Fat is a Sociological Issue: Obesity Rates in Late Modern, ‘Body-Conscious’ Societies

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This paper seeks to explore the sociological dynamics of the current escalation in rates of obesity in late modern societies, focusing both upon the causes of this escalation and its consequences. The paper has three aims. Firstly, I aim to open up a sociological debate on obesity and to show that this is an issue we can both contribute to and learn from. While lifestyle and the body–society relationship are of obvious importance in current debates on obesity, the input of sociology to these debates has been minimal. The debate has been pulled onto the territory of psychology, genetics and related disciplines. I hope here to make a preliminary step towards correcting this. Secondly, I juxtapose the trend towards obesity with sociological claims regarding our allegedly ‘body conscious’ societies. Many sociologists claim that late modern social agents are increasingly preoccupied with their bodies, and with the pursuit of bodily perfection through diet, exercise etc. The obesity trend suggests a rather different picture. I aim to reconcile these partial pictures of the body in late modern societies. Finally, I use obesity as a way of exploring relations between biology and society. Involuntary weight gain, I suggest, provides an excellent case study for thinking about the interaction of biological and social processes.


Keywords: obesity; diet; exercise; reflexive embodiment; body projects; biology; lifestyle

INTRODUCTION

Rates of obesity in all late modern societies have soared over the last 20 years, leading some commentators to speak of a ‘crisis’ and triggering considerable reaction by governments and public health authorities (Gritser, 2003;
Brownell, 2004; National Audit Office, 2001; Boseley and Wintour, 2004; Wintour, 2004). In this paper, focusing particularly upon the UK, I seek to explore this ‘crisis’, examining both its causes and its consequences. My rationale is threefold.

Firstly, rising levels of obesity seem to me an obvious topic for sociologists with an interest in the body, a topic from which we have much to learn and upon which we have much to contribute. The media has been awash with stories of obesity over the last few years, stories which allude to the interplay between body and society but which invariably become drawn onto the turf of other disciplines, such as psychology and genetics, so that this interplay is never thematised or explored. I want to initiate a fight back in this respect; to show that, as my title claims, ‘fat is a sociological issue’.

Secondly, I wish to consider the significance of rising levels of obesity for the portrayal of the body–society relationship offered in much contemporary sociology, a portrayal of a ‘body-conscious’ society which celebrates fitness, health and thinness, and whose members monitor and adjust their conduct in accordance with these ideals. This portrayal needs to be reconciled with the fact of rising obesity levels. How could there be an obesity crisis in a society as conscious of the body and as concerned with thinness as ours is alleged to be?

Finally, I want to use obesity to explore the interactive relationship between biological and social processes (on this see also Benton, 1991; Williams et al., 2003). Fluctuations in the obesity rate and their consequences illuminate this relationship in clear and important respects. This is only one example of bio-social interaction, of course, and some of my observations regarding it will be specific to it. But it is an important and revealing example nevertheless.

I begin the paper with a reflection upon sociological accounts of body-consciousness, briefly considering data which support them before reviewing the data on obesity and considering how it might challenge them. Next I argue that obesity rates are social facts and should be explained in terms of lifestyle changes which are interwoven into the fabric of late modern societies. It is imperative, I argue, to think sociologically about the lifestyle factors associated with obesity; that is, to reflect upon how those factors constitute interdependent elements in the network of practices comprising late modern society. Following this I consider the place of agency and biology in my account, attempting to show how agency, society and biology form an interdependent complex. The final two sections of the paper consider how obesity manifests as a crisis both at the individual and societal levels, and how different agents mobilise around this crisis. Again this constitutes a complex interplay of biology, agency and society.
OBESITY AND BODY PROJECTS

Much work in the sociology of the body and many of the key perspectives within the area are focused upon the relatively self-conscious and reflexive efforts of social agents to shape their bodies in specific ways, often in accordance with what are identified as central social values: that is, slimness, fitness, self-mastery, health and efficiency. The concept of ‘body projects’, used by both Giddens (1991) and Shilling (1993), falls into this camp, as does the more critical Foucauldian approach, both with its concept of self-policing and with its concept of ‘technologies of the self’ (Foucault, 1979, 1980a, 1987). Indeed, even when Foucault discusses resistance he presupposes an internalisation of the abovementioned corporeal ideals and their pursuit. Resistance centred upon the body, Foucault claims, is resistance rooted in the ‘mastery and awareness’ of the body generated by body-power regimes and the incorporation of discourses of health, sexuality etc. (Foucault, 1980a). The ‘sexual liberation’ of the 1960s, as Foucault understands it, for example, utilised a sexual hermeneutic which, in previous times, had formed part of a strategy of power. Agents rebelled in the name of a sexual nature which had previously been attributed to and imposed upon them by bio-political experts (Foucault, 1984). Oppositional health politics, in pursuing health as a ‘good’, does much the same. Agents protest their right to a ‘good’ which authorities have previously encouraged them to embrace as such (Foucault, 1980b).

Feminists too, both those influenced by Foucault (Bartky, 1990; Bordo, 1993; Sawicki, 1991) and others (eg Frost, 2001; Orbach, 1985, 2001), identify the seductive power of dominant ideals of thinness and bodily control, often noting the damage that women do to themselves in the pursuit of these ideals. Indeed, they identify anorexia nervosa, with its strong emphasis upon thinness and bodily control, as an extreme along a continuum upon which most women (and perhaps now also some men) can be located (see also Giddens, 1991). Finally, Bourdieu (1977, 1978, 1984) and his followers have pursued this theme. They draw out the class and gender distinctions which shape projects of bodily modification but they still adhere to the basic picture of agents in pursuit of fitness, slimness, mastery and efficiency.

The ratio of theorising and claim-making to empirical evidence within all of these accounts is relatively poor. However, some supporting evidence is available. According to a recent Mintel (2003a) survey, for example, the number of health clubs in the UK and the rate of subscription to such clubs have risen steadily and consistently over the last 10 years. Indeed, there was an 18% increase in the number of private health clubs in the UK in the four-year period between 1998 and 2002 alone, with numbers of members of such
clubs, nationally, rising from 2.16 to 3.78 million; that is, 4.6% of the adult population to 7.8%, a 70% increase (ibid.). Given that private health clubs are believed to have only half of the market share in health clubs as a whole, with schemes in public facilities holding the other half, this suggests that health clubs now constitute a significant form of association and social membership. In fact a recent ‘Citizens Audit’ conducted at the University of Sheffield, which involved a representative sample of the British electorate, found that 14% of the population belong to a gym, a figure just two percentage points lower than trade union membership (16%), double that of church/religious membership (7%) and over four times greater than membership of environmental, animal rights or women’s groups (3% each) (Citizen Audit, 2002). A further study by Mintel (2003b) also reveals a boom in the sale of home exercising equipment, suggesting that health clubs/gyms are only one among a number of strategies deployed by agents seeking to slim and get fit.

