

Emotion in obesity discourse: understanding public attitudes towards regulations for obesity prevention

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Abstract Intense concern about obesity in the public imagination and in political, academic and media discourses has catalysed advocacy efforts to implement regulatory measures to reduce the occurrence of obesity in Australia and elsewhere. This article explores public attitudes towards the possible implementation of regulations to address obesity by analysing emotions within popular discourses. Drawing on reader comments attached to obesity-relevant news articles published on Australian news and current affairs websites, we examine how popular anxieties about the ‘obesity crisis’ and vitriol directed at obese individuals circulate alongside understandings of the appropriate role of government to legitimise regulatory reform to address obesity. Employing Ahmed’s theorisation of ‘affective economies’ and broader literature on emotional cultures, we argue that obesity regulations achieve popular support within affective economies oriented to neoliberal and individualist constructions of obesity. These economies preclude constructions of obesity as a structural problem in popular discourse; instead positioning anti-obesity regulations as a government-endorsed vehicle for discrimination directed at obese people. Findings implicate a new set of ethical challenges for those championing regulatory reform for obesity prevention.

Keywords: Obesity, Health Policy, Regulation, Discourse analysis, Emotions

Background

Narratives of an ‘obesity epidemic’ have evoked intense concern in recent decades, with clear links between obesity and non-communicable diseases (WHO 2000) and high associated economic costs (OECD 2010) spurring government efforts to address the issue. In Australia, as elsewhere, these efforts have to date emphasised individual behaviour change through dietary and physical activity guidelines, social marketing campaigns, and school-based programmes (Department of Health 2014a).

The ineffectiveness of such approaches in reducing weight at the population level (Campbell *et al.* 2001, Flynn *et al.* 2006, Walls *et al.* 2011), and a clear socioeconomic gradient for obesity (King *et al.* 2006), have led to a concerted push amongst public health advocates for regulatory measures addressing obesity. Possibilities include restricting marketing of unhealthy

foods, mandatory menu labelling, and taxation measures (Beaglehole *et al.* 2011, Gostin 2004, Swinburn 2008).

Australian governments remain reluctant to introduce regulations for obesity prevention¹ (Chung *et al.* 2012, Crammond *et al.* 2013, Loff and Crammond 2010, Swinburn and Wood 2013). Obesity is commonly framed as a matter of 'personal responsibility', resultant from individuals' failure to appropriately assess the risks of their food consumption and physical (in)activity (Henderson *et al.* 2009, Lupton 2013a, Townend 2009). The framing of obesity as an individual concern fits within a neoliberal political context, typified by concerns with more 'efficient' governance through free markets, deregulation and privatisation (Baum and Fisher 2014, Harvey 2005). Markets are premised on 'rational choice', which serves to normalise the self-interested individual as the primary unit of social and political significance (Harvey 2005). A neoliberal stance thus provides little impetus for governments to acknowledge factors beyond individual causes of obesity. Proposals for regulations to address ecological drivers of obesity are routinely derided as unwarranted 'nanny state' interference into individuals' lives (Baum and Fisher 2014, Loff and Crammond 2010, MacKay 2011, Townend 2009, Walls *et al.* 2009), despite evidence that complex environmental, sociocultural and economic factors are upstream drivers of obesity prevalence (Dietz *et al.* 2009, Swinburn 2008, Swinburn *et al.* 1999).

The role of regulations in addressing obesity is thus contentious. While the threats posed by obesity might be seen to warrant decisive government action, such action might also be seen to restrict individuals' autonomy and liberty. Obesity prevention has been called 'a crucible for debating the appropriate role for government, and for law, in public health generally' (Magnusson 2008), and has become enmeshed with political and ideological arguments about notions of individual autonomy and free markets compared with public health and collective benefit (MacKay 2011). Notwithstanding the importance of these debates in guiding public health practice, regulatory reform to address obesity is most likely to be prompted by public will (Chung *et al.* 2012, Crammond *et al.* 2013, Walls *et al.* 2012). It remains unclear how community anxieties about the 'obesity epidemic' and other popular obesity discourses fit with public understandings of the appropriate role of government in addressing obesity.

Theorising the consequences of emotion in obesity discourse for regulation

The substantial power of emotion in shaping discourses of obesity is well-recognised, however as Fraser *et al.* (2010) have argued, this has predominantly been explored from the perspective of a 'moral panic'. Work on the 'moral panic' around obesity (e.g. Campos *et al.* 2006) tends to belittle emotion in obesity discourses as the undesirable alternative to objective and rational (de)constructions of the 'obesity problem'; a division which misleadingly conceives of discourse as conscious, planned and rational (Fraser *et al.* 2010, Lupton 2013b, Wetherell 2012).

