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The discordant pleasures of everyday eating: reflections on the social gradient in obesity under neo-liberalism

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Abstract

Despite widespread epidemiological evidence of a social gradient in obesity, there has been less attention focused on understanding this from a sociological perspective. Furthermore, whilst pleasure is an obvious feature of contemporary cultural representations of food and eating, this has not figured prominently in sociological understandings of the social gradient. Using qualitative data from biographical interviews conducted with adults living in materially deprived parts of South Yorkshire (UK) we introduce the idea of discordant pleasure in relation to everyday eating as a way of shedding light on the social gradient in obesity. We highlight in particular, the ways in which materially deprived individuals who were defined as obese described the tensions between the pleasures of eating and the struggles for bodily control, alongside the affective dimensions - frustration and shame – that this process engendered. We draw on Berlant's work on lateral and interruptive agency to make sense of these accounts, suggesting that classed agency and discordant pleasure are important dimensions in understanding the social gradient in obesity under neoliberalism.

Keywords: UK; social gradient; obesity; biographical interviews, neoliberalism; shame; agency.

Introduction

A central question facing medical sociology as it intersects with social epidemiology remains how to explain the enduring relationship between measures of social position and health. Obesity shows a well-established social gradient in its prevalence, with the most socio-economically disadvantaged having the highest rates (Wilkinson and Pickett, 2009; Pampel, 2012). This gradient is most apparent amongst affluent societies but is also the emerging pattern in middle and low income countries (McLaren, 2007). It has been suggested that this gradient may be flattening as, what has been termed the "obesogenic environment" - ready access to high fat/high sugar foods, increasingly sedentary lifestyles and a range of associated practices and factors - continues to shape the health outcomes of all social groups (Foresight, 2007; Ljungvall and Gerdttham, 2010). However, the evidence for a gradient (Ulijaszek, 2014; Wilkinson and Pickett, 2009) and for the health concerns unambiguously associated with it has become stronger (Public Health England, 2015).

Understanding the social gradient

Whilst the existence of a social gradient in health and obesity is unequivocal, what accounts for it has been hotly debated, most recently since the publication of *The Spirit Level* (Wilkinson and Pickett 2009) and the Marmot Review (2010) with their emphasis on both material and psychosocial factors, showing that psychosocial factors account for around a third of the excess mortality and morbidity in cardio-vascular disease, for example. But the psychosocial does not refer to individual behaviour or aspects of culture - sociological interrogation of the factors underpinning the gradient by scholars such as Link and Phelan

(1995), Pampel (2012) and others have shed light on a wealth of factors, practices, meta-mechanisms and political discourses that begin to explain the enduring presence of a socio-economic gradient in health. Factors such as gender, age and ethnicity also result in social gradients, but here we focus on the socio-economic and its relationship to obesity, given recent contributions on this theme (Pampel, 2012; Warin et al, 2015).

In this paper, we seek to make a contribution to the sociological literature which has addressed the reasons why we see this social gradient in obesity drawing on recent reformulations of psychosocial explanations for inequalities in health (Wilkinson and Pickett 2009; Peacock et al, 2014) to make our argument. In particular, we address the issue of *relative* deprivation and disadvantage, pointing to some of the features of neoliberalism and social class which shape, in particular, orientations towards the pleasures of everyday eating.

Obesity: the wider context

A primary driver for societal concern about rising rates of obesity has, of course, been the much debated impacts on health and longevity (Lu et al, 2014), with some questioning the extent and basis for these (Gard and Wright, 2005). Within the social sciences, obesity has also been the focus of considerable critical attention (Kulick and Meneley, 2005; Guthman, 2008; Saguy, 2013). For example, the increase in obesity rates has been viewed through a political economy lens, highlighting heightened consumerism and the globalisation of food production and supply (Guthman, 2008). Key changes in our relationship to food, such as reductions in time spent producing and preparing meals, the propensity to consume greater quantities of pre-packaged and processed food have also been cited (Swinburn et al, 2009). For others, the role of supermarket chains in controlling food retailing, alongside the marketing of energy dense, calorie rich foods have been seen as factors driving obesity (Monteiro 2009).