Running alongside this exercise trend is a complementary trend in dieting. Diet books, most notably at my time of writing those relating to the Atkins diet, are a prominent genre within the bestseller listings. And in 2003 the shift in food consumption corresponding to the Atkins diet was large enough to have significant detrimental effects not only upon Atkins’ direct competitors in the diet industry (eg Unilever, who produce the Slim Fast range) but also upon broader industries whose foodstuffs are outlawed or severely restricted by the diet: for example the potato and bread industries (BBC, 2003; Connon, 2003). Furthermore, reflecting a different current in the diet movement, the Weightwatchers organisation claims to hold over 6,000 local meetings in the UK per week (http://www.weighwatchers.co.uk).

Taking a more general look at dieting, Mintel (2003a) report that 32.1% of adults claimed to be ‘trying to slim’ in 2002, a figure which is 6.2 percentage points up on 1980 (although the climb between the two points is not linear so may not represent a trend). As the feminist literature suggests, the figure for females (41.1%) is almost double that for males (22.6%).

These trends and figures offer some support for the thesis of body consciousness. However, they indicate that large minorities within the population of late modern societies are preoccupied with body maintenance, not the majority of the population and certainly not society as a whole. By no means everybody, or even everybody within a specific social group (eg women), is found to manifest this concern. Furthermore, there is another corporeal trend in late modern societies which poses problems for the thesis of body consciousness: the significant rise in levels of obesity, as defined in terms of Body Mass Index (BMI); that is, weight in kilograms divided by the square of height in metres.
Although thresholds vary slightly between accounts, a normal BMI is held to be between 20 and 25. A BMI which falls below 20 is deemed underweight; one which exceeds 25 is deemed overweight; and one which exceeds 30 is deemed obese.

Obesity levels, defined in these terms, have risen steadily since the early 1980s, in all late modern societies. In England, in 1980, for example, 8% of women and 6% of men were obese. By 1998, the figure had almost trebled, standing at 21% for women and 17% for men (see Figure 1). This rise mirrors a rise elsewhere in both Europe and North America, although compared to Europe it is particularly steep. Whilst the rate doubled in England between the late 1980s and the late 1990s, for example, it only increased by 40% in Europe as a whole. This accelerated level of escalation has taken England from a low position in the European obesity ranking to a relatively high position. More dramatic increases outside of Europe, most notably in the USA, shadow the English situation however. 58 million (including eight out of every 10 of the over 25s) were overweight in the USA in 2001, and following a 61% rise between 1991 and 2000, 40 million were obese; that is to say, over 30% of the adult population in the USA are technically obese.

Levels of obesity and overweight vary with age, jumping sharply at the 20-to-early-30s age group and rising gradually and consistently from that point, such that older people are progressively more prone than younger
people (Figure 2). However, rates of childhood obesity/overweight are increasing. A recent report published jointly by the Royal College of Physicians, Faculty of Public Health and Royal College of Paediatricians and Child Health (2004), for example, observes that obesity in 2 to 4-year olds increased from 5 to 9% between 1989 and 1998, while rates for 6 to 15-year olds more than trebled between 1990 and 2001, increasing from 5 to 16%. If the trend continues, this report argues, a conservative estimate for obesity levels in the UK in 2020 puts adults at 33%, girls at 33% and boys at 20%.

The picture with respect to gender is less clear (Figure 3). In terms of ‘obesity’, narrowly defined, women are marginally more likely to be affected. However, if we put ‘overweight’ into the picture then men are much more affected. And women are significantly more likely to fall in the ideal range (Figure 3). Gender interacts with class, however (Figure 4). For females there is a direct correlation. Women are progressively and significantly more likely to be obese as we move from social class I through to social class V. Indeed, women in social class V are almost twice as likely to become obese as women in social class I (Figure 4). With males the picture is different and less clear. Men in social class I are less likely to be obese than men in other social classes, a clear four percentage points ahead of their closest rival. However, the male rate peaks in social class III (manual), and social classes II and III (non-manual) have the same rates as classes IV and V, respectively (Figure 4).

I will offer some limited reflections upon these gender/class distributions in the course of this paper but given the absence of any very clear pattern among

Figure 2: Percentage of individuals officially overweight by gender and age in 1998. (Source: National Audit Office, 2001).
males and the complex interaction of gender and class, both of which call for more analysis than I have space to conduct, I will focus my attention upon the general national pattern as a whole.

This general national pattern of rising obesity does not sit happily with the picture of a ‘body conscious’ society. Whatever the protestations of the representatives of ‘fat politics’ (see below), obesity is not defined as a bodily ideal in late modern societies. Indeed it runs contrary to the bodily ideals revealed by research, whether those be aesthetic or health related. These ideals, notwithstanding expressed concerns about anorexia nervosa and bulimia nervosa, emphasise slimness. This poses problems for the abovementioned theories of body consciousness. Not only do these theories not explain rising obesity levels, they lead us to predict a quite different trend. They imply that bodies are becoming thinner, fitter, more controlled.

Figure 3: Gender and weight status in England 2001. (Source: Health Survey for England (Department of Health), 2002).

Figure 4: Gender, social class and obesity in 1998 (percentages). (Source: National Audit Office, 2001).
etc. Only Bordo (1993) and Orbach (1985) depart from this model. I return to Orbach shortly. For the moment note that Bordo identifies a contradictory emphasis upon abstention and indulgence, restraint and release, in contemporary consumer culture. This, she claims, produces problems of both excessive control/thinness (anorexia), excessive indulgence (obesity) and their uneasy co-existence in bulimia nervosa. This account is important. However, it identifies only one among a number of factors that explain soaring obesity rates. Furthermore, the fact remains that most theses of body-consciousness lead us predict only that society is getting slimmer and more toned.

This signals a problem with the theories of body-consciousness in my view, and this problem runs deeper than the matter of thinness and fatness. Given that obesity is contrary to dominant social ideals it seems very unlikely that the trends in obesity are related to any conscious intention on the behalf of social agents – certainly there is no evidence to suggest that it is the case. This, in turn, problematises the themes of ‘reflexivity’, ‘project’ and ‘self-policing’ which are central to accounts of body consciousness. At the very least we are forced to conclude that agents are not policing themselves very effectively and that the body in late modern societies is shaped by other, more powerful factors than thetic ‘projects’. Later in the paper I will consider what these forces are. First, however, I want to consider two potential objections to my argument so far.

**Obesity as a social construct?**

Hitherto I have treated rising obesity levels as a fact – what sort of fact remains to be established. Setting aside possible objections regarding the adequacy of BMI levels as a measure of obesity, this might prompt the objection that I am ignoring the social construction of obesity. Isn’t ‘obesity’ a social construct? And shouldn’t I be focusing upon that as a sociologist? My response to this objection is threefold. Firstly, obesity is a scientific concept and, as such, has been constructed within a scientific discourse. It is a social construct or at least a scientific construct, as is any such concept. Secondly, we only know that obesity rates are rising because they are monitored by public health authorities and the state. That is to say, the scientific discourse on obesity functions within a context of social surveillance and bio-power, a regime of power/knowledge. From my point of view both of these claims could provide a fascinating point of departure for a sociological analysis of obesity and indeed would be essential to any full sociological account. We could and should trace the ‘archaeology’ of obesity as a construct and analyse its function and effects within contemporary bio-political networks. However, this is only one side of the story. To say that obesity is a construct does not
mean that we cannot research and learn about it. All sciences construct their objects but, to paraphrase Bourdieu, the object objects (Bourdieu et al., 1991, p. 61). It defies preliminary predictions and models, or at least can do, and presents aspects and details which can only be revealed through empirical analysis, facilitating error and refutation as well as confirmation (see also Sayer, 2000; Bachelard, 1970). Processes of construction map onto underlying realities and are necessary preliminary steps in scientific analysis (ibid.). They do not pre-empt or preclude analysis. To claim otherwise is to confuse epistemological and ontological matters (Bhaskar, 1979; Sayer, 2000) and to misunderstand the meaning of ‘construction’ (Bourdieu et al., 1991; Bachelard, 1970). Furthermore, as Hindess (1973) has argued, the theoretical and constructed basis of statistical analyses does not undermine the rationality or usefulness of statistics, such that the abovementioned statistical trends, while constructed too, are a valid object of analysis. They tell us something that we did not previously and could not otherwise know about obesity.