Theoretical work on emotion² instead attempts to understand social and political phenomena by refusing the distinction between emotion and reason (Thrift 2004, Wetherell 2012). Through their role in evaluating phenomena, emotions are an essential component of values and meanings, and are thus indivisible from individuals' understandings of and interactions with the social and political world (Ahmed 2004, Clarke *et al.* 2006, Wetherell 2012). Failure to acknowledge the role of emotion in analyses of social and political phenomena therefore compromises the explanatory capacity of those analyses and precludes a full understanding of social organisation and power (Barbalet 2006).

This paper looks to the work of Sara Ahmed to examine the role of emotion in obesity discourses. Ahmed (2004) employs the concept of 'affective economies' to describe the

circulation of emotions and the creation of value. For Ahmed, emotions do not reside within subjects or objects, but rather come to exist in the space between them; working to delineate the boundaries of subjects, and align them with (or exclude them from) collective bodies through an effect she calls 'surfacing'. Ahmed (2010: 29) asks how emotions 'stick' to some subjects and collectivities to sustain 'the connections between ideas, values, and objects' in order to endow them with meaning.

Affective economies and the subjects and collectivities they produce are neither isolated nor *ad hoc*, but rather intersect with broader cultural values and social structuration to sustain affective connections between objects, subjects and collectivities. By explicating patterns in emotions, it is possible to illuminate how individuals appear to be reacting to problems and situations, consistent with the dominant 'emotional culture' (Clarke *et al.* 2006, Williams 1977), in which some emotions are usual while other affective possibilities become exceptional or apparently impossible (Wetherell 2012). Affective economies operating in obesity discourses reflect and (re)produce these 'emotional cultures' that enable certain ways of thinking and feeling about using regulations to address obesity to be made powerful, dominant and therefore 'legitimate'. Other ways of thinking about possible solutions are contrary to the 'cultural politics' and are therefore deemed unacceptable.

This analytical approach is concerned with how emotion in obesity discourses functions to shape individual and collective bodies through processes of social abjection³ (Tyler 2013) operating to constitute obesity as a site for government intervention. For Tyler, social abjection is a process of inclusion and exclusion through which caricatured and fetishised 'waste populations' are produced as threatening the common good of the body politic, thereby demanding rigorous governance and monitoring by all sectors of society. These 'wasted populations' become 'national abjects', employed to legitimise neoliberal forms of governmentality by effecting insecurity within the governmentally-normative body politic. In what follows, we explore how public support for obesity regulations is produced through culturally supported affective economies operating to produce obese people as 'national abjects'; thereby precluding alternative interpretations of – and solutions to – the 'obesity problem'.

The action of emotions in the moralisation of obesity

The framing of obesity as a matter of individual responsibility resultant from poor lifestyle is part of a broader narrative in which obesity ensues from a lack of self-discipline, and thus a moral failure to maintain a 'normal' body size (Coveney 2000, Holland *et al.* 2011, Lupton 2013a, 2013b, Saguy and Almeling 2008). These representations frame obesity as a problem caused by lazy individuals' excessive and greedy consumption of the 'wrong' food (De Brún *et al.* 2014, Holland *et al.* 2011). This framing reflects the metonymic relationship between obesity and 'sticky' qualities that have come to underscore the moral inferiority of obese bodies, including laziness, permissiveness and irresponsibility. Emotions such as fear, disgust, contempt and anger (De Brún *et al.* 2014, Fraser *et al.* 2010, Lupton 2013a, 2013b, 2015) invoked by these qualities operate to secure the bounds of the governmentally-normative citizenry by surfacing it as *not* lazy, permissive and irresponsible, and simultaneously produce obesity as abject, as if abjection were a material and objective quality of obese bodies (Ahmed 2004, Skeggs 2011, Tyler 2006).

Emotions thus operate to constitute obese bodies as abject and value-less, while slim, 'disciplined' bodies accumulate value produced in this process. The collectivities produced through emotions expressed about obesity are fundamentally demarcated by moral transgressions, including laziness, permissiveness and irresponsibility, that are 'stuck' to the obese figure. This moralisation enables grievances with obesity to be articulated as a principled position; legitimating the grievance and intensifying the distance between the virtuous Self and obese Other.