There have also been numerous critiques of obesity from sociologists and feminists adopting very different perspectives (Murray, 2008; Throsby 2007; Monaghan, 2008; Monaghan, 2014; Rich et al, 2015). For example, contemporary Western discourses around femininity and beauty have been seen as privileging small and slender bodies. As Murray (2008, p2-3) points out, *“what underpins the current ‘panic’ over obesity in contemporary Western culture is a moral anxiety about the preservation of fixed gender identities and normative female sexuality and embodiment”*. For others, obesity has been medicalised as a ‘problem’ of individual psychology, and it has been noted that this discourse has distinctly moralistic and victim-blaming tendencies (Kulnick and Meneley, 2005). Others point to the singularity of the medical discourse around obesity, which fails to recognise cultural differences in how body size may be evaluated, and the range of factors shaping eating practices (Dumas et al, 2013). Our point of departure in this paper, is that there is an urgent need to provide a sociologically informed reading of what underpins the social gradient in obesity, given steadily increasing rates and evidence of its impact on health (Lu, 2014), and also because the obese body is often a shamed and stigmatised body (Lupton, 2013, Warin, 2015).

Shame, stigma and classed obesity

A key characteristic of neoliberal societies is an increase in shaming discourses (Peacock et al, 2014; Shildrick and MacDonald, 2013), with the obese body associated with ideas of indolence and lack of control. Furthermore, the obese body is usually "classed", with poor and working class bodies embodying much that is problematic. Rich et al (2015) argue:

“One of the most powerful forms of stigmatisation and discrimination circulating within contemporary health emerges when the social and cultural tensions of social class intersect with obesity discourse” (2015: 1).

This stigmatisation is brought sharply into focus in the context of contemporary health policy in England, where personal responsibility represents *the* doxic narrative for addressing obesity (and other ‘wicked problems’), despite increasing evidence of the shortcomings of individualistic models of ‘behaviour’ change to address health inequalities (Baum and Fisher, 2014). Official guidance notes:

“Overweight and obesity are a direct consequence of eating and drinking more calories and using up too few. We need to be honest with ourselves and recognise that we need to make some changes to control our weight. (Department of Health 2011: 3).

The attractions of this socially undifferentiated message are obvious to policy makers, who may not want to consider the troubling issue that the unequal distribution of resources – material and agential may be implicated in obesity and other health conditions (Ulijaszek, 2014; Warin et al, 2015).

From precarity to discordant pleasure

Increasingly, evidence suggests that the gradient in obesity is due to material lack and precarity which are increasing features of daily life across many countries (Ulijaszek, 2014).

In England, rising levels of material and financial hardship (Lansley and Mack, 2015) clearly impact the food decisions of many (Garthwaite et al, 2015). Here, we build on this work but aim to further detail factors which are germane to understanding the complex relationships between eating, obesity and socio-economic position (Warin et al, 2015; Ulijaszek, 2014).

We focus on the dilemmatic temptations of food or what we refer to as discordant pleasure, considered alongside the classed body’s capacity to resist the obesogenic environment in line with current health policy prescriptions. Our food culture is one where pleasure is writ large (Probyn, 2000) and pleasure plays a dominant role in food decision-making, but one this is, curiously, little reflected in medical sociology (Coveney and Bunton, 2003).

In placing discordant pleasure and its affective aspects at the heart of the debate about the social gradient in obesity, we start with Crawford's (2000) comments on what he sees as a core contradiction in modern capitalism; that between the ethics of production and consumption. His argument is that motivations considered optimal for maximising consumption – loosening the bonds of self-denial, acquiescing to pleasure - are not those required for production, which requires delayed gratification, self-control and the deployment of will-power. Focusing here on health promotion, Crawford argues:

“Consumer capitalism relies on a change in cultural psychology – from a modal personality premised on the virtues of denial, delayed gratification and sobriety to a personality disposed towards fun, immediate gratification, and a propensity to exceed limits.” (2000: 222).

The logic of pleasure - the propensity to immediately satisfy desires – is apparent in the accounts of participants in the study presented here, and it is the classed aspects of this which we seek to address in this paper. Our work shares similarities with Warin et al's (2015) study exploring how obese individuals oriented themselves towards a national anti-obesity campaign in Australia. Drawing on findings from an ethnographic study in disadvantaged communities, the authors use Bourdieu's (2000) insights about the temporal orientations to practice in order to advance the idea of 'short horizons' to conceptualise the ways in which future-oriented discourses around managing risk, which are features of public health campaigns, have only limited relevance to the immediacies of poverty, contingency and survival that mark disadvantaged individuals' lives. In particular, they suggest that in order to control the future, one needs to be able to control the present, and make the important point that time is an analytical category forming part of the *habitus*. The spatio-temporal aspects of