It is possible for us to study both obesity and ‘obesity’, and it is desirable for us to study both. In this paper, for reasons of space, I am going to bracket an analysis of the construction and surveillance of ‘obesity’, to work with the construct in an effort to better understand the social dynamics of obesity. I am opting to deal with things this way round because I believe that sociology too often opts for the constructionist path, effectively retreating from important debates and conceding the ground of substantive issues to other sciences. We cease to attempt to explain phenomena, opting rather to ‘deconstruct’ the attempts of others, thereby underselling the explanatory potential of our discipline and marginalising ourselves. At a later point in time it will be necessary to rejoin my substantive analysis with a constructionist analysis. The two halves must be brought together. But for the moment I will accept the construct and work with it.

**Obesity as resistance?**

A further objection to my formulation of the problem of obesity, relating specifically to my claim that rising obesity rates call the notion of a body conscious society into question, might be that obesity is, in fact, resistance to ‘body consciousness’. Agents are ‘told’ to get slim, fit, healthy and toned, it might be argued, but they resist by becoming fat. I disagree. At a general level the notion of obesity as resistance is problematic on three counts. Firstly, the only theory in the area dealing with resistance (other than Orbach’s, discussed below) is Foucault’s and, as I noted above, Foucault’s account of bodily resistance, where elaborated at all, suggests that resistance is rooted in subjects’ appropriations of the ideals imposed upon them. They do not resist

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health, beauty etc. but resist ‘in the name of’ health, beauty etc. Resistance is not theorised as refusal but as table-turning. The idea that obesity is resistance to a body conscious culture does not square with this model of resistance. Secondly, there is no evidence, outside of very small pockets of ‘fat politics’ and ‘fat pride’, that fatness is celebrated or valued as a goal in late modern societies – as there is in relation to other resistance projects. Furthermore, even ‘fat politics’ tends to assume the form of a defence of those who are already fat by those who are already fat. There is no proactive policy by thin people to become fat, which is what would be required to explain trends in obesity. Finally, related to this, many overweight and obese people do not wish to be overweight and engage in a variety of schemes and projects intended to ‘correct’ their condition (see below). If these agents ‘resist’ anything it is the process of weight-gain that they find themselves subject to.

I do not mean to deny, in arguing this, that there may be some degree of resistance to health promotion campaigns focused upon diet, exercise, obesity etc, or indeed that this may contribute towards the obesity trend – at least in the respect that it makes the task of those charged with reversing the trend more difficult. However, resistance at this point is secondary and does not explain why the rate of obesity is increasing in the first place. Health promoters seeking to curb the rise in obesity are responding to an already existing trend. They formulate a response to this trend and resistance to their efforts is a backlash against this response – which may, in turn, fuel the original trend that the health promoters were responding to. I do not wish to deny or ignore this complex and circular chain of reactions. This is a preliminary paper, however, and I want therefore to focus upon the basic trend towards obesity which has triggered this chain.

Unconscious resistance?
Advocates of the resistance hypothesis might reply to my criticisms by arguing that obesity is an unconsciously motivated strategy of resistance, such that the lack of conscious desire for fatness and the expressed concern of the fat to lose weight is misleading. This is the claim of Orbach (1985) in her well-known book, *Fat is a Feminist Issue*. Women unconsciously desire to gain weight and become fat, she argues, because of the strategic advantages that this procures them in their interpersonal lives. Specifically, in the course of feminist group therapy and consciousness raising, Orbach’s clients discovered that being fat desexualised their encounters with male colleagues, allowing them to be judged on the basis of their work rather than their attractiveness and to be taken seriously as ‘one of the boys’ rather than a potential sexual partner. Furthermore, being bigger gave them a greater sense
of self-presence and being in control of their lives. Their relationship to their body changed and they were no longer in the business of minimising their presence in social encounters (as they had been previously and women are often found to do). This argument is deeply flawed in my view. There are four key problems. Firstly, Orbach’s account conflicts with the tenets of the Freudian model she draws authority from. She draws a clear distinction between the desire to eat and the desire to get fat, claiming that women are motivated by the latter. In contrast to psychological claims about ‘comfort eating’, she claims that it is ‘fatness’ rather than ‘eating’ which women unconsciously desire. One only gets fat by eating (and/or not exercising), however, and the unconscious would therefore have to grasp the causal relationship between eating/exercising and fatness in order to pursue a successful strategy of weight gain. However, a conception of causality presupposes a sense of time and Freud (1985) quite explicitly argues that the unconscious has no sense of time. The Freudian unconscious cannot do one thing in order to bring about another because it has no sense of time. Furthermore, given that it operates according to the pleasure rather than the reality principle (ibid.), it cannot elect to ‘defer gratification’ – which is what eating now to get big later involves. Secondly, Orbach’s therapy group research methodology makes no distinction between original unconscious motivations and retrospective rationalisations or ‘vocabularies of motive’ (Mills, 1974) formulated in therapy. She offers no account of how she draws a distinction between these possibilities, other than by virtue of her faith in group therapy to tap into the unconscious. As such, the claim to have discovered unconscious motives is problematic and I am more inclined to treat the ‘unconscious motivations’ she unearthed as artefacts of the therapy process – albeit artefacts which, qua ‘vocabularies of motive’, identify benefits with being overweight and may steer action during and after therapy. Thirdly, Orbach’s account is focused upon women but obesity and fatness, as noted above, are not predominantly female problems. At the very least her account leaves male obesity and overweight unexplained. Finally, we are dealing in this paper with changes in the rate of obesity within society. To connect Orbach’s account to this question we would have to assume that a greater proportion of agents are now unconsciously motivated to become fat than 20 years ago and we would have to explain why this is. In the absence of any such account we must assume that changes in the obesity rate are a function of factors other than unconscious resistance. For these reasons I feel confident in rejecting Orbach’s (1985) account of unconscious motivation and, in the absence of any other account of the same, of rejecting the notion of unconscious motivation/resistance altogether. Obesity is not resistance, conscious or otherwise.
The body-conscious society?

