well worn, but don't tell the bank ...

paper number 56 ...

I am weary of these papers and yet gripped by them. In an unhealthy love-hate relationship I trudge to the end of one, wishing it would just be over, only to feel some kind of weird anticipation, a thrill at opening the next pdf. How will it speak of parents? What will the text do to make parents one body or another, one kind of parent or another? What stories will these obesity scientists tell and how will they tell them convincingly, truthfully, like butter wouldn't melt …?

Why did I collect so many of the bloody things? That's not a question for you; it's just me whining in my privileged position of hindsight. I collected so many
because I could. The thrill of the chase; MedLine was no match for me. 256,000 hits could not faze me, I was psyched, I knew how to use filters, the librarian taught me so. I desired them all. I wanted to be efficient, thorough and rigorous. It seemed important work and I felt good about it. Collecting systematic-like was what I knew. A protocol, search terms, and a gloriously fat, bursting at its megabyte-limit seams Endnote file, to show for it all.

My father told me that there is nothing so satisfying as looking behind you down the line at your hard day’s work. For him, a line of posts demarcating his farm from theirs; for me, a meticulously referenced collection of texts all set to be wired up.

My woollen-singlet clad, sweaty, swearing, Johnny Cash-singing dad walked his line many times. First he lugged heavy well-treated timber posts into place, just the right place mind; that only my father seemed to have the eye for. They needed to be in line with the last post, aligned with the ‘boundary’ being formed, and an even seven, dad-sized-steps apart. But they also needed to be dug into a sweet spot. There could be no stones or old stumps. Tea-tree bushes would make way, but staying clear of an ever-present and invasive weed – the dreaded gorse - was a priority. There could be no shame in deploying a silent strategy of erecting the boundary just shy this side of the gorse and thereby making the neighbours responsible for the scourge. Overhangs needed careful calculation,
too high and the beasts would be under, too low and the fence would not tighten, rust and rot. Over streams, through swamps, up slopes that required crawling. Each type of terrain, each feature required a different technique, a fencing tactic that would make a man proud and keep the bastards in (and out).

A load of posts laid out on the earth, strong, all in a careful row but as yet just posts.

As a young (and poor) farmer each post-hole was dug by hand. A sharp spade thrown at the ground and pushed seemingly simultaneously with a gum-booted foot, expertly guided to the sweet spot. Then a post-hole borer coiled its way into the earth, spitting out dirt as it went deeper, crumbly at first and then snake-like, colours changing, getting cooler and wetter. Then the spade again to finish the hole, make it wider, deeper, perfectly square for the round post. We’d lug the post to the hole, and tip it end up. It was rare that my dad had to haul it out and make the hole deeper or wider. It would be an f-ing day if that happened and I would probably slip home. I was allowed to help push the dirt back in, just a bit mind, and around on all sides. My dad would hold the post steady and I’d get the rammer. He’d launch the steel pole down into the bottom of the post hole “thud”, “thud”, “thud”, then round the other side “thud”, “thud”, “thud”, more dirt in and so we would go on till all the dirt was forced back into the hole, tight as a drum. Leaning on the post we’d look down the line with satisfaction.
One done fifty-six to go and still there would be no fence, just a beautifully orchestrated row of construction.

I have my obesity scientists’ texts all lined up. A great long list on my computer, a great yomping pile of scientific know-how, kow-tow and knowledge. I have filed them in Endnote, put them here and there into order-making folders, I have printed them, coloured them in with magic sense-making neon markers, and now I have piled them up to look at their great hulk. One day I might introduce my printed thesis to them, set it down right beside them, perhaps on top to bear down on them, keep them in their place - huh, and they can check each other out. One pile of stories made into another.

The posts/texts are sorted but the beasts are not contained and neither have I made any sense of how parents are made.

Down the line we go to lay out the ‘world-famous in New Zealand’ no.8 wire and some barbed wire for good measure, walking miles carrying each roll and letting loops come loose as we go. This is how I know my dad, I can ask him anything, he’ll talk to me, tell me tales about when he was a boy, he’ll treat me like one of the boys (at least it feels a little that way), I’ll ask to hold the roll of wire and show him how tough I am bearing down under the weight of it. A seven-wire-
fence. Seven times down the line and six back up. It takes weeks; months even, to construct a decent boundary fence.

Posts in, wires out, but still no fence.

With an old paint can full of staples in one hand and a favourite, worn-handled hammer in the other my dad would locate his posts and begin linking them to each other by hammering staples over each wire. This had to be done right. I was just company now, passing the staples if I felt the need to be needed or part of the event. Next came the batons - smaller, lighter, and square. They kept the wires spaced and the spaces for animals to escape at a minimum. I was allowed to hammer in the staples once Dad got them started, not too far in though, and only with the no. 2 hammer, not Dad's hammer. Leave that lying around and it would be another f-ing day. Looking down the line now there was a real sense of achievement, it was upright, it looked like a fence ... but it still could not operate as such.

The posts were up, strong, and marked the line, the wires were stringing it all together and the batons were plugging the gaps and keeping things even but it had no integrity, no power to achieve our desired ends. It was loose.

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68 If there are any farming folk amongst us, I know what you are thinking, the batons don't go on till the end. Yes I have been living in the city a while which my dad likes to remind me of, I am losing my know-how, my rural roots, such is life. My batons are metaphorical so please just humour my townie ways.
Finally with his wire-strainers – a clamp and chain ensemble - he would tighten his wires by binding them to the ‘strainer’ - the big post at the top of the hill, dug deep in the ground and fixed in place with corner stays to share the load. This was sure to be an f-ing day, no doubt about it and I stayed clear. Too much was at stake, things invariably went wrong, gear was missing, strained to tight and the fence would pull itself to pieces, not strained tight enough and it may as well be in pieces for all its use. I’d turn up when the day was done to gaze down the line with my dad and feel his pride and satisfaction, his sweat, and the many hours he had laboured to construct the truth of his territory through this apparatus he (and all those who had made the bits and created the knowledge to do so) had fashioned that traced a line up hills and down dales for all to know, including the sheep.

It was finally a fence a man could be proud of and a fence that would keep the bastards in (and out).
Number 56 is looking at me with its layers of statistical muck, its acronyms and t-tests and variance this and that, I know I should have gone with 5 or 6 but the pile gives me a sick sense of confidence. If I have looked at lots perhaps I can make a stronger fence, perhaps they won't laugh at my stories as much. It's an f-ing day for me. I've been hammering these obesity scientists' texts for months on and off, digging holes, mostly for myself, but sometimes holes that have led to other holes and helped me trace a line from here to somewhere. I'm stringing up my wires, uncovering the ways parents are spoken of and how they connect to ways of speaking about other things and other people. I'm noticing that these stories do things, like make the BMI, which is not simply a tool for measuring fatness (if it is even that), but a powerful means of constructing who we are and who we can be, it's my dad's clamp and chain.

My fence is a bloody mess dad. There are seven wires between some posts and just a barbed one between others. You'd be ashamed of it. But this one is not designed to keep the bastards in or out. What matters is the openings, the great gaping holes in the fence, and the wires that trail off over the brow somewhere beyond the boundary, that allow for becoming something else (yeah your gorse becoming theirs, and their sheep becoming yours). If I can tell a tale about the construction of an apparatus that works to constitute parents as responsible and
blameworthy half as vivid as my memories of your construction of a boundary fence, I'll look back down the line with a bloody great grin on my face.

Thank you dad for the lessons in toil. Thank you dad for providing me with a metaphor to make some sense of the Foucauldian quagmire I've gotten myself into. I'm trying to render something a construction, like a fence. It requires a bundle of structures of different forms to come together under just the right amount of force to stand erect and mark the truth. Once standing strong it exists as a boundary between what is and what it not - my farm, your farm, good parent, bad parent. It powerfully demarcates the truth. But just as it was made it can be made otherwise. It can be erected along different lines, it can be torn down and replaced; it can be breached, over, under and through. It remains erect because of the strength (power) created by the coming together of its parts (discourses, institutions etc) and our sweat (practices). It appears as an impenetrable wall/truth – a fence is a fence – a fat kid is a parent’s fat kid (their responsibility, their fault). But a little digging round a post hole, a little meddling with staples or a twangling of wires and we can see how it came together, how it was constructed, how it is an apparatus that performed for you a great service, but for me and many other parents a grand disservice.

Come here number 56 I am going to rip you to pieces and put you back together again with 1 through 55 – you're working for me now.
I must confess to struggling a bit with this dispositif concept. This fence story came from a place of frustration with language in readings I found hard to relate to and a kind of tangle that scholars seemed to be trying to describe but equally created which had me upside down and inside out. I knew that this dispositif was important if I wanted to be making use of Foucault’s genealogical tactics. For some reason a memory of my father toiling with all the bits required to construct a fence, the know-how, the brute force, all the connections needed to make posts, batons and wires stand tort and true started appearing on the page and then what Foucault was getting at made sense to me - once standing ‘true’ my dad’s fence masked all that went on in its making.

A fence determines what and who is in and out and it works to keep them there – it produces and it regulates. Looking down the line it is a single structure, a truth, demarcating what is and what is not, but from another angle it is made up of things that cohere in particular ways to make itself, give it strength/power and produce effects (like marking out who owns the gorse – who is the good farmer, who is the bad farmer). A fence is made up of components, knowledge, practices, rules, it is an assemblage, a system of relations that has a strategic function. When we think about what it is, the fence demarcates the truth, but when we consider how it is made, it unravels, revealing objects, practices, rules, power and knowledge.

The fence is made and it makes. But it can be made otherwise, even into a seven string musical instrument. Truly. An old favourite New Zealand television programme called Country Calendar once featured a farmer making ‘rural music’ with his seven-wire fence. It was a tongue-in-cheek performance but just goes to show there are always possibilities for thinking differently – the actor in the show even says: “if only farmers would realise that they’ve got these beautiful stringed-instruments ready to be played”. You can find the clip here and I assure you it will make for a nice little cuppa-tea break - http://www.nzonscreen.com/title/country-calendar-spoof-special-1999 [0.1.20min - 05.40min].
I have come to know obesity scientists’ parent subject as something of a fence, a fence that hems parents into being understood as capable, pivotal, and thereby responsible and a fence that demarcates those who are normal, obesity-preventing and those who are purportedly obesity-producing and thereby problematic. We may think of the fence as the truth about parents that obesity scientists construct. However, this fence is not an impenetrable one, it would perform poorly on a farm. Rather it is a fence that unravels when the eye is drawn away from looking down the line, when we ask questions about how this fence was constructed, how parents were made capable and problematic, such that we comfortably think of them as responsible and blameworthy. I work to reveal that this fence, these pivotal and problematic parents, are storied into being by my obesity scientists through the construction of an apparatus of knowledge/power that brings together, posts, batons, wires, knowledges and practices to manufacture parents as such. This process of unveiling the constitutive nature of facts reminds me of Foucault’s (1997) description of the kind of work that Jean Daniels did and which we can understand as being part of Foucault’s thinking about an ethics of discomfort. Foucault (1997) says of Daniel’s book:

… an obvious fact gets lost, not when it is replaced by another which is fresher or cleaner, but when one begins to detect the very conditions that made it obvious: the familiarities which served as its support, the obscurities upon which its clarity was based, and all these things that, coming from far away, carried it secretly and made it such that “it was obvious” (p. 143).

In order to come to know my obesity scientists’ stories in this way I ask particular kinds of questions directed at how we got here like this.

4.4. Questions

Foucault’s genealogical work is characterised by the questions he poses. Rather than getting caught up in games of truth Foucault focuses on how these games are played. For instance Tamboukou (1999) notes: “[I]nstead of asking in which kinds of discourse we are entitled to believe, Foucault’s
genealogies pose the question of which kinds of practices tied to which kinds of external conditions determine the different knowledges in which we ourselves figure” (p. 202). Foucault’s genealogies ask: “What is happening now? What is this present of ours? How have we become what we are and what are the possibilities of becoming ‘other’? Such questions create unexplored and even unthought-of areas of investigation” (p. 215). Importantly as Tamboukou and Ball (2003) explain, genealogy is not seeking the who or whom of power, but rather the how of power. This does not mean that genealogists are not interested in people but that they seek “to analyze the complex ways they are constituted within historically and culturally specific sites where power, truth, and knowledge are interrelated” (p. 8).

It is important to note that I do not attempt to mine obesity scientists’ stories to get to the essence of what they mean because this would be futile given the poststructural understanding that “the truth is contingent upon the subjectivity of the reader and the fickleness of language” (Graham, 2011, p. 666). What obesity scientists mean is of little concern since it is the coagulation of their words, their statements, however they may be read and read differently, that produce the parent as an object of discourse and constitute the parent subjectivities that concern me. I am not so much interested in what words say but rather what they do.

To make sense of the contingencies of speaking of parents in particular ways I asked a bunch of questions to guide my reading of obesity scientists’ texts – questions like: where in stories parents emerge, in what context, in relation to what issues, problems, and people? My examination also paid attention to the how these ways of speaking connect with each other, with existing and evolving discourses, and what practices are used to speak in these ways. For instance how are ways of speaking of children and childhood used to problematise the parent in relation to obesity? Like Graham (2011) I am interested in “tracing the relationship between words and things: how the words we use to conceptualise and communicate end up producing the very ‘things’ or objects of which we speak” (p. 668). Finally I considered the effects of this ‘speaking’ - what kinds of parent
subjects are constituted in and through these ways of speaking (Carabine, 2001), or as Graham puts it “what is ‘made up’ by the text itself” (p. 671).

4.5. Mapping it out

Foucault (1984) refers to genealogy as the meticulous study of grey dusty documents. Whilst my documents were not dusty, they nevertheless required meticulous study in order to map out how they form part of a dispositif. Genealogy is commonly described following Deleuze’s (1992) interpretation as akin to cartography. The genealogist attempts to map the “processes, procedures and apparatuses whereby truth and knowledge are produced as power effects” (Tamboukou, 2008, p. 104). I confess to having produced many flow-charts, or series’ of bullet-points, or boxes and lines sprawled on a whiteboard – these were simply aids to help me get a handle on what I thought was going on in my obesity scientists’ stories. I did not envisage them as a means of analysis and certainly not ‘cartographies of social diagrams’. But they were attempts to trace connections. This thesis is by no means a kind of ‘Encarta’; it is rather like following the GPS in your car. You know where you are going but not how you are going to get there. There are many ways to get to your destination but you can’t grapple with the whole map. You have to pick one path, perhaps with a few deviations, so that at the end of the day you can get where you are going. In the spirit of being uncomfortable with your own certainties. According to Tamboukou (2008) Foucault avoids having a destination in mind for his genealogies, but in my case I have a specific purpose for this thesis, I want it to contribute to destabilising obesity scientists’ truths, and so whilst undertaking my study I trailed many paths, I have always had my mind trained on a troubled destination.

My mapping work involved identifying the different ways parents were spoken of, when they emerged in my obesity scientists’ stories and how they came to be included, in relation to what issues and people (Carabine, 2001). All the while without necessarily realising I was tracing lines, noting connections between different texts, and within texts, jotting down when particular discourses were joined with others in order to say something, and noting practices that seemed to enable things to be said (with certainty), particularly scientific practices like the use of measurement, statistics, calculation, differentiation which worked to establish certain bodies,
behaviours and knowledges as normal and necessary, and others as problematic and in need of discipline and regulation. This reading helped me to home in on the problem of the responsible and blameworthy parent. I began to recognise in my obesity scientists’ stories that through normalising practices and the deployment of particular discursive strategies parents were being constituted in particular ways.

A cadre of critical scholars have made efforts to demonstrate how obesity scientists and those producing and making use of obesity discourse construct obesity in particular ways, through particular understandings and not others, and in the process produce a set of subject positions. For example, Colls and Evans (2009) note that:

[C]ritical obesity research has utilised poststructuralist approaches to question dominant obesity discourses, demonstrating that the construction, presentation and re-presentation of knowledges about fatness in a Western context are situated within particular structural hierarchies of knowledge production, within which (bio)medical knowledges are positioned as capable of revealing an essential, incontestable “truth” about (fat) bodies (p. 1013).

Further to this there is a disparate bunch of analyses that focus on or make reference to the way in which parents, particularly mothers are framed up or affected by obesity discourse. So there was a patchy bit of a path for me to trail but with my specific intention of rendering the constitutive nature of my obesity scientists’ work visible I needed to clear a more deliberate path. Much of the work undertaken by other critical obesity scholars that I encountered spoke of obesity discourse, expert discourse, medico-discourse and so on but rarely engaged specifically with obesity scientists’ texts. Many focused their analyses on media and policy representations of obesity discourse and those that spoke of parents did not always have their eyes trained on the effects and affects for parents and

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69 See for example, Evans et al. (2011); Gard & Wright (2005); Burrows & Wright (2004); Jutel (2011, 2006); McDermott (2007); Murray (2008); Rail et al. (2010).

70 See for example, Boero (2009); Coveney (2008); Burrows (2009a, 2009b); Evans et al. (2011); Herndon (2010); Maher et al. (2010a); Warin et al. (2007); Zivkovic et al. (2010).
parenting but were rather interested in the positioning of children and for outcomes in educational settings. My purpose is clearly different.

My goal is a thesis that demonstrates the constitutive nature of my obesity scientists’ work regarding parents. There are many ways I could achieve this, but I cannot map them all for you. Like Graham (2011), I am of the view that: “the search for clarity and simplicity of meaning is illusory because there will always be other perspectives from which to interpret the material under review. To seek a definitive account is, thus, a misguided undertaking” (p. 665). My focus on discursive strategies and normalising practices that constitute parents as in the first instance universally and inherently capable and in relation to this as either competent or deficient should in no way be read as an effort to trace all that goes on in obesity scientists’ narratives that speak of parents. These are only a selection of the mechanisms working to constitute parents in particular ways. In attempting to map these discursive strategies and normalising practices I do not want to suggest that these are the only or indeed even the most important bundles of knowledge/power shaping parents up, nor that applying genealogical tactics as I have is the only or most efficacious way of coming to know how parents are knowledged into being as responsible and blameworthy. Like Foucault (1970) says:

I should not like the effort I have made in one direction to be taken as a rejection of any other possible approach. Discourse in general and scientific discourse in particular is so complex a reality that we not only can, but should, approach it at different levels and with different methods (as cited in Tamboukou, 2003, p. 196).

What follows are the strategies and practices that spoke to me, that I felt able to trace, that helped me make sense of why as a parent I am hailed to take up a subject position in relation to obesity and why I find myself performing a complicated dance to know my parent self and have others know me as a normal, good, moral, caring parent (despite multiple, recurring acts of purported deviancy).
My intention is to draw attention to a set of discursive strategies and normalising practices in order to demonstrate ways in which obesity scientists’ truths are knowledged into being, rather than discovered through impartial, objective investigation. I make the case that rather than parents being universally and inherently responsible and blameworthy for fat on children’s bodies, this relationship is better understood as a dispositif. I do not set out this dispositif but rather suggest that we may think of obesity scientists’ truths as a significant part of an assemblage that enables us to understand parents as responsible and blameworthy.
PART TWO: The pay-off

It is time for my efforts to set-up, contextualise, frame, and stage my argument to culminate in a pay-off. Over the course of the next five chapters I deliver the ‘goods’. I cut a path that renders visible the constitutive nature of my obesity scientists’ work. It is not possible to tell you about all of the places that I went, what I saw, and what I chopped up. But as luck would have it, while I hacked, I dropped breadcrumbs and so in this chapter with you as Hansel and me as Gretel or however you’d like to have it, I follow my path once again and bring to life for you some of the original action, or at least some mementoes from my travels. Crows (my self-doubt) have pecked holes in my breadcrumbs and squirrels (my poor memory and lack of a systematic analytical process) have buried other bits (who would have guessed that I am writing this whilst in a hammock swung between maple trees filtering the sun of a New Hampshire summer) but there are enough scraps left (the bits that spoke to me and that enable me to show you what I see) for you and me to piece together a journey and along the way come to know my obesity scientists’ work and the way it shapes parents.

Put another way, my scrub-bar was full to the brim with petrol, I had my sunnies on (blow the safety goggles), the motor revved, the blade spun and in I went. Ripping through my 56 papers, I cut paths that allow us to gander from various vantage points the fence that my obesity scientists’ have built. The making of my path lead me on a trail of discovery – I did not find facts along the way but rather uncovered how facts were made. The gorse bushes I slashed protected their trunks with a dense thorny canopy just as my obesity scientists put forth their facts and figures and hid in words their convictions. But my scrub-bar cut through the verbiage and left open a space where it becomes possible to see how obesity is constructed in particular ways, childhood is understood thus and parents are constituted as capable of producing un-fat children. In this space we can think upon my obesity scientists’ work as akin to the production of a dispositif rather than the discovery of coherent truths.
To provide a sense of the paths I traced I liken the writing and reading of these chapters to a hike. This hike begins in an open, grassy-bottomed valley, the ground underfoot is firm - there was little work for my scrub-bar to do here. Through an analysis of the introductions to some of my obesity scientists’ texts I set a fast-pace that enables a feel for the terrain to come, the mountain we shall climb. By flitting through this valley, these introductions, it is possible to see how my obesity scientists make their work important, appropriate and their scientific gaze upon family life, commonsensical and essential. With this taster under our belt, we come to the base of Capability Discourse Mountain. In order to cut a trail that enables a reading of this mountain, to reach its summit and admire the view (the normal parent as far as the eye can see) and the shadows it produces (the deficient parent, cast asunder through games of divide and conquer), I draw more broadly on my obesity scientists’ stories. In chapters, 6, 7 and 8 I work across and within their texts to outline three strategies used to produce a discourse of capability, which works to position parents as critical players capable of producing un-fat children. At the top we’ll look out from Capability Discourse Mountain and see how it is made up and what it makes, how my obesity scientists’ stories are discursive effects and sites of meaning making.

At the summit we’ll take a breather. In chapter nine, I am anticipating a rendezvous with a delightful couple I met on my original ascent. We’ll have billy-tea and a couple of biscuits to acquaint ourselves with Norma and Norm. But we can’t waste the light so after our cuppa it’ll be off on the descent. My path allows us to consider how my obesity scientists shape some parents up as deficient, and indeed how this supports the comfortableness with which we currently lay blame at some parents’ feet/doorstep. Just when it seems we can take no more, when the lactic acid is taking its toll, we’ll dump our backpacks. I think we’ll be weary as our hike comes to an end but my hope is that through trailing these paths, tracing discursive strategies and normalising practices, the tranquillity of knowing parents as responsible and blameworthy may be spoilt.

You’ve got a map, of sorts, and I’ve got the billy, so let’s be off.

An abrupt beginning with alarm bells tolling.

Facts reported robot-like.

Numbers neutralise and concretise.

A picture forms.

A world bursting with ever-increasing hordes of fat people.

The big guns appear - the WHO and far-flung gurus.

The wallet is made to hurt.

The ins and outs are clear.

Our sensibilities suffer as the child, our collective future, succumbs.

Enter the parent.

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Let me explain …

In giving obesity scientists’ stories that speak of parents a reading I was struck by their somewhat formulaic introductions. It occurred to me that the introductions to many of these stories present a fairly unified (in content and the order of their unravelling) tale. They denote: what obesity is (a cause of ill-health and curiously a disease of itself); what it has become (an epidemic); what causes it (an energy imbalance); its effects (hordes of fat, costly, ill people); and provide the impetus for parents becoming objects worthy, indeed necessary, of study (childhood obesity, an epidemic, a breeding ground for fat futures, a time ripe for embedding appropriate lifestyle behaviours). Further to this I noted a recurrence of particular statements about obesity, the use of internationally generated rhetoric and statistics, the repetition of particular numerical descriptors, and lastly, similarities in the way parents emerge.
My initial reaction was that obesity scientists seemed to have created a little formula that if followed, efficiently and effectively, ring-fenced obesity and legitimised scientific scrutiny of family life. However, not all of the papers I interrogated began in this way and the particulars of the formula were not always included or uniformly ordered. Perhaps it was not a formula but nevertheless introduction after introduction made obesity some thing and not other things, made childhood matter, positioned children thus, and unfolded in a compelling and logical manner that lead to the understanding of the parent as a significant scientific variable.