eating and their idea of '*short horizons*' is insightful and provides a welcome and nuanced sociological perspective. But, we argue, such orientations towards the immediacies of pleasure described by these authors are not just a feature of those at the absolute bottom of the income distribution: when coupled with new contemporary understandings of agency, we hope this paper also offers novel ways of making sense of the social gradient in obesity. In making this argument, we recognise that short horizons and precarity are, of course, known to shape a range of practices which may, at first sight, appear to be 'irrational' (Mullainathan and Shafir, 2013), and they generate stress that feeds through psychosocial pathways to produce unequal health outcomes (Wilkinson and Pickett, 2011). What we describe here under the rubric of discordant pleasure are repeated examples where participants articulated the pleasures of eating as a durable and reliable experience, but which in their case produced significant weight-gain. This was accompanied by feelings of frustration, sadness and shame as they struggled to lose weight, but were unable to sustain weight loss over time. In the discussion, we comment on the classed nature of resistance to the obesogenic environment, drawing on Berlant's (2011) notion of interruptive agency to propose a sociological understanding of how the social gradient in obesity is inextricably linked with neoliberal discourses and practices.

The study

The study reported on here set out to explore accounts about dietary decisions and food practices amongst disadvantaged families living in the north of England and forms part of a larger study of food practices amongst a socio-economically diverse group. Ethical approval was obtained from the University of Sheffield and biographical-narrative interviews were conducted with 45 adults using a version of the Free Association Narrative Interview (FANI) method (Hollway and Jefferson, 2000) with each participant interviewed at least twice. Participants were recruited from the South Yorkshire Cohort (a large population based cohort

study) and had indicated their willingness to take part in subsequent research. The South Yorkshire Cohort (Green et al, 2014), provided self-reported data on body mass index (BMI) and participants were selected by Index of Multiple Deprivation (IMD) score, a widely used area based measure of material deprivation resulting in a score of the relative ranking of socio-economic status (or position) with a score of 5 constituting the most deprived and 1 the least. Participants were provided with information about the study by letter, including a detailed information leaflet and consent form. Once informed consent to take part in this study had been obtained, a time was arranged to interview participants.

Our aim was to produce a quota sample of around 15 participants from IMD 4 or 5 who were overweight or obese, 15 participants from IMD 1 or 2 who were overweight or obese, and 15 individuals from IMD 4 or 5 whose BMI was between 20 and 25 (normal weight). This paper presents findings 15 individuals from IMD 4 or 5 whose self-reported BMI was over 30 (ie. categorised as obese). The sample included 11 women and 4 men, aged from early 30s to mid-60s, all of whom were owner-occupiers living close to a town in South Yorkshire and were in full-time or part-time work. Interviews were conducted between 2011-2013.

One of the authors (JB) conducted interviews with participants in their homes. The FANI approach used here focuses on a small number of participants gathering rich data. The FANI method is a "psycho-social" approach which means holding onto the social as part of a constant dynamic with the individual. In a study of social suffering which employed a psychosocial approach Frost and Hoggett (2008) propose that *"the "psycho" and "social" elements are not two parallel paradigms, but represent a whole epistemological shift into theorising the passionately rational subject...impacting on and impacted by its social world"* (Frost and Hoggett 2008: 440). In our study, this perspective allowed for a novel way of

understanding participants in talking and thinking about food and weight - areas which are known to be morally loaded and potentially difficult and shaming.

Space does not permit a detailed exploration of the process of analysis and sense making, but the method of analysis was modelled on that employed by Hollway and Jefferson (2000). A data analysis group met regularly throughout the study and worked with interview transcripts and audio recordings, plus reflexive diaries maintained throughout the study, pen portraits of participants and associated historical materials pertaining to the study area. The data analysis group and process encouraged reflexivity and endeavoured to assure transparency concerning the process of interpretation of the data.

Findings

Two key areas emerged from our analysis of those living in relative deprivation. Firstly, we describe how participants sought to "justify" or explain their weight whilst also seeking to position themselves in-line with the orthodox public health perspective on obesity. Secondly, we highlight participants' accounts of the pleasures, perils and anxieties around food consumption – what we call discordant pleasure – and the struggle for control over eating. This included detailed descriptions of the pleasures of buying, preparing or consuming food, alongside the routine sites (supermarkets, shops, cafes, service stations) which prompted purchases. Running through these portrayals of pleasure, however, were a series of poignant and troubling stories over the struggles for control over eating and what this meant for a more or less durable form of agency. We highlight the ways in which frustrations around feeling 'stuck' also appeared to suffuse participants' narratives.