The role of emotion in configuring obesity as a risk

Intersecting with this moralisation is the framing of obesity as an imminent public health crisis through language of an 'obesity epidemic' and the consequent 'war on obesity' (Boero 2007, Holland *et al.* 2011, Saguy and Almeling 2008, Saguy and Gruys 2010). The widespread tendency to conflate 'overweight' and 'obesity' serves to increase the apparent magnitude of the 'obesity problem' and heighten anxieties about the threats posed (Campos *et al.* 2006, Lupton 2013a, Holland *et al.* 2011). Additionally, obesity is routinely conflated with the diseases for which it is a risk factor; serving to construct obese bodies as a symbol of disease and future harm and therefore as 'risky' (Evans 2010, McNaughton 2013).

Childhood obesity in particular invites intense concern about the threat of future harm; heralding unknown and therefore potentially unmanageable levels of disease and economic catastrophe (Coveney 2000, Evans 2010). Anxieties about children's health and wellbeing reflect the social value of children, whose vulnerability and blamelessness is commonly juxtaposed against villains threatening their lives and safety (see Searle 2003). In expert, media and popular discourses, obese children are constructed as victims to parental, and specifically maternal, ignorance, irresponsibility, and over-indulgence; denying children of proper childhood comportment, and thereby denying them of the childhood to which they are entitled (Evans 2010, Henderson *et al.* 2009, Lupton 2013a, Maher *et al.* 2010a, 2010b, Searle 2003, Warin *et al.* 2012, Zivkovic *et al.* 2010). These discourses deride mothers for their failure to constrain their children's weight, and by extension, to contain the risks posed to the future wellbeing of the nation (Evans 2010, Lupton 2013a).

Emotions prevalent in obesity discourse configure obesity as a target for immediate government intervention. Lupton (2013b) offers the concept of the emotion-risk assemblage to emphasise the dialectical configuration of risks and emotions; fear and anxieties about obesity configure it as a risk, which thereby serves to incite fear about obesity. It is this perception of obesity as a risk that compels decisive pre-emptive government action to quash the dangers posed, as the fear felt in response to the threats understood to be posed by obesity allows projection into future calamitous scenarios (Lupton 2013b, Massumi 2010).

The study

Reader comments on 'comment boards' attached to obesity-relevant articles published on Australian news and current affairs websites were analysed for the presence of emotion in discourses about obesity regulations. Comment boards attached to online articles are a realm of social interaction offering a window into public discourse. As such, reader comments have been identified by both Atanasova *et al.* (2012) and Boero (2013) as an important area for obesity research. Comment boards can engender highly emotive discussion about obesity (De Brún *et al.* 2014), and are therefore an opportune medium through which to observe public emotions around obesity prevention regulations.

Data

Data for the study were drawn from 14 Australian online news and current affairs websites, chosen to reflect diversity in ownership⁴ (commercial, public or independent) and geographical location (each state/territory, and national sources). This facilitated analysis of politically diverse public discussion about a broad range of obesity regulations proposed or implemented across all Australian legislative jurisdictions (federal and state/territory levels).

Articles were identified via Factiva using search terms related to obesity and obesity prevention in the headline from 1 January 2013 to 31 December 2013. Articles meeting inclusion

criteria were located in original format on news and current affairs websites, with those with one or more reader comments retained for analysis. The sample comprised 3,636 reader comments attached to 83 news stories, averaging 44 comments per article. Search terms, sources and inclusion/exclusion criteria are summarised in Table 1.

Analytic process

Analysis involved preliminary coding of comments, using NVivo 10 software (QSR International, Melbourne), to identify major themes in the discussion of obesity regulations. Through close reading, recurring arguments and accounts were identified. News articles were read to contextualise comments. The analysis asked: How do readers represent the ‘problem’ of obesity? What Othering takes place? What causes of and solutions to obesity are proposed? Is government regulation encouraged or rejected?

This level of analysis formed the basis for an interpretive affective-discursive analysis, for which themes from the preliminary coding were analysed for the presence of emotion (Ahmed 2004, Wetherell 2012). This involved coding for overt pronouncements of emotion through declarative statements (‘That makes me so mad!’), caps lock, exclamation marks and other emphatic declarations, and use of obligatory language (ought, should, must). The latent emotive content of the comments was also coded; manifest through evaluative accounts of the articles to which the comments were attached and other commenter’s accounts (Wetherell 2012), and through metonymy and metaphor (Ahmed 2004). The analysis was concerned with identifying how emotion ‘sticks’ to certain objects and ideas, as well as how it ‘surfaces’ the bound-