This brings us back to the apparent contradiction between the thesis of a body-conscious society and the fact of increasing obesity. Is the thesis of body-consciousness simply wrong? If so, how do we explain the fact that so much theory and at least some research suggests otherwise? As a first step in addressing this question we must recognise that there is no reason to suppose that the trends and tendencies which take shape within the processual network of interactions comprising society during a given era need necessarily be coherent and consistent. They might be contradictory. It may be that ‘obesity’ and ‘body consciousness’ stem from different and competing dynamics within the social process, and that some groups of agents are getting more toned while others are putting on weight. I believe that this is partly true and that an adequate account of body–society relations should recognise the fact. However, I want to suggest that there is also some degree of overlap. There are many reasons why late modern agents are concerned about and work upon their bodies, some of which have little connection to obesity (Giddens, 1991; Shilling, 1993; Foucault, 1980a). I assume, for example, that trends in tattooing, piercing and some cosmetic surgery have little direct relationship with obesity. Dieting and working out, however, which are much more widely practiced, do very often have a connection with (involuntary) weight gain, such that increases in the rate of the latter are likely to generate increases in the rates of the former. Agents take up diet and exercise because they find themselves gaining weight.

In an on-going ethnography study of a private health club in the Greater Manchester area, for example, I have found that the reason many people start at a gym is to lose weight, even if their reasons for sticking at it (those who do) are more complex and multi-dimensional. Many newcomers to a gym, quite independent of any research questioning, account for their presence (in the context of self-introductions) by reference to a need to get rid of recently acquired and unwanted body fat. And there is every reason to believe that this line of reasoning pre-existed their act of joining the club and was its cause, because the procedure involved in joining a club requires that one make a definite decision to do so and to hand over money. Accounts, in this context, are unlikely to be post facto rationalisations. That this also holds for dieting seems relatively clear. Agents diet to lose weight.

Escalating obesity, from this point of view, may represent a separate and contradictory trend to that identified by the theorists of the body-conscious society but it is a trend which interacts with and ultimately amplifies the tendency towards dieting and exercise (ie body-projects). It is an alien trend which enters into the dynamics of the body-conscious society. To understand
the dynamics of the body-conscious society, it also therefore follows, we must seek to understand the trend towards obesity.

Having made this point I will turn now to the rate of obesity itself. How can we explain the increase in this rate? As a first step to answering this question we must establish that the obesity rate is a social fact.

**THE OBESITY RATE IS A SOCIAL FACT**

The body weight of an individual agent is an individual biological fact about that agent. Similarly, increases or decreases of body weight (except those achieved by way of surgery) and thus the level of body weight at any given point in time is a function of biological mechanisms which operate at the individual level; specifically, the ratio of the body’s calorific energy intake (usually in the form of food or drink) to its calorific energy expenditure (in the form of activity). I will refer to this biological mechanism hereafter as the *energy ratio*. For our purposes it will suffice to say that, notwithstanding certain adjustment factors, weight remains constant to the extent that intake and expenditure balance. It increases to the extent that intake exceeds expenditure (either through an increase in the former or a decrease in the latter) and it decreases to the extent that expenditure exceeds intake. Certain internal biological factors can affect this balancing process and it has been claimed that these may, in turn, have a genetic basis. In the normal case, however, weight gain is the effect of either an increase in energy consumption or a decrease in energy expenditure.

The *energy ratio* is a biological mechanism but for our purposes it is best not considered as a cause of weight change. If input exceeds output then weight increases but the effective cause or causes of weight gain are the factors which bring it about that input exceeds output not the ratio change itself. Insofar as we are dealing with fluctuations in the weight of a single agent or are comparing agents then these causes *might* best be identified at a biological, psychological or biographical level, such that they would count as individual facts; facts about the individual. The escalation in *rates* of obesity, however, requires us to approach the issue of weight gain in another way, as a social fact; a fact about society. Obesity rates are social facts in two respects. Firstly, as the above-mentioned statistics of the obesity crisis illustrate, the obesity rate, as a level of prevalence of obesity within a given societal population, varies both across societies and within the same society over time. It is socially variable and can thus be counted as a societal variable: a social fact. I emphasise ‘rate’ here. We are concerned with the rate of obesity in society, not the obesity of specific
individuals. A social fact, following Durkheim (1952, 1965), is a fact about a society, not this or that specific individual in society. Secondly, the cause of fluctuations in the rate is social (see below). Individual level variables, biological or psychological, cannot be used to explain changes in obesity rates, at least not without recourse to a higher level social variable because obesity rates transcend the individual level. Orbach’s (1985) abovementioned account illustrates this. Even if her account was right it would only explain why this or that individual was obese. It could not explain why rates of obesity have soared in Western societies between 1980 and the present day, at least not unless it could identify a variable which causes unconscious desires for fatness to increase in large sections of the population – a variable which, affecting so many people, would very likely be social. As Durkheim (1952) forcefully argued, one can only explain changes at the societal/collective level, such as changes in a rate, by reference to further changes which affect the collectivity as a whole or large sections of it. And usually this will mean social changes. Furthermore, the timescale of the change rules out possible biological causes, such as random gene mutation. Even those who are keen to flag up the genetic component of obesity are forced to concede that genes cannot the explain the recent changes in obesity rates (National Audit Office, 2001). However, to reiterate my above point, weight gain operates through the biological mechanism of the energy ratio, such that social causes must be shown to activate this mechanism. To explain the increase in the rate of obesity we must seek out social changes which affect the energy ratio of individual biological organisms.

EXPLAINING OBESITY: LIFESTYLE AND LATE MODERNITY

Theoretically, the rate could be increased either by factors which increase energy intake (assuming a stable rate of expenditure) or by factors which decrease energy expenditure (assuming a stable rate of intake). In fact, research suggests that there has been both an increase in energy intake and a decrease in energy expenditure (National Audit Office, 2001). On the expenditure side of the equation the picture is clear. For a variety of reasons, which are discussed in more detail below, social agents are much less active now than in the past. We walk less, work in more sedentary professions, pursue more sedentary leisure pursuits and ‘benefit’ from any number of labour saving devices around the house. A recent report by the National Audit Office (2001) cites an estimate that the average individual would have to run one marathon (twenty six miles) per week to make up the drop in energy
expenditure of the average individual over the last fifty years. Data concerning the energy intake side of the equation is, according to this same report, less clear. Statistics on household food purchases suggest, if anything, a drop in calorific energy consumption. However, these figures do not include eating and drinking outside of the home, which has risen quite dramatically (ibid., Warde and Martens, 2000), and which tends to involve intake of relatively large amounts of high calorie foods and drinks (Gritser, 2003; Schlosser, 2002; Brownell, 2004). Putting this trend into the picture allows us to calculate that energy intake has increased too.