Accounting for food, body weight and self

In the interviews, we explored how participants talked about food, food purchases, preparation and cooking, meal times and patterns of food consumption. At various points, in

this, participants talked – often unprompted- about their weight. All were concerned about their weight, and these concerns ranged from worrying about *'not looking good'*, or being unable to fit in clothes, to not wanting to look *'like the back of a bus'*, not wanting to *'feel heavy and sweaty all the time'* or simply to *'feel better'*. Much self-criticism mingled with anxieties around associated chronic health conditions (several had type 2 diabetes) and concern was also expressed over the impact of weight on other family members, plus its associated stigma. Participants were quick to point out that action to combat obesity should lie with the individual making comments such as *'if I want to lose weight, it's all down to me'*. Having said that, some participants sought to establish some distance from this individualising message by making a distinction between the need to take responsibility now for weight loss, compared to the historical reasons for weight gain. This was usually heard in the first interview where some made reference to the *'inevitability'* of weight gain after pregnancy, difficulties losing this excess weight, or possession of a *'fat-prone'* body, or the role of *'genetic'* factors (Throsby 2007).

Given that the group explored in this paper were all living in relative disadvantage, we were interested in how participants referred to their food choices, the impacts of budgets, or potentially being unable to afford some types of food, because of material or financial factors. These were not dominant themes. Only two respondents said that financial problems influenced what they bought and only one participant (Gemma) described having used food banks in the past. Another talked about the low cost and convenience of processed foods, but sought to stress her use of fresh fruit and vegetables now.

And of course the little one eats so much fruit...it just costs a fortune...It costs loads more, when we first had Thomas, which is why we put the weight back on, we were having

processed foods, so we'd have a bag of chips in the oven, in the freezer, we'd have pizzas or veg fingers or something that was just cheap and cheerful because you were so tired you just had to put something in the oven. (Hannah)

Some pointed to other external factors, such as shift-work, and how this had influenced their propensity to consume convenience or ready meals. One participant spoke about how caring for her father had in her view, contributed to her weight gain, describing how she used to *'take him to the pub regularly for dinner, twice a week – that's when I started to put the weight on'*. One of the men, Dave, talked about having had a very restricted diet and having not been introduced to eating fish or vegetables until later on in adult life as a contributor to his weight issues.

Whilst there were some attempts to identify external influences on their eating practices and weight, all of the participants went on to talk about the need to take personal responsibility for weight and the need to make the appropriate changes in 'lifestyle', thus demonstrating that action was taking place. There was much talk about making changes (portion size, exercise, diets) alongside use of commercial weight loss services, particularly (but not exclusively) by the women.

"So, food wise now were eating really, really healthily. Loads of fruit and veg and extra lean meat...(husband's name) really doesn't like eating fish but about once a week I buy that cod loin that's got no bones and skin on and I'll probably poach that in milk and then put some low fat sauces on top and loads of vegetables cos Slimming World really promote eating loads and loads of veg...I would say over probably over the last 17/18 weeks I've lost two [and] a bit stone." (Jennifer)

But, as Jennifer also made clear, she had a long history of weight-gain and weight-loss, and had used commercial weight-loss services repeatedly, but never managed to ‘*keep the weight off*’. Her acknowledgement of her unhappiness at this dilemma is hinted at here.

I mean I did well at first losing the weight from having her [daughter] but then after that I seem to have got in a bit of a rut and put a bit of weight on so talking this last 12/13 years I've had a sort of problem with my weight sort of yo-yoing up and down.

All of the participants talked about their use of different technologies to control weight alongside evidence of repeated weight gain and loss. But, alongside this, there was overwhelming evidence of the pleasures of eating and it is to this that we now turn.

Discordant pleasures and the struggle for control

Pleasures from buying, preparing and consuming food were subjects that participants spent much time reflecting on (including the sites – supermarkets, shops and cafes – where these were encountered). That food should figure prominently as pleasure is, of course, entirely unsurprising, given its centrality to consumer culture (Lupton, 2013). But here, food was rarely described as an unalloyed joy. Rather, eating was tainted by what we interpreted as expressions of anxiety, unhappiness and sometimes shame and disgust – specifically where this related to their own struggles to control aspects of food consumption.