I could at this point present and dissect a bunch of examples from obesity scientists’ texts but I don’t want the details, facts and figures of these ‘real’ introductions to grab all the attention and in doing so prevent an exposition of the work that they do. Instead of this I use my reading and analysis of these stories to conjure up an imaginary meeting between a PhD student, Steve, and his supervisor, Brian, to give a sense of these introductions, their posts and wires and the work they do to produce obesity and make prodding parents plausible.

So these guys work and study at the (fictitious, but well-funded and often called upon to speak the truth) Exercise and Nutrition Research Centre. Brian is keen for Steve to build a publication record and has suggested co-authoring a paper and sending it in to a prestigious international obesity journal. To this end, Brian is coaching Steve through the process of producing a journal article. Yesterday they met for the first session to map out the paper and Brian ran through the art of writing an introduction. What follows is the meeting note that Steve scrawled down and which he will use to have a crack at constructing the introduction to their paper.
5.1. Meeting with Brian

15 March 2012: Meeting with Brian
Discussed co-authored paper for Journal of Paediatric Obesity.
Mapped out intro as follows:

- Obesity is major health problem, epidemic
- Statement from WHO to this effect
- International statistics demonstrating extent of issue
- Adult statistics from Ministry of Health - establish national significance
- Associations to disease, ill-health (long list + refs)
- Ref to Ministry of Health re: cost to the nation
- Rates rising rapidly last 20 years across the globe and specifically in NZ
- Therefore limiting significance of genetics leads on to ...
- The energy imbalance as logical explanation
- Statistics from Ministry of Health on children’s low fruit and vegetable consumption - just let the numbers speak for themselves
- Statement about childhood obesity being significant in childhood (psychological, type 2 diabetes etc) and tracks through to adulthood
- NZ Nutrition Survey stats on prevalence of overweight/obesity amongst children in NZ, breakdown by ethnicity
- End with statement about significance of parents, home-environment.

Then on to the methods, results tables etc ...
Draft intro to Brian by Friday.
I want to be clear that this is a little foray into fictional ethnography. It is not the usual kind where one does ‘real’ ethnographic fieldwork and then creates fictions about the events, people, and issues encountered. Rather, in this case I have dabbled in a bit of ‘imagined’ ethnographic fieldwork and then written fiction about it. I have never encountered a meeting between my obesity scientists. I do not know how they map out their papers. But my reading of their published work suggests that this approach is plausible, that such a meeting might occur, and that these plans could be made. I am not suggesting that all of the papers I examined included introductions like that which might result from Steve and Brian’s meeting or that they necessarily all include these particular statements and statistics. Indeed some dive straight in with facts and figures about childhood obesity and others simply begin by reviewing studies about parents, families and the ‘home environment’. But these introductions, whether formulaic or not, do the same kind of work, and for the most part draw on similar discursive strategies and practices to achieve these ends. These introductions suggest that obesity scientists constitute obesity and create the conditions of possibility that make parents subjects of significance in relation to childhood obesity.

I am not claiming obesity scientists’ introductions are necessarily or deliberately contrived (perhaps they are) but rather that we need to read them as something other than simply statements and facts setting out the topic of study. These introductions don’t just say something, they do something; they produce objects of discourse and in doing so begin the process of shaping subjects. My obesity scientists’ introductions do not only begin, locate and frame up obesity scientists’ stories but (re)produce and make use of existing and evolving discourses that construct obesity in particular ways and not in others, make childhood and children matter, and create the need to study parents. In this way they are deployed to shore and sure up what obesity is and legitimise parents as significant objects, worthy of telling stories about.

My obesity scientists do considerable work to produce parents as subjects of significance in obesity discourse. In order to justify the merit of investigations that scrutinise the relationship between parents and fat on children’s bodies they must first produce the necessity for parents playing a role
in obesity prevention/treatment and secondly identify parents’ capabilities to do so. Before the ins and outs of parents’ role in producing and preventing fat on children’s bodies can be measured or indeed (self-)governed it must occur to people that parents are subjects of concern. In a similar vein Jutel (2011) makes the case that through measurement overweight bodies are known as pathological but that before measurement can occur people must come to think of their overweight body as something of concern despite having no particular medical concern or complaint.

5.2. What are we to make of these introductions?

It is important to acknowledge that my obesity scientists operate within an institution (the academy) that influences which and how tales can be told. The published scientific paper must conform to many rules in order for it to be considered an appropriate player in the ‘games of truth’. These rules call for particular kinds of introductions - facts, statements, numbers, and coherent arguments with little room for messy word-count-wasting ifs and buts. Furthermore, obesity scientists’ work is often funded by state agencies and as such needs to provide concrete findings and report these in matter-of-fact ways, in essence to tell it how it is.

The desired/designated audience is also one likely to anticipate and appreciate such introductions - a community of the already-initiated. The stories I interrogated are primarily produced by scientists with a shared understanding of the fundamentals of obesity, with perhaps a quibble here and there about whether diet or exercise is most important, whether the BMI is satisfactory, and whether obesogenic environments require external (state) intervention or internal (individual) circumvention. For instance definitions of obesity are few and far between; an assumption underlies most introductions that readers are already au fait with particular understandings of obesity, that what obesity is can be regarded common sense, requiring no further elaboration or justification. Consequently, there is little need to traverse the particulars of ‘truths’ about obesity, simply re-stating them and bolstering with commanding statistics and authoritative citations is more than sufficient. These introductions are in this way a product of the conventions of the institution within
which they are produced. However, regardless and because of this, they do powerful discursive work.

What is significant for this thesis is not whether or not obesity scientists produce their introductions in a formulaic fashion, or even how and why they produce their introductions as they do, but rather the effects of these introductions. That is, the way in which language (and numbers), discourse, and knowledge cohere within these introductions and create paths for power to produce particular truths, to legitimise these truths and invisibilise or silence other possible truths. Rail (2009) notes that authors across the US, Australia and England have documented an explosion of scientific and media reports on obesity and commonly note a dominant ‘obesity discourse’, which:

… offers a mechanistic view of the body and focuses on the assumed relationship between inactivity, poor diet, obesity and health. In the same breath it presents obesity in moral and economic terms: obese and ‘at-risk’ bodies are constructed as lazy and expensive bodies that should be submitted to expert investigation (p. 141).

My obesity scientists’ introductions set the scene, drawing on statements and statistics that tell truths about the state of the nation’s waistlines and how these mirror a broader global epidemic, they move on to paint a picture of our children falling foul of fat, and yet critical to solving the obesity crisis, and leave us open, ready and waiting to receive their discoveries about the causes of childhood obesity and what must be done to prevent it. In their examination of media reporting, Burrows and Wright (2004) argue that:

… epidemiological and related research associated with a so-called obesity epidemic together with an on-going representation of young people as at risk of a range of health-inhibiting habits and products, serves to create a panic which constructs particular ways of looking at and acting upon children (p. 83).
The ways childhood and children are constructed and understood within obesity science and more broadly in obesity discourse has affects and effects for not only the way children and young people are treated but also for the way in which their parents become embroiled in a so-called war on obesity. In a latter section I detail how my obesity scientists deploy developmental and socialisation discourses in order to make sense of children’s ill-behaviours but also to bring parents into the firing line.

These introductions may be thought of as mini assemblages and could easily provide enough fodder, paths to trace, webs to get tangled up in, nets to trap, and apparatuses to do who knows what with. But at the end of the day I am in the business of fence-building or rather attempting to show that the fence contributing to the certainty with which we know parents as responsible and blameworthy is not a coherent truth but rather the product of a great deal of discursive work that strings wires between posts and batons and presents to the world a boundary marker that holds parents prisoner as objects of obesity discourse and divides them up into the good and the bad. As such I turn now to my next series of breadcrumbs that lead us through the masses of material I analysed with a climb up Capability Discourse Mountain.
6. Individual capability

My obesity scientists construct health and obesity in particular ways. These constructions contribute to the way they approach subjects in their work, and position subjects through their work. Much has been written about the way expert testimony is mobilised within obesity discourse to responsibilise individuals for attaining and maintaining their health through management of lifestyle behaviours, which are thought to result in a slender and therefore healthy body (Gard & Wright 2005, 2001; McDermott, 2008, 2007; Murray, 2008; Rail et al., 2010). Scholars have critiqued such understandings by pointing to the assumptions they make about individuals, namely that all people are autonomous and will act in rational ways and that all have the means to consume what is needed to manage their health such that being healthy becomes merely a choice. Some argue that these assumptions mask, and downplay macro-structural issues and disregard “the specific social, cultural and material conditions of people’s lives” (Gard & Wright, 2005, p. 183). As Murray (2008) puts it: “an equalizing function is effected, thus covering over the raced, gendered, classed, and sexed specificities of individuals, and universalizing the experience of one’s body and one’s health uncritically” (p. 16).

Further to this, Lawrence (2004) argues that blame and burden are apportioned in line with the way an issue is presented in public debate using either an individualized or systemic frame. When an issue is presented via an individualizing frame this limits the causes of a problem to particular individuals, often those afflicted with the problem. She argues that in the United States most health problems are constructed via an individualized frame and consequently it can be difficult for public understanding to move towards a more systemic understanding. This can be problematic because defining an issue in “individualized terms limits governmental responsibility for addressing it” (p. 57). For Lawrence: “[T]he closer the overall pattern of public discourse moves toward the systemic end of the continuum, the more conducive will be the environment for public policies that burden powerful groups and hold political institutions responsible for addressing the problem” (p. 57).

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71 See also Warin et al., 2007, p. 98; Maher et al., 2010b, p. 306.
Understanding obesity in line with individual behaviour connects notions of a humanist subject, neo-liberal discourses of governance and dominant understandings about the nature of health, (what it is, how it is attained, what it affords), and in coming together these ideas produce a powerful truth that individuals must take responsibility for their health (Murray, 2008; Coveney, 2008; Gard & Wright, 2005). Several scholars note the convergence of neoliberal and obesity discourses in the responsibilisation of parents (Burrows, 2009a; Coveney, 2008; Maher et al., 2010a; Zivkovic et al., 2010). Neoliberal models of governance recast responsibility as an individual concern rather than a collective responsibility managed by the State (Zivkovic et al., 2010). In line with this, obesity is framed as an aspect of health that citizens can manage themselves as freely choosing, knowledgeable, autonomous subjects acquiring what they need within a free market (Coveney, 2008). As Burrows and Wright (2007) put it: “… central to the work of both government and private agencies is a commitment to the notion of a subject who can choose – a subject who can make wise choices amid the plethora of ‘risky’ alternative open to them …” (p. 2).

Murray (2008) argues that in this time of disciplinary medicine: “[S]ubjects are convinced of a response-ability to cultivate themselves rather than being directly coerced by an external authority” (p. 12). Murray’s use of this hyphen opens the way for my analysis. My thesis ponders the way in which parents are known as responsible and blameworthy but my contribution to critical scholarship is to draw attention to the way the notion of capability is used to position parents. This may seem like a subtle point of difference hardly worth making. However, I think that in producing parents as individuals capable of producing un-fat children it becomes plausible to consider them responsible for doing so. In other words, I am making a case that in addition to neo-liberal discourses that position all individuals as autonomous and rational beings, my obesity scientists offer up a discourse of capability that serves to produce parents as response-able for preventing and treating childhood obesity.
Our first uphill slog focuses on the construction of obesity as a ‘disease’ that individuals are capable of controlling. This construction produces a normative expectation that people are able to and will control their weight. Indeed Murray (2008) notes that “the whole philosophy of the diet is founded on the humanist belief in self-transformation—the power of the individual to master the body in and through rational choice—and this self-authoring/self-mastering constitutes one as a moral and medical success” (p. 14). People are charged with and take-up this task because obesity scientists contend it is possible for individuals to manage their lives in ways that will prevent obesity (Gard & Wright, 2005).

6.1. The energy imbalance

My obesity scientists commonly describe obesity as the consequence of an energy imbalance, that is, when an individual consumes more energy than they expend resulting in excess energy being stored as fat on/in the body. This construction lends itself to understanding obesity as caused by individuals’ behaviour. Lawrence (2004) notes that the most conventional understanding of obesity in her analysis of media reports from 1986 to 2003 in the United States was as a problem of individual behaviour. She suggests that for many people this way of framing obesity makes basic scientific sense and cites an excerpt from a media report to this effect, which opines: “excess weight gain may, at its simplest reckoning, be the result of eating more food than one burns off, and therefore the means to controlling weight will always be a variation on decreasing caloric intake while increasing physical activity” (Angier 2000, cited in Lawrence, 2004, p. 62).

Within my obesity scientists’ texts, the energy imbalance explanation is generally accepted as straightforward and obvious. For example, Oliver, Schluter, Paterson, Kolt and Schofield (2009) describe obesity as: “predominantly the result of an ‘energy gap’, the excess of energy intake over energy expenditure” (p. 48). The assumption underpinning many of my obesity scientists’ stories is that any individual can prevent obesity simply by choosing to eat and exercise in ways proclaimed conducive to achieving a slim body. Oliver and colleagues suggest “these ‘energy gaps’ can be relatively small (e.g. ~ 20-30 kcal/day), and therefore could be easily reduced by small increases in physical activity (p. 48). Similarly physical activity is regarded “an important lifestyle behaviour
that impacts positively on both the prevention and management of obesity” (Hohepa et al., 2004, p. 6). The choice of language in this statement is important and illustrative of the way that obesity scientists produce a discourse of individual capability for securing health. The term ‘lifestyle behaviour’ signifies that obesity is a product of a person’s style of living. It also implies that people can and do make choices about the way they live, how they eat and exercise, and that obesity is merely the result of poor choices. According to Murray (2008) “the individual is convinced of their own choice in authoring themselves and maintaining their own health” (p. 14).

The management of fatness is presented as simply a case of balancing eating and exercising, a scenario encapsulated by the ingenious Dumb-Bell cutlery presented in the following photograph from a web-based gadget magazine72 – with each mouthful, energy is simultaneously consumed and expended, presumably to achieve the magical equilibrium, which we have come to understand exists and is attainable.

![Dumb-Bell Cutlery](http://www.likecool.com/eat_fit_DumbBell_Cutlery--Kitchen--Home.html)

Gard and Wright (2005) suggest this understanding assumes that people’s bodies respond in “machine-like predictability” to food and physical activity (p. 39) and that “human body weight is subject to a rigid law that relates inputs and outputs” (p. 40). The energy-in/energy-out equation seems logical - it appeals to our commonsense - and provides a simple means of both understanding and managing fat on our bodies. The idea that we can count the calories we take into our bodies through food and measure those that we expend through exercise and thereby manage our bodies to achieve an energy equilibrium has been taken up with gusto (think calorie counts on the menu at

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McDonalds and on running machines at the gym). This way of framing the cause of obesity renders all individuals inherently capable of controlling their body weight and underpins discourse that responsibilises individuals for preventing and treating obesity.

6.1.1. The trouble with a mechanical law

The trouble with the energy imbalance explanation is that despite people managing their energy inputs and outputs their bodies respond in different ways. It’s possible that you know of someone who poses an anomaly - a couch potato who eats like a horse but is ‘stick-thin’ (see Burrows 2010) or someone who slogs their guts out at the gym, eats rabbit tucker but is still a ‘fat bastard’ (see Monaghan, 2006). As the energy imbalance explanation relies on an assumption that all bodies adhere to a universal mechanical law, it is not so good at dealing with human differences such as cultural values, socio-economic class, ethnicity, gender, geographical location and age (Gard & Wright, 2005). Burns and Gavey (2004) suggest that in line with the energy imbalance explanation, bodies are objectified, quantified and portrayed as a “plastic and malleable material …. [as] mechanistic devices, ignoring their social meanings and their lived experience” (p. 558). In line with this, Warin et al. (2007) describe the bodies of large women who participated in their study as holding “deeply engrained histories and meanings that could not be explained or reduced to biological reasoning” (p. 104).

Regardless of these bodily anomalies and the inability of the energy-imbalance model of causation to acknowledge the effects of contexts and contingencies that shape people’s lives, my obesity scientists seem content to continue framing obesity in this way. For example, Taylor, et al. (2006) state: “[It] is clear that educational approaches alone are insufficient to produce the behavioural change required to increase energy expenditure or reduce energy intake, the only possible means of reducing the prevalence of obesity” (p. 146). Additionally, speaking of Pasifika families, Oliver et al. (2011) state: “[M]ultifaceted strategies considering both energy expenditure as well as energy intake, in particular, overnutrition, poor food quality, and portion control, may be most effective in efforts to stem the growing prevalence of obesity in this high-risk population” (p. 54). Gard and...
Wright (2005) suggest it is important to maintain the energy-imbalance because it supports a view that the body is “governed by scientifically verifiable laws”, which means that scientists can legitimise their work to find out the amount and type of exercise and food needed to produce slim bodies (p. 38). I would add to this that the energy-imbalance explanation is critical to obesity scientists’ contention that individuals are capable of managing their weight and thus preventing obesity.

Even when confronted with the implausibility of reducing obesity to a simplistic balancing act of eating and exercising, my obesity scientists seem reluctant to think differently. For example, Yelavich et al., (2008) undertook a study with children in Dunedin, attempting to link children’s BMI with physical activity. They focused on whether or not children walked to school and were somewhat surprised by their results, which indicated that Pasifika children, who are portrayed in New Zealand as being 5.3 times more likely to be overweight or obese than New Zealand European children73, were most likely to walk to school. Rather than concluding that the relationship between physical activity and BMI is weak or complex, these authors suggested that the health-effects of walking to school are likely to be negated by unhealthy eating amongst Pasifika children. In other words, when an aspect of the energy-imbalance does not explain varying weights, rather than abandoning or questioning this explanation, these scientists apportion blame to other aspects of individuals’ lives, retaining the plausibility of individual capability.

In another example, Utter, Scragg, Schaaf, Fitzgerald & Wilson (2007a) studied the relationship between food, physical activity and children’s BMI status. They stated:

[R]ecently, more evidence is surfacing suggesting that the rapid escalation in the prevalence of obesity is more likely to be explained by energy intake rather than energy expenditure and this appears to be reflected in our findings. Regardless,

73 See Parnell, Scragg, Wilson, Schaaf, & Fitzgerald (2003); Kiong (2007).
physical activity is an important area to include in obesity prevention strategies, but our evidence does not support this as the main strategy (p. 111).

What are we to make of this? Food seemed to correlate with fatness but exercise did not correlate with thinness, regardless the conclusion is that we should doggedly continue to believe that the ‘correct’ (whatever that might mean), management of food and exercise can prevent obesity.

My obesity scientists seem compelled to continue studying every conceivable combination of diet and exercise and its relationship to body weight in order that they can continue to have a significant role to play in solving the obesity problem. As they are most often not geneticists, nor city planners, they need the energy-imbalance model to support their continued efforts to home in on individual behaviour and find the required combination of behaviours to prevent fat accumulation for one and all. This ever-continuous splintering of potential risk factors (McDermott, 2007), if not eating and exercising directly, then factors that affect food and physical activity, such as marketing, encouragement from parents, availability, pricing, working parents, watching television and so on requires belief in the energy-imbalance. For instance, a large group of international obesity scientists, including one from the Liggins Institute in New Zealand, published a critique of the apparent “myopic emphasis” (McAllister et al., 2009, p. 869) on “marketing practices of energy-dense foods and institutionally-driven declines in physical activity” (p. 869). Their concern was not that focusing on energy intake and expenditure is problematic but rather that the dominance of these two “alleged perpetrators” (p. 869) is based on shaky evidence and is attracting all the funding and public efforts to reduce obesity, whilst other significant contributing factors to the energy-imbalance, like sleep, temperature and so on are being neglected. The up-shot is that so long as energy-in + energy-out = change in weight, individuals are capable of managing their bodies and lives to achieve slimness, and thus obesity scientists have important work to do. Furthermore we can comfortably continue to understand fatness as simply the bodily outcome of an individual acting irresponsibly rather than an indication of uncertainty about human body weight and why it changes, or an acceptance of bodily diversity.
6.2. The genetic hiccup

On the up side, my obesity scientists seem cognisant that the energy imbalance equation does not capture the complexity of human body weight. Their work is replete with statements about the complex causes of obesity. Obesity is described as “multifactorial” (Yelavich et al., 2008, p. 51) a “complex phenomenon that is influenced by genetic, behavioural, and environmental factors” (Hohepa et al., 2004, p. 1), and purportedly “involves a complex set of factors from multiple contexts that interact with each other” (Dresler-Hawke et al., 2009, p. 4). Further to this in the paper cited above by McAllister et al. (2009), scientists claim that: “[O]utside the circle of public health advocacy discussions, scientists widely and readily acknowledge that multiple factors contribute to obesity, including but not necessarily limited to genetic, dietary, economic, psychosocial, reproductive, and pharmacological factors” (p. 870).

Gard and Wright (2005) in their review of obesity scientists’ work, also note “[M]ost obesity researchers accept that, in reality, the situation is more complicated” (p. 41). Whilst many of my obesity scientists frame obesity as a condition caused by individual behaviour, some also acknowledge the role of genetics. For instance, Swinburn (2008)\textsuperscript{74} states that:

\begin{quote}
[H]umans have, for good survival reasons, evolved a biology that is designed to maximise energy intake and minimise physical activity. We seek and enjoy good tasting food (especially sweet, fatty and salty foods) and we seek to reduce the effort needed to do work (by designing machines and technology to do it for us) (p. 2).
\end{quote}

He is acknowledging here an explanation that obesity is caused by the biological make-up of human beings, however, like other scholars have noted (Lawrence, 2004; Gard & Wright, 2005), he rapidly moves on to discount the significance of this biological explanation, as follows:

\textsuperscript{74}Swinburn is an Australian obesity scientist publishing here in a joint Australian and New Zealand academic journal.
While these are powerful factors, our biology has not changed over the last 30 years. What has changed dramatically is the environment around us – especially the easy availability of foods and energy-saving machines that feed those biological desires. It is the increasingly obesogenic environments which are promoting especially excessive energy intake but also reduced physical exertion that are driving secular trends (p.2)

An example of media reportage from a recent Fat Studies conference held in New Zealand provides a useful means of seeing just how obesity scientists acknowledge the flaws of the energy imbalance explanation, acknowledge genetics, and then cycle back around to individual behaviour before continuing business as usual espousing hard and fast truths about what causes obesity. In the following report Cat Pause, a Fat Studies lecturer and host of the conference is quoted as stating:

Obesity is not a big health problem. If you really look at the science, that is what comes through." … The relationship between weight and health was much more complicated than people thought, and none of the "obesity myths" were backed by science, Dr Pause said. "If what we want is a healthier, happier country, then I think one of the ways we get there is by changing the way we talk about fatness, because … it's not just about all these fat people that have to live in a culture that openly hates them … it's also about what that fat hatred does for non-fat people as well. "So whether it's young girls who are going on diets by 5 because they're terrified of being fat, or middle-aged women who would rather lose years off their life than gain five kilos, fat hatred is bad for people of all sizes, not just for fat people (Torrie, 2012).

The report then changes gear as an obesity expert is brought in to respond:
Obesity expert and Otago University Associate Professor Rachael Taylor said people could be fat and fit, but overweight people were still at a higher risk of obesity-related illness, such as high cholesterol and diabetes. There was "no doubt" genetics played a role in obesity, but what people did obviously had an important and increasing role to play, she said (Torrie, 2012).

Gard and Wright (2005) suggest that often obesity scientists concede that biological differences between people exist and that these play a part in human body weight, they call these "genetic factors" but invariably downplay their importance when explaining the obesity epidemic “arguing that human genetic material changes far too slowly for it to be playing a role in an epidemic barely three decades old” (p. 50). Curiously, Gard and Wright contend that whilst the biological explanation is readily discounted: “the idea of a genetic contribution to human body weight (if not solid empirical knowledge about such a contribution) performs an important role in holding the ‘body as machine’ model together” (p. 50), since whenever restricting eating or doing more exercise does not result in weight loss, obesity scientists can “attribute this non-conformity to genetics” (p. 49). These actions enable obesity scientists to retain individual behaviour as a plausible explanation for the cause of obesity, and thus justify their continued investigation of individuals’ bodies, behaviours, values, knowledges and so on.

6.3. Shifting the blame

To this point I have discussed two explanations commonly used to construct/understand the causes of obesity, the biological explanation (genetic predisposition) and behavioural explanation (management of energy imbalance). The third explanation locates the cause of obesity within obesogenic environments (Lawrence, 2004; Murray, 2008). We can see this explanation emerge in Swinburn’s (2008) statement above and as a further example, Williden et al. (2006) describe obesity as a “normal response to an abnormal environment, such that the focus of obesity prevention should be a broader environmental approach rather than the individual” (p. 136). In my reading of obesity science, I noted a shift from a focus on studying individual behaviours with the intention of determining specific variables causing obesity that lie within the bodies and behaviours of
individuals to what was called a socio-ecological model whereby environmental, social and cultural (often meaning ethnic-specific ways of living) factors were positioned as combining to cause obesity (e.g. Hohepa, Scragg, Schofield, Kolt & Schaaf, 2007; Simmons, et al., 2009; Williden et al., 2006; Walton, Waiti, Signal & Thomson, 2010). This seems like a promising move that would reduce the stigmatization of people deemed overweight and obese, and the responsibilisation of individuals to prevent and treat obesity. However, further reading revealed that whilst many texts began with a statement about the complex nature of obesity, the need to move beyond a focus on individuals and describe the take-up of this socio-ecological approach to understanding obesity, individual behaviour remained central to their investigations and recommendations regarding interventions. For instance, Dresler-Hawke and colleagues (2009) begin their paper by stating:

[T]he development of childhood overweight involves a complex set of factors from multiple contexts that interact with each other. The child’s characteristics (such as age and gender) interact with the social ecology of the child’s family, and the school setting is embedded in the larger social, political and economic contexts where childhood obesity develops (p. 4).

Somewhat surprisingly (but rather typically), despite articulating this understanding of the complexity of obesity the study undertaken by these scientists hones in on individuals, specifically on the contents of children’s lunches, analysing what children eat and discard, signalling their belief that individuals can prevent obesity through the ‘right’ management of their behaviour.

A further example is provided by Duncan (2007), as follows:

It is generally accepted that the susceptibility of a child to become obese is at least partially dependent on genetics. However, obesity is a complex disorder that stems from an interaction between genes and the environment. Put simply, obesity is the product of an energy imbalance in the body, with intake regularly exceeding
expenditure. Physical activity represents the key modifiable behaviour linked to the expenditure side of the thermodynamic equation, and is consequently a focus of many obesity prevention initiatives (p. 13).

It seems the shift to an environmental explanation may serve to broaden the cause of obesity but retains the means to render individuals capable of controlling their weight by becoming knowledgeable and resourceful such that they can negotiate an obesogenic environment and successfully produce a slender body. One must accept the view that whilst obesity may be caused by some kind of societal, environmental or genetic malfunction, it all boils down to a resulting energy imbalance, which can be solved and prevented by the actions of individuals.

This shift has not gone unnoticed within the social sciences. Lawrence (2004), a political scientist, reports that in the last two decades obesity has been reframed along these lines in United States news discourse. Specifically, “popular understanding of the causes of obesity has moved from the individualized and medical realms of biology and personal responsibility toward the realm of environmental causation” (p. 72). Geographers, Colls and Evans (2009) also report that in response to criticism of approaches that blame individuals (or victims), anti-obesity policy in the United Kingdom has shifted its focus to obesogenic environments, with the intention of shaping the environment to shape the bodies within it. However, the kinds of policies and interventions emerging from this approach to obesity do not necessarily negate individual responsibility. For example, Evans (2010) points to a report commissioned by the United Kingdom Government to guide its policy development wherein obesity is attributed to an ‘obesogenic environment’ produced by the 20th century technological revolution, and which renders some people biologically vulnerable. Evans argues that:

… rather than challenging individual models of responsibility, this account of an ‘obesogenic environment’ therefore constitutes a particularly pernicious form of environmental determinism … fat people are denied any subjectivity their bodies a
product of ‘genetic memory’ out of synch with the environment, thin people presumed able to transcend this biological destiny through asserting ‘conscious control’ (p. 28).75

Murray (2008) argues that this move to a focus on environmental factors “effectively reproduces the notion of individual (moral) responsibility: the belief that if only the individual would comply with directives for health … obesity could, and would disappear” (p. 11). In essence whilst the cause of obesity is being framed as the result of an environment that is conducive to sedentariness and unhealthy eating, the onus remains with individuals to take-up health messages and tools in order to negotiate this environment and create for themselves a means of securing an un-fat body.

Furthermore Colls and Evans (2009) note that policies developed on the basis of an obesogenic environment model of causation for obesity, often “construct particular groups or communities as homogenous and compare them against normative models of ideal lifestyles” (p. 1014). For instance, poor and working class communities are positioned as unable to manage their weight due to lacking knowledge about appropriate lifestyle behaviours, rather than unequal access to resources. Lawrence (2004) suggests:

… while there is more talk than ever about an unhealthy environment contributing to obesity, there is less acceptance of the idea that risk has been incurred involuntarily by overweight adults. To absolve individuals of all responsibility for their weight would defy cultural norms and common sense. But even relieving them of some responsibility appears difficult. … The McDonald’s lawsuits, for example, are virtually never mentioned without a corresponding counterframe of personal responsibility (p. 71).

75 See also Evans et al. 2011, p. 330-331 on this issue.
Whilst a shift to focus on obesogenic environments is touted to be a progressive move to tackle the complexity of obesity and avoid blaming victims, it appears to result in studies and interventions that acknowledge a broad range of causes for obesity but continue to position individuals as capable and responsible for producing slim bodies by managing their behaviour.

6.4. Where are we?

We followed a path that rendered visible three different ways of constructing the cause of obesity and showed how these constructions played out in producing individuals as subjects capable of controlling their body weight. Whilst there was some jostling about along the way with competing explanations being touted as superior and a move from a focus on individual bodies to bodies in spaces, we’ve arrived at a spot where it’s possible to see the energy imbalance explanation retaining its status as the strainer post at the top of the hill holding the fence in place. My obesity scientists’ continued belief that fat accumulation on the body is simply the result of an energy-imbalance and further that this imbalance can be corrected through individual management of bodies, specifically through the take-up of ‘correct’ lifestyle (a.k.a eating and exercising) behaviours serves to produce a discourse of individual capability for producing slim bodies. This discourse positions all individuals as capable of authoring their bodies as they please, merely through the ‘correct’ management of lifestyle behaviours. Burrows (2009a), for example, argues that: “central to the work of the agencies who profess to provide the tools is a commitment to the notion of a subject who can, with a little help choose to make the right choices …” [italics added] (p. 131).

This section of our climb served to highlight the way a particular understanding of bodies as machine-like - wherein they can be primed to perform in particular ways through the careful management of inputs and outputs - supports my obesity scientists’ convictions that obesity is a disease that can be prevented through the correct management of lifestyle behaviours. This understanding of bodies, fat on bodies, and individuals, produces a means for positioning all individuals as inherently capable of producing a slender body. The notion that people are capable of authoring their body, of being in control of it and working on it like a project - mastering it (Murray, 2008), serves to make it plausible that people can be responsible and therefore culpable
for fat on their bodies. But what does any of this have to do with fat on children’s bodies and a relationship between this and their parents?

Well, the skinny of it is that just as fat is understood to accumulate on adults’ bodies through the mismanagement of ‘lifestyle behaviours’ so it is for children. However, because a particular understanding of childhood is readily taken up in obesity science, children are rendered incapable of appropriately managing their ‘lifestyle behaviours’ and thus not necessarily held responsible for their weight. In media discourses, Boero (2009) argues that portrayals of childhood obesity commonly target sedentary lifestyles, however as children are constructed as passive and vulnerable, aspects of personal behaviour that are often individualized in constructions of adult obesity are not so individualized where children are concerned. Subsequently the scientific gaze looks about for those adults deemed responsible for children, in some cases adults in schools, in others, adults in politics, in decision-making roles, even in commerce, but in the case of this thesis, adults in homes, in families, most often – parents. The understanding that obesity can be prevented through the ‘correct’ management of lifestyle behaviours, which in turn produces an energy equilibrium and wards off the accumulation of fat, is simply passed from the individual child to the individual parent. Burrows and Wright (2004) note that: “[W]hile obesity in adults is ordinarily linked to moral laxity, i.e. an individual failure to take responsibility for the shape and substance of one’s own body, with children … much of that responsibility shifts to parents …” (p. 90). In the following chapter I turn my attention to the way in which this understanding of individual capability dovetails with the deployment of discourses of development and socialisation to render parents capable of producing un-fat children.
7. The deployment of development and socialisation discourses

Our next climb follows a path that provides the opportunity to see my obesity scientists’ second strategy in action. Kelley and Mayall (1998) state that: “most research on children has been profoundly influenced by developmental theory” and it has taken up a positivist agenda to “document how … children progress through certain stages towards adulthood” (p. 17). My experts don’t contribute much to this project but rather make use of the ‘truths’ produced through the take-up of developmental theory in order to make sense of, and take action in, children’s lives.

Discourses of development and socialisation are deployed to constitute childhood as a particular period in the life course and children as specific kinds of beings (primarily of interest here is a portrayal of children as incapable). This positioning shapes the way my obesity scientists think of and treat children and consequently leads on to constituting parents as significant socialisation agents with the capability to implant within their children the science of healthy living. I suggest that developmental discourses offer my obesity scientists three significant means of justifying their investigations into parents lives: the notion that childhood is a period when the foundations for life are laid down; the means to position children as not-yet-developed; and an understanding of parents as key socialisation agents.

7.1. Laying foundations

Developmental discourses posit that childhood is a significant period in a person’s life when foundations for the future are being laid down. Habits formed in childhood are thought to establish a person’s behaviour for a lifetime. For instance my obesity scientists claim:

76 Whilst I focus on constructions of children as incapable, they are constructed in multiple ways within and through obesity discourse. Oftentimes they are regarded as innocent victims (targeted by advertisers, not protected by parents, policy-makers, legislators, society, with fat on children’s bodies symbolising the failure of society to protect them from an obesogenic environment) but also risk-takers, as problematic because of their errant behaviours (pester power, their refusal to exercise, eat healthily and acknowledge the significance of doing so for their future wellbeing). See for example, Coveney (2008), Burrows (2009a), and McDermott (2007, 2008).
Life course epidemiology suggests that … early life factors may also influence later outcomes (Richards, Poulton, Reeder & Williams, 2009, p. 260).

Much of New Zealand’s current preventable morbidity and mortality can be attributed to behaviours that are initiated during adolescence, for example substance abuse, sexual behaviours, eating and exercise (Adolescent Health Research Group, 2003, p. 1).

Physical activity and inactivity patterns have been shown to track throughout childhood and into adulthood (Oliver et al., 2010, p. 403)

Obesity rates among children and adolescents are of particular concern as dietary and exercise patterns established while young typically continue into adulthood and affect lifelong weight and health (Maubach & Hoek, 2010, p. 90)

The take-up of this understanding means the targeting of children and young people to prevent the occurrence of health or social issues is common practice. Coveney (2008) notes: “since childhood is considered to be the point in the lifecourse at which good habits can be inculcated, much of the effort in the fight on fatness is directed to children” (p. 203). For example, Oliver et al. (2010) argue that participation in physical activity during early childhood is “an ideal mechanism for improving lifelong activity behaviours and conferring both short and long term health gains throughout the lifespan” (p. 403). Duncan (2007) opines: “initiatives that targeted obesity during childhood years will have flow-on effects for adults, providing the greatest long-term benefits for New Zealand” (p. 1).

Burrows and Wright (2004) call the justifications for targeting children to prevent obesity, “catch ‘em early discourse” (p. 90). The idea is to capture children’s bodies, their diets and movement before they establish habits that may lead to fat accumulation across their life-course.
Unfortunately, in New Zealand at least, children are reportedly falling well short of what is required to secure our country’s healthy future. Children are fat in apparently increasing and alarming numbers (see for example, Dresler-Hawke et al., 2009; Hancox, 2005, and Hohepa et al., 2004), they eat unhealthy foods and not enough healthy foods (Dresler-Hawke et al., 2009; Moore & Haare, 2007), take little exercise (Duncan, E., Duncan, S., & Schofield, 2008; Hohepa et al., 2004; Oliver, Schluter, Schofield & Paterson, 2011, and Taylor, R., et al., 2008) and spend too much time engaged in sedentary behaviours (Hancox, 2005; Moore & Harre, 2007), they are simply obesity waiting to happen or perhaps obesity in-development.

In response to these dire statistical representations of New Zealand’s children, the Labour Government of 2006 launched a package of obesity interventions under the name Mission On. At the launch of these interventions former Prime Minster, Helen Clark, urged New Zealander’s to “improve nutrition intake and reverse the declining levels of physical activity” and in a cruel twist of developmental fate she opined that: “unless something changes in our living environment and the way we approach the modern lifestyle, it is possible the current generation of young New Zealanders may be the first generation to die younger than their parents” (as cited in Grant & Bassin, 2007, p. 2). The current cohort of children have also been labelled ‘Generation O’ (O for obesity) to “indicate the way in which today’s children may overall have less healthy outcomes than their parents” (Coveney, 2008, p. 202). In the US, Michelle Obama launched a programme to “end the American plague of childhood obesity in a single generation” and stated: “we want our kids to face a different and more optimistic future in terms of their lifespan” (Miller, 2010).

Evans (2010) understands this approach to obesity as a form of pre-emptive bio-politics, wherein the risk of something occurring is made real and imminent such that action in the present is required to prevent the possibility of something occurring in the future. Within obesity science, children are charged with enacting this pre-emptive logic, by arranging their current lives to insure their future lives.
Evans’ (2010) concern with this kind of approach is that attention is squarely focused on children’s potential in the future and not on their lived experiences as children. A consequence of this is interventions and practices that may be detrimental to children are justified on the basis of what they will achieve in children’s future. For example, a BMI surveillance programme targeting school children has been rolled out in the United Kingdom, despite concern that it might do more harm than good. Burrows (2009a) also notes that in her analysis of media reportage in New Zealand “the chronological age at which interventions and/or strategies were applied was often directly linked to the likelihood of any initiative’s success” (p. 129). Further to this, Burrows contends the evidential source of claims around specific ages and stages where action must be taken were not made readily available. In line with this Herndon (2010) notes a trend for bariatric surgery to be offered to increasingly younger children, as families are urged to take action supposedly before it is too late. In my analysis, a common justification for examining and intervening in children’s lives was that overweight, obesity and lifestyle behaviours thought to cause fat accumulation, track from childhood to adolescence and adulthood (Hohepa et al., 2004; Miller et al., 2007; Oliver et al., 2007; Williams, 2001, and Williden et al., 2006).

7.1.1. Laying down fat

Whilst many stories are couched in terms of helping children to establish the right habits in order to support their life-long health (through slenderness), lurking underneath is a fear that if a child lays down fat they will inevitably become a fat adult. My scientists speak of obesity tracking from childhood to adulthood. For example, Williams (2001) points to studies demonstrating that with obesity the “severity and age of onset are important determinants of its persistence into adulthood” (p. 158). Further, McAuley et al. (2010) contend that: “[R]ecent dramatic increases in the prevalence of childhood obesity worldwide and the strong links between child weight and adult health outcomes underscore the urgent need for effective strategies to reduce the burden of the current epidemic” (p. 131).
Fat is understood as easy to accumulate and very difficult to ‘treat’ (Zivkovic et al., 2010). In effect, obesity scientists’ (and health professionals’) failure to treat obesity in adults has resulted in a concerted effort on prevention amongst children. Burrows and Wright (2004) report that in their review of print media articles:

… once the extent of the epidemic was established, developmental discourses were drawn on to explain both the reasons for the ‘problem’ and the solution to the epidemic. That is … it is in the bodies of children that the decline evidenced in adulthood can be identified and arrested (p. 86).

This preventive effort is made plausible through deploying developmental discourses that bring into play the notion that what happens to children in childhood establishes what happens to them in adulthood. In this case preventing children from becoming obese will serve to prevent adults becoming obese. For example, Miller et al. (2007) state that:

[A] recent consensus statement on childhood obesity concluded that interventions to prevent excessive weight gain were justified in children with BMI values above the 85th percentile. Modifications of diet and decreased inactivity were recommended, with more aggressive treatment being offered to children with BMI values above the 95th percentile. The view was expressed that lifestyle interventions such as these to prevent or reverse obesity in its early stages may be more successful than those instigated later in adolescence or adulthood (p. 170).

This understanding of obesity and the use of developmental discourses are also readily taken up in policy. Coveney (2008) quotes from a recent Australian health strategy, which frames children and childhood as central targets. The justification for this is that: “[O]besity develops over time and once it has developed it is difficult to treat. The prevention of weight gain, beginning in childhood,
offers the most effective means of achieving healthy weight in the population” (Department of Health and Ageing, 2003, cited in Coveney, 2008, p. 203).

In the United Kingdom, Evans and Colls (2011) report that anti-obesity policy targeting children is commonly justified because the understanding that childhood body mass directly determines adult body mass and health, is accepted as an absolute truth. These scholars suggest that this “universal deterministic link” (p. 126) renders the complexity and uncertainty amongst the research on this issue invisible. To this end, they provide the example of a paper published in the British Medical Journal in 2001 which states:

[T]here is a widespread popular belief that adult fatness begins in childhood …. Current concerns about rising rates of overweight in children also hinge on the assumption that fat children are more likely to be fat adults. Our data [produced through longitudinal research in NE England] suggest a far less deterministic situation (Wright et al., 2001: 323, cited in Evans & Colls, 2011, p. 126).

Further to this in analysis of longitudinal data from the Dunedin Multi-Disciplinary Study, in New Zealand, Williams (2001) reports that:

[Although a high BMI in childhood predicts being overweight at age 21, many of those who were overweight at age 21 had a BMI below the 75th centile or even the median in childhood and early adolescence. Population strategies, complemented by an individual approach for those above the 75th centile, are needed to reduce the average BMI of the population (p. 158).

Williams’ (2001) data seems to suggest that many of the individuals who had a high BMI at age 21 did not have a high BMI in childhood, which could be taken to mean that being an overweight or obese child is not a prerequisite for being overweight or obese in adulthood. Williams does not
report findings related to the proportion of people at age 21 who are not overweight or obese but who had high BMI as children or adolescents. In other words, the other half of the equation showing that high BMI in childhood does not always track through to high BMI in adulthood. A glance at raw data tables in this paper indicates that at age 7, 104 boys had BMI levels at the 75th centile or above yet at age 21 only 57 had a BMI at the 75th centile or above. This suggests that just under half of the ‘fat’ boys grew into slim men. Still we are told that overweight and obesity track from childhood to adulthood. If Williams and other obesity scientists were confident of this claim there would be little need to endorse population-wide strategies, which would capture skinny kids who become fat adults and may slip through BMI screening programmes.

Obesity scientists’ compulsion to identify those children who may become overweight or obese in adulthood is linked to evidence that successful treatment is known to be difficult. As Williams says: “it is generally agreed that the identification of potentially obese or overweight individuals before they become overweight is critically important” (p.158). This seems a big ask. How should we go about identifying people who may become obese or overweight before they become overweight? For Williams the answer lies somewhere in locating a BMI centile in childhood that relates to a high BMI in adulthood. She suggests the 75th centile, rather than a World Health Organisation recommended 85th centile should be used to identify those at-risk for overweight and obesity.

Since Williams’ (2001) data does not seem to yield the desired results, perhaps we should go lower, how about the 50th, the median BMI at childhood, anyone with a BMI lower than normal should be fine, anyone normal or above we had better intervene. In practice, many obesity scientists endorse intervention in all children’s lives, perhaps because they can’t pin-point which children require attention, indeed Taylor, Brown & Dawson (2010) note that the “optimal age to intervene and reduce excess weight has yet to be established” (p. 1). On the other hand, it could be because there is no rhyme or reason to the identification of potentially obese or overweight individuals before they become overweight so targeting all children (even before or at birth) is all that we can do. Burrows and Wright (2004) note that in obesity discourse dished up in the media children are
universally positioned as at-risk in relation to obesity and similarly, Gard and Wright (2005) posit that part of the panic associated with obesity is because it is rendered a disease that can affect everyone, everywhere with all children positioned as either fat or becoming fat.

Developmental discourses serve many purposes for my obesity scientists. They establish the need to examine and intervene in children’s lives because a) habits formed in childhood last a lifetime, b) fat children become fat adults, and c) fat has been notoriously difficult to treat amongst adults so it is deemed efficacious to prevent it in childhood. In the following section I shed light on a further use of developmental discourse, this time not to produce hope, or certainty but curiously to frame children as incapable of securing their own health.

7.2. Still baking

Individual capability for controlling one’s body weight is often touted as plausible and indeed this claim underpins the numerous interventions that call upon individuals to self-manage/regulate in order to prevent fat accumulation. However, one of the curiosities of my obesity scientists’ stories is that children are rarely understood as capable in relation to their own health.

It is as if we have all the right ingredients but our little cakes are still baking and cannot be served up without our measuring, stirring, watching, and a final turning out of the pan into the world.

This occurs because my obesity scientists predominantly draw on developmental discourses that position children as ‘becomings’, ‘not-yet-developed’ and on a developmental journey wherein maturity (often assumed to occur in line with a particular age), implicitly affords capability (Burrows & Wright, 2004, Coveney, 2008). Burrows (2009a) states that “sociologists of childhood have pointed out . . ., [that] children, have until recently, in Western contexts, at least, been largely regarded as becomings rather than beings, as not yet fully formed, nor capable of making rational decisions in their own best interests” (p. 131). Baird (2008) argues that “the child, as a representation of the future, of what society will look like in generations to come, tends to constitute
children as “becomings” and not “as beings” with experiences in the present” (cited in Zivkovic et al., 2010, p. 378).

In my obesity scientists’ stories, children are represented as a specific kind of individual, one who often makes poor choices (see for example, Moore & Harre, 2007, Utter et al., 2007), lacks cognitive ability to foresee the outcomes of their actions (Moore and Harre, 2007), lacks the ability to transform knowledge into appropriate action (see, Grant & Bassin, 2007) and who has their capacity to act circumscribed by their status as a child (being reliant on parents, teachers for opportunities to eat healthy, exercise) (see for example, Foroughian, 2010; Hohepa et al., 2006; Oliver et al., 2010). Evans et al. (2011) argue that:

[S]ince children ‘do not qualify as full liberal subjects’ (Maher et al., 2010, p. 235) they are therefore, at best viewed as possible vectors to carry information on ‘healthy lifestyles’ from educational spaces back to more responsible actors within the home (parents) or, more commonly, are conceptualised as incapable of acting responsibly, as the cause of irresponsible behaviours, - as in the case of ‘pester power’ (p. 326).

It may seem we have gotten bogged down in a swamp here, the climb up Capability Discourse Mountain thwarted. I am supposed to be demonstrating how my obesity scientists shape individuals up as capable and yet here I am telling tales about children’s inherent incapability. But I have a plan. We just need to pick our way through the muck because in constituting children as incapable my obesity scientists provide the necessity for identifying who can fill the breach – be capable on children’s behalf. A game of Guess Who? is unnecessary because the developmental discourses drawn on come packaged up nicely with a bit of socialisation theory and so primed, ready to intervene and take up the s/lack, are parents. Bear with me and we’ll soon be climbing again.
Within my obesity scientists’ studies, children are examined to identify the bodies, behaviours and attitudes conducive to and preventative of obesity. However, responsibility for having or getting these ‘appropriate’ bodies, behaviours, and attitudes is rarely placed with children. For example, in one study titled: *Eating and activity: the importance of family and environment*, children were represented as currently in a phase of life where they are not equipped to successfully make appropriate choices about lifestyle behaviours. Moore and Harre (2007) conclude that: “[A]dolescents who buy their own food make many ‘unhealthy’ food choices” (p. 143) and that “[I]t seems clear that families are very important throughout the secondary school years in setting the context for young people to eat well, exercise, and find alternatives to television” (p. 147).

Children’s apparently inherent ineptitude poses a great difficulty for obesity scientists because as noted they also understand childhood as a critical stage in a person’s life to prevent or arrest obesity. Children are positioned as having the potential to develop into an obesity problem or an obesity solution (Burrows & Wright, 2004) depending upon their immediate success at laying the ‘right’ foundations for their current and healthy future. Children are positioned as problems because of what they might develop into (inactive, fat, unhealthy adults) and because of their current developmental ineptitude, their lack of capability to keep themselves healthy and establish healthy habits. Yet they are also understood to be the solution to obesity. If my obesity scientists can just find the right approach to getting children to ‘toe the line’, do the right things, then obesity will vanish as the current cohort of children emerge from their childhood chrysalises as slim and healthful adults, or so the story goes.

Consistent with neo-liberal principles, modern parenting revolves around creating independent children who have freedom to express themselves and make choices (Coveney, 2008). However, in a damning twist for parents, the notion of a child making informed and autonomous decisions in the market place is problematised in relation to obesity. Maher et al. (2010a) and Coveney (2008) both refer to Lotz (2004) when they note that children are positioned as “not-as-yet-fully-rational agents” (as cited in Coveney, 2008, p. 207), subjects who are not “able to self-regulate and manage their...
own health” (Maher et al., 2010a, p. 235) and who “do not and should not enjoy the same level of autonomy as adults” (as cited in Coveney, 2008, p. 207). Burrows and Wright (2004) argue that:

… throughout history a protective stance towards children has been justified by arguments pertaining to the relative ‘innocence’ and ‘immaturity’ of youth, their ‘not-yet-developed’ capacities to reason, think, behave in grown-up ways and a need to protect them from unsavoury aspects of adult civilisation (p. 85).

Within obesity discourse, children are constructed as “innocent and vulnerable to market forces” (Zivkovic, 2010, p. 386), positioned as irresponsible in regard to their food choices and in need of protection from marketing (Boero, 2009). Burrows and Wright (2004) report that children are positioned as universally at-risk and in need of protection from the fatty food industry and technology. In order to manage children’s diet and weight, parents are expected to protect them from the market and the poor choices it offers and encourages children to make (Maher et al., 2010a). Indeed protecting children from the competitive and corrupting market place becomes a “hallmark of good parenting” (Coveney, 2008, p. 206).

Parents are caught between a rock and a hard place. They are expected to protect their innocent child from the “forces of fatness” (Coveney, 2008, p. 207) whilst simultaneously raising them to be independent and capable of acting responsibly and with autonomy in a free market. Their attention to children’s “voice and choice” (p. 207) is constructed as permissive parenting in obesity discourse, resulting in children who are “formidable agents able to impose their will via … pester power” (Maher et al., 2010a, p. 235; see also Evans et al., 2011) and who ultimately wind up fat as a result of parents’ inability or lack of attention to protect them from the market and indeed to protect children from themselves. Further to this, in some cases, when fat accumulates on a child’s body, children are positioned as in need of protection from neglectful parents. Coveney (2008) suggests that:
Flatness in childhood is not only about the ‘parlous state’ of children’s health, or even the ‘ticking time bomb’ of later disease. It is also a reminder that parents and the larger society have not protected children from outside forces that seek to strip them of their innocence, replacing it with consumerist greed (p. 207).

My obesity scientists use representations of children’s inadequacies in managing their eating and exercising behaviours or in having the necessary know-how to achieve a slim body to explain away children’s deficient behaviours and knowledges as a function of their stage in development rather than the many other possibilities why children may not eat, exercise and mind the bulge in the way that obesity scientists desire them to (i.e. the contexts and contingencies of children’s lives). These representations also underpin their call for the responsibilisation of adults in children’s lives. Children’s inadequacies are taken as evidence that parents need to take up surveillance and regulatory roles to protect children (from their inherent childish inadequacies, or indeed from the big bad world – a.k.a the fast food industry, advertisers and new technologies). The construction of obesity as an individual or family responsibility in line with a neo-liberal ideology, coupled with a view of childhood as a time of innocence and vulnerability drawn from child development discourses, works to position parents as responsible for protecting their children from a free but also obesogenic market. Children’s positioning as still baking constructs a role for parents and this role is made tenable, feasible, doable through the introduction of socialisation theory wherein children are constructed as ripe for influence and parents as the agents poised to ripen them up.

7.3. Ripe for influence

As noted, early intervention is justified within my obesity scientists’ stories by claiming that overweight and obesity track from childhood to adulthood but it is also vindicated through the construction of children as malleable. Childhood is constituted as a unique time in life when humans are open to change and influence and yet can also establish firm habits that last a lifetime (Howarth, 2006). For example, Taylor et al. (2010) report that current interest in targeting young children is considerable and is “based on the premise that behavioural patterns that may be encouraging weight gain might be more easily altered at this age rather than becoming firmly
entrenched” (p. 1). These understandings draw on discourses of socialisation. Connected to the notion that children are in development, that they will become competent upon maturity, which circulates within developmental discourses, is the idea that children must be socialised in order to develop the ‘correct’ ways of thinking, doing and being. As beings in-development, children are understood to be amenable to socialisation by other people (ideas, institutions) in their lives. It is during childhood and in the company of others that they learn how to behave, think and be.

7.3.1. Parents as key socialisation agents

With the belief that children are ‘in-development’ and therefore open to influence, parents are positioned as key contributors to the moulding children. As Burrows and Wright (2004) put it, families are understood as “an obvious site of acculturation into norms and expectations” (p. 88). In regard to obesity, Evans et al. (2011) cite a Government report that states: “parents and parental behaviour has such a strong influence on child behaviour, excess weight problems in children can only be tackled in concert with tackling them in the whole family, and society more broadly (Department of Health, cited in Evans et al., 2011, p. 331). Further to this, Herndon (2010) argues that: “mothers are expected to be especially vigilant against and are believed to exercise immense control over children’s weight” (p. 333). Boero (2009) contends mothers particularly are scrutinised by obesity scientists because of their “association with nature and a role in the transmission of culture” (p. 116) and further to this Herndon argues that mothers are understood to have a strong influence over their children, and consequently have been responsibilised for myriad issues with their offspring “including everything from bedwetting to ‘homicidal transsexualism’” (p. 332), and latterly for preventing and treating obesity. Such rhetoric assumes parents have the capability to influence their children’s behaviours, attitudes and knowledge and this is all that is required to produce an un-fat child.

Within my obesity scientists’ stories parents are constituted as capable of controlling their children’s body weight because they are positioned as key socialisation agents in children’s lives. The family is understood to be a “critical microenvironment through which youth behaviours can be
shaped” (Hohepa, Scragg, Schofield, Kolt & Schaaf, 2009, p. 300). Further, the “main agents of change in families – the parents” are noted to “continue to play a strong socialization role in influencing their child’s behaviour” (p. 300). In the case of young children, Oliver et al. (2010) assert that: “[I]ntuitively the immediate family is of primary importance as the young child’s attitudes, beliefs and behaviours are moulded within this unit” (p. 403). Underlying such statements is an understanding that with the ‘right’ kind of socialisation it is imminently possible for parents to produce un-fat children.

My obesity scientists seem to subscribe to the “‘good parenting’ produces ‘good children’” idea that is part and parcel of developmental and socialisation discourses (Burrows & Wright, 2004, p. 90). Many of my obesity scientists’ stories focus on pin-pointing what kind of parents and parenting is required to produce un-fat children. That is, what kind of bodies parents should have, and what styles of parenting, discipline, role-modelling, surveillance and other practices parents need to engage in to successfully socialise their children and produce the sought after svelte child.

**In sum …**

Theories of child development and socialisation have been critiqued over many years, with a core argument being that “childhood is a discursively produced identity” rather than a “static category with universal meaning” (Burrows & Wright, 2004, p. 85). That is to say it is not useful to think of childhood as a period in life when children universally and uniformly move through stages of development from immaturity to maturity because childhood means different things to different people and its meaning is contingent. According to these scholars it has “metamorphosed in tandem with the shifting societal, economic and political concerns of particular temporal and geographic locations” (p. 85), in other words it is made to mean something such that we can make sense of children in particular ways.

Despite this my obesity scientists seem content to mobilise developmental and socialisation discourses to do the work of making sense of children and in doing so position parents as
imminently capable of producing un-fat children through their abilities to socialise their child. By deploying the various tenets of developmental and socialisation discourses my obesity scientists present a matter-of-fact argument that childhood is a significant period for establishing lifelong health outcomes, and linked to this, that fat kids become fat adults (and through logic skinny kids will emerge as skinny adults), and that children due to their stage in development inherently and universally lack the competence required to lay down the ‘right’ foundations for health. By mobilising socialisation theory they posit that children are amenable to influence and change, which can be readily provided by parents, who can shape children up just the way ‘we’ want them because obesity is in essence a disease that can be managed through careful attention to the management of lifestyle behaviours. What have we got then? We have a seamless, logical and coherent argument that presents parents as capable of producing un-fat children and consequently a watertight justification for investigating family life, and particularly the practices, bodies, knowledges and values of parents.

We are getting up a bit of steam now; the top of Capability Discourse Mountain is in sight. I wonder what we will find there? Our final ascent requires tracking down the breadcrumbs I left as I thrashed about trying to make some sense of scientific methods that serve to purportedly discover what it is about parents that produces or prevents fat on children’s bodies (the ingredients for the right kind of socialisation or evidence of good and bad parenting).
8. Constructing capability through scientific ‘evidence’

In addition to producing a discourse of capability that makes use of particular understandings about the attainment and maintenance of health, and of childhood, children and the socialisation capacities of parents, my obesity scientists claim they have discovered capability in parents. It is this ‘evidence’ that gives authority to their discourse of parent capability, and to the positioning of parents as collectively responsible for controlling the weight of their offspring. In this chapter I follow a path cut to reveal how obesity scientists’ ‘evidence’ produces the ‘parent effect’ and an ‘obesity-preventing parenting code of conduct’.

8.1. Producing the parent effect

The parent effect is my term for the simultaneously discovered and produced effect that my obesity scientists claim parents exert on the shape of their children’s bodies. This parent effect is the product of an intricate craft that scientists have perfected. A kind of colour by numbers practice, wherein a bare picture of the parent is laid out before us and through the manufacture of meaningful numbers (Best, 2004), it is coloured in to make known all manner of behaviours, bodies, knowledges and values – or what in scientific terms are called variables or protective and risk factors - which purportedly prevent the accumulation of fat on children’s bodies (or, of course in their absence produce obesity). The finished product is quite something, a parent fair bursting with a rainbow of capability.

In order to find the parent effect scientists attempt to isolate ‘parent factors’ that may be associated with fatness on children’s bodies. They hunt out statistically significant associations between parents’ status and circumstances, bodies, behaviours, minds, souls and relationships and fatness on children’s bodies (or proxy measures for this including, low physical activity levels, ‘un-healthy’ diets, and sedentary behaviour).

These ‘discoveries’ tangle parents up in a causative relationship with fat on children’s bodies that begins before their child is conceived, continues well into adulthood, and snakes in and out of every
moment of parents’ lives, such that the production of fat on their children’s bodies becomes woven into the fabric of their being - their decisions, circumstances, relationships, practices, and bodies.

For the past two summers, with the school holidays lingering on and on, my daughter filled in dull afternoons colouring A2 sized posters of a carousel and ponies frolicking in a field, by numbers. The works of art she managed to produce amazed me, but I have no doubt that the minute splintering of variables my obesity scientists require in their picture of the parent, would blow her mind.77 Their number key would trail right off the page, so long is the list of ‘things’ that parents can (and therefore should) do to shape not only their little darlings but also our collective future.

Many of my obesity scientists are engaged in what seems a potentially never-ending endeavour to discover the intricacies of the parent effect. As will become apparent when we meet Norma and Norm, they leave no stone unturned.

With all of this evidence of the parent effect circulating not only within the scientific community, but also in the media, taken up in policy and programme development, consumed by health professionals, anti-obesity advocates, and educators, parents are readily understood as implicated in the fat on children’s bodies. For example, the following set of news headlines were gathered from New Zealand’s online new media, and attest to the ways parents are positioned as directly affecting their children’s body shape.

“Fat, single mothers more likely to have chubby kids”78

“Working mums linked to childhood obesity”79

“Passive parents make for fat kids” [about inactivity]80

77 See McDermott (2007) regarding for explanation of the minute splintering of variables in epidemiology.
78 AAP (4 June, 2007).
79 Reuters (14 June, 2010).
80 Fairfax NZ News (30 August, 2009).
“Parents may fuel teens’ unhealthy eating” [refers to parents asking, teasing about food and weight] \(^{81}\)

Numerous critical scholars have examined the effects of obesity scientists’ truth claims in shaping people. They have written about the effects of obesity discourse in the lives of overweight and obese people, \(^{82}\) for children and young people (often in the context of education) \(^{83}\) for men, \(^{84}\) for families, mothers and parents \(^{85}\), and the population in general. \(^{86}\) Foucault’s theorisations have served this critical work well with many (but not all) taking up his ideas about the way scientific evidence produces a form of bio-power that can be used in the governance of individuals and populations, through both state intervention and self-surveillance and regulation. \(^{87}\) I draw on this work and add to it an analysis of how my obesity scientists’ production of evidence about capability constitutes parents as individuals who can and should self-govern themselves and their children in order to secure their child’s slim bodily destiny.

**8.1.1. The Body Mass Index and the parent effect**

The legitimacy of obesity scientists’ ability to measure obesity is critical to the credibility of their knowledge about obesity and it is also key to my obesity scientists’ ability to discover the parent effect. Many epidemiological studies are underpinned by a taken-for-granted truth that obesity can be measured and that the Body Mass Index (BMI) can do the trick. The BMI is of course not the only measurement tool used to determine children’s weight and thereby health status; DXA body scans, skin-fold measurements, waist girth measurements bioelectrical impedance analysis, percentage body fat, and so on all serve this purpose. In addition, many focus on establishing children’s physical activity levels, sedentariness and dietary intake and use these measures to make

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\(^{81}\) Reuters (14 November, 2007).

\(^{82}\) See Jutel (2011, 2009); Markula (2008), and Murray (2009, 2008).


\(^{84}\) See McPhail (2009); Monaghan (2011, 2007).

\(^{85}\) See Boero (2009); Burrows (2009a, 2009b); Burrows & Wright (2004); Colls & Evans (2008); Coveney (2008); Evans & Collins (2011); Fullagar (2009); Herndon (2010).

\(^{86}\) See Gard (2011); Gard & Wright (2005); Campos (2004).

\(^{87}\) See Coveney (2008); Evans & Colls (2009); Markula (2008); McCuaig & Tinning (2010); McDermott (2008, 2007), and the edited collection by Wright & Harwood (2009).
claims about associated risks of obesity. Indeed such work is more common amongst my set of texts. What is important though is that all of these measurement tools produce ‘evidence’ that can be used to establish the parent effect. I refer only to the BMI merely to simplify the articulation of my argument.

The BMI is used to identify height and weight combinations that reportedly compromise one’s health. It was developed in the 1800s by Belgian statistician, Adolphe Quetelet, and taken up in the United States during the Civil War and later the Korean War to exclude underweight recruits (Halse, 2009). It has more recently become the “standard benchmark” used to “calculate, describe and compare the weight of individuals and populations” (p. 47). However the BMI is not accepted carte blanche. Within and outside of obesity science it has been critiqued on numerous counts.

It is regarded as a crude measure of body fat (Jutel, 2006; LeBesco, 2010, and Ross, 2005), and according to Halse (2009) “even scientific experts who advocate the use of BMI as an epidemiological tool concede that it is an ‘arbitrary’ measure” (p. 47).88 The BMI is “premised on the assumption that there is an identifiable ‘normal’ weight that is ‘true’ across genders and across different cultural, socio-economic and geographical groups” (p. 47). Jutel (2006) points to studies that “cast serious doubt on the validity of BMI to represent adiposity accurately and its ability to differentiate between populations” (p. 2274). Further to this the BMI is a measurement designed to understand corpulence across populations yet it has become a common diagnostic tool, used by those in the medical profession, fitness industry and indeed lay society, to interpret the weight-status of individuals, and upon this basis, their health. In regards to this, Jutel remarks “BMI is a population measurement and says nothing about the health of an individual patient” (p. 2274).

Amongst my obesity scientists there was minor debate about how to accommodate differences across population groups and discussion about the appropriateness of BMI as a measurement tool with children. In line with this, some were engaged in studies to improve the sensitivity or accuracy

of measurement tools (Chhichhia, 2007; Duncan, 2008; Duncan et al., 2004; Grant & Basin, 2007; Hohepa et al., 2004; Miller et al., 2007; Rush, Paterson, Obolonkin & Puniani, 2008b). Some argued for the need to strengthen New Zealand’s efforts to understand prevalence through development of improved surveillance techniques, including ethnic-specific cut-off points and appropriate measures for children (Hohepa et al., 2004). However others gave credence to the BMI and urged the nation to confidently push on with interventions to prevent the onset of obesity. Grant and Bassin (2007) sum up this position as follows: “there have been numerous debates about the proportion of the younger population who are considered to be ‘overweight’ but as the conversations continue, the problem steadily worsens” (p. 5).

Further to this, Taylor (2007), a prominent obesity scientist in New Zealand, opines that the BMI is an effective measure of obesity and increased risk of ill health for children and adults, including across gender and ethnic differences. She concedes it has some limitations but regards these negligible and contends the BMI remains the best measurement to hand. She considers critiques of the BMI ‘misperceptions’ and sets about restoring confidence in the ability of the BMI to accurately measure the point at which people have elevated health risk.

Regardless of such controversy the BMI continues to dominate understandings of corpulence, within obesity science but also in national and international public health policy (Evans & Colls, 2009). Halse (2009) argues that, “the notion of a normative BMI has survived as a ‘virtue discourse’ that describes and defines weight, bodies and individuals (p. 47). In other words regardless of critique the idea of a ‘normal’ BMI and people’s purported universal ability to attain it, means that the BMI continues to play a key role in shaping up thinking about our bodies. Furthermore, it has profound repercussions for positioning parents as virtuous or otherwise.

Whilst the BMI is used by scientists to measure fat on bodies and determine the point at which a fat body signals an elevated risk of morbidity or mortality, critical obesity scholars argue that it has

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89 See Moffat (2010, p. 7) for discussion of difficulties using the BMI with children.
other far-reaching effects. It is the BMI that makes talk of an obesity ‘epidemic’ possible, and as Monaghan (2007) suggests the BMI is “the linchpin of the obesity industry and the most commonly used proxy for adiposity when authorities claim there is a public health crisis” (p. 605). In regards to men, he asserts that it “serves as a basis for claiming most men in nations such as England, the USA and elsewhere are overweight or obese and therefore ill, diseased or at risk” (p. 605). For Evans and Colls (2009), the BMI is a powerful tool used to construct a ‘normal’ child body and subsequently make all children’s bodies calculable in relation to this construction. Murray (2009) regards the BMI a numerical value that carries moral import. It is a tool “to fabricate normative bodies as aspirational ideals that are nonetheless fundamentally immaterial” (p. 81). Akin to this Halse (2009) argues that:

[T]hrough mathematical reduction, the assignment/adoption of BMI metaphorically erases the heart, soul and history of human subjects, substituting in its place a (numeric) entity devoid of personal or social identity on which the state and its allies can inscribe a new persona—that of the (virtuous) bio-citizen (p. 49).

According to Jutel (2005), this quantification of bodies has implications for the way medical practitioners treat ‘obese’ and ‘overweight’ individuals. She refers to clinical guidelines issued by the National Institutes of Health in the United States that from her perspective, “focus on the viewed, measurable body and trivialize the lived-experience of an individual, subordinating patient input about diet and activity patterns” (p. 122)

The BMI acts as a form of biopower that constructs a normalizing knowledge of populations. According to Wright (2009), Foucault conceives of biopower as: “the governance and regulation of individuals and populations through practices associated with the body” (p. 1). In line with this, Evans and Colls (2009) contend that as a means of monitoring the child population in the United Kingdom, the BMI is a “biopolitical strategy”, which uses disciplinary and regulatory techniques to govern bodies at both an individual and population level (p. 1053). Further to this Halse (2009)
argues that the “virtue discourse of a normative BMI” (p. 49) influences the way people understand and manage themselves such that the idea of a normal BMI “incorporates the ‘outside’ world (values and beliefs) into the ‘inside’ (psyche and bodily practices) of individuals” (p. 49).

In their efforts to pin-point what it is about parents that prevents, produces and treats obesity amongst children, my obesity scientists use a range of techniques that match Foucault’s theorisations of bio-power. In undertaking these studies, my obesity scientists are analysing individual parents in an attempt to explain and define all parents, indeed they constitute ‘the parent’ - a vision of their perfect obesity-preventing parent. Through investigation of individual parents, obesity scientists produce a set of normative parent competencies that become the benchmark by which all parents are measured and known and signify who may be considered a normal and therefore moral, worthy, competent, caring parent. These ‘discoveries’ are offered up as a series of objective facts about what parents can (and therefore should) do in order to produce the desired un-fat child. These ‘facts’ provide a powerful means of governing families and of self-government, whereby parents valiantly attempt to enact obesity scientists’ competencies in order to be known and know themselves in line with this dominant vision of the normal parent.

Through my analysis I understand the BMI as a significant mechanism that enables obesity scientists to produce ‘evidence’ of the ‘parent effect’. By comparing variables that children exhibit along with their differing BMI levels scientists make claims about what is causing or preventing (or at least associated with) fatness on bodies. For example, comparisons between young people’s BMI status and whether they purchase food for lunch or bring it from home are used by Utter, Schaaf, Ni Mhurchu & Scragg (2007c) to claim that buying food from the dairy/takeaway shop is associated with obesity. Whilst not stated, such a claim may be used to implicate parents on account of an assumption that those children who do not bring lunch from home are not receiving the ‘right’ kind of care. Comparisons of young people’s BMI status are used by Teevale et al. (2010) to suggest that having a parent at home (i.e. not working) is protective of fatness, and that eating breakfast prevents fat accumulation. In a slightly different scenario, Williams (2001) compares children’s
BMI with parents’ BMI to assess the impact of having an overweight or obese parent on children’s body shapes. In line with this Howarth (2006) reports that in a US study (Arluck et al., 2003) scientists discovered a “strong positive correlation between the obesity status of the child’s mother and the amount of hours that the child spent in sedentary pursuits” (pp. 9 – 10).

The BMI is not used in these instances to normalize body weight, as this is already established or taken-as-given, but rather to normalize ‘healthy’ ways of living. In doing so the BMI opens the way for governing not just the body and the way people manage their bodies but also for the way people should live their lives, think, know, believe and relate to each other. Perhaps we may think of the BMI as not only an armature of bio-power but also a means of exerting pastoral power, of governing, not just the body, but also the soul (Dean, 2010). In his book Discipline and Punish, Foucault, according to Scheurich and McKenzie (2008), speaks of the new penal system as judging not only crimes but also the ‘soul’ of criminals. Foucault suggests the new penal system focuses “not only on what they [the criminals] do but also on what they are, will be, may be” (p. 18, emphasis added); that is, the new focus is not on their behavior but rather on their being or their selves” (p. 333). The BMI may also be thought of in this way – it establishes more than (in)appropriate bodies, it judges who people are, will be and may be.

Furthermore in this instance, the BMI does not simply govern the individual (child) whom is measured but extends to the bodies, behaviours, beliefs and so on of others engaged in this child’s life (i.e. parents, but also teachers). By this reckoning, the BMI has transcendental qualities. It provides the means for my obesity scientists to know about a child’s family life without experiencing it (or indeed even coming to ‘know’ it in any detail). The BMI establishes not only ‘normal’ child bodies, and ‘normal’ child practices but also denotes ‘normal’ family life. Studies compare children’s BMI status alongside variables signifying the state of their family life, things such as the availability of ‘unhealthy’ food in their cupboards (Foroughian, 2010; Utter, Scragg, Schaaf & Ni Mhurchu, 2008), the frequency of family meals (Utter et al., 2008, Foroughian, 2010), the rules about watching television (Hohepa et al., 2009; Morre & Harre, 2007), the way parents
interact with children regarding physical activity (Foroughian, 2010; Hohepa et al., 2007; Oliver et al., 2010; Richards et al., 2009), whether parents are working (Teevale et al., 2010), married (Hohepa et al., 2007) and so on. This work produces evidence that parents can produce un-fat children and simultaneously demonstrates that many parents are failing in their duty to do so, thereby making them culpable.

The BMI is an important tool for obesity scientists carrying out epidemiological studies as it enables them to produce a set of competencies that are used to measure individuals compliance and negligence – in my case parent competency and deficiency – and to verify the universal capability of parents and identify who is to blame, who is in-need of government. A child’s BMI score becomes a measure of parents’ competency to parent appropriately and because a non-normative BMI is understood to be problematic; it acts as a proxy for a parent’s propensity to care. On that note I suggest it is useful to think of the BMI as not simply the Body Mass Index, producing normative bodies, but also the Bad Mother Index, with the power to identify, mark and know mothers, in particular, as responsible or culpable. Further to this, the BMI enables my obesity scientists to produce ‘evidence’ of the parent effect that establishes an ‘obesity-preventing parenting code of conduct’.

8.2. An obesity-preventing code of conduct

Evidence of the parent effect produces a means for society to constitute parents and parents to constitute themselves as capable of producing un-fat children, or at least directly affecting a child’s chances of emerging from their chrysalis into adulthood, sporting a slender form. Obesity scientists make significant contributions to powerful discourses encouraging parents to understand themselves as responsible and to govern themselves and their children accordingly. This is what Foucault calls self-government, which is an “important armature of governmentality” that encourages people to

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Note in this study scientists conclude that macro-environmental changes are needed, including revising sustained employment hour policies, and so do not necessarily directly blame parents for practices (i.e. not being at home after school) that they believe are associated with childhood obesity. Nevertheless their findings do implicate parents, they are still contributing to the positioning of parents as bound up in the shape of their children but in this case acknowledge that not all parents are equally able to choose purported obesity – preventing practices, such as not taking on shift work that requires them to be out of the home when their children are present.
“problematise their own choices, habits and daily practices” (Coveney, 2008, p. 200). Obesity scientists contribute to self-government by making particular choices ‘rational’ and by prescribing which are the ‘right’ choices for parents to make. McDermott (2007) suggests that epidemiological risk factors, (which in essence make up the ‘parent effect’): “become mobilized in the service of governance as they are used to urge individuals to engage in self-regulatory ‘lifestyle choices’, which serve not only to individualize risk but also buttress the dominant neoliberal rationality” (p. 315). In this way, the discovery and articulation of the parent effect serves to establish a set of parent competencies that collectively form an obesity-preventing parenting code of conduct.

Foucault refers to government as the “conduct of conduct”, which Dean (2010) suggests: “plays on several senses of the word ‘conduct’” (p. 17). My obesity scientists attempt to conduct (direct or guide) people’s lives through bio-power that comes about through their discoveries of the parent effect. As a collective, the ‘evidence’ they produce establishes a code of conduct, which parents are compelled to adhere to. For Dean, conduct in this sense implies that it is possible to rationally regulate and control behaviour and that there are agents who are responsible for ensuring this regulation occurs. My obesity scientists assume it is possible to regulate children’s behaviours and control their body shape, indeed their bodily destiny, and they position parents as the agents responsible for this regulation.

This code of conduct prescribes how parents should live their lives and raise their children in order to ensure the nation purges itself of fat bodies and secures its healthy future. It sets out who a parent needs to be, what a parents needs to do, think and believe in order to produce what society apparently urgently requires, an un-fat child who will remain un-fat in adulthood. These instructions for living, or “biopedagogies” (Wright, 2009. p. 1) are based upon empirical evidence and presented as not only facts, but as the appropriate and normal way for a parent to conduct their life. Burrows (2009a) argues that a “startling array of parent-focused biopedagogies has arisen”, which are designed to “convince parents that losing weight is a desirable family goal and to provide
them with the requisite information and skills to achieve this” (p. 131). My obesity scientists
‘evidence’ of the parent effect contributes the ‘facts’ that sure up these biopedagogies.

As an obesity-preventing parenting code of conduct these ‘facts’ are a powerful ‘technology of
government’, which not only encourage parents to self-govern but can be used to evaluate the
competency of parents to produce un-fat children and subsequently their status as moral and worthy
citizens. Furthermore they provide ‘proof’ of parents’ universal and inherent capability to produce
un-fat children. By enacting the myriad competencies that my obesity scientists have discovered in
parents, mothers and fathers are deemed capable of producing slender children. All that is required
is for parents to choose to influence their children’s current energy inputs and outputs through
appropriate socialisation and in doing so they can readily shape them up for a lifetime.

My obesity scientists’ motivations for wanting to discover the parent effect through investigation of
the micro-politics/practices of parents’ lives are likely driven by a desire to discover a solution to
the obesity ‘crisis’. These intentions are not themselves problematic but the outcomes, the effects
of these intentions, in the form of truth claims and imperatives that ultimately create a code of
conduct, which parents are encouraged and in many cases compelled to live their lives by, are
problematic.

An obesity preventing parenting code of conduct produces a vision of an average, normal parent
who can by choice churn out kids that are just right.

This code of conduct provides us with a jelly mould and puts parents in charge
of adding, stirring and setting. Apparently, if we pour in just the right amount of
water, sugar and agar, follow the appropriate practices for enabling the correct
consistency, after a time, once chilled and set, we can flip up our mould and
turn out one perfect little jelly after another. Indeed we can supposedly
control the degree to which our little jellies wobble. This reminds me of an
I conducted an interview with a teacher during a study exploring children’s understandings of health and their bodies. I was intending to get a general idea on where she stood on the obesity issue by asking what she made of the recent increase in government attention to children’s nutrition and physical activity levels. However, she responded with a very specific and personal example that got me thinking about how parents are positioned, governed and self-govern in line with the notion that they can choose to shape their children up merely through managing energy in and energy out. She said:

I have the two issues because, OK, we talk about half your plate needs to be fruit and vegetables. And I bought them, when they had that DownSize Me programme. They had those portion plates. I bought them both portion plates; just simply so they could be aware of how big each portion of food should be on their plate. But then I have to be very careful because I’ve got to - the awareness that my 9 year old can’t ever get into her head to go on a diet because she’s already according to the doctor; she’s the 60th percentile for height and the 30th for weight. If the disparity gets any wider, then she’s hitting danger point. And I’m thinking, well I’ve got to be aware that she can’t, she’s got to eat, you know. I’m trying to push her milk and all this sort of thing to make sure that she stays healthy. Where at the same time trying to explain to my son that when we get fish and chips he can’t just have the whole lot of the chips, because that’s what he wants. And at one stage I found jelly crystals hidden in his top draw and you know his whole attitude to food is kind of very difficult for him to see. (Interview, Wendy) (as cited in Burrows & McCormack, 2012, p. 8).

In effect my obesity scientists produce a “normalising discourses of parenting” (Burrows & Wright, 2004, p. 90) that enables them to knowledge into being the kinds of parents (one’s capable of producing un-fat children), which they claim to have discovered (and ultimately desire). This
‘evidence’ and the normalising discourse that it supports makes a significant contribution to an understanding that parents are universally and inherently capable of regulating their children in such a way as to produce a particular body shape and consequently it becomes plausible for us to locate culpability for tubby tots with parents.

8.3. At last …

Wow would you take a look at that view, awesome in its ordinariness. Capability Discourse Mountain was quite the climb. We’ve made it to the peak yet all we see is a vista of normalcy, nothing out of whack here, just your average top ‘o’ the mountain lookout.

C’mon kids, you can do it, get up here - in fact you have to because my little pamphlet from the Ministry of Health says if I just get you out and about spending quality time together, like hiking up a bloody great mountain, then I’ll shape you up just how I am supposed to like you, you are supposed to be, and how society, government, doctors, obesity scientists and whomever else they have convinced wants/needs you.

Sure is hard yakka trying to be normal though.
9. Constituting the normal and deficient parent

Let’s loll about here a while, the weather is fair, the larks are doing their thing and I’d like to tell a tale about the cunning art of normalisation. Hopefully Norma and Norm will turn up at some point and I’ll let them provide the specifics.

To this point I have mapped how my obesity scientists produce a discourse of capability that constitutes parents as inherently and universally capable of producing un-fat children. Through particular constructions of obesity, children, childhood and parents’ socialisation capacities, along with ‘evidence’ of the parent effect, a capable parent subject is knowledged into being. Further to this I argued that the production of the parent effect serves as an obesity preventing parenting code of conduct, which establishes a normative discourse of parenting. In this chapter I extend upon this argument by demonstrating how this discourse of capability establishes a normative ‘right’ kind of parent subject and a “not-subject … [who are] those who fail to meet the conditions defined as normal” (Danaher et al., 2000, p. 127). In doing so I suggest obesity scientists’ discursive and ‘scientific’ work brings into being the notion of both competent and deficient parents, and consequently contributes to the certainty with which we understand parents as responsible and blameworthy.

To make this argument I story into being some potential effects of obesity scientists’ work, by imagining the ‘who and how’ of a ‘normal’ parent living in line with an obesity-preventing parenting code of conduct. Following this I analyse in detail a selection of texts that work to constitute particular parents as deficient on account of their inability to enact what my obesity scientists deem possible and necessary.

9.1. Normalisation

Foucault maps various methods and procedures that are used to judge, measure and compare individuals. His work shows that through a process of normalisation, individuals are compared and differentiated according to a desired standard. Discourses play a normalizing role by conveying
messages about what is and what is not normal, which in effect establishes the norm (Carabine, 2001). This process of normalisation uses comparison and differentiation to produce homogeneity and establishes “the measure by which all are judged and deemed to conform or not” (p. 278). The establishment of norms can be understood as the work of dividing practices, which “qualify and disqualify people as fit and proper members of the social order” (Danaher et al., 2000, p. 60). Attempts to discover what it is about parents that causes, prevents and treats obesity amongst children (i.e. ‘producing the parent effect’), involve dividing practices, which demarcate ‘normal’ and ‘abnormal’ parent subjects.

Normalising practices have effects for those deemed inappropriate in the form of discipline and regulation, but also for those who meet the standards laid down, through processes of self-regulation or what Foucault refers to as ‘technologies of the self’. That is, the work that must continuously be done by all individuals in becoming normal and appropriate. In discussing the effects of norms in relation to childhood obesity, norms do not simply distinguish “preferred patterns of growth and development from abhorrent ones” but rather they structure the way people observe children, invite comparison and establish relationships of competition (Burrows and Wright, 2004, p. 92). As Burrows and Wright put it: “their very presence does something” (p. 92.)

Normative judgements are powerful practices used to position and ‘know’ people and are resources individuals use to come to know themselves. As Coveney (2008) suggests: “[I]t is in the attainment of ‘normality’ that parents are judged by others and indeed by themselves in terms of doing the ‘right thing’” (p. 203).

Normalising practices produce powerful effects not only in terms of establishing truths but also in regards to morality and governance. As noted in chapter eight, normative judgements can be understood as a form of biopower. Rail (2009) argues that drawing on a neo-liberal notion of individualism, obesity discourse has produced normalizing practices that “place individuals under constant surveillance and press them towards monitoring themselves” (p. 142).
With this understanding of normalisation under my belt I analyse my obesity scientists’ stories to consider how their work serves to produce a set of normative parent competencies and through this the means to constitute both a ‘normal’ and ‘abnormal’ parent subject.

### 9.1.1. A story of normalisation

A poststructuralist-inspired view supports the notion that: “[W]e live in a world which is produced through stories – stories that we are told, stories that we recount and stories that we create” (Stainton Rogers & Stainton Rogers, 1992, p. 6). Given this, traditional social scientific writing, including a presentation of quotes and examples, is no more likely to reveal the truth about the effects of obesity scientists work than ‘fictional’ stories. Both forms of re-presenting the world rely on language, which “does not ‘reflect’ social reality but rather produces meaning that creates social reality” (Richardson and Adams St Pierre, 2008, p. 476). Consequently, instead of a discussion of obesity scientists’ work, I present a carefully crafted story about two parents. These parents, their children, and the lives they lead are figments of my imagination, yet they are characters inspired by obesity scientists’ truth claims. Footnotes are included throughout this narrative; they offer the reader further details about the studies and claims that inspired my tale.

I do not claim that this story is a reflection of reality, the truth about the effects of obesity scientists’ work. As Stainton Rogers (1991) puts it: “I am not, then, setting out to ‘tell it like it is’, but rather saying ‘look at it this way’” (p. 10). The purpose of my story is to present an account of the potential effects of obesity scientists’ production of the parent effect and the way this forms an obesity-preventing parenting code of conduct, and denotes what and who is an appropriate parent. In other words, I present a portrayal of what life could be like for those who attempt to attain the status of obesity scientists’ rendition of a ‘normal’ parent.

Phew, just in time, here they are …
9.2. Without further ado, put your hands together for the Rights

Norma and Norm Right are right up with the play. These two conscientious parents make a point of finding out about healthy lifestyles. They are well aware of the consequences of poor lifestyle behaviours - not only fatness, but also obesity and all the health problems this causes.\(^{91}\) Mr and Mrs Right know that being healthy means being slim and that fatness on a child’s body is problematic.\(^{92}\) Naturally, they know how to produce a slim child – simply the right food and exercise.\(^{93}\) A weekly family weigh-in ensures the Rights know exactly how much their children weigh. Being in the know means Norm and Norma are geared up for action – they know just what to do to ensure they can be obesity-preventing parents.\(^{94}\)

When the Rights decided to have children Norma got herself in tip-top condition before becoming pregnant so that she would produce a baby that was not too

\(^{91}\) Some scientists and the key stakeholders whom they privilege in their work claim parents do not have the knowledge required to produce un-fat children, including ignorance about nutrition and exercise and the consequences of this (Dresler-Hawke et al., 2009, p.9; Walton et al., 2010, p. 87, 90; Williden et al., 2006, p.142-143).

\(^{92}\) Some obesity scientists consider that childhood obesity is a consequence of parents not knowing children are fat and their ignorance of ill-health associated with fatness. For example, an online news service report quotes Goulding as stating: “… Most parents probably don’t realise their children are so heavy and so fat … Neither do they associate extreme levels of fat with health risks early on” (NZPA, 2007).

\(^{93}\) Many obesity scientists acknowledge the complex nature of obesity but hone in on individuals’ eating and/or exercise behaviours in their work with children and parents. Dresler-Hawke et al. (2009) state: “childhood overweight involves a complex set of factors from multiple contexts that interact with each other. The child’s characteristics (such as age and gender) interact with the social ecology of the child’s family, and the school setting is embedded in the larger social, political and economic contexts where childhood obesity develops” (p. 4). However, they then examine children’s diet by analysing the contents of their lunchboxes and rubbish bins, concluding that parents and schools need to work together to ensure children eat healthy lunches at school.

\(^{94}\) A common assumption across the papers is that it is possible for parents to prevent fat accumulation on children’s bodies and that once parents know how they will act appropriately. For instance Dresler-Hawke et al. (2009, p. 9) advocate educating parents about the affordability of healthy food and the reduction in nutrition-related mortality rates that can be achieved by eating more fruit and vegetables with an underlying assumption that once parents know these ‘facts’ they will change their behaviours and thereby produce un-fat children.
heavy, not too light, but just right.\textsuperscript{95} She maintained a strict diet and exercise routine throughout her pregnancy and gained just the right amount of weight (and of course lost it again after each baby was born).\textsuperscript{96} Mother nature seemed to have her own plans though as Norma’s babies were all different birth-weights. Norma was a doting mother and breastfed all of their children despite having post-natal depression with one baby, cracked nipples with another and mastitis to boot. It certainly wasn’t easy but breastfeeding was critical to ensure her children would not become obese at some point in their lives, so her own troubles paled in significance.\textsuperscript{97} Goodness knows how Norma juggled all of these health-inducing activities along with working, caring for her ailing father, and running a household, but she did.

The Rights firmly agree that children, because of their stage in development, are incapable of managing their own health. They make poor choices and do not have the skills and knowledge required to secure their slimness.\textsuperscript{98} They know that parents need to fill this breach by managing children’s diet, movement and bodies until they mature. While this is simple enough to reconcile with their

\textsuperscript{95} Rush et al. (2008a) examines the birth-weights of Pacific Island babies and compares them to WHO standards. They report that these babies had higher birth-weights and weighed more at 2 and 4 years. They recommend that: “to be effective, interventions to limit the weight gain should start with the family before conception” (p. 571).

\textsuperscript{96} Gluckman announced on a New Zealand television news programme that an international study he was involved in had discovered that what women eat during pregnancy could alter the function of their child’s DNA in relation to the accumulation of fat. He stated: “What that means is the efforts in public health have to shift in a different way, so rather than focus on diet and exercise after you’re born, one needs to focus on healthy living before you’re born” (TVNZ 2011). See also Boero (2009) who discusses the way “mother blame has now made its way into the womb” (p. 117) and Maher et al. (2010a, p. 239) regarding print media attention to the role of pregnant women in childhood obesity.

\textsuperscript{97} Rush et al. (2008a, p. 567) claim babies who are not breast-fed gain weight faster than breast-fed babies.

\textsuperscript{98} See Moore and Harre (2007, p. 147).
toddler, it does seem odd that their 15-year-old son is learning to drive a car and yet isn't capable of feeding himself properly, and he certainly isn't responding well to their attempts to manage his health.

Norma and Norm are very aware that their own bodies, behaviours, knowledge, attitudes and relationships affect their children's fatness. Consequently, they work on their bodies relentlessly, not only to secure their own health, but to role model health to their children. They keep themselves trim, exercise for at least 30 minutes a day, eat a healthy diet, ensuring they consume their 5 + a day of fruit and vegetables, just like the television advertisements say. Despite these efforts they are exasperated at their children's behaviours. Their twelve-year-old daughter prefers to go on the computer and chat to her friends after school rather than get some steps on her pedometer even though Norma has explained over and over again the importance of daily exercise. Their son made a huge fuss when they put an end to Friday-night takeaways. Nevertheless Norm and Norma keep right on track with their prudent lifestyle behaviours in the hope that the kids will vicariously learn what it takes to be healthy.

99 The idea that Norm and Norma’s 15-year-old son could be considered incapable of feeding himself ‘properly’ came from Moore and Harre (2007) who claim young people make poor choices when purchasing their own food and advocate the need to “give parents clear guidelines as to their role in improving their adolescent child’s health” (p. 147), including encouraging parents to provide children with a piece of fruit to take to school each day.

100 Hohepa et al. (2009, p. 300) examine the influence of parents’ TV-viewing habits. Oliver et al. (2010, p. 404) examine parents’ influence on pre-school children’s physical activity and sedentary behaviour.

101 See Hohepa et al. (2007, p. 55) and Oliver et al. (2010, p. 407).

102 Oliver et al. (2010, p. 407) suggest that children may vicariously learn to be physically active by observing their parents’ behaviour.
As far as parenting goes the Rights are very engaged. They monitor their children's diets, physical activity and sedentary behaviour, on charts on the fridge. While other families are concerned about the safety of their children playing and exercising on their own in their neighbourhood, Norma feels that stranger danger and pedestrian accidents should not get in the way of their children keeping fit.\footnote{See Duncan, Duncan and Schofield (2008); Howarth (2006); Yelavich et al. (2008).}

They have strict rules about television.\footnote{See Hohepa et al. (2009); Utter et al. (2008); Utter, Scragg & Schaaf (2006).} Norma comes home from work early every weekday to make sure they only partake in their daily allocation.\footnote{Some studies assume parents are readily on-hand to monitor children’s food intake, exercise and sedentary behaviour, which is unlikely for many working parents. For example Hohepa et al. (2009, p. 300) hone in on parents’ establishment and enforcement of rules for children’s television viewing during the after-school period.}

Making sure their kids get the right amount and type of exercise is a priority for the Rights. They both encourage their kids to be physically active, pay the fees for at least one sport each season, transport them to games and practices\footnote{See Hohepa et al. (2007); Hohepa et al. (2009); Oliver et al. (2010); Williden et al. (2006).} – the cost adds up and with uniforms and gear, it really stretches their budget, but ensuring their kids aren’t fat is the most important thing about raising kids for Norm and Norma. They don't mind the sacrifices they have to make. They often participate alongside their kids too.\footnote{Oliver et al. (2010, p. 407) advocate for parental involvement in pre-school children’s physical activity interventions. See also Burrows and Wright (2007) for discussion of expectations for parents to “join in” (p. 10).}

Norma loves playing a good game of rugby. Mrs and Mr Right keep their cupboards stocked with healthy food and rarely allow their children to have ‘junk’ food.\footnote{See Utter et al. (2008).} Whilst they monitor their children's intake of fruit and vegetables always aiming for 5+ a day and make the children bring any
uneaten food home from their school lunches,\textsuperscript{109} they never make them finish their food - they know the consequences of controlling parenting styles when it comes to food.\textsuperscript{110} Norma and Norm make sure their children do not skip breakfast, provide them with a nutritious, homemade lunch for school, and certainly do not let them take money to buy their lunch.\textsuperscript{111} They've read the articles in the newspaper - they know that kids being kids they are likely to make unhealthy choices.\textsuperscript{112} Despite all of this careful management and monitoring, last week, Norma was shocked to find a mound of chocolate wrappers under their daughter's bed. It seems no matter what they do fat still seems to make its way into their children's lives.

Dinnertime is family time in the Right household. It is an opportunity to feed and teach the children the value of nutritious, home-cooked food.\textsuperscript{113} It also conveys to the world that the Rights are a cohesive family with members who support each other and parents who engage with their children.\textsuperscript{114} This time together symbolises that the children come first and that Norm and Norma do not let their

\textsuperscript{109} Dresler-Hawke et al. (2009, p. 10) advocate for a zero-waste policy in schools so that parents can monitor what their children consume because they claim children discard ‘healthy food’ from their school lunches.
\textsuperscript{110} Galloway et al. (2010) report: “significant positive correlations between the recollected use of controlling child feeding practices and current emotional eating in students. In addition, current BMI positively correlated with the parents’ recollections of using controlling feeding practices in both male and female students” (p. 1333).
\textsuperscript{111} Utter et al. (2007b) state: “[R]esults from our study suggest that parents should be supported in providing their children a healthful breakfast at home before school” (p. 575). Utter et al. (2007c) claim young people who buy food from school canteens frequently consume high-sugar/high-fat foods.
\textsuperscript{112} McKenzie-Minifie and Johnston’s (2007) article in the New Zealand Herald – a national daily newspaper – discusses young people’s unhealthy lunch purchases.
\textsuperscript{113} See Utter et al. (2008): “Families who have meals together have more healthful foods available at home and support their child in eating healthfully” (p. 50).
\textsuperscript{114} See Moore and Harre (2007) and Utter et al. (2008).
work or busy lifestyles get in the way of securing their children’s slimness. Norm is pretty sure he missed out on a promotion at work because of his inflexibility about staying late and he does wonder sometimes if it’s all worth it when his kids refuse to eat their dinner, refuse to talk about their day and dash off as soon as they can.

He just hopes, for Norma’s sake, that when those researchers come to the children’s schools to ask about parents’ behaviours, the Right kids will give a glowing report of their fabulous obesity-preventing parents. Unfortunately their daughter is on the pudgy-side (Norma recalls being just the same at 12 and feels sure this is just puppy-fat), and their son is overweight and teetering on obese, something they can’t understand at all. Chances are those scientists will see the fatness on their bodies and conclude that he and Norma just can’t be Mrs and Mr Right after-all (self-report data is after-all notoriously unreliable).

9.2.1. Post-match nosh-up

While you’ve become acquainted with the Rights, I’ve had the billy-tea on the bubble. Let’s have a cuppa and a biscuit and spend a bit of time thinking about what Norma and Norm evoke for us, what they can tell us about the potential effects of my obesity scientists’ discursive and ‘scientific’ work, and in particular how it shapes who and how parents can be. My hope is that this encounter

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115 Williden et al. (2006, p. 146) claim parents’ work commitments are a barrier to children’s physical activity and healthy eating. Key stakeholders in this study and that of Walton et al. (2010) claim that parents’ busy lifestyles impinge on children’s healthy eating and physical activity.
116 Hohepa et al. 2007, Hohepa et al. (2009), and Moore and Harre (2007) and all ask young people to report on their parents’ behaviours.
117 Self-report data is common despite obesity scientists pointing to its limitations in objectively discovering the ‘truth’ (Hohepa et al. 2007, Hohepa et al. 2009; Moore and Harre 2007; Oliver et al. 2010, p. 407).
with the Rights produces a touch of discomfort, a little questioning perhaps, that suggests we ought to think differently about parents’ role as bakers, inherently capable, and thus merely by choice, able to turn out right-sized puddings, specifically un-wobbly jellies.

Wright (2004) argues that it is “through discourse that meanings, subjects and subjectivities are formed” and that “the notion of discourse provides a means to understand what resources are available to individuals as they make sense of the world” (p. 20). Norma and Norm’s identities, practices and relationships are shaped by the discourses with which they engage. According to Burrows (2009a), Foucault maintains that: “scientific disciplines generate particular kinds of knowledge purveyed by experts that individuals draw upon to make sense of themselves as human subjects” (p. 128). In line with this, the way Norma and Norm interpret what is necessary to be a ‘good’ parent may be considered, in part, a product of obesity scientists’ bio-power, their construction of the parent effect, which constitutes ‘normal’ and ‘abnormal’ parent subjects. Their lives are a depiction of parent subjects who have dutifully taken up self-governing roles in the belief that they can and should produce un-fat children. Coveney (2008) suggests this form of government “operates by recruiting the hearts, minds and conscience of individuals resulting in the ‘forging of alignments between the personal projects of citizens and images of social order’ (Miller and Rose 1988)” (p. 200). Mr and Mrs Right are what obesity scientists desire to produce. They represent the people who can create the social order that obesity scientists believe will ensure our nation continues to thrive – that its next generation of subjects are slim and therefore healthy.

The twist at the end of this tale is baffling. It transpires that even though Norma and Norm conduct their lives appropriately, indeed exemplarily, they have two fat kids. Given the assertions obesity scientists make that 1 in 10 New Zealand children aged 5 to 14 years are obese and a further 20% are overweight, this scenario is not far-fetched (Taylor, 2007). Despite their efforts, Mrs and Mr Right cannot attain the status of good, moral parents (Burrows 2009a). Their kids’ fat bodies are testament to their failure as parents, or as suggested in my tale, point to the oft-noted notion in
obesity scientists’ publications that people are not living the lives they claim to be. How exasperating this must be for Norm and Norma. My characters are poster parents for “self-government” (Coveney, 2008) and provide an example of a totally bio-pedagogised family (see Bernstein cited in Burrows 2009a, p. 136), wherein every moment, event, and interaction is taken-up as an opportunity for teaching the art of life (Harwood, 2009, p. 21). Yet, they are failures.

Perhaps Mrs and Mr Right are people that few parents can relate to, their lives are organised around one priority – producing un-fat children, while most parents are bound to be juggling myriad competing and shifting priorities. Yet there are also likely to be many parents striving to live up to obesity scientists’ standard of a ‘normal’ parent subject and many parents valiantly attempting to parent in ways that will influence or alter their child’s body shape, such that they are not known as ‘abnormal’ - ‘overweight’ or ‘obese’.

The tale of Norma and Norm is one account of what life might be like for parents attempting to attain ‘normal’ parent status. It is my hope that this account inspires consideration about whether being Mr and Mrs Right is desirable or possible, and what life might be like as a child or parent in a family driven to produce un-fat children. Given Norm and Norma’s failure, despite their vigilance, this story prompts us to ask if it is reasonable for the media, the state, educators, health professionals and anyone with an interest, to take up with certainty obesity scientists’ discourse of capability to make sense of parents’ role in shaping up their offspring. As part of our repertoire of meaning-making (Wright, 2004), this story offers the opportunity to pause when encountering truth claims, imperatives and ‘norms’ about parents and obesity, to picture Norma and Norm, their vigilance and failure, and thus ponder the effects of obesity scientists’ governmental work upon family life.

118 See for example Oliver et al. 2010, p. 407. I am referring here to some obesity scientists’ implication that participants’ self-report bias explains anomalies in results. For instance, when young people with high BMI report ‘healthy’ food intake or ‘adequate’ physical activity, scientists sometimes become suspect of the self-report data these participants provided.
Rather than simply discovering the effects of parents upon children’s fatness, I have set out to demonstrate how the discovery of these effects, shapes parents. Obesity scientists’ constructions have the potential to influence parenting practices, to establish how one should parent, to define what parenthood must entail, and significantly to make parents calculable, to differentiate between good and bad parents on the basis of their obesity-preventing actions (Coveney, 2008).

The light is dipping, we best be on our way. We’ve had the opportunity to take a look at how my obesity scientists’ discourse of capability produces the normal, competent, obesity-preventing parent. Now though, we need to make our way down off Capability Discourse Mountain and along the way I want to point out how another kind of parent subject is produced through normalising practices.

9.3. Out of the normal emerges the deficient

In an effort to generate scientific knowledge about the ins and outs of obesity, my obesity scientists have manufactured an authoritative code of parenting conduct that if followed by any ‘normal’ parent is purported to produce an un-fat child. By measuring parents’ abilities to enact this code of conduct my obesity scientists construct two subject positions. O’Flynn (2004) refers to the work of Holloway (1984) to explain that “positions in discourse are constructed in relation to each other and through binary oppositions” (p. 20), such that the presence of a norm produces the possibility of an ‘other’. Out of the construction of the ‘normal’ parent - a belief in the idea of a competent parent who can shape their child up any which way scientists, doctors, teachers, politicians and so on want - emerges the deficient parent.

Gard and Wright (2005) argue that strategies taken up in obesity interventions often assume people are “free to make decisions and choices in relation to health … [consequently, anyone who does] not exercise their ‘freedom’ to choose in ways that are productive to health, can be categorized and stigmatized as lazy, undisciplined, lacking in will-power or just downright ‘bad’” (p. 183). My obesity scientists make normative judgements about parents, use technologies of differentiation to
assess parents and their practices, and in doing so, establish a ‘normal’ subject position, but also an ‘abnormal’ or ‘deficient’ subject. Particular kinds of parents are constituted as deficient through comparison with the mirage of this ‘normal’ parent who is able to execute an imagined set of competencies. This construction of a ‘deficient’ subject position makes it plausible to criticise, blame and target some parents for intervention and discipline. It is also the existence of this ‘deficient’ subject position that motivates me to work on myself and on my children.

Further to this, identification of ‘not-subjects’ serves to bolster what it means, or what is required to be ‘normal’. Indeed, Boero (2009) contends that the common and multiple references to “stereotypical ‘bad’ mothers that commonly grace our ‘cultural landscape’ help reify the ‘normative conception of good mothering that assumes good mothers are heterosexual, white, middle class, and do not work outside the home’” (p. 114). In other words, whilst the production of a norm enables the identification of ‘not-subjects’, in cyclical fashion, references to these ‘not-subjects’ - to ‘bad’ mothers and the like - serves to reinforce understandings of what is ‘normal’.

In line with their discourse of capability, my obesity scientists constitute parents as competent and deficient subjects in multiple ways. The competencies woven into my tale about Norma and Norm provide an indication of the many ways their work can mark parents out at as competent and deficient, on the basis of their bodies, practices, status, relationships, beliefs and knowledge. In this section I elaborate on just one example of how this work to discover the particulars of a relationship between obesity and parents winds up manufacturing a ‘competency’, which is used to render some parents problematic.

The path I have cut renders visible the way a particular kind of knowledge is constructed as pivotal to the prevention of obesity and presented as a parent competency. This knowledge is constructed as something parents can and should know, the stuff of ‘normal’, competent subjects. Parents are then divided up in accordance with their demonstration of this knowledge, those who know to the ‘right’ and those who don’t to the ‘wrong’. By following this path down the mountain I want to
demonstrate that it is this kind of work that makes it possible to know some parents as blameworthy. Let’s tramp a while and see how this unfolds.

9.3.1. Constructing the ignorant parent

In this section I provide a detailed reading of two studies and accompanying media material that demonstrate how parents are rendered ignorant and consequently identified as ‘deficient’ subjects, abnormal and in need of government, in the form of education.

As part of a “nutritional study of dental and bone health”, parents were asked to classify the weight of their child (Miller et al., 2007, p. 166). Researchers then compared parents’ classifications with scientifically calculated measures of fatness (BMI and DXA scans). They report that “only 7 parents of the 96 children … rated the weight of their child above normal weight, although 31 children actually had elevated BMI values” (p. 166), and conclude that parental perceptions of elevated adiposity in their children are poor. In other words parents are ignorant when it comes to assessing whether or not their child is fat. With this ‘evidence’ in hand, the researchers go on to claim that because of this ignorance parents are problematic in relation to efforts to prevent obesity amongst children. They state: “[U]ntil they recognize that their child is heavier than he or she should be, parents are unlikely to take steps to limit excessive weight gain by adopting strategies to improve the balance between energy intake and energy expenditure in their offspring” (p. 170).

These statements are the scientists’ convictions; they are not based on ‘evidence’ gathered in their study. Yet they form part of the ‘expert’ testimony that positions parents as ignorant, responsible, problematic and culpable for childhood obesity. The scientists make the case that it is critical to know what constitutes a healthy weight and what does not. Indeed it seems these obesity scientists, at least where parents are concerned, hold the view that to know is enough - knowing one’s child is fat is all that is required to prompt action by parents, which will achieve the desired result of un-fat children. Burrows (2009a) argues that:
embedded in much of the fat-fighting literature … there is an assumption that changing weight is primarily a matter of changing minds and that once people understand and know the 'right' things to eat and how to exercise, they will make the right choices, which in turn will effect changes in their collective waistlines (p. 10).

Given this conviction, it is unsurprising that obesity scientists regularly advocate education. In this case researchers suggest providing all parents with their child’s BMI weight status in order to educate them about the ‘true’ weight of their child (Miller et al., 2007), thereby implying that childhood obesity is a product of parent delusion. Boero (2009) refers to this kind of research as “the maternal blindness approach to children’s weight” (p. 117).

The use of this deficit model, wherein parents are positioned as lacking what it takes to produce un-fat children and therefore not only compromising the health of their children but hindering population health, places an unreasonable burden of responsibility upon the shoulders of individual parents. This kind of positioning opens parents’ lives, their bodies, practices, beliefs and children up for scrutiny. Burrows (2009a) suggests that when parents fail to deliver on strategies for producing un-fat children this can be understood by others (and parents themselves) as wiping ‘out any other contribution to the upbringing of a well child that parent/s have made” (p. 134). I suggest that parents do not even need to fail to deliver. Indeed this set of obesity scientists do not seem to hold out hope that they can deliver, because they do not know how. The mere presence of a fat child is enough for obesity scientists (and others) to position parents as ignorant and therefore problematic citizens.

In the following example, a prominent New Zealand obesity scientist, Professor Goulding, argues that childhood obesity amongst one group of New Zealand’s population is a product of parental ignorance. Her rhetoric positions parents as simultaneously capable and culpable and education as a panacea. Goulding and colleagues examined data from the National Children’s Nutrition Survey and reported large disparities in the proportion of children with extreme obesity according to
ethnicity (Goulding et al., 2007). In a news report Goulding is quoted saying: “[I]t is really horrifying that one child in 10 in the Pacific Islands population and 1 in 20 in the Maori population, versus 1 in 100 in the Europeans already have this extremely high level of body fat which is damaging their health” (NZPA, 2007).

Goulding seems cognizant of a relationship between environmental conditions, socio-cultural contexts, and ill-health. In a press release designed to promote the paper to the media, Goulding (2007) states: “[E]thnic differences in severe obesity may originate from genetic factors, different patterns of eating and physical activity or low socioeconomic status”. However, in an interview on Tagata Pasifika, a current affairs television programme dedicated to Pasifika issues, she makes the case that obesity amongst Pasifika children is the result of parental ignorance. She states:

… we know that every single parent wants a healthy, long life for their child and I think the problem is that many parents really have no idea that their really heavy little five-year-old is too heavy for their good health. They think they’ve just got a nice large child. … It’s at this age that I think we have a huge opportunity to do really good things, to eat sensibly, to role model good diet, and not to allow children to sit in front of the television and eat fast-food, sticky drinks, that sort of thing (Tagata Pasifika, 2007).

In this single pronouncement, Goulding constructs a kind of obesity-preventing, parenting curriculum, positions Pasifika parents as ignorant and therefore problematic and presents education, in the form of teaching the art of healthy living, as a panacea for childhood obesity, whilst simultaneously ignoring the significance of the socio-cultural, economic, and political contexts within which these families live their lives.

119 In New Zealand, the term Pasifika refers to the different ethnicities that collectively make up the Pacific Island communities of New Zealand. Maori refers to the indigenous peoples of Aotearoa/New Zealand. As indicated by Goulding’s data, whilst rates of obesity for both Maori and Pasifika are reported to be elevated in comparison to the New Zealand European population, it is Pasifika who are most commonly targeted in the studies of my obesity scientists. It is important to note that the collectivisation (or homogenisation) of data from people belonging to different ethnic groups into a single Pasifika category is a contested practice.
My apologies but I just had to interrupt here, in need of education, ignorant, hmm well that pretty much sums me up then. Each morning I stealthily slip out of bed with the birds and into an old comfortable red sweater dress that my mother-in-law gave me. On some occasions I successfully find the floorboards that don’t creak and make my way downstairs without bumping into anything in the dark, a shoe, a piece of dreaded lego underfoot. On other mornings, like today unfortunately, my full-of-the-joys-of-life son, Jack, stirs as I slink by, and sure enough about twenty minutes later he appears just as I am getting settled into my writing. It’s so bloody annoying but there is no getting him back to bed and so I must stop.

I am at my wits end trying to find enough hours in the day to work and so today I have resorted to television. I know, I know - the electronic babysitter, the evil emanating and corrupting his innocent mind, and just like that the fat accumulating on his little carcass, the sheer sedentairiness of being glued to the box and yes he is going to sit there for at least an hour before the guilt and anxiety kick in and I stop my work and turn it off.

My guilt and anxiety are not so much connected to concern about fat as they are that his watching television makes me a bad mother, god forbid that he should tell his teachers at school this morning that he watched Dora the Explorer, the Berenstein Bears and had a playdate with Mickey Mouse. (Yes I know they are a half hour each. I fibbed. He watched an hour and a half of television and all before breakfast. What’s more he has already convinced me to let him come home from school early today. How could I deny him with his deflated body and harried looking little face when confronted with his first morning question: “Mum, is today a holiday?” There will no doubt be more butt on couch this afternoon - but it’s Friday - the end of a long week, surely an
exception can be made). For all intents and purposes I am just another one of those ignorant and therefore culpable parents that my obesity scientists speak of.

To heck with it, there is a comforting flicker, a calming, serene kind of glow, coming from the lounge, my headphones are on to drown out the high-pitched, grating ‘toon’ voices, Jack is ensconced, and I am good to go. Hooray for television! Flaunting ignorance is bliss.

Goulding echoes common assumptions that people from lower socio-economic groups, which in New Zealand is taken to include a great many Pasifika people, “necessarily have poorer nutritional status (Crotty and Germov, 2004), do not hear health education messages (the so-called ‘deaf ears phenomenon’), or do not value education (Crotty et al., 1992, p. 1680)” (Warin et al., 2007, p. 99). Further to this, it is often parents from ‘other’ ethnic groups, or who adhere to values and practises other than those deemed appropriate by obesity scientists that are positioned as ignorant and thus problematic. Burrows and Wright (2004) argue that it is parents who are: “already ‘othered’ in the normalising discourses of parenting (i.e. single parents, parents on low incomes) who are further marginalised by these moral imperatives to regulate children” (p. 90). Further, Boero (2009) cites examples of media reportage that speak of a relationship between obesity and “ethnic ignorance” and position particular families (Hispanic and African American, along with those living in the rural South), and particularly mothers, as in need of educating (p. 116). Evans et al. (2011) argue that the Change4Life campaign in England positions knowledge as “the answer, not just to unhealthy behaviour, but also to overcoming inequalities” (p. 335). They note that working class families are positioned as lacking knowledge or willpower rather than capital through assertions that for example, concerns about the cost of healthy food can be overcome by being clever (i.e. knowing how to prepare cheap and healthy meals).
In response to Goulding on the Tagata Pasifika programme, Professor Finau, a prominent Pasifika health academic says:

I disagree because it [Goulding’s findings/statement] assumes that we are dumb that we don’t know a bad thing when we see it. We see it everyday, we know the problem … we live with it and we have seen the results of it in terms of adult outcomes (Tagata Pasifika, 2007).

Counter to Goulding’s assertions, Finau suggests parents ‘know’, ignorance is not the problem and solving childhood obesity will require something other than victim-blaming and education.

Despite this counter-narrative, parents continue to be constructed as ignorant, and education continues to be trotted out as a plausible fix for obesity. When obesity scientists construct such simple causal lines between parental ignorance and fat on children’s bodies, they marginalise other ways of thinking about parents, children, obesity and education. Ideas such as, knowing does not necessarily mean a parent can or will act in ways that will supposedly prevent fat accumulation on their children’s bodies. Or ideas about the complex nature of obesity, such that knowing and acting in the required ways does not always result in a slim body. Furthermore this work draws attention away from the social, cultural, political and economic structures and contexts affecting parents and family life, which contribute to myriad inequalities including, childhood obesity.

The kind of obesity research outlined in this section constructs obesity as merely a disease of ignorance, parents as subjects lacking know-how and children’s fat bodies as entirely avoidable through the take-up of a particular obesity-preventing parenting code of conduct, or in this case, curriculum. This serves to responsibilise every individual parent, and to position those parents whom scientists deem ignorant as ‘deficient’ and thereby problematic.
9.4. In sum

Here we are in a place where I can reflect upon this journey and think upon the considerable work my obesity scientists do to shape parents up. In effect they mark all parents out as critical to the obesity problem, as inherently capable of producing un-fat children. They define the work that parents must do and the self-governance required. They constitute this work and the parents that perform it as normal and all other actions/parents as lacking. By measuring parents up against these imagined competencies they mark a particular group of parents out as needing additional disciplining and governance, as problematic and thwarting society’s efforts to eradicate fat bodies.

Stainton Rogers (1991) claims that scientific knowledge is not “merely mirroring the real conditions of existence (Young, 1980) but is rather the product of social relations which reflect the social divisions of power and labour in our culture, vulnerable to historical and ideological forces” (p. 214). My obesity scientists’ claims about parent capability and culpability are not presentations of the ‘real conditions of existence’. We should think of their work as “productive of obesity [and parents] rather than descriptive of it” (Murray, 2008, p. 8). Whilst often reported as ‘truths’ in published scientific papers, the media and taken up in this way by health professionals, policy-makers, teachers, and parents, these claims are products of the power of science, the representational labour of scientists (Stainton Rogers, 1996) and the knowledge that is currently possible to produce, talk about and believe given scientists worldview and the discourses available to them.

Claims to know parents based upon mathematical associations between ‘parent factors’ and children’s BMI scores do not yield the truth about parents and obesity but rather construct it. As such, discoveries of the parent effect may tell us more about the kind of parents that obesity scientists’ desire. Their covariates tell us little about the complexity of parents’ lives, the realities they face on a daily basis, their triumphs, struggles and attempts to lead lives that meet their own needs and those of their children. Covariates can rarely tell us whether the chicken or the egg is significant, let alone untangle the relationship between children, parents and obesity. It is untenable
to rely on mathematically-produced associations when attempting to know parents (or any person), and potentially deleterious to claim on this basis to have discovered the truth about people and produce imperatives espousing how others should lead their lives, raise and relate to their children.

Throughout the past four chapters I have attempted to demonstrate how truths are manufactured. In order to disrupt the pleasantry of certitude about parents as responsible and blameworthy, I argued that in part, this notion rests upon obesity scientists’ assertions that people are capable of moulding their bodies. With capability understood to be universal and indeed a natural and inherent quality of ‘normal’ parents, the presence of fat on children’s bodies or indeed the observance of behaviours, values, and knowledges purported to result in fat, act as a yardstick by which parents can be known and disciplined (hmmm, measured and whacked, no carrots here then.) However, by following paths that render visible the constitutive nature of my obesity scientists’ work their authority over the truth becomes questionable. By showing that their claims about parents are best thought of as a dispositif, the notion of parents as inherently and universally capable of producing un-fat children brought about through obesity scientists’ ‘discovery’ of the parent effect, or a set of parent competencies, may be thought of as the coming together of knowledge and power through discourse. In other words, parents are only as capable, competent, responsible, deficient and blameworthy as my obesity scientists make them.

I am feeling the strain after that hike, it was long, laborious and there was a lot of ground to cover but before calling it a day I just want to kick off my boots and dig deep for that last little bit of energy. Come dance with me.
10. **The dance**

Stories need humans in order to be told, and humans need stories in order to represent experiences that remain inchoate until they can be given narrative form (Frank, 2012, p. 36)

In this chapter, I tell stories about my experiences to bring into focus parents who are, and who are doing, something other than what my obesity scientists’ claim. Dowling, Fitzgerald and Flintoff (2012) point out that: “storytelling is something we do on a daily basis in the process of making sense of who we are and what we experience. These self-stories are also a reflection of cultural narratives: about the social spaces we inhabit” (p. 3). Given this these scholars suggest: “we might capitalize upon our own skills as storytellers and analysts …” (p. 3). I take up Richardson’s (1994) guidance about “narratives of self” and produce very personalised and revealing texts about my lived experiences (as cited in Biddle et al., 2001, p. 803). In particular I focus on “the mobile, complex, ad hoc, messy and fleeting qualities of lived experience” (Ball, 1995, p. 259). The parents I meet, the stories they tell, and the experiences I have, speak of parents with multiple subjectivities, that are shifting, contradictory, and people who are experiencing parenting amidst a panic about obesity as anything but the simple following of a recipe for success.120 Consequently, rather than living out the universal, static, binary subject positions of the competent and the deficient parent, I suggest parents may be better understood as dancers. Dancers constantly in motion negotiating their way around a stage that offers them up for judgement but does little to account for the fancy footwork they perform on a daily basis in their efforts to enact obesity scientists’ vision of capability.

I present four self-narratives: two that home in on my parenting experiences; a third that presents an interpretation of an encounter with another parent; and the final one that re-tells my experience of

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120 See also Maher et al. (2010b, p. 306) who argue that within obesity discourse current approaches to “maternal responsibility for food consumption rely on a simplistic and limited understanding of this important exchange between mothers and children”.

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hearing a parent’s story about their own encounter with obesity. Whilst the latter two stories include other parents as key characters and indeed draw on their encounters, all of these stories are written from my perspective, what they did to me and to my thinking. I share these self-narratives to contribute to a body of work examining the effects and affects of obesity discourse in family life, and specifically to undermine the certainty with which parents are currently understood. Goodall (2008) suggests that:

… when we engage in writing or telling a story, we create alternative pathways to meaning that are imaginative and analytical; that are guided by a narrative (rather than propositional) rationality; and that are relational - in the production of meaning, they connect the teller of the tale to the listener or reader of the story. The very act of writing a story, or telling a tale in public or just to a friend, changes not so much how or what we know (although telling a good story well can certainly do that), it alters the way we think about what we know and how we know it (p. 14).

He refers to the work of Worth (2005) who draws on the works of particular literary theorists, psychologists and philosophers to suggest that “narrative knowledge” is a special form of reasoning. She “points out that "traditional forms of knowledge (knowing how and know that) are not sufficient to cover a third kind of knowledge (knowing what it is like) in the way that storytelling can” (as cited in Goodall, 2008, p. 13). I try hard to hold back on analysis and explanation. I want my stories to provide an opportunity for imagining and empathising, pondering everyday life, a moment for reflection and perhaps the bubbling up of other stories that resonate, complicate or contradict (see Barone, 1995, p. 66, cited in Biddle et al., 2001, p. 803). Worth argues that: “what is learned from reading and writing stories produces a distinctive form of knowledge that is rooted in empathy for other human beings and an enhanced capacity for both imagination and moral reasoning” (as cited in Goodall, 2008, p. 13).
Through imagining the parents I speak of, I want to create a vision of parents attempting to dance the normalcy waltz, but who often find themselves doing a relentless jig, wherein they must perpetually work at shaping themselves up. That is to say, in a thousand ways and moments, they traverse the terrain of obesity-prevention and obesity-production. For many, always only fleetingly being comfortably able to know themselves and be known as competent, and always working to avoid or counter charges of deficiency. For others, valiantly dancing on even though the fat on their children’s bodies marks them out as always-already deficient.

What do these stories tell us about parents and obesity?

10.1. The FUN run

Miss Six (a.k.a. Lucy) was excited to be taking part in the school Fun Run, a fundraising activity organised for the community by the PTA. After the gun went off she sped off with her friends, dad and Master Four. But round the bend I spied her walking alone, head down, looking decidedly distraught.

“What’s up?” I said.

She wailed: “It’s not a Fun Run”.

“Well yes this is what a Fun Run is, you run together with your friends” I explained.

Then came the crux of the matter ...

“That’s just running; that’s not fun. I’m going home.”

And she would have if I had not given her a piggyback for the remainder of the not-so-Fun for me either now Run.

^~~^~
This is the over-the-teacups version of this story. You might have been slightly amused by Lucy’s assumption that a Fun Run would be fun, something other than just a run. And you might have empathised with her despair upon realising that nope, it is just a mean use of rhyme – a Fun Run is no more, no less fun than any other kind of run - it’s a rotten trick in some respects. How could you know before going on your first ever Fun Run that rather than having fun you’d be huffing and puffing, your friends would be able to run faster than you and would speed off ahead, your little brother would show you up with his stamina or stubbornness, and your mum would thwart your plan of calling it a day and stop you heading home once you’d had enough? But what am I hoping to achieve with this story? Well, an over-the-teacups rendition just won’t cut it. It focuses on Miss Six, when the main character of the story I want to reflect on is actually me; the crazed parent, dancing her way out of a sticky situation with the nomenclature of deficiency bearing down. What lengths did I go to, what performance did I deliver to assure myself, and to assure those I assumed were watching this intimate little moment through obesity-glazed glasses, that I was still the good, obesity-preventing mother?

10.1.1. Working hard to shape myself up

Great excitement this morning. The day has finally arrived. The school Fun Run! Lucy and Jack are up early and getting their fluro-green t-shirts on.

Then the tears begin. Lucy refuses to wear her shirt.

The smallest size for most organised events seems to be that of a pretty large adult and for Lucy this means she will be running in a sack down to her ankles. It is just too much. The understanding that everyone will be in a similar boat is not enough to convince her and she declares that she is not doing the Fun Run.
Supermum comes to the rescue and digs out a dusty old Bernina, hunts for the power converter from 240 to 110, rustles up some cotton and perches precariously hands at the ready to perform a miracle on what for a once in a blue-moon-amateur is a lethal machine. One fitted t-shirt and a hair ribbon from left-overs to boot. We are all smiles again.

Off to the Fun Run.

All the kids are there; it’s a carnival, waves of fluro-green morphing bodies into an odd rectangular blobby shape, but not my Lucy. She is proudly running her hands up and down her svelte torso, which does not go unnoticed by adoring friends and their astonished moms. Who can sew these days? Who still has a machine? Who would bother? More fool me. Then we are off.

All the big kids clamber to reach the front. Lucy sets off with her Dad, brother and friends, round the block they go. I take the opportunity to catch up with a mom I haven’t seen in many months; ambling along with her young one we are thoroughly enjoying this stolen moment. Then up in the distance I spy Lucy, walking, head down, on her own. When I reach her she is crying. “What’s up?” I say. She is angry, as if she has been tricked – she yells at me “this is not fun, you said it was a fun run, but it’s not fun, it’s just a run”.
I blush. Other families are all around me striding it out with strollers and tricycles and children much smaller than my little pouter. I quietly and very firmly whisper in her ear that fun or not she is in the middle of the Fun Run and that she is embarrassing herself (i.e. me) with her tears and carry on and to cease immediately and get running.

We manage another block when she starts complaining that she is in pain. I explain this is normal, just the stitch, that it doesn't kill you, and that this is what happens sometimes when you run. She is incensed, again retorting that this is not a fun run. There are no other children her age around us, they have all soldiered on; I point this out and tell her to toughen up. I am so embarrassed for/by her right now.

As we near the bottom of the hill she realises that we are about to go right by our driveway. Next thing I know she is crossing the street and when I call out she says she's going home - the Fun Run is not fun and she doesn't want to run anymore. I am fair bursting with the disgrace of it all, she's yelling, I am looking about, trying to calm her, smother the noise, laugh it off, look the other way. Finally she agrees to continue if I carry her. We eventually cross the finish line, me with my big baby on my hip, my vertebrae now firmly fused for the next few days. Travis strolls on over and calls out: “Awesome Lucy, you did it”. I retort: “She bloody well did not, don't you congratulate her for that effort, if she ran yes I
would be proud of her, but no, can you believe she tried to go home and I have carried her all the rest of the way – no she does not deserve a pat on the back for that”. I'm angry. I am ashamed.

Of what?

When I take a moment to think about it I realise I am ashamed because I assume people are questioning my ability as a parent, noticing that I have an inactive child, who at six cannot or will not run for fun.

After cooling off, I took my hat off to Lucy – it really wasn’t a fun run, it was awful. Her friends were fast and sped off, her little brother with them, and then she got the stitch. Her mother (consciously or unconsciously – I can’t decide) got carried away with anti-obesity imperatives, yelled at her and dragged her along. The idea of the Fun Run in no way matched up to the reality of it. It was miserable.

Later at my desk I pondered just what the implications of Lucy’s actions would be if she were ‘overweight’. What might people have said or at least thought if they saw a plump Lucy giving up and attempting to go home half way through the Fun Run? What kind of parent would I be then? What kind of performance would I have needed to deliver?

10.1.2. The fun run and the deficient mum

I was on a school Fun Run last year, when this overweight six-year-old girl started to cry and stopped running. Her mother was asking her what the matter was and she was yelling that the fun run was not fun and then she crossed the road and started to walk up the driveway to their house. I couldn't believe it. The Fun Run was only a mile tops and all the other kids her age were managing. She clearly
doesn’t get any exercise. It’s all very well the mother feeling sorry for her but what that kid really needs is for her mum to tell her to jolly well run and keep running. I just can’t understand how some parents let their kids get like that, fat and lazy. The girl said she had the stitch and that her friends had run off ahead but I think she was just too out of shape to run a mile. To her mother’s credit she made her continue but can you believe that she actually carried this great big six-year-old all the way to the finish line.

According to Herndon (2010) “mothers are often ‘blamed’ for their child’s atypical embodiment” (p. 339). She asserts that with the “visible nature of large embodiment” women who mother ‘overweight’ children are susceptible to blame and judgement “because their children are embodied in ways that are considered undesirable” and counter to the socially accepted ‘norm’ (p. 340). Herndon focuses here on the visible difference of a fat child rendering their parents prone to blame and judgement. Similarly in The Fun Run and the deficient Mum I fictionalise what could have occurred had Lucy been visibly overweight. Yet my more true to life encounter suggests that even as the parent of a child with a normative bodily appearance, on account of my daughters inactivity, I felt the need to take measures to counter the judgements I assumed people were making about me and my parenting abilities. In other words the current environment within which I find myself parenting expects all children to not only present with a normative bodily aesthetic but also to move in (and eat, think, believe) particular ways. When they do not, even those parents with a slim child may feel compelled to take action to deflect judgements (whether being made or imagined), which may mark them out as incompetent parents.

In forcing my daughter to finish the Fun Run, and to experience the shame of being carried ‘like a baby’ whilst her peers’ efforts were celebrated, I marked myself out as a parent working hard to produce an active and thereby un-fat child. This act had very little to do with Lucy’s health but
everything to do with shaping me up as the kind of parent I feel compelled to be and the kind of parent I want others to know me as, competent, engaged, good, moral and caring (albeit, about the potential for future fat rather than the immediate concerns of stitch, humiliation and disappointment). Herndon (2010) argues that bariatric surgery is likely to become more commonplace as an intervention for younger children as parents feel compelled to “treat their children’s weight by any means necessary, if for no other reason than to prove they are good parents” (p. 345). The motivation to act such that one is not marked out as or indeed does not have to know one’s self as the deficient parent is significant. I was prepared to shame my child and put my back out just to prevent the feeling of humiliation and incompetency associated with my child’s lack of zest and stamina for the school Fun Run. What would I be prepared to do if my child was overweight? Herndon cites Dreger (2006) who notes, “[I]f you’re getting the message that it’s all your fault, then surgery might seem like something you have to do to prove you’re a responsible parent” (p. 345). What fancy footwork would you attempt to shape yourself up as an obesity-preventing parent, and therefore as a good, moral, parent? I regularly surprise myself when I reflect upon my efforts, and all this from a woman attempting to think otherwise.

10.2. The spelling assailant

A short play by Jaleh McCormack

Enter stage right. A mom and a mum walk together, lugging bags filled with kids’ stuff, relaxed, chatting. Child walks behind swinging arms ‘aimlessly’

Mom: Ballet.
Mum: Oh ballet yeah, little girls and ballet.
Appeasing Mom: I know and Mike wants to let them, so now, Saturdays,
both of them …
Mum: Lucy had a go when she was four. Didn’t last long though.
Kid: Mom
The mothers briefly look round but then resume chatting, as if interruption is par for the course.

Thoughtful Mom: I think Lola will love it, but Ellie is just tagging along you know.
Mum: The trouble is the cost though …
Kid: Moom

(kid sounds more insistent, but the mothers are not ready to be interrupted yet and keep chatting)

Finances Mom: I know it’s a lot, and with two, and then the boys are doing soccer
Kid: M. (audible but not intrusive)
Mum: I can’t get my kids to do anything though.
Observant Mom: Well John’s like that, he’s so, you know, just likes the screen …
Kid: C. (audible but not intrusive; Mum looks around at child for an instant)
Mum: Yeah, but he’s racing round at school though, right?
Concerned Mom: I don’t think it’s enough. I think you know it’s important to develop habits, and that if I don’t make him do something he just won’t …
Kid: D. (louder)
Mum: What’s that John? (looks at child)

(Mom turns with frown to address child)

Disciplining Mom: Oh John, o.k., just stop.

(speaking over the top, not noticing Disciplining Mom)

Mum: That’s great spelling John, what was it, I can’t guess.
Kid: M.C.D (runs it together but cut off by Embarrassed Mom)
Embarrassed Mom: I don’t know why but he just loves it.
Mum: I still can’t guess it … (cut off by Agitated Mom)
Agitated Mom: No, no, you know, we hardly ever go there, but I said we might on the way home. … John stop.

Mum: What? Ohhh he’s spelling … (pause) oh so clever …

Guilty Mom: He won’t stop asking for it. I hardly ever take them, but it’s all he can think about. It’s so embarrassing. I’ve told him not to do it. So now he spells it. But at least the little ones can’t understand that yet. We hardly ever go. I hate it but you know the kids …

^^^^^  

To me, the guilt, shame, potential for judgement, self-judgement that Mom seems to feel and anticipate in relation to taking children, her children, to McDonalds is party to engagement with an idea that parents shape their kids up. McDonalds epitomises failure. This woman is a ‘responsible’, ‘caring’, ‘devoted’ ‘mother’ who concerns herself with her children’s needs and desires, she is attentive to their health, their schooling, their dreams; she is undone by her young son’s newly acquired ability to spell. In spelling, or getting out the first few critical letters in order, her son, reveals a ‘bad’ mother, a mother guilty of obesogenic behaviour. Her embarrassment is palpable and turns this moment of nothings into a tense encounter of (self-) judgement. My quick attempt at rescue, “Oh I hate it too but we go, it’s easy, it’s quick, my kids like it, when Travis is away for work we go, when we are travelling, you know, when I can’t be bothered, McDonalds is great for that”, absolved nothing for this wonderful mother.

Epilogue

My daughter enjoys reading the short plays included in the New Zealand School Journal. As a kiwi kid abroad they give her some insight into kiwi slang, personalities, environments and so on. I also remember being drawn to these when I was a kid. I had a great primary school teacher who let us read these plays aloud in groups, or perform them for the class. Ever the attention-seeker, this was my thing. It was great to discover them again through Lucy.
I have carried this story around with me for nearly a year and not known how or if I could tell it. The idea of a play-script dawned on me one afternoon and out morphed this tale. When it was nearly complete, Lucy came into my ‘office’ and read it under my shoulder. She recognised the text as a play immediately and asked if we could perform it. She read through the lines and decided to be Kid. We tried it out on her little brother and father. I was pleasantly surprised that Lucy and her dad worked out the significance of the spelling; Master Four however, whilst entranced by this dinnertime entertainment, looked very bemused and did not mention the golden arches (obviously not his genre of choice). The performers bowed and we all tucked into a McBenson staple – nachos, with loads of finger-licking-good, sour cream.

Little notes:

1. I write ‘mom’ to remind myself that this mother parents in the United States, as do I currently. But I write myself ‘mum’ because I like to try thinking differently in this supposed ‘land of the fat and the free’ and being ‘mum’ helps.

2. I married a Benson, I am a McCormack and we contemplated some kind of double-barrelled name. The jingle of McBenson was just too good and also so bad that it could only be our in-house name but I think it is appropriate to let it ring out just this once. Please kids don’t bring up the McBenson thing in public.

3. The different ‘Moms’ noted in the character list are not individual characters but the many ‘moms’ that for me this mother became (there are many more) and they serve to remind me to challenge the universality of the category ‘mother’, or ‘parent’ that I observe in obesity scientists’ writing. They deliver a message about the messiness of being ‘mom’. It’s more than wearing different hats or juggling; it is chaotic, instantaneous and demanding.

4. This is fiction. Something akin to this played out one day. It made me think about all the work I, and the parents I encounter, do in becoming ‘good’ parents, and how childhood obesity discourses make us jump double time. It made me think about the embodiment of obesity discourse – the way it made Mom and Mum feel, behave, speak, and be in themselves and with each other, when Kid unwittingly confronted them with the ‘facts and the evidence’ all rolled into a “give us an M, give us a C, give us a D, what have you got” – he not only knows how to spell McDonalds but he knows because he goes. Kids say the darnedest things. Darn it.

5. ‘Darn it’ is a wonderful phrase my daughter has picked up at her US school. I remember my grandmother using it. On this day ‘darn it’ might have been just the response ‘Mom’ wanted to use, if it wasn’t for the perceived immediate necessity to justify her errant behaviour and own up to her failings (and silently beg for mercy).

6. Stopping now.
10.3. Flip-flopping mum

Whilst working on a research project about children and young people’s understandings of health and bodies, a great lump of a baby boy was growing inside my distended belly. My midwife pressed upon me the importance of diet and exercise and in my research interviews the children and their teachers were making sense of health and bodies by telling tales about junk food, pies, fat in food and fat on bodies, television, running, and parents.

Teachers spoke of parents who did not make the time or effort to take their children to huff and puff-type after-school activities. I told tales to my unborn baby about the daily walks along the promenade I would start next week.121

Children told me that pies and chips were bad for them but they still ate them because they were yum. Teachers talked about the contents of children’s lunchboxes and reflected on the consequences of different parenting practices. I asked my husband to pick up fish and chips on the way home from work and when Miss Two and me and my belly picked him up from the train station we sat inside the car while the wind blew rain in sheets across the bay, the hot chips steamed up the windscreen, and my daughter licked salty fingers.

121 Harman (2012, p. 4) reports that a survey of New Zealand mothers published in 2012 noted a lack of exercise during pregnancy as a common source of guilt for new mothers. Looks like I was right on trend.
The Plunket nurse asked me why I had not stopped giving my daughter full-fat milk. Didn’t I know that the Ministry of Health nutrition guidelines recommended children over the age of two should drink only water and low-fat milk?

Baby Jack arrived, I cried. The house was half-painted. Primed on codeine I went out to help. There were three burly workmen with a jack-hammer outside my new baby’s bedroom window. They were breaking up concrete in preparation for my husband’s dream deck. With tail between my legs I stopped breastfeeding at 5 months. The Plunket nurse read me the ‘rights’ (and the wrongs).

Exhausted I flopped from obesity-preventing glorious mum, to slack, guilty, bloody-hopeless, fat-inducing mum. Then Lucy walked in and refused her milk … “It will make my tummy fat … and we don’t want that”.

10.4. **The mother at Jack’s school**

A story scrawled on a napkin, the back of a receipt, a shopping list and my son’s latest Van Gogh, perched on the driver’s seat of a stationary car in a parking lot fast emptying with moms (and a couple of dads) ferrying little darlings from here to home. The music up loud to drown out Jack’s babble and snivelling, just for a moment please, while I get down a shoddy version of what for me is I think the closest I will ever come to seeing the how, and the effects of my (well, hers in this case) obesity scientists’ whipping someone into shape (and my feeble attempts to offer up alternatives).
A story scrambled through my struggle to be a mum at Jack’s school and in an instant become known as a woman in the know on obesity.

A story about the mother at Jack’s school who broke my heart with her desire and efforts to be ‘normal’ and her epic failure, who made me come to know myself, parents and obesity otherwise.

Waiting outside school for Jack. He is playing in the grounds with another boy. The boy’s mother comes over. She asks what class Jack is in, whether he takes a nap in the afternoons. We chat. She asks if I work. When I say I am doing my PhD she wants to know the topic. I say it is in sociology and I am looking at obesity. She seems confused. “I’m looking at obesity not from a medical or scientific perspective but at how parents are framed in relation to obesity”. “Oh” she says, “I would like to hear about your results because my 15-year-old daughter has put on a lot of weight since coming to the United States three years ago and I am wondering, you know, what has caused this”.

She goes on to say that she gives her daughter the same food as the rest of the family and that their eating has not changed since moving to the US so she is trying to work out why her daughter has put on weight. I feel compelled to say something, I am in this spot where I have to respond, there’s a pause, she is telling me this story unsolicited, she is telling me for a reason, I am someone to her now, I am an opportunity to make sense of obesity and parenting, of the fat on her child’s body. I am so unequipped for this moment. I hesitantly suggest “you
know, our bodies change throughout our lives and perhaps this is just a time of change for your daughter”.

She isn't done. I'll call her Jean and her daughter Kate to make this work.

Jean says “maybe Kate has put on weight because she goes to McDonalds and eats a burger with her friends after school and then comes home and eats dinner too and is munching on things in the cupboards all the time”. I say, “well, you know, we all eat different amounts and different things and perhaps this is a time when your daughter feels like eating more than she has in the past”. I have nothing. I feel so uncomfortable now.¹²²

Jean seems to want to reconcile Kate's fat with living in America - that with a change in culture came a change in body practices, weight, shape, and ideals. I suggest “if you think about Kate's wellbeing rather than her weight as a measure

¹²² I think about this conversation often. I wonder why I always feel so unprepared for the stories people tell me in response to my PhD topic. I worry about the things I said and the things I didn’t say. I worry that Jean might think I know something about obesity when I don’t. I try to reason with myself that I explained I am as caught up in this as her, that I take a critical view of dominant ideas about obesity, that I don’t believe in lots of it and yet I look for fat on my body, I worry about what I feed my children, it is a culture we can’t avoid and so I hope she sees I am just another person trying to make sense of bodies and what we are told about them, in some ways just like her, and in others not. I told her about Lucy being called fat on account of not being able to swing up on the jungle gym, and the girls who wouldn’t have birthday cake because they didn’t want to get fat. I tried to explain that this is the part of obesity that worries me, that we equate unhealthy food, fatness and ill-health and it is surely not that simple. I should have mentioned the statistical relationships between BMI mortality and morbidity that counter the overweight = health risk mantra that I have read about. I should have mentioned the controversy about the relationship between food and fatness. I should have mentioned that losing weight and keeping it off is only achieved by a very few people. There are lots of things I could have said but these things don’t come readily to me. I guess I am always in a state of shock when people offer up their stories and expect some kind of response. The mix of woman, mother and student in me make whatever I have to say incoherent.
of her health then you could say that going to McDonalds is a good thing, it means she gets to hang out with friends and socialise, maybe Kate’s not going to McDonalds specifically to eat hamburgers but to be with her friends”. Jean agrees wholeheartedly and seems to grab onto this idea that going to McDonalds is not all bad.

Jean continues, “I'm not worried about Kate's weight and I've decided not to bring it up with her because she's happy with her body”. However, it transpires that this 'happiness' is what is troubling. Jean tells me that Kate’s additional weight means she has large breasts and an hour-glass figure, which she likes to show off in form-fitting dresses. Jean describes Kate’s body by running her hands down the outside of her own body going out and in where her daughter has curves that are more pronounced than her own. She focuses on the fact that Kate’s breasts are much larger than her own and says Kate recently bought a top that is very low cut. Jean says, “Kate often comments on her hour-glass figure and is very satisfied with her body but my husband wants her to cover up”. Jean tacks onto the end of this description that she thinks Kate should lose some weight for her health.

To me Jean seems embarrassed more-so that her daughter is proud of her shape than that her daughter is in her own eyes overweight, and also kind of flabbergasted that her daughter could feel proud about this ‘fat’ body. I try to say
that she is in an interesting predicament because Kate’s body seems to symbolise someone who is now a woman, and that Kate knows her body is attractive, and wants to show it off. For Kate, her weight is a good thing. I tentatively suggest that whilst their concern with Kate’s body is about health and weight it also seems to be bound up in their views of what is appropriate for a 15-year old girl, how they want Kate to look, dress and behave. I say “it seems like Kate is happy in her skin and perhaps this is the best a parent can hope for”. Jean replies “yes I am happy for Kate and I am not going to say anything about her weight to her”. However, her two-ing and fro-ing on this subject of whether to act suggests to me that this is something of a quandary for her, something she is continually assessing.

At some point in the conversation Jean asks if I am interviewing people and I explain that I am examining how obesity scientists write about parents in their publications. She says that's a shame and I agree. She goes on to say something like this: “it is hard to be a parent of a daughter who is overweight because you read things in the newspaper, like scientists say that parents cause their children to become obese by letting them snack between meals and I really have to think about whether I am doing this to my daughter or not. I think no I am providing her with healthy food, the only thing she is getting that is not healthy is McDonalds so it must be that. But then I think about myself and I know I need to do some
exercise but it is so hard to find the time and I think if I am not taking care of my health, then why should my daughter be concerned about this weight”.

Jean looks so concerned at this point and this negotiation with/in herself seems to be something she is so rehearsed in, perhaps not in giving voice to it, but certainly in trying to make sense of herself and the fat on Kate’s body, in light of what she reads, thinks, does. Again she waits for my response.

I tell Jean “I don’t envy your situation, that as a parent it is hard to know whether to take notice of the things you read and act upon them”.

Jean asks: “what are you going to do with the obesity scientists' work?” I try to explain that I am coming at my work from a view that scientists don't discover the truth about obesity but rather they create stories about it, that they are just like her and me; looking about for ideas to explain body weight. The difference being that obesity scientists have more power to make something the truth, than we do. But, we tend to forget that they are just like us, and instead position them as able to find the truth about something. I am not sure I explained this very well, I don't know if she get's my drift, I don't know that I have either. But Jean says to me “so you mean that you want to point out that obesity scientists have an angle on something and because of this they find what they were looking for”. I can't believe it. I thank her for saying it in such a straightforward way.
Then I am called away, Jack has gotten into a conflict with another boy and fled the playground to sit on his own with his head in his hands sobbing. I coax him into the car, turn up the radio to soothe him and to gift myself the moment I need to get this down. Of course, I am late to pick up Lucy from school because I was so engaged with the woman from Jack’s school that I lost track of time.

It's all kids now. They want a snack, they want me to draw with them, then I am folding washing and trying to referee their arguments, I am cooking dinner whilst helping with homework, then my husband comes home and we have dinner together and I relay this conversation with him, whilst my kids are yelling and refusing to eat their dinner and we are yelling at them and using the age old “you can’t have any pudding if you don't eat your meat” trick. Thanks Pink Floyd.

^^^^^ Jean is capable of knowing her child is fat. Ironically, so is her daughter and to boot Kate is happy with her body. This mother is capable of educating herself and her daughter, and engaged in self-governance. She is capable of providing healthy food for her child and role-modelling healthy eating. This mother is capable of feeling responsible, she understands parents have a significant role to play, she knows she must exercise in order to show Kate that exercise is key to health, to having Jean’s idea of an ideal body shape. Jean is capable of feeling guilt and is motivated to intervene. She is a competent parent, abiding by the obesity preventing code of conduct. Yet Jean is incapable of producing an un-fat child.

The fat on her child’s body is testament to her failure. However, her own analysis of the situation suggests she is doing all that an obesity-preventing parent can do and yet she is not achieving the
desired/required result. She questions her child’s behaviour beyond the home and links this to a body satisfaction that is at odds with obesity scientists. It is plain to see her traversing the terrain between obesity-preventing and obesity-producing parent and her exasperation at attempting to be one and being known and knowing herself through the fat on her child’s body as the other. It is not ignorance, nor negligence, but rather her child’s comfort in her own body, indeed her child’s celebration of curves, flesh, and fat, and all that these do to shape up an attractive adolescent body, that this mother identifies as the cause of Kate’s ‘overweightedness’. She tries, as a responsible parent, to change this situation, she wants her daughter to know this curvaceous body image and hence her body, as an unhealthy body. Yet, she grabs at the slimmest of opportunities that I offer up to slip out of this bind, to consider her daughter’s agency and the positives of body satisfaction at age 15, to position herself as a responsible and ‘good’ mother after all. Dance Jean dance.

10.5. The final number

My stories suggest that parenting in the context of an obesity epidemic is a messy business, wherein parents perform a daily dance tripping over their own feet only to be judged in line with the fat on their children’s bodies regardless of their efforts or lack-there-of. The obesity dance is for the most part controlled by the music that makes the performance possible. This music strikes a chord and the dancer strikes a pose. It has a mantra quality, with a steady beat and repetitive notes, imperatives that demand a particular response. It seems to me that parents try valiantly to dance the normalcy waltz, but find themselves tangled up in a jig wherein the top half of their body appears serene and in control whilst down below they are feverishly engaged in complicated footwork that moves them over, under, around and back on top of themselves to measure up. They ‘jump over, two, three’ on one foot then the next and still fall foul of obesity scientists’ imperatives. Their children’s bodies, desires and agency\textsuperscript{123} defy their governing efforts even though they ‘skip’ their way around the fruit aisles of the supermarket as the good parent. They could be awarded an ‘A’ for effort but in the

\textsuperscript{123} See Evans et al., (2011) and Colls & Evans (2008) for discussion about children’s ability to ‘negotiate, resist and hold power over their own consumption’.
final number we find they ‘cross step’ their way to McDonalds on the way home because it is just too late to get dinner made, the kids fed, bathed and the homework done before flopping into bed.

Parents are anything but either competent or deficient subjects and the extent of their fancy footwork suggests to me that neither are they universally and inherently capable of producing un-fat children. Nevertheless they are readily understood as responsible for preventing and treating obesity amongst their offspring and regarded as blameworthy should children’s bodies accumulate fat or indeed should children’s behaviours signal future propensity for a fat demise.

For me, these stories suggest the binary positions of competent and deficient, which my obesity scientists would have us know parents, afford little opportunity to consider their “lived experiences as gendered, situated bodies in an inequitable world” (Aphramor, 2005, cited in Warin et al., 2007, p. 98). These binaries dismiss the broader contexts within which parents are shaped up and shape themselves. These subject positions merely hem parents into being normal or abnormal, good or bad. Further to this, the assumption that all parents are inherently capable of controlling their children’s body weight establishes an “equalizing function” (Murray, 2008, p. 16) that universalizes the experience of parenting, and children’s and parents’ experiences of their bodies. This ignores the “raced, gendered, classed and sexed specificities of individuals’ lives” (p. 16) and “obscures larger structural issues of racism, economic inequality, fat phobia and sexism among others” (Boero, 2009, p. 113).

Whilst I struggle with accepting my place as the responsible and blameworthy parent, many parents I encounter are accepting of this understanding of parents in general and most often of themselves as parents. As Graham (2011) suggests: “through the process of objectification, individuals not only come to occupy spaces in the social hierarchy but through their continual subjugation, come to know and accept their place” (p. 672)
Further to this in troubling my obesity scientists’ essentialist categories for parents I do not necessarily want these categories to dissolve (Warin et al., 2007) because I understand that for some parents they serve an important means of being and being known as a particular kind of parent. I am thinking here about the way some parents shape themselves up by equating themselves with the competent parent subject, by working hard to be capable, and should they be so lucky as to produce un-fat children then being able to revel in their success. I am not suggesting it is necessarily problematic for a parent to want to be, or work hard at being ‘competent’ nor to desire being known in this way but rather that when parents are regarded as either being essentially competent, and if not this, then deficient, we leave little room for movement. In some cases the fat on their child’s body thwarts their every effort to be and to be known as the good parent. In other cases the purportedly fat-inducing practices that they engage in mean they have to double their efforts to know themselves and be known as competent, moral parents. When children are children, when McDonalds beckons, when life gets in the way, when vegetables, running, and scales are the least of their worries, parents find themselves having to write their own music and yet dance to the same old dominant tunes. They are perpetually only becoming the competent parent and never able to fully fend off the objectification that marks them out as deficient. The potential for failure is always present, and in some cases despite their every effort fat accumulates and makes a liar of them to the world.

See for example, Warin et al.’s (2007) representation of ‘Tessa’ a woman who ‘took her role of mothering very seriously’ and was ‘adamant that her role as a mother is the first priority’, and that “she will always provide a stable ‘home life’ for her children with ‘three square’ meals a day”, and who regards herself as “the ‘proper mother’, the mother who does not work (and is disparaging of other mothers who do) ...” (p. 103). For Tessa being able to distinguish between what is good mothering and not seems an important way of becoming. Similarly for many parents knowing what constitutes a good obesity-preventing parent and attempting to live their lives to fit this subject position can be an important way of knowing oneself as a good, moral parent.

Often obesity rhetoric invisibilises the context within which people live their lives and thereby downplays its significance in families’ practices. Whilst not specifically about parents, Warin et al., (2007, p. 102) highlight that large women in their study (many of whom were mothers) spoke about their bodies within the broader context of their lives, which for some involved food insecurity, poverty and neglect, being shift workers, and receiving low wages. Whilst Warin et al, located these particular experiences as being connected to socio-economic environment, my obesity encounters suggest that socio-economic circumstances are not the only factors shaping parents practices. Life gets in the way of obesity scientists’ rational approach to enacting the right ‘lifestyle behaviours’ in myriad ways, such as having two parents working, being a mother of four children, being late for work, home late from work, not having the energy to cook, transportation hassles, children having lots of homework to complete, neighbourhoods having no pavements, relationship breakdowns, losing a job, family violence, caring for other family members, and on and on.
10.5.1.  

**Dance Jaleh dance**

As a parent raising two young children amidst a panic about obesity I am engaged in a performance. Regardless of whether or not I perform consciously or willingly, I am shaping myself up, and undoubtedly being shaped by my efficacy and tenacity to produce un-fat children. Whilst the proof is thought to be in the pudding, in that the absence of fat on my children’s bodies grants me a degree of acceptance, the recipe, ingredients and practices I use in making my puddings are all up for judgement. My performance is ongoing, viewed and judged in myriad ways and moments, many of which I may be unaware of but others that I feel acutely. I have come to regard myself as a dancer, sometimes performing or perhaps practicing for myself and at other times performing for audiences. Some of my audience members are drawn into the show to dance a little themselves – my husband, children, and the many parents and people in my daily life who have encountered my dance, or indeed, just a conversation about my study. There are also others viewing through binoculars from their lofty box seats, getting only two impressions of my efforts, that of the competent or the deficient dancer.

As a performer in this dance I am rather awkward. I move with very little grace and only in moments with conviction. I find the music monotonous and stifling, it provides very few opportunities for shaping myself in unique and yet conforming or, at least, appreciated ways. Regardless, I find myself dancing. Indeed I am perpetually in motion dancing my way around, in and through a space, the stage perhaps, set to contain the possibilities of my performance as a competent or deficient parent. In moments I defy the music and perform little jaunty movements that help me shake off the limits of being in this show, but at others I dutifully comply, moving my body just as I should, performing what is expected, and thereby knowing myself and being known by my audiences as in essence, capable and in execution, competent, appropriate, and acceptable.

This dance has me performing, and indeed often conforming but as a dance it means I am in motion. Where there is possibility for movement there is the chance of performing different kinds of dances, of producing oneself as a dancer of another ilk. The show must go on but when the music plays,
dance Jaleh dance, this way and that, for a dancer in motion is a dancer always already becoming otherwise.
11. Trailing away …

Just as I found it difficult to write the beginning to this thesis, the ending keeps on ending and will not end. According to Goodall (2008) “endings are final” they are the place where “everything must work out” and where “all that has risen and all that is conflicted must finally converge: temporarily, thematically, and spatially” (p. 86). I am in a spot of bother because there is no finality here, nothing has been worked out and everything is left in disarray. But this is just as I think it should be. There are no endings for me, just trailing away, over the brow, somewhere unknown.

In 1976 Foucault (1980a) says of his work over the preceding five years that it is advances nowhere, says nothing and is inconclusive. Rather than this being a moment to throw in the towel he sees this as a positive outcome, since through a mobile sensibility he is able to turn back upon himself and trail away in another direction, keep certainty at bay and allow himself freedom to question and imagine. For example in 1978 he says of his work about the birth of the prison that:

I wouldn’t want what I may have said or written to be seen as laying any claims to totality. I don’t try to universalize what I say; conversely, what I don’t say isn’t meant to be thereby disqualified as being of no importance. My work takes place between unfinished abutments and anticipatory strings of dots. I like to open up a space of research, try it out, and then if it doesn’t work, try again somewhere else (2003, p. 246).

This sounds like a wonderful way to think and to be. With this in mind then I want to be so bold as to state that I do have something to say and that my work has lead me somewhere but I am also ambivalent about being conclusive. I think the conviction with which we understand parents in relation to the fat on children’s bodies is knowledged into being. I have made a case that obesity scientists’ truth claims sure up the way parents are known and know themselves. These claims that position parents as capable allow us to comfortably know parents as either competent or deficient.
and consequently as culpable. Further to this, I have brought into play the possibility of obesity scientists’ universal, coherent truths being something else - a dispositif, produced through discursive strategies and normalising practices (along with the contribution of many other players, institutions and relations of power). As such I have advanced to a place where certainty has become less evident and consequently we are able to consider being and doing differently (Barratt, 2004). I have opened up a space for research, tried it out, strung some dots, and am leaving it open in anticipation of other dots that I hope may sprout, converge, and trail away.

Obesity scientists are commonly understood and indeed may understand themselves as engaging in an impartial enterprise of knowledge production, a quest for human betterment. Indeed, they do produce a knowledge about obesity and no doubt have made discoveries that help people, however they have also enabled everyone to ‘know’ fat people, specifically, the ‘how’ and the ‘why’ of fat people, their practices, conscience and consciousness. This matters because:

... bodies that are seen as fat are typically categorised and associated with ‘wrong’ choices, unhealthy behaviours ... These stereotypes are not simply free-floating beliefs or expectations about individuals or groups. They are consequential, potentially embarrassing and shameful ... these constructions shape how people are perceived, represented, treated and (self-)positioned on hierarchies of moral worth and systems of symbolic exchange (Monaghan & Hardey, 2011, p. 70).

Further to this, by positioning parents as culpable for fat children’s bodies, obesity scientists enable readings of bodies that not only contribute the way individuals may come to know themselves but also the way families are understood as ‘normal’, competent or failing and consequently ‘bad’ (Burrows 2009a). The fat flesh on a child’s body read in line with obesity scientists’ truth claims is likely to render parents immoral and negate other efforts they make to raise their children.126 Further

126 See for example the portrayal of the mother of Christina Corrigan discussed in Solovay (2000, p. 13) and Herndon (2010, p. 341), or see Burrows’ (2009a, p. 134) discussion of parents in reality television programmes.
to this, Coveney (2008) argues: “[G]iven that the causes [of obesity] are believed to be integral to modern lifestyles – normal eating, living, playing – the opportunities for self-appraisal in the midst of ‘just doing ordinary life’ becomes overwhelming” (p. 208).

My contribution to subversive scholarship that seeks to unsettle and challenge ‘truths’ about obesity (Rail, 2009) is a demonstration of how obesity scientists knowledge truths about parents into being. This opens the way for thinking of these truths “as a kind of fiction, as something we busily construct around ourselves … [and through this reworking we] can come to see ‘truth’ as something less final; as something we can (re)make ‘little by little … [by] introducing modifications that are able if not to find solutions, at least to change the given terms of the problem’ (Foucault, 1994, p. 288)” (Graham, 2011, p. 666). Mine was not a study of discovery, it did not seek truths, and consequently I have no profound conclusions to offer up. Rather, I make use of the critical relationship to truth that Foucault offers in order to demonstrate the contingent nature of current truths that shape parents up and to render these truths subject to scrutiny.

Foucault’s ethics calls for a particular kind of attitude, a way of thinking that involves a stream of interrogatives and reflection, not necessarily to seek answers but rather in aid of further questioning, such that we can move. Rabinow and Rose (2003) describe this as a kind of constant activism on the present. This kind of activism offers the opportunity to transcend academic critique and take up more engaged and politicised approaches to research that focus on present struggles and issues of concern to social actors (Barratt, 2004). As such this ethics and the critical attitude it invokes becomes a practice that can unsettle certainty, or the familiar (Harwood & Rasmussen, 2004) by critically reflecting on one’s own feelings of discomfort for productive and socially transformative ends (Zembylas, 2010).

Engagement with material bringing about, or drawing on the “poststructural turn” (Sparkes, 1992, p. 274) and the ensuing crisis of representation, along with interpretations of Foucault’s reflections on intellectualism (Barratt, 2004; Rabinow & Rose, 2003) enabled me to imagine a practice of critical
scholarship bound up in stories that make use of selves and worlds encountered in order to question certainties. A donkey made its way into my text. Attempts to make sense of my obesity encounters appeared on some pages as evocative analytical writing and made themselves indispensable to crafting this tale. These stories offered the means to make use of the personal and biographical to engage with the political and social (Denzin, 1997a, p. 200). I shared these stories to counter my obesity scientists’ claims of universally and inherently capable parents who consequently could be known as either competent or deficient. Greene (2000) states:

… imagination is what, above all, makes empathy possible. …imagination is the one cognitive capacity that permits us to give credence to alternative realities. It allows us to break with the taken for granted, to set aside familiar distinctions and definitions.

When we ponder my obesity encounters we find a messy, complicated existence wherein parents dance in and around the illusive competent parent position, and/or find themselves sullied by their child’s stubborn fat, moments of pleasure, leisure, and selves other than the ‘good’ parent. It is through imagining these parents and their lives that we may come to think of parents otherwise.

Critical obesity scholars have tried destabilising truth claims by picking holes in the fact status of obesity scientists’ work, they have tried pointing to the deleterious effects and affects of imperatives and rhetoric, and they have tried theorising obesity discourse as bound up in neo-liberalism, a risk discourse, as a form of biopower, and a kind of discrimination. Despite these efforts, for the most part dominant understandings about obesity and the consequent roll out of interventions, or at least circulation of rhetoric establishing the who and how of fat, continues unchecked. Gard (2009) argues that: “what matters in the world—but particularly the world of obesity science— is belief, not truth” (2009, p. 32). Consequently, he suggests: “[O]ur job as dissenting voices may be less about establishing the truth about obesity but rather exploiting people’s beliefs” (p. 32). Further to
this, perhaps we need to be tapping into people’s imagination, their hearts, in order to achieve empathetic reactions that may allow room for other ways of being and doing.

Stories and evocative analytical writing about messy lives and complicated, nuanced relationships with food, movement, bodies, health and obesity can make a significant contribution to critical obesity studies to this end. As Gard (2009) argues, “[O]besity is an utterly plastic social issue and one’s orientation to it is much more a matter of visceral belief than cerebral truth, a point that should help to prepare us for the promiscuous intellectual advocacy this issue calls for” (p. 43). This thesis was crafted to take up this challenge of promiscuity and to engage imagination in the hopes of producing empathy. It toyed with language and conventions and offers an alternative dissenting voice, one that advocates making use of the personal to consider the social and in doing so opens up possibilities for questioning taken-for-granted truths.

In the spirit of promiscuity and making productive use of discomfort I want to take this final moment to engage the personal once again and feel squeamish, to perspire with panic about what you must think of me, but also to acknowledge and leave open a conversation about just how hard it is to think, do and be any way other than that in which we are groomed …

AAAAA

Walking along the street I pass McDonalds and sitting at a table in the front window is a child eating chicken nuggets and sipping on a soda. The child looks about five years old and his tummy is bulging out of his t-shirt. I can't see his parents but it is his parents whom I automatically think about. This fat child says to me that his parents don't care about what he eats, don't care that he is fat, don't care that he is unhealthy, and plain don't care about him at all. Actually, the child doesn't say this to me, he doesn't speak, he doesn't even look up from his
food, but his body speaks to me, and his behaviour speaks to me – they explain to me what is going on here (Anon, 2011).

Yes, this little ditty has already made its debut, and here it is again. I was too scared, too ashamed to author it at the beginning of my thesis. I did not want you to judge me. I did not want you to sense a fraud, someone critically reflecting upon an issue but not upon themselves, their certainties and consequent practices. This miniscule autoethnographic text represents my somewhat uncomfortable recognition that despite doing avowedly socially critical work in this field I cannot help but read fat children’s bodies in this way, implicating, judging and claiming to know their parents.127 This is hard to reconcile and I can only lament my inability to act upon my learning. It is ironic that Lupton (1999) writes about the disarming aspect of public health being that educating people does not necessarily result in the take up of desired health behaviours, and here I am supposedly educating myself and others about the need to think critically, to allow for multiple possibilities, to be weary of certainties and yet not acting upon what I am learning and unlearning. It turns out it is not so straightforward to sit outside of the context within which I live.

Even when I make myself someone else in text by night, I wake up back in another world, in another self, the one I thought I wrote behind. It astounds me that on some days I find myself dancing to the normalcy waltz and feeling good about my ability to produce un-fat children, to live in accordance with an obesity-preventing parenting code of conduct and appear to the world as the competent parent, and think I know the parents of that boy in McDonalds.

I am not alone. Burrows (2009a) suggests that in the context of obesity discourse the tendency to read social capital off the body influences not only “how individuals regard themselves and others but also how families are constituted and regarded as ‘functional’ and ‘good’” (p. 136). I would add to this that it is not just children’s fleshy bodies that are being read in order to know their

parents but also children’s imagined bodies and future bodies that provoke a reading and consequent action. Simply recall that mother and her wayward child at the school Fun Run.

Fortunately, what has changed for me through undertaking this study is the certainty with which I read and dance. I am content to let certainty slip away because I see the potential for sticking with this mobile sensibility thing. It allows me to be and not be, to be many, and to trail away. Foucault (1980a) speaks of his work as coming up to the surface like a whale and spurting a tiny spray that just for a moment ripples the surface and then letting it be believed or pretending to believe that he goes back down into the depths of the sea where he constructs something much more coherent and profound (p. 79). He was surely very modest because the surface goes on moving as a result of his tiny sprays. Most days I feel more like a little fish out of water, gasping, but I am fond of Foucault’s idea of spurting out a little something to produce a tiny disturbance and I am content that this is really all my thesis can be. I won’t pretend that there is some coherent more profound thinking going on but just have faith in my little spurt making enough of a splash for someone to appreciate the paths I trailed, to contemplate following some of their own, and to hint at the possibility of thinking of parents otherwise. I leave this thesis un-ended, open for further pontificating on another day, by another self. I issue an invitation to pick up where I leave off, to trace paths around, through, over and away that enable us to make productive use of the uneasiness we may feel when what was once a sure thing begins to unravel.
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Obesity Scientists’ Texts