Both of these trends can be summarised in a single world: lifestyle. And it is my contention that we are dealing here with lifestyle changes which fit with a broader pattern in late modern societies. Many different elements fit into this pattern: technologies, such as the car, television and remote control, and their acquired uses and meanings; economic changes such as increased affluence, the decline of manual labour and the growth and spread of the fast/convenience food industries; and also changes in temporal rhythms of life and its spatial coordinates. What is more important, however, is the interaction and interdependency between these elements and the sui generis pattern of development they have given rise to. Nutritionists, dieticians, psychologists and policy makers are all agreed that ‘lifestyle’ is the cause of obesity but they tend to decompose lifestyle into independent behavioural elements: for example, eating, driving to work, watching television. Moreover, they tend to focus upon the isolated individual as the agent of these behaviours. This way of framing the issue has the advantage of clarity and simplicity, at least for health promotion purposes, but it is flawed from a sociological point of view because it fails to grasp the interdependency both between behavioural ‘elements’ and between social actors, and thus fails to grasp the societal dynamic behind obesity trends. Moreover, as such it renders change in lifestyle inexplicable. Individual behaviours, such as eating patterns, forms of transport and of leisure and entertainment change because they and we are interacting-interdependent elements in the broader network of practices and agents which comprise society as a social process (Elias, 1978). Society is constantly in motion, a moving equilibrium, because it consists in interaction. Agents act in response to the actions of other agents, thereby calling forth responses from further agents and so on. Likewise, practices interlock with other practices and must be changed when those with which they interlock are changed. Changes in one aspect of lifestyle necessitate changes in another, which provoke further changes etc. Sometimes the changes are small and the pace of change is slow. Interactions reproduce prevailing social forms with only minor adjustments. Other times the pace and scale are greater and society is said to go through a shift in its
basic form, the shift into ‘late modernity’ (or post-modernity/post-industrialism)\(^5\) being the most recent example of this. The lifestyle changes associated with rising obesity levels need to be seen in this light, as points in a chain reaction of changes with neither beginning nor end, and more specifically as elements in a cluster of changes collectively captured under the banner of ‘late modernity’. This is necessary if we are to grasp the truly social nature of these changes and thus the social causes of escalating obesity. It is necessary to a sociologically adequate account of obesity. It is also crucial to a health promoter’s remit, however, since it helps to explain the stubbornness which attaches to the lifestyle factors that cause obesity. It is difficult to change individual behaviours because each is locked into others in a continuous fabric.

Consider, for example, car use. We might be tempted to cite increased car use and car dependency as a key cause of elevated obesity levels. Social agents are increasingly substituting the car for their feet, we might argue, and this is reducing their energy expenditure and thereby causing weight gain. This is true. However, as Sheller and Urry’s (2000) concept of ‘automobility’ suggests, car use is an interdependent element of a complex relational network of technologies, social practices, social relations and forms of dwelling. It has both shaped and been shaped by the process of urban development, for example, affecting and accommodating to the time–space relations between our places of residence, work, leisure etc. Home, work and leisure have been ‘unbundled’ and the geographical distances between them has grown (Sassen, 1991; Sheller and Urry, 2000). Meanwhile, the temporal coordination between these sites still presupposes speedy movement between them, and now operates on a 24 h a day basis. Car use has, to some degree, facilitated these changes, but it has also, as a consequence of them, become an almost indispensable element of late modern life for most people. As Sheller and Urry put it: ‘Much of what many people now think of a ‘social life’ could not be undertaken without the flexibilities of the car and its availability 24 h a day’ (2000, p. 743). Furthermore, the build up of traffic, where it has not (as in certain places in the USA) led to pedestrians being “designed out” of certain spaces through lack of pavement areas, has rendered them increasingly less hospitable. The depopulation of the streets, which corresponds to large-scale car use, removes an important controlling and surveilling element from them, such that they both become and are perceived as becoming more dangerous, as well as polluted, thus giving agents more reason to avoid walking. The trend towards car use becomes self-reinforcing.

Car use is not a prime mover in relationship to these changes, less still is the basic technology itself. Both are interactive elements in a relational
complex of practices, technologies and social relations. But neither is it an isolated behaviour pattern. It is a thread in the tightly knit processual weave of late modern life.

Importantly, this also impacts upon what Merleau-Ponty (1962) refers to as the ‘corporeal schema’ (Crossley, 2001). The car becomes an extension of the body and the spatio-temporal possibilities it affords are increasingly taken-for-granted, incorporated into the tacit sense of practical possibilities which lie at the very heart of embodied human agency (ibid.). The lived spatio-temporal ‘feel’ which structures agency has been extended by the habitual assumption of the powers of the car and the car has flipped over to ‘this’ side of the corporeal schema; no longer an object experienced, more a factor in the structuring of experience and action. Whatever the fetishistic status of the car for some consumers, at a practical level the agent does not so much perceive/think about the car as they perceive/think as an automobile agent. This can lead the agent to ‘think big’ in terms of spatio-temporal organisation but it may also shrink the range of what they will contemplate doing without their car. As an extension of the body, ready-to-hand (Heidegger, 1962) and thereby not explicitly thought about, the car can begin to replace functions that the agent could perform without it. Indeed, one might even argue that agent’s expectations about and thresholds for energy expenditure are lowered. They become, as matter of habit, more activity-averse.

What we have said here of the car might equally well be said of any of a number of ‘labour saving’ devices and changes in routine which reduce our calorie output. We cannot isolate these elements as single variables. They are woven into a complex and interdependent network-in-process which comprises the fabric of late modern life. And a similar picture of interconnectedness emerges on the calorie input side. Late moderns increasingly ‘eat out’, ‘drink out’ and ‘take away’ (Warde and Martens, 2000). This is significant because these types of food, partly as a consequence of innovations in food production technology, partly as a consequence of the emergence of ‘supersizing’ as a retail strategy among many key fast food outlets, has increased considerably in calorific value over the last twenty years (Schlosser, 2002; Gritser, 2003; Brownell, 2004). And they were high calorie foodstuffs to begin with (ibid.). Like car use however, changes in eating habits cannot be considered in isolation. How we eat is interwoven with how we conduct other aspects of our lives and the ‘power balances’ (Elias, 1978) involved. Much of the literature on obesity and/or eating, for example, points to the demand for ‘convenience food’ generated by busier lives and the rise of the dual income household, as well as the increased role of children in dictating family eating patterns – the claim being that children prefer fast-food and are specifically targeted by fast-food marketing, such that
their increased input steers the family in this direction (Schlosser, 2002; Gritser, 2003). The former of these two points indicates changes which, as with car use, stem from the changed nature of our spatio-temporal patterns in late modern societies, and specifically the reduction in available time for food preparation. Busier lives and the addition of paid work to the already considerable burden of domestic workers generates a ‘demand’ for quicker or, since ‘eating out’ is not always quick (Warde and Martens, 2000), less labour-intensive (for the consumer) ways of feeding the domestic unit. The shift in the power balance within the domestic unit, which involves children having more say over the family menu and being less likely to be forced to eat what their parents dictate, has any number of causes, ranging from general societal ‘informalisation’ (Elias, 1997), through generational shift and increased parental guilt caused by broken homes/long working hours, to new images of childhood generated within ‘therapeutic culture’ (Furedi, 2001, 2004). This is not the place to map out these various factors. The key point to grasp, for the present, is that changing eating patterns do not happen in a vacuum but rather belong to a more general cluster of shifts and changes (see also Warde and Martens, 2000; Gritser, 2003; Schlosser, 2002; Brownell, 2004).

On top of this, it is difficult to resist citing the consonance between fast food and wider society noted in Ritzer’s (2000) ‘McDonaldisation’ thesis. Ritzer claims that McDonalds and other fast food chains have served as a model in consumer societies. Our ways of ‘doing fast food’ have become our ways of doing many other things too. Running this thesis the other way around, I suggest that our readiness to resort to fast and convenience foods is facilitated by the fact that so much else in our lives is now run along similar principles. Fast food seems right because its organisation and principles are homologous with those of many areas of our lives. It appeals to us and ‘works’ for us because it resonates with a wider cultural pattern which is embodied in much of what we do in the rest of our lives.