The affective dimensions of eating – what we call discordant pleasure - are, we propose, a novel way of deepening our understanding of food practices. Firstly, there was the role food played in the everyday activities of accomplishing and sustaining personal relationships. Here, Jennifer describes how food figured prominently in her relationship with her partner.

We were just so content and happy and that and we just seem to enjoy food and life and going out and whatever and we just piled weight on. ... we'd have a kebab, and it were grilled chicken meat and loads of salad and I'd think we were being good but then you don't, you're blindly like squirting loads of full fat mayo in it ... but there'd be like 100 calories in just the mayonnaise before you'd even put it in your mouth. (Jennifer)

But alongside the pleasure of commensality, Jennifer recounted the guilt and sadness which eating brought with it. She described the dilemmas associated with wanting to provide healthy food, whilst also communicating to her daughter that she should not end up the same weight as herself:

I thought I was eating healthy cos I'd do a lovely big chilli and I'd put all em roasted peppers and onions ... in it. But it weren't that, it was the amount of parmesan we were sprinkling on top and the pasta that we were eating with it and then the garlic bread that we'd have as a side, with it and the fact that may be if we had dinner early, say by 6 by the time it got to 8 o'clock (husband's name) would say "do you want owt?" and we'd have a bowl of Doritos and a dip and em... and I weren't making sure we were having 5 a day and bulking up with fruit and veg. I was definitely making sure (daughter's name) got it cos...if you do eat wrong you'll end up more or less like me and overweight and em, obviously she knows she's loved whether she's big or small, but I do tend to guide her and just say you know "you don't want to end up like your mum do you?" and struggle with your weight (Jennifer).

The everyday pleasures of eating - redolent of wider consumer culture in their depictions of food as a hedonic form of pleasure - were accompanied here by poignant and difficult stories about the struggles for control over eating. Below, Lucy describes her frustration about having 'blown it' and thus undermining the 'hard work' of weight loss:

I think what happens is I try really hard, because when I am trying to lose weight it is hard work, and like on a weekend and all your friends are eating Chinese, it's really hard, because if I have a Chinese I won't lose any weight that week. So you have a Chinese, and then you think "I've blown it". So then next day you might have something else that's not healthy. So I try really, really hard and I commit and I lose the weight, and then I think I get a bit - is complacent the right word - where you feel a bit happy and so you treat yourself oh I'll have some fish and chips, but I just put the weight on so easily. But then I think if I had these treats in moderation every now and again it'll be all right, but I don't, I get a bit greedy and all the food that I've missed and all the unhealthy food and the stuff that puts the weight on that I've missed I think I've gone a bit OTT [over-the-top], and then I'm back to square one again". (Lucy)

The language of 'trying hard', 'treats', 'greedy' and 'back to square one' were commonly heard. Many participants struggled to lose weight whilst wanting to continue to enjoy food as a source of pleasure and Lucy described a repeated pattern of weight-gain and loss. For her, weight gain during Christmas and summer holidays was followed by attempts at weight loss over the spring, prior to summer holidays.

And in the past, not this year I didn't, but in the past I'm on holiday and I'm doing no exercise, I'm chilling out, I'll eat what I want and I'll drink what I want, and then I put weight back on, but then in the past I've let that snowball. Yeah, I would have normally have eaten anything I could get my hands on like pasties and things you associate pasties with Devon and scones on beach with clotted cream and like ice creams and stuff.

Lucy had earlier reported that ‘relaxing’ on holiday involved drinking cider (alongside the eating patterns described above), the combination of which lead to around 14lb of weight gain. One outcome of this was being unable to fit into her usual clothes and having to buy ‘*fat clothes*’.

The dilemmas over eating and control were not just confined to social eating. Many participants reported eating alone and often employed negative and self-critical language when describing this. Rebecca used self-deprecating humour after reporting she was ‘*doing Slimming World*’ again, but had only been attending for one day, on the day of the interview.

Yeah, like on a night time, especially if David’s [husband] on afters [afternoon shifts] these [children] are in bed, I’ll have a bar of chocolate and watch telly, and that’s a habit I’ve got to get out of doing stuff like that. But obviously we’ve got this holiday booked now, and there’s plenty of time to lose some weight before we go. So that’s me.” [laughs]...I’ll lose weight and then I’ll stop because I’ll have a bit of chocolate and then I think oh it’ll be all right, I’ll have some more, I’ll have some more. And then you just get out of the habit and I think I need to get my mind into the thing where you can’t just sit and have chocolate after chocolate, because you end up like this. (Rebecca)

Rebecca described a range of food-related pleasures and their settings. One example of this was Dairy Milk with Oreo, which she described as ‘*lethal when you work in a shop*’ (which she had done in the past). The struggles around habits and practices that participants described often shaded into other affects - guilt, sadness, anxiety, shame and despair. Here, Jane talked about the pleasures of eating a whole cheesecake.

And if I've got a cake, like I got from Marks, I got it's like a lemon cheesecake, have you seen them? Oh they're gorgeous; they're absolutely divine. There must be a million calories in them and it was big enough for four. So I bought one, which I knew I shouldn't have bought it. Anyway I got home and I had a quarter of it, and then I ate another quarter of it and I thought I'll freeze it to stop me eating it, but then about four hours later I unfroze it and ate the whole thing. So I'd eaten the whole lot just as a snack do you know what I mean? (Jane)

Jane went onto talk with evident sadness about her anxieties about eating which she believed was 'going to catch up' with her. By her own admission, she had spent many years eating an 'appalling diet', the health consequences of which were becoming apparent.

I'm thinking I've had like 40 years of eating an appalling diet and I think it's going to catch up on me, because I've got high cholesterol and high blood pressure. Well it might be genetic, but my diet's so high in fat. If you need 70 grams a day I must at least have 150 a day. So every day I try and I think right I'll not have coffee with cream and I've just had a cup with full fat cream, do you know what I mean? I've had two pieces of cake at lunchtime and every day, you know, and I've eaten that chocolate rabbit. But the thing is like today I've completely lost it, because at lunchtime because it was mine and somebody else's birthday they'd done baked potatoes with chilli and covered in cheese. It was absolutely delicious. So we all had one and then there was one left, so I had the second one... Then there were two cakes, so two pieces of cake. So because I've lost it now calorie-wise I think well I may as well throw towel in and go all out now. I've opened floodgates I may as well really indulge myself. So I've had a cup of coffee with cream, chocolate and I'm going to go out and have maybe a baked potato (Jane).

The phrases used here by Jane - “*having lost it*”, and wanting to ‘*throw in the towel*’ are similar to those used by Lucy who described ‘*having blown it*’. As they noted, these frustrations appeared to impel further acts of (discordant) eating, and feelings of loss of control. Indeed, struggles over control characterised many participants’ accounts of managing their obesity, and the cycling between eating, weight gain, use of weight-loss services, loss of weight and then subsequently experiencing further weight gain were common. In this final example, Hannah described attending a commercial weight loss service and then calling into a fish and chip shop on her way home, which had recently opened. Her frustration at her predicament - the desire to lose weight, alongside the spatio-temporal territorialisation by fast food outlets - is apparent in her bleakly humorous analogy:

so ... I've got some money in my pocket and we've had no tea then I'll call in there and just get chips and whatever and then get back on track on the Friday, so yeah, but I never did get back on track, I'm kind of stuck in a layby at the moment, it won't let me out (Hannah).

Discussion

Weight-gain, weight-loss and control over eating mattered to our participants. They were neither sanguine nor disinterested in how their bodies looked or felt to themselves and described investing considerable energy in managing their weight. Whilst practices are straightforward to demonstrate through illustrative quotations, it is less easy to relate the strong sense of frustration, sadness and self-criticism that suffused participants’ accounts at their inability to maintain bodily control – a feature, of course, of other qualitative studies of obesity (Throsby, 2007). This combination of frustration, self-criticism and practical energy can be contrasted with what Murray (2005) describes as a common depiction of fat bodies:

"We read a fat body on the street, and believe we 'know' its truth: just some of the characteristics we have come to assume define fatness are laziness, gluttony, poor personal hygiene and a lack of fortitude." (2005:154)

It would be difficult to characterise participants' attempts at weight-loss as signs of laziness. But it was the case that their attempts at weight loss had been frustrated by temporal orientations towards pleasure – the hedonic, short-term and reliable gratifications from eating – shaped by the context of living in an obesogenic environment. These were not the 'negotiated eating' practices reported by Jalinoja et al (2010) or the disciplined and ascetic pleasures described by Coveney and Bunton (2003). Rather, they perhaps reflected one element of the modal personality described earlier by Crawford (2000), that is, an orientation towards immediate gratification. That these repeated, small acts of pleasure were accompanied (at some point) by self-critical and self-deprecatory reflections is also a feature of other studies of the obese. For example, Christiansen et al (2012) also capture something of the frustrated shame which resides in the tensions between 'comfort' eating and the gap between knowing (about healthy eating) and accomplishing it. Much of the shame of obesity has been associated with the visibly large and fleshy body but another dimension of this may be seen around the struggle to accomplish bodily control, denying gratification or to put it another way, to drive their eating in accordance with the public health perspective on 'personal responsibility'. We come back to this issue of responsibility, class and shame in relation to obesity later on.

If we frame participants' frustrated struggles at managing their weight in terms of their capacity to resist a territorialising obesogenic environment, at one level they represent an abject illustration of the failure of discourses, policies and institutions to control and

discipline populations. But in acknowledging this, participants' accounts also highlighted the importance of pleasure as a key to understanding the social gradient in obesity. Lupton (2013) refers to the pleasure of food, its ability to afford a simple release from the vicissitudes of daily life and there was much evidence here about the pleasures and releases from the strictures of the everyday, both in terms of commensality and when eating alone. But the crucial point was that this group struggled to effectively deploy agential resources to resist the obesogenic environment - and experienced sadness and shame as a result. In their emphasis on the pleasures to be gained from the immediacy of food consumption in the context of material lack, Warin et al's (2015), study contains useful parallels. Their argument is that participants' short horizons conflicted with a more synoptic and future-oriented public health perspective and this *habitus* was shaped by the embodied realities of unemployment, poverty and survival. Our participants, were also relatively deprived when considered by their IMD scores alone (although none were entirely dependent on benefits alone). Their experiences are more accurately represented as a struggle to lose weight in the face of the everyday pleasures and temptations of food and eating, but where the resources to resist, were contingent, constrained and limited. It is here, we would argue, that the connection with the social gradient in income, wealth and resources, may be particularly germane. The neoliberal, obesogenic environment and the push and pull of gratification and restraint embrace the whole of the social hierarchy so both the most and the least affluent are exposed to the wider obesogenic environment (Foresight, 2007). What differs across the gradient is both environmental (shopping in upmarket supermarkets such as Waitrose is not the same as shopping in a local convenience store, in a multiplicity of ways) and also connects with the ability to deploy agency and resources. Pleasure is key here, and for the less affluent, access to other sources of pleasure is increasingly restricted in large part, via income (and also the *habitus*). Food pleasure is affordable, accessible, immediate and reliable in a way that other

pleasures are not (Pampel, 2012), but we would argue that the need for ‘treats’ and the pain and sense of loss that the self-denial of ‘dieting’ brings are potentially much more salient in working class lives well-known to have higher levels of day-to-day chronic stressors and painful life-events (Thoits, 2010). Thus, the precarity and other features of contemporary neoliberalism, commented on above in relation to the very poor (Warin et al, 2015), seem likely to carry across the social gradient with pleasure being sought to assuage pain.

We know from other studies that class-based embodied practices and distinctions are likely to be important in understanding how our participants struggled to resist the obesogenic environment. For example, in seeking to tease out the linkages between temporality, class and obesity, Pampel (2012) argues that sedentary leisure activities, such as reading, going to the movies, attending cultural events, going to sporting events and socialising with friends which might seem at first sight to potentially contribute to weight gain, when looked at through the focus of SES differences in cultural tastes, suggest the opposite. Indeed, some sedentary activities (reading, going to the theatre, for example) are associated with *lower* rather than higher body weight. Using quantitative data from 17 developed countries, he argues that participation in a range of cultural activities was associated with lower rather than higher body weight, which may reflect forms of distinction across differing SES groups. He also notes that:

“participation in cultural activities involving art and music appreciation, reading, and use of the internet may foster learning, problem-solving skills, and a sense of personal efficacy, that then help in resisting pressures to overeat. Presumably, other sedentary activities such as socialising, handicrafts, and television/music have positive rather than negative relationships

with body weight because they do not create the same opportunities for developing, learning and discipline.” (2012: 411)

Indeed, there was a noticeable absence in participation amongst our participants in the kinds of activities (or pleasures) described by Pampel (2012) that were associated with lower body weight. Paid work, household tasks, looking after children, family and pets were commonly reported in our study and there was much talk about eating alongside watching TV (an activity associated with weight-gain in Pampel’s analysis), but little of the other activities which were associated with lower weight (reading, theatre, cultural activities, art), and presumably, less of the ‘problem solving’ activities which promote self-efficacy. In short, the immediate pleasures of food, or creating a pleasant culinary present, were much more germane to everyday practice amongst this (relatively disadvantaged) group.