Table 1 *Search strategy*

Database	Dow Jones Factiva
Search terms	obesity OR obese OR overweight OR (fat NOT cat*) OR ‘fast food’ OR ‘junk food’ OR ‘big food’ OR ‘soft drink’ OR ‘sugar sweetened beverage’ OR ‘sugary drinks’ OR ‘big soda’ OR ‘soda tax’ OR ‘soft drink tax’ OR ‘soda ban’ OR ‘sugar tax’ OR ‘fat tax’ OR ‘food label*’ OR ‘nutrition* label*’ OR ‘food rating’ OR ‘food regul*’ OR (‘star rating’ AND food) OR ‘kilojoule label*’ OR ‘calorie label*’ OR ‘food advertising’ OR ‘food ads’ OR ‘food marketing’
Date range	1/1/2013 to 31/12/2013
Sources	The Australian – All sources, Sydney Morning Herald, Daily Telegraph (Australia) – All sources, The Age (Melbourne, Australia), The Age, Herald-Sun, Courier Mail – All sources, The West Australian, The Advertiser, adelaidenow.com.au, Northern Territory News/Sunday Territorian, Hobart Mercury, news.com.au, The Conversation, NineMSN, Australian Broadcasting Corporation (ABC) News
Search in	Headline
Inclusion criteria	Major focus of article on human obesity Original version of article able to be located on news outlet website At least one reader comment attached to article
Exclusion criteria	Duplicate newswire or syndicated stories, except where comments differed between news outlets Articles focusing on diet, weight loss or nutrition not in the context of obesity Articles focusing on obesity research conducted on animals Articles not meeting inclusion criteria

aries of collective bodies and creates distance between them (Ahmed 2004) in order to support or reject regulations.

Strengths and limitations

Analysis of reader comments enables novel insights to be generated into public views about the use of regulations for obesity prevention. The anonymity afforded by the online environment encourages deindividuation and disinhibition, which although acknowledged to lead to higher levels of hostility and aggression than might occur in other forums, also enables opinions to be expressed that may not be expressed elsewhere (Suler 2004). The approach therefore enables unique insights into the consequences of stigma and negative beliefs prevalent in obesity discourses for the implementation of obesity regulations. This may not have been apparent in a researcher-led setting due to the impact of social desirability, moral correctness, and the imbalances of power that can accompany embodied presences in obesity research (De Brún *et al.* 2014, Gunson *et al.* 2014, Warin and Gunson 2013).

However, the limitations of the approach must also be acknowledged. The number of commenters on any given article is limited and often composed of regular contributors; the demographic characteristics of commenters cannot be ascertained; not all articles are open to comments; and articles are subject to moderation⁵ (Atanasova *et al.* 2012). Reader comments cannot therefore be regarded as representative of broader public opinions about obesity regulations. Consequently, the ability to generalise these results is limited and the extent to which these discourses are replicated in other forums of social interaction is a question worthy of future research.

Ethical considerations

As a relatively novel site for social research, the internet presents new ethical considerations for researchers. Continually changing technologies and cultural contexts of internet use defy attempts to pre-define what might constitute harmful research practice, and mean that major considerations in research ethics such as anonymity and informed consent must be considered in terms of the specific research context (AoIR 2012). We have considered the guidelines developed by the Association of Internet Research (2012) to inform our stance on these matters in this study.

Whether online communications constitute private or public behaviour is key to the issue of informed consent (AoIR 2012). Kraut *et al.* (2004: 110) have suggested that internet research does not require the knowledge or consent of subjects because individuals who post on publicly accessible websites have 'no reasonable expectation of privacy'. While we do not ascribe to this viewpoint as a general position, in view of the overtly public nature of commentary on news and current affairs websites we endorsed it in this instance.

Anonymity in this study reflects the level of anonymity exhibited on the comment boards. For some websites, posts were made anonymously through use of an alias, while for others anonymous posting was not allowed. The decision to not take additional steps to ensure the anonymity of those commenting hinges on the importance of preventing distortion of the dataset. Paraphrasing or composite quotes could not replicate the emotive content of the comments, so comments are presented in the *Findings* verbatim with all errors and textual devices in place. Use of pseudonyms or concealment of publication characteristics would thus not prevent the identity of commenters being revealed via a search engine.

We acknowledge that our stance on these issues is contestable. However, we contend that the risk of harm to individuals due to inclusion of comments in this study is not substantively increased beyond that originally posed by participation in the online discussions.

Findings

Emotions expressed about anti-obesity regulations coalesced around several central and interrelated themes, illuminating the construction of anti-obesity regulations in popular discourse and, in particular, the values attached to those aspects of social life potentially impacted by the regulations. Here, we focus on the demise of social values, a sense of unfairness, and distrust of obese individuals and governments, as it was around these themes that emotion was strongest.

Social decay

Emotions expressed on the comment boards revealed a widely held belief in the moral degradation of social norms, which worked to constitute obesity as a target for government regulation. A perceived generational shift towards 'improper' management of diet and physical activity affectively produced a sense of righteous fury; connecting obese bodies with dwindling morality and presenting obesity as a ubiquitous threat posed by younger generations:

BACK IN THE 1950'S GLUTONY AND LAZINESS WERE STILL CONSIDERED TO BE A SIN AND A MORAL FAILING. NOW IT IS MAIN STREAM AND ACCEPTABLE TO EAT LIKE A PIG AND SIT AROUND IDLE. LETS FACE IT. WE MUST RETURN TO THOSE OLD VALUES FOR OUR OWN SAKE AND THAT OF OUR KIDS IF WE WISH TO LIVE HEALTH AND FULFILLED LIVES. (Suzy of Darwin, NT News)

As this passage demonstrates, childhood obesity was emblematic of the demise of social values. Rage in these accounts constituted obese children as a threat; left unmitigated through the moral failings of their parents.

Overwhelmingly in our sample, childhood obesity was 'stuck' to the degradation of women's (mothers') roles since the 1950s. Representations of 'parental' responsibility for childhood obesity were code for 'maternal' responsibility in our sample (see Warin *et al.* 2012, Zivkovic *et al.* 2010). The (im)proper mother (Pocock 2003) subject was evoked through contempt and anger, and was situated within a 'longer history of articulation' (Ahmed 2004: 1) in which mothers have a gendered responsibility to provide appropriately nutritious food and care for their families; precluding other possibilities for the role of mothers. The circulation of nostalgic sadness around the normative shift to working parents (mothers) saw working mothers lambasted for being lazy and selfish, and for facilitating childhood obesity through their engagement in paid work. These emotions produced the 'working mother' as useless, lacking, and beyond the constitutive limit to proper personhood (Skeggs 2011); serving to accrue value on the maternal figure engaged in home duties:

Helen, thank you for the example of Jack and Kylie, abandoned by their full-time working parents, who are too tired to raise their children with the attention and energy that is so much required (Andy Cameron, The Conversation)

I agree. The modern notion of two parents working and the kids are fine is a bit silly. I am worried that we are a few years away from the true consequences of this type of thinking. My mother was forced, through necessity, into the work force back in the 60's. The family no longer exists, it was a complete disaster, and it's because she was too tired and stressed to be a mother (Janeen Harris, The Conversation)

Emotions positioning deteriorating maternal values as the central cause of childhood obesity worked to bring alternate explanations for rising obesity rates into the discourse of 'maternal responsibility'. The proliferation of processed and fast foods – also constructed as a symbol of social decay – was also caused by 'lazy' working mothers, whose reliance on such foods was 'stuck' to their workforce engagement: 'improper foods' provided by 'improper mothers':

No one said parenting is a piece of cake (as it were) but parents should take charge, accept their fatigue which is also a normal part of parenting, and deal with their kids. Dont blame fast food outlets which have just proliferated because of a generation of lazy people who dont cook. (Lazy, The Age)

The assemblage of obesity, children, and irresponsible mothering evoked anger directed at mothers; working to attach value to those demonstrating proper personhood by averting obesity themselves and for their children. Into this, regulation was configured as a solution, with readers lamenting as necessary government intervention to regulate those unable (unwilling) to self-regulate. Addressing the emblems of social decay (childhood obesity and abundant fast food) was nominated as the obvious starting point for governments, with restrictions on TV advertising to children widely advocated. Although responsibility for the escalating occurrence of obesity remained with parents (mothers), the magnitude of the challenge was seen to warrant collective action:

I believe the obesity 'epidemic' or whatever you like to call it – requires a huge shift throughout our way of living. Certainly ridding the television of fast-food/sugar drinks 'give-away' advertising would help . . . Little children don't make conscious decisions about what to eat – what not to eat – they are fed by parents and/or they are watching all the time what their parents are doing/eating/drinking/smoking. (Tokujiro, Sydney Morning Herald)

(Un)fairness

Emotions circulating around notions of fairness emerged as a key feature of how the obese 'Other' was surfaced and made abject. Some claims of fairness positioned obese people as responsible for instigating regulations, and therefore for unfairly curtailing the liberties of others who appropriately manage their bodies. Alternatively, regulations were seen as a way of holding obese people to account for their weight.

Claims of unfairness were evoked through accounts teeming with resentment and indignation towards obese individuals because of their failure to make 'responsible' choices. The obese Other constituted in these accounts was lazy, unintelligent, and in wilful defiance of accepted rules of bodily management. The 'healthy' self was delineated from this Other through self-denial and the reasonable and rational management of risks, and was part of a moral discourse through which the values distinguishing the Self from the Other were reaffirmed (Crawford 1994). Anger, contempt and disbelief directed at obese people cemented the boundaries between the Self and those representing transgressed boundaries, and thereby enabled the identity of the Self to be secured (Ahmed 1994, Crawford 1994).

Some regulatory approaches placing obese and non-obese bodies under the same regulatory gaze were seen to remove the tools through which the Self delineates itself from the Other. In these accounts, the Other was presented as responsible for the potential revocation of properly managed hedonistic freedoms enjoyed by those appropriately regulating their bodies. The Self

invoked in these accounts was treated unfavourably by governments, as an assault against their self-regulatory efforts:

I go to the gym several times a week and do my best to eat healthy. I also like to reward myself with a cheeseburger or a packet of chips every now and then. I'm fit and healthy, so why should I have to look at disgusting images⁶ that ruin my appetite? Introduce a tax on bad food and discount healthier options. I just don't want to look at images similar to what appears on a cigarette packet when I'm trying to enjoy my treat (Corban of Coorparoo, Courier Mail)

This sense of unfairness was compounded by concerns that resentment of obese individuals could not be voiced for fear of being labelled 'politically incorrect'. This amplified resentment towards obese people and 'politically correct' governments. The circulation of emotion around a perceived social imperative to be outwardly sensitive to obese people constructed obesity regulations as an outlet for this resentment. Regulations were seen as a state-sanctioned vehicle through which to discriminate against obese people. Moral righteousness and shame saw strong parallels drawn to Australian smoking regulations:

Time to Super Tax junk food, proportionally to how unhealthy it is, so that it substantially over-covers the cost of obesity on the public health system. Seems to be working for smoking. (Randy, Sydney Morning Herald)

I couldn't agree more! As an ex smoker, the anti smoking campaign increased the guilt for smoking unbelievably. People felt they could comment openly to my face about the 'filthy habit'. People would say 'oh ... you're a smoker?' Nup. Not any more. Perhaps that is what it takes to make people eat less, or eat differently. Separate eating areas for obese people, like the separate smoking areas? Ban eating outdoors, so that thin people aren't offended by fat people eating in public places? Council by laws could impose fines? Do we all start making rude comments to fat people eating in front of us, to shame them to stop their 'filthy habit'? Seems to me, what's good for the goose is good for the gander (Jen jen, Sydney Morning Herald)

I agree @Jen jen. Naming, blaming & shaming has worked to reduce smoking why cant the same work with obesity? (King, Sydney Morning Herald)

Distrust

Distrust emerged as a key obstacle to popular support for obesity prevention regulations, with emotions strongly articulated in relation to both obese people and governments. Obese people were constructed as conniving, deceptive, and unable to be trusted to look after themselves:

This will only end up like cigarettes and alcohol, people who want to eat bad food will seek it out and buy it, if that means that they eat no more healthy foods anymore because their spending all their money on the bad foods. (James of Alice Springs, NT News)

Affective economies operating around notions of trust were centrally concerned with the medicalisation of obesity. Some obese bodies were presented as more shameful than others, with

the cause of obesity – described throughout our sample as binary opposites: medical (including genetic) factors, or choice – attributing different value to different obese bodies. Sadness and empathy were expressed for those whose obesity stemmed from ‘legitimate’ medical causes:

I am disheartened by the insistence by some commentators that being fat is a choice, as to do so completely ignores a great body of evidence which suggests that there are a number of medical conditions and medication side effects which play a significant role in weight gain. I am not suggesting that because a person has one of those conditions that they should use that as an excuse, but to suggest that discrimination against them is acceptable because they are fat, is the same as saying that that discrimination is acceptable because they have a medical condition. (Phoebe Ledford, *The Conversation*)

In such narratives, empathy was enacted through assemblages formed around obesity, choice, and disease. The medicalisation of obesity allowed moral failure to ‘slide’ from these obese bodies; constituting them as victims by shifting the locus of control beyond the individual. The affective tone therefore shifted from one which delineates the morally inferior subject made obese by choice, to one of compassion for those who were seen to have committed no moral wrongdoing.

However, with the ability to determine one’s future a central feature of contemporary neoliberal citizenship, empathy for those with medical or genetic predispositions to obesity was only possible in the context of obesity causation. Anger and frustration were directed at obese people seen to employ medical factors as an excuse for failing the moral imperative to invest in their future selves:

Medical problems such as thyroid conditions and poly cystic ovary syndrome can cause weight loss to be difficult but not unacheivable. Metabolism is not something that can’t be changed there are ways to speed yours up. Stop making excuses and work hard. It’s a simple idea eat less move more. (Olivia, *Courier Mail*)

Because emotions circulating around binary notions of obesity causation precluded consideration of more nuanced explanations for obesity, articles or comments drawing attention to the role of structural factors in causing obesity were fiercely attacked as evidence of attempts by obese people to absolve responsibility:

[T]he fact is, you get fat because you eat too much of the wrong food and don’t exercise enough. Advertising doesn’t make you fat. Living in a lower SES community doesn’t make you fat. Taking the kids to football doesn’t make you fat. Even eating take away food doesn’t make you fat - unless you eat too much of it. You get fat because of what you put in your mouth. Full stop. (Mike Swinbourne, *The Conversation*)

Distrust of obese people was central to support expressed for obesity prevention regulations. In particular, frustration was voiced about the Health Star Rating system⁷ (HSR), with the effectiveness of this measure in reducing obesity understood to be contingent upon trusting obese people to make healthy choices:

I see this as a waste of effort. Has anybody watched how most people shop in a supermarket? They do not even read ingredients. They do not care! They expect the Doctor to fix them after they have filled their bodies for many years with excess fat, sugar and salt. Peo-

ple who care what they put into their bodies will not buy processed foods. (Rosie Hayes, The Conversation)

Many comments expressed frustration towards untrustworthy governments, primarily in relation to conflicting and inconsistent messages about healthy eating. As Ward *et al.* (2011) also observed, blame was laid with the scientific community for changing ideas about 'truth'; leading to confusion about what constitutes 'healthy food'. In our study, these feelings of confusion were expressed along with a more strongly articulated sense of cynicism and frustration directed at governments for the perceived unreliability of official dietary guidelines. Distrust in governments was expressed in relation to the HSR system, and whether it was based on sound nutrition principles:

The problem is that there's no question over what constitutes a tobacco product, but there is debate over what constitutes 'junk food'. My definition is anything which contains food additives or processed oils, but any scheme like this is more likely to be based on standard dietitians' definitions, which focus more on fat, salt and sugar content and ignore the basic question of whether a product is food or not. When the official advice still recommends eating margarine over butter, I don't think our health 'experts' can be trusted to design this scheme. (Jen, Courier Mail)

Government distrust was also articulated through a sense that, because of 'political correctness', governments lack the fortitude to address obesity through measures likely to be effective. Regulations addressing discrete aspects of the food or physical activity environments, such as the HSR system, were tendered as evidence of government frivolity. Exasperation in these accounts was centrally concerned with governments' role as economic caretakers; aligning together those who face 'disadvantage' through public funds being directed towards management of obesity-related ill health, and constituting obese people as a common threat to the economic prosperity of the nation:

\$56 Billion cost to the community per year because of obesity? Then the Federal and State government need to have the courage to heavily tax body weight . . . Very heavily tax it in all manner of ways. None of this gibberish about rights of the individual to be gluttonous. It costs the community a fortune. The issue is whether we have politicians of conviction or not. People who are prepared to call a spade a spade and actually govern. I doubt we have. (Malcolm, Sydney Morning Herald)

Implications and conclusion

Emotions expressed about obesity prevention regulations fit within affective economies oriented to neoliberal individualist constructions of obesity. Righteous anger and frustration expressed about obesity constructed obese individuals (and mothers of obese children) as willfully defiant of their responsibilities for proper comportment and containment. These emotions operated to define the constitutive limits of proper personhood, by 'surfacing' obese people as unable to be trusted to appropriately manage their bodies (and those they care for), in binary opposition to virtuous self-regulatory non-obese citizens.

Affective economies operating around obesity worked to constitute obese bodies as irresponsible, lazy and abject; having failed the moral imperative to invest in their own future wellbe-

ing and, by extension, the future wellbeing of the nation. The governmentally-normative subject constituted through this boundary-marking accrued value because of its future investment, but remained threatened by the negative (social and economic) value of obesity. Support for obesity regulations was thus generated through public fears and anxieties channelled towards obese 'national abjects' (Tyler 2013), imagined as a threat to scarce national resources.