Moreover, just as agents can become reliant upon the car at the pre-reflective level of the corporeal schema, so too their appetite and ‘tastes’, as subjective and embodied feelings of hunger, satiation and desire, can be effected (within bounds) by habit and the amounts and type of food that they eat. Put bluntly, agents who eat more come to expect and demand more (Morris et al., 2001; Rolls et al., 2000). Their subjective capacity and desire for food consumption increases. And by eating fast-foods they acquire the desire for fast-foods. Their habitus is shaped here, as in all cases, by their experience.

**Class and gender variations**
As a final point in this section it is important to flag up an issue for further research. The social changes I have discussed are all, to some degree, related...
to affluence. To eat out, drive a car etc. requires money. We might therefore be inclined to hypothesise a positive correlation between obesity and income/wealth. The richest can best afford to eat out and drive cars therefore they are surely most likely to be obese? As we have already seen, however, this is not the case. Obesity is lower in social class I, for both males and females, and for females there is a negative correlation between class position and obesity, with obesity levels rising as we move from social class I through to class V. At one level this reflects a threshold effect in relation to resources: even the lower classes are sufficiently wealthy to purchase labour-saving devices and ‘eat out’ or ‘take away’ in contemporary Western societies, at least in fast food contexts. Indeed, research suggests no significant class difference in consumption of fast food (Warde and Martens, 2000). At another level, however, insofar as there are class differences it suggests that the above-mentioned social changes and their effects are either mediated or counter-balanced by other, class-specific factors; that is, by resources other than money, such as cultural (informational/educational) capital and/or by specific sub-cultural values and ideals embodied in the habitus. Perhaps, as Bourdieu (1977, 1978, 1984) suggests, different class fractions think differently in relation to food, activity and the body, such that some groups are more prone to obesity than others. As Williams (1995) has argued, there is a high degree of consonance between Bourdieu’s theoretical ideas on the class-based nature of ‘relations to the body’, as embodied in the habitus, and empirical data on health-related matters. This is not only reflected in class differentials in the obesity statistics but also in rates of participation in a variety of forms of exercise (including those with no financial cost), which can be regarded as a safeguard against obesity and/or a response to its onset (see below). In a similar vain it may be that the greater tendency towards overweight amongst males and the greater likelihood of females falling in the ‘normal’ range of body weight is explained by the gendering of body-consciousness, as noted by feminist writers (eg Bordo, 1993; Bartky, 1990; Frost, 2001), and its effect upon the habitus. I do not have the space to pursue these issues any further here. It must suffice to flag them up. For present purposes, we must return to the general societal trend.

**AGENCY AND WEIGHT GAIN**

I do not intend to invoke an image of social structure somehow independent of agency. To speak of shifts in lifestyle and other related aspects of late modern life is to speak of shifts in patterns of human interaction and interdependency, albeit from a level of abstraction more suitable for capturing
the changing patterns in question and on the scale of national populations. Patterns shift because agents respond purposively to events and changes around them. It is crucial that we are able to recognise this more concrete, agentic and ‘human’ level since it is at this level that we can grasp the interplay between social change and shifts in the biological mechanism of the energy ratio. Social changes only affect obesity to the extent that agents, qua biological organisms, behave differently. If we fail to embody our conception of social structure by way of a recognition of the embodied agents who ‘do’ structure then we lack the crucial link that allows us to see why changes in social structure are associated with changes in the obesity rate. It is also important, however, to note that neither the biological nor the social changes in question are intended or foreseen by the social agents whose actions bring them about. This points need unpacking, at least in relation to the biological aspect.

Insofar as changes in agents’ interactions have an effect upon their energy ratio they bring about unintended and perhaps initially unseen effects in body weight and shape. This point has a number of aspects. Firstly, the energy ratio, a biological mechanism at the centre of weight change, is not given to the lived experience of the agent in a strict phenomenological sense. Although we have a concept and sense of ‘energy’ at the lived level, which we use/experience in instances where, for example, we ‘haven’t the energy’ to do something, calorific energy is a biological construct which is removed from our everyday life and does not correspond directly to anything in our experience. As such we do not have immediate access to our energy ratio and do not know on the basis of immediate perception, memory or experience how much energy we are consuming or expending. It is therefore easy for us to tip the balance in a weight-gaining direction without recognising that this is what we are doing. This is off-set slightly by the wide circulation of diet information and less well-circulated information regarding the calories burned during particular types of activity. As Giddens (1991) argues, ‘we are all on a diet’ in the respect that we are constantly bombarded with information about food and its risks and are thus forced to think and make choices about what we eat – even if we only choose to ignore the warnings and eat what we want. However, the multiplicity of such sources of information and their often contradictory claims can misinform and confuse rather than clarifying. Furthermore, information bombardment is primarily focused on the ‘input’ side of the energy ratio, to the detriment of output. It is much easier to make a stab at calculating calorific intake than calorific expenditure, apart from when using gym machines which estimate the latter. And this is compounded by the fact that ‘the problem’ on the expenditure side is omission, which is invisible and incalculable except through comparison.
and by reference to a fixed time period. It is much easier to calculate the 
calorific gain associated with eating a cream cake, for example, than with 
jumping on a bus rather than walking to work and then using the lift rather 
than the stairs. Furthermore, the act of eating is more likely to be thematic to 
consciousness than the substitution or omission of high-energy expending 
activities. We are more inclined to think about what we are going to do than 
about the potentially infinite range of things we have not done.

This relates to a second point. Much of our lifestyle is habitual or 
routinised (Bourdieu, 1984; Giddens, 1984; Merleau-Ponty, 1962). We do it 
without thinking about it, at least in any reflective way. This might be argued 
to protect us against energy amassing changes, since habit and routine 
reproduce sameness. If we move beyond a mechanistic conception of 
habit (see Crossley, 2001; Merleau-Ponty, 1962), however, we see that 
habits and routines entail a considerable degree of flexibility and adaptability, 
and that they change over time. More to the point, insofar as such changes 
are piecemeal responses they can often be as invisible to the agent as 
elements of a routine that remain static. An agent can gradually substitute 
driving for walking in their everyday life without ever really deciding to 
do so and perhaps without noticing that this is what they are doing. At 
least they can if the car is ready-to-hand (Heidegger, 1962), a largely 
unnoticed possibility for being-in-the-world which is unthinkingly mobi-
ilised in circumstances which call for it. The exception, made for exte-
nuating circumstances, gradually becomes the rule and the threshold of 
‘extenuating circumstances’ is lowered in the process. Similarly, and by the 
same route, it is easy for the agent to ‘slip into’ bad habits of eating. Agents 
are (potentially) aware of what they are doing at any point in time, of course, 
but the broader pattern or trajectory often escapes them and the change is 
unlikely to be ‘thematically relevant’ (Schutz, 1973), so will probably thus 
pass unnoticed.