In their struggles with weight and the discordant pleasures of everyday eating, a focus on practices alone can obscure the emotional and affective dimensions of food, eating and control. The discordant pleasures described here involved consumption of food in various settings, accompanied by circulations of affect - sadness, guilt and anxiety or shame - at the inability to control weight. In seeking to understand this, we use Berlant’s (2011) notion of interruptive or lateral agency, where eating can be seen as ‘*self-medication through self-interruption*’ and as a response to living in the chronically stressful environment of contemporary neoliberalism. Berlant notes that:

‘food is one of the few spaces of controllable, reliable pleasures people have. Additionally, unlike alcohol or other drugs, food is necessary to existence, part of the care of the self...Eating can be seen as a form of ballast against wearing out, but also as a counter

dissipation, in that unlike other small pleasures, it can produce a feeling of self-abeyance, of floating sideways. In this view it is not synonymous with resistant agency in the tactical sense or effectual sense, as it is not always or usually dedicated to releasing the subject into self-suspension". (2011: 116)

For Berlant, the reliability of eating should be seen in the context of the burdens of everyday life: food pleasures are woven into acts of caring, part of the tedium of coping with the economic and day-to-day necessities of work, family and relationships, but, crucially, where our fantasies of the good-life have been worn away by the sedimentation of neoliberal practices and discourses. As she notes, food then provides an *intermission* or a ‘*small vacation*’ from personality and will which is so often ‘*spent from the pressures of one’s pacing with the working day.*” (2011: 116)

Seeing eating as an intermission from will, or an act of lateral agency dedicated to ‘zoning out’, or as an activity that is dedicated to a ‘*less bad experience*’, resonates with the accounts described here. But the consequence for our participants, was the accompanying experience of feeling ‘*stuck*’, or as one participant described it, being ‘*stuck in a lay-by*’. We saw several instances where the failure to accomplish control over eating impelled further acts of eating as responses to this frustration. In a different context, Hoggett et al (2013) draw on Nietzsche’s notion of resentment, a “*form of resentment associated with passivity and either lack of agency or destructive agency*” (2013: 577), or a sense of hostility which is directed at that which is seen as the cause of one’s frustration – in this case, the self. In previous work exploring understandings of inequality we describe a discourse we called ‘no legitimate dependency’, something angry and unsettling, where dependence on others is disavowed, and where the self is deemed responsible for all, setting up impossible standards to attain

(Peacock et al, 2014). We would argue that perspectives on obesity which privilege individual control and ‘personal responsibility’ over weight and food consumption (Department of Health 2011) - so apparent in our participants’ accounts - may also contribute to internalised shame and self-loathing, with resentment directed towards the self, one of the outcomes. That this internalised resentment obscures the real culprit – the obesogenic environment in the context of classed and lateral agency – is one of the cynical triumphs of neoliberal public policy.

Conclusion

We want to propose that one of the missing discourses in debates over the social gradient in obesity is the discordant pleasure of eating, in the context of an obesogenic environment. Our point is that effective resistance to this obesogenic environment is classed (Pampel, 2012; Ulijaszek, 2014). Food and eating represent reliable and durable pleasures (Berlant, 2011), which can too easily become discordant pleasures, and in the context of neoliberal modes of shaming and the promotion of discourses of ‘responsibility’ – offer numerous opportunities for internalised resentment. But in making these points we may be guilty of what Probyn (2008: 403) calls ‘*the spectacular analysis of the obvious*’, with the rather more important point being to intervene, in order to address widespread ‘*dissatisfaction with bodies, diets and selves*’. Two final points are worth making. Firstly, in the context of sociological discussions of obesity, it is not enough to simply talk about facilitating people to re-configure their internal perspectives on the body and the self: sociologists need also to be making the case for a different kind of world. Secondly, and more importantly, in the context of the classed politics of shame infecting working class and poor(er) bodies, these findings should also be seen as a reproach to the politics of neoliberalism, and a plea for change.

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