Regulatory measures were seen as a means of imposing standards of bodily management upon those perceived to be unwilling to self-regulate. The regulatory approaches most strongly endorsed were those understood to remove responsibility and choice from obese individuals, and work to hold obese individuals culpable for their obesity, their irresponsible choices, and the economic burden they impose. Conversely, regulatory measures addressing discrete aspects of the food or physical activity environments and those seeking to facilitate healthier choices rather than restricting choice were considered unlikely to be effective in reducing obesity and therefore garnered little support. These findings are problematic for those advocating an incremental approach to the introduction of obesity prevention regulations, as the approaches most strongly supported in public discourses are those most likely to have a negative economic impact on the food industry.

Social marketing campaigns addressing obesity have been criticised for their capacity to perpetuate weight-based stigma and reinforce negative attitudes towards those who are already marginalised and disadvantaged (Lupton 2015, Walls *et al.* 2011). Our findings indicate that these problems are not alleviated by adopting a regulatory approach to obesity prevention. Regulatory approaches, too, position obesity as abject, disgusting and irresponsible. In a similar fashion to that seen in social marketing campaigns (Lupton 2015), obesity regulations are underpinned in public discourse by moral judgements about comportment and containment that arouse anger, frustration and contempt. It is possible, however, that regulatory action to address obesity may be accompanied by a reduction in weight-based stigma and discrimination in time, if the public health rationale for those measures is brought into public discourse.

With regulatory measures framed as a means for holding obese people to account, emotions expressed about regulations operate to emphasise the distinctions between those who appropriately manage their bodies and those who do not. The affective economies at play thus preclude understandings of obesity as a structural problem in popular discourse. Instead, they position efforts to implement regulations as evidence of governments taking a more uncompromising approach to obesity prevention, and therefore may act as endorsement for discrimination directed at obese people. These findings contradict intimations in the public health literature that adopting regulations to address the structural drivers of obesity will shift attributions of responsibility for obesity away from individuals.

Our research has traced the ways in which emotions attached to obesity and notions of individual versus collective responsibility are implicated in public debates about the appropriate role of government in managing the 'obesity crisis'. The failure of education-oriented approaches to bring about substantive reductions in obesity prevalence is seen by public health advocates to warrant regulatory reform to address structural drivers of obesity. We have demonstrated that the shifting focus from education to regulation is enmeshed with neoliberal affective economies circulating in popular obesity discourses. These economies operate to reinforce public demand for some regulatory approaches, while bringing about a new set of ethical challenges for those championing regulatory reform for obesity prevention. How best to balance the imperative to maximise population health within a social context that positions obesity regulations as inducement for weight-based discrimination is a question worthy of further research attention.

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Notes

- 1 Several government reports including the 2008 *Parliamentary Inquiry into Obesity* and the 2009 *National Preventative Health Strategy* have recommended multi-sector systematic obesity prevention strategies, including regulatory approaches. While some community-based measures that are explicitly socio-ecological in nature have been implemented with the support of the Council of Australian Governments (for example, Opal in South Australia and Healthy Together in Victoria), education-based approaches predominate as the preferred approach to address obesity at a whole-of-population level. Politicians from both major federal political parties continue to espouse education rather than regulation as the preferred approach to obesity prevention (Henderson *et al.* 2009, Swinburn and Wood 2013).
- 2 Following Ahmed (2004), we use *emotion* to focus our analysis on the sociality of feelings, elsewhere referred to as *affect* (see Ahmed 2014, Wetherell 2012 for a critique of these terms).
- 3 Tyler (2013: 13) does acknowledge the different theoretical interpretations of abjection, and in doing so states that she is an 'unfaithful reader of Kristeva'. Her concept of social abjection thus does not engage with the workings of desire, which Kristeva posits as central to the 'powers of horror' (Kristeva 1982).
- 4 Media ownership in Australia is highly centralised. The inclusion of public and independent not-for-profit news and current affairs sources (ABC and The Conversation) seeks to diversify the political viewpoints expressed in articles and attached comments, while remaining attentive to the media landscape as it is experienced by the Australian public.
- 5 Sources included in this study employ a combination of pre-moderation (comments submitted for publication are screened by a moderator prior to posting) and post-moderation (all comments submitted are posted, with posts deemed offensive, off topic, or spam removed by a moderator. For some sources, comments must be 'flagged' for removal by a reader).
- 6 Reference to 'plain packaging' of cigarettes in Australia as a suggested approach to obesity prevention. Cigarette plain packaging can be viewed at: <http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/content/tppbook#.U7oPGZSSySo>
- 7 The HSR appears on the front of packaged foods to highlight 'healthiness' with a scale of '½ a star' to '5 stars'. Following negotiations between government, public health, and food industry representatives, the implementation of the HSR system on an initially voluntary basis was signed off on 27 June 2014 (Department of Health 2014b).

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