Agents may not notice changes in their own behaviour and have no 
immediate access to its calorific effects but surely they will notice that they 
are getting fat? The fact that agents turn in droves to diet and exercise regimes 
suggests that they do – eventually. However, many popular accounts and 
‘confessional’ pieces on diet suggest that weight gain ‘creeps on’, largely 
unnoticed, coming as something of a shock to the agent when it is noticed 
and often only becoming noticed after the intervention of a mediator, whether 
that be another person, a photograph, an impossibly small bikini or a 
curiosity-driven session on the scales. At one level this can again be explained 
in terms of gradual change and habituation. Gradual and virtually 
imperceptible changes in weight/shape are accompanied by gradual shifts 
in the habits and expectations that shape self perception, such that long-
term change passes largely unnoticed. It is for this reason that we more easily perceive changes in friends who we do not see often than in those we see frequently. It is also for this reason that objective instruments of measurement, which afford us distance from the immediacy of our own judgement/expectations, often trigger a realisation that we have changed (eg gained weight). Beyond this, however, the ‘creep factor’ is explained by an opacity which is integral to self-hood. Human consciousness is, in phenomenological parlance, ‘intentional’. It is consciousness-of objects around itself. But it is not, as such, self-conscious, or at least it is only tacitly so. To achieve self-consciousness we must turn back reflexively upon ourselves, a process which requires that we view ourselves from the outside as an object; the ‘I’ must objectify itself as ‘Me’, to use Mead’s (1967) terms. And it acquires the ability to do this only by interacting with others and learning to ‘play’ their roles, to achieve their (external) viewpoint in relation to itself (ibid.). Even having done this, however, one remains relatively dependent upon others to feedback information to one about oneself. The I, like the eye, is poorly placed and poorly equipped to see itself except by way of mediating mirrors. Such arguments are often mobilised in the context of critiques of Cartesian philosophy, where they are applied to mental attributes and used to critique the notion of introspection (Crossley, 2001; Ryle, 1949). However, as the quotation from Merleau-Ponty cited below suggests, they might equally well be applied to aspects of bodily appearance or even social role:

For myself I am neither ‘inquisitive’, nor ‘jealous’, nor ‘hunchbacked’, nor a ‘civil servant’. It is often a matter of surprise that the cripple or invalid can put up with himself. The reason is that such persons are not for themselves deformed or at death’s door. Until the final coma, the dying man is inhabited by a consciousness, he is all that he sees, and enjoys this much an outlet. Consciousness can never objectify itself into invalid consciousness or cripple consciousness, and even if the old man complains of his age or the cripple of his deformity, they can do so only by comparing themselves with others, or seeing themselves through the eyes of others, that is, by taking a statistical and objective view of themselves, so that such complaints are never absolutely genuine ...(Merleau-Ponty, 1962, p. 434, my emphasis)

Applying this point to fatness; there is nothing in the state of being fat which necessitates consciousness of fatness (partly because fatness is a relational concept which only comes to light through comparison, partly because it is an ‘objective’ quality, not felt from within but perceived from without). In the absence of social situations which bring it to light there is no
reason why it would necessarily come to light. Thus, again, there is no reason, at least in the early stages of weight gain, for an individual to realise that they are gaining weight. It may be objected here that in our own ‘body conscious’ societies it is difficult to escape the social conditions conducive to such self-perception but the fact remains, as noted above, that people do lose sight of their changing weight/shape and it is necessary to grasp the fundamental opacity at the heart of the ‘self-process’ in order to make sense of this. If this sits unhappily with the thesis of the body conscious society then this, to rejoin my earlier critique, is because there is something amiss with that thesis. To suggest otherwise is to ignore the facts regarding weight-gain trends.

As a final point, we should consider that even when an agent does notice slight weight gain they may be inclined to respond to this unpleasant revelation by repressing it; that is, rationalising/denying it or pushing it out of their mind by thinking of/doing something else (for a model of repression compatible with my view of agency see Billig, 1999). And they may develop a habit of doing so such that they routinely and systematically push weight-gain from their mind without being aware that this is what they are doing. In this respect obesity may, notwithstanding my earlier claims, have an unconscious aspect. I would still insist, however, that this unconscious dynamic forms around avoidance of thinking about weight gain and/or contemplating the effort that may be required to resolve it. It is not an unconscious desire for fatness.

**Social, biological and agentic processes**

We can begin to pull the argument of the last few sub-sections together if we think of the body–society relationship in terms of interconnected interaction processes. Society is a vast network of situated interactions operating at different levels and by means of different media (e.g., language, money, power, political authority). Agents are interactants, always embedded in situations, and their participation in interaction may entail differing degrees of reflection and reflexivity, from purely habitual and pre-reflective activity through to highly reflexive processes of self (I–Me) interaction. These interactions, to push my argument one step further, are strictly irreducible to biology. Insofar as they are purposive and oriented to meanings/norms they entail emergent properties and a manner of integration which is only adequately captured in a sociological discourse. This is an important point and one stressed by a range of thinkers from within sociology, psychology, philosophy and even biology (Durkheim, 1974; Elias, 1978; Mead, 1967; Merleau-Ponty, 1962, 1965; Goldstein, 1995; Rose et al., 1984; Levins and Lewontin, 1985; Lewontin, 1993). However, what the obesity crisis reminds us is that the irreducibility of
social interaction to biology does not negate the fact that social interactions have biological preconditions and effects; that the ‘higher’ (social) level impacts upon the ‘lower’ (biological) level. More specifically they remind us, as Parsons (1978) noted, that social interactions involve, at a biological level, physical energy exchanges and interactions. Energy is accumulated from the environment (when we eat or drink) and expended (in action and internal organic functioning).

To fully grasp this point we must recognise that the body too, qua biological organism, is a site of interactions, both internal (between its constituent elements) and external (between those elements, the whole they form and the physical world beyond the skin). These are primarily biochemical interactions but in some cases, including energy transactions, these biological processes interact with higher level social interaction processes in a two-way exchange. Social interaction determines levels of energy input and output but is also dependent on energy reserves and an input–output equilibrium. If we don’t eat enough of the ‘right stuff’ and otherwise conserve our energy (eg through sleep) then we generate a situation in which we lack the necessary energy to act and/or function properly. Similarly, if we eat too much of the ‘wrong stuff’ and/or become too inactive then energy levels accumulate, in the form of fat, and they can accumulate to a point where we become ill and/or our capacity for social action is negatively affected: that is obesity.

The obesity crisis is not simply an effect of society, however. It acts back upon society, very much upon the lines suggested by Parsons (1951) in his discussion of the social dimension of illness. It generates deviance and thereby threatens order and social efficiency. The National Audit Office (2001), for example, claim that obesity accounted for 18 million days of sickness absence and 30,000 premature deaths in England in 1998. Furthermore, they claim that the cost of treating obesity within the NHS is half a billion pounds a year, with a further loss to the economy in general of 2 billion pounds, through lost output and lower productivity. We might wish to question this very utilitarian way of thinking about obesity. For present purposes, however, I am more concerned to note the significance of this for our understanding of the interplay between body/biology and society. Much of the argument in the paper hitherto has been focused upon the ways in which social processes impact upon biological processes. Here we see how biological processes impact back upon social processes. The biological fact of weight gain generates the further biological fact of illness, which impacts upon the capacity of agents to engage in practices constitutive of the social world. Our bodies render us incapable of ‘doing’ ordinary social life. But do the obese respond by adopting the sick role, as Parsons’ analysis might
suggest? I will address this question in the context of a broader consideration of reactions to obesity.

**SOCIAL STRAIN, REACTION AND THE BODY CONSCIOUS SOCIETY**

Even if weight gain tends to operate in the blind spots of agency it does not remain there. Human agents clearly do reflexively survey and evaluate their selves, including aspects of their appearance, and they act on the basis of these surveys. Furthermore, as the thesis of the body-conscious society suggests, there are quite strong norms and ideals regarding body shape and weight in our society, which tend to centre upon slim, toned or athletic bodies, and which the obese individual deviates from. Thus whilst weight might, as I have said, ‘creep on’, when it does come to the attention of the agent they find themselves in contravention of a social norm and perhaps also at risk at stigmatisation (see also Sarlio-Lähteenkorva, 1998). Like any social norms, it is possible that those governing weight/shape could be altered through the force of substantial ‘deviance’, such as is represented by the current obesity crisis. Insofar as moral norms have at least some root in statistical norms, representing the commonplaces of the majority, they are, as Durkheim (1964) argued, susceptible to finding themselves displaced by large-scale shifts in what is commonplace. To date, however, there is little indication of any such revision of norms and the obese are thus likely to find themselves on the wrong side of social divide.

This can lead to what theorists of collective behaviour have referred to as ‘social strain’ (Smelser, 1962; Blumer, 1969, on debates regarding ‘strain’ see Crossley, 2002). The agent’s relationship to wider society and perhaps also to their own self is uncomfortable to them. Furthermore, in addition to this, the physical effects of overweight and obesity can begin to kick in, leading to what Leder (1990) calls ‘dysappearance’ of the body. Bodily functions and other aspects of embodiment which were once unproblematic for the agent, such that they sunk into the pre-reflective background of experience, become thematic. The agent becomes increasingly aware of their embodiment by way of the physical difficulties and the reactions provoked by once unproblematic tasks. For example, walking upstairs causes breathlessness, discomfort and perhaps chest pains. The agent is constantly tired and perhaps, as Young (1998) says of pregnancy, experiences mismatch between their habitual sense of their body (‘corporeal schema’) and its actual, now transformed physical size and capabilities. At the extreme the agent may find themselves suffering a debilitating obesity-related illness – with the further forms of dysappearance associated with such illnesses.
How agents react to such states varies and requires further research. In the absence of such research I will briefly outline the three response patterns which are most evident in the public arena. The first is one of naturalisation. This entails the agent abdicating responsibility for their obesity by claiming that it is ‘natural’. This may take the relatively untechnical form of a claim that ‘this is just how I am’ or perhaps ‘we’re all like this is my family’. Alternatively it can take a more technical form, pointing to the effect of ‘glands’ or ‘genes’. Agents take refuge in the biochemical ‘concept of the person’ (Crossley, 2003). This strategy is reinforced by the curious fact that, although most medical experts agree that lifestyle is the cause of the recent escalation of obesity rates, many still prefer to focus much of their discussions in the popular press around possible genetic or bio-chemical mechanisms and elements.

This discursive strategy may coexist with bio-chemical attempts to ‘cure’ obesity, such as liposuction, stomach stapling and other forms of surgery – whose rates of usage are increasing in late modern societies. Naturalisation, in this sense, goes hand in hand with the growth of medical specialisms dealing with overweight and conforms, to some degree, to the pattern of the aforementioned Parsonian ‘sick role’.

An alternative strategy, already referred to in this paper, is to accept responsibility for the weight and to seek to remove it through diet, exercise and broader lifestyle changes. Like cosmetic solutions this can have a strong ‘market’ dimension to it, as the producers of diet and exercise products seek to supply and bolster a demand for their products, and the overweight, in turn, generate that demand in their efforts to shed pounds. Exactly how much of the growth in the diet/exercise industry can be accounted for by the obesity trend is difficult to estimate. However, the two are related.

On this point we can return briefly to my previous claims regarding the ‘body conscious society’. While the obesity crisis may, on the face of it, sit unhappily next to claims regarding the ‘body conscious society’, escalating obesity and its causes go some of the way to explaining the trends in diet and exercise noted by the theorists of body consciousness. Furthermore, the fact that people respond to weight gain by dieting and exercising does lend at least some credence to the idea of a body conscious society; that is, a society which upholds ideals of slimness, health and fitness, and whose members ‘police’ their selves in terms of these ideals. In this respect obesity crisis and the body conscious society are not such unlikely bedfellows. However, this point still has critical implications for arguments regarding body consciousness because it identifies a very concrete, material trigger for (at least some) ‘body projects’ (eg exercising and dieting). It suggests that large numbers of people may have started exercising and dieting in the latter quarter of the 20th century, not
because of ‘narcissism’, ‘ontological insecurity’ or ‘bio-power’ per se, as many accounts suggest (eg Giddens, 1991; Shilling, 1993; Foucault, 1980a; Bartky, 1990; Lasch, 1979), but in response to involuntary weight gain triggered by lifestyle changes characteristic of this period. Moreover, it requires that we sophisticate our understanding of the body–society relationship by recognising, at its heart, a contradiction or tension between explicit concerns for fitness, health, thinness etc, and an unintended tendency towards weight gain. The common sociological model of body–society relations, which I have glossed under the rubric of the ‘body-conscious society’, is a very partial description from this point of view. Of course, this does not mean that narcissism and ontological insecurity can’t explain other body-projects (eg tattooing, cosmetic surgery or bodybuilding). Neither does it suggest that increased obesity is the only factor explaining diet and exercise. A reflection upon weight gain trends does cast exercise and diet trends in a rather different light to that usually afforded in sociology, however.

The third reaction to obesity is ‘fat pride’ and ‘fat politics’. Acting either individually or collectively, agents can elect to challenge the norms and values which stigmatise fatness. The evidence that I have unearthed on this reaction, to date, suggests that it is very limited in the UK, at least in its collective and organised forms. There is evidence of more collective activism in the States, however, where fat politics appears to have emerged, at least to some degree, out of feminism and specifically feminist critiques of the aesthetic norms and ideals imposed upon women. Indeed, Orbach’s (1985) aforementioned book, Fat is a Feminist Issue, emerges out of this context and is perhaps the best-known manifesto of this current within the (feminist) movement.

Agents may move between these strategies, deploying them differently in different situations. One of the icons of the US ‘Fat Underground’, pop singer Mama Cass, for example, secretly battled with a variety of diets in an effort to shed her weight. However, given their contradictory assumptions, strategy juggling may prove difficult. Mama Cass did keep her dieting secret from the public because it was dissonant with her image as a successful and happy fat person. Furthermore, as noted earlier, there is some evidence to suggest that exercise figures more strongly in the middle class habitus than in the working class habitus, and dieting in the female rather than the male habitus, such that different strategies might be more characteristic of the incumbents of different social positions. There is clearly a need for more research and reflection on these points (see Williams, 1995).

Bio-power
It is not only individuals and business entrepreneurs who have reacted to the obesity crisis. Governments too have responded. Indeed, it is perhaps only an
account of public health surveillance that the crisis has become apparent and been defined as a crisis. This paper is not the place to explore this response or the broader relationship of obesity to ‘bