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Volume 23, 2013 - [Issue 3: Obesity Discourse and Fat Politics: Research, Critique and Interventions](#)

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Editorial

# Obesity discourse and fat politics: research, critique and interventions

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Pages 249-262 | Published online: 15 Jul 2013

 Cite this article  <https://doi.org/10.1080/09581596.2013.814312>

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## EDITORIAL

### Obesity discourse and fat politics: research, critique and interventions

#### Challenging the dominant narrative

Since the WHO (1998) lamented the so-called ‘obesity epidemic’ over a decade ago, there has been much rhetoric and concern about fatness/weight/obesity across an increasing range of national contexts.<sup>1</sup> Alarmist claims about an ‘obesity time-bomb’ are continually recycled in policy reports, reviews and white papers, each of which begin with the assumption that fatness is fundamentally unhealthy and damaging to national economies (UK examples include: AMRC 2013; Foresight 2007; HOC 2004). This rhetoric and the associated moral panic have been amplified by a dramatising mass media (Boero 2012; also, see Boero in this issue) and have in no way dissipated even though certain ‘sceptics’ maintain the ‘crisis’ is coming to an end (Gard 2011; for a critique, see Lupton 2013). Recent examples of what Saguy and Almeling (2005) call ‘fat panic’ are not difficult to find. In February 2013, shortly before we finalised this special issue, the AMRC (2013, 7) released a well-publicised report, *Measuring Up*, which reiterated the dominant view: fatness is ‘a problem of epidemic proportions’ that ‘must now be tackled urgently’. Similar to earlier manifestations of fat panic (see McPhail 2009, for example), these public health concerns intersect with broader political economic anxieties about poor *national* fitness, with the UK labelled as ‘the “fat man” (*sic*) of Europe’ (AMRC 2013, 3). This document, like others before it, legitimises calls for various interventions to tackle the ‘problem of obesity’ (e.g. intensified surveillance inside and outside of the clinic, including injunctions that healthcare professionals must attend to their own weight); interventions which aim to literally reduce the number of bodies of ‘size’ and the size of individuals’ bodies (Evans and Colls 2009).

This dominant ‘obesity epidemic’ narrative and rhetoric – what John Evans et al. (2008) term ‘fat fabrications’ – not only emerges in policy reports but also in academic literature, including papers written by respected contributors to this journal. For example, Bagwell (2013) and De Vogli et al. (2013) are concerned respectively with public health efforts to ‘tackle’ and ‘control’ the ‘obesity epidemic’. Such studies, similar to sociological publications on obesity rates (Crossley 2004) and geographical work on so-called ‘obesogenic environments’ (Smith and Cummins 2008; for critiques see Colls and Evans forthcoming; Evans, Crookes and Coaffee 2012; Guthman 2011; Kirkland 2011), are useful insofar as they draw attention to the ways in which social, political and economic factors shape and constrain people’s life chances and consumptive practices. However, we disagree with the common research and policy emphasis on body size/weight/fatness as a proxy for health as well as the *assumption* that diet and/or physical activity unequivocally explain trends in obesity regardless of other *possible* contributors (e.g. endocrine disruptors, sleep debt, smoking cessation and side effects from medicines) (see Keith et al. 2006). Specifically, we question the assertion of a

1. There are important differences in terminology that warrant note here. Medicalised accounts tend to use the terms 'obesity' and 'overweight', since these terms refer not only to the size of a body, but also that it is diseased or at increased risk of disease. Critical work, such as that within this special edition, problematises the use of these terms, and where we use them here, we do so with caution – using them when we are referring to academic or policy work which labels bodies as such, or branches of social science that challenge obesity science on its own terms. We are critical of these biomedical terms and the pathologisation of bodies on the basis of size. More often within the social sciences the term 'fat' is used by writers in order to distance themselves from biomedical categories and for fat activists, it is used as part of a political strategy to reclaim the word, transforming it into a marker of pride thereby countering its use to stigmatise particular bodies (Cooper 2010).

2. Not all of the papers in this special issue were presented as part of this seminar series, and there are some presented that are not included here. Most presentations from the seminar series are available as audio/video files for download from the website:

[http://www.dur.ac.uk/geography/research/researchprojects/fat\\_studies\\_and\\_health\\_at\\_very\\_size/](http://www.dur.ac.uk/geography/research/researchprojects/fat_studies_and_health_at_very_size/) [Grant No. RES-451-26-0768]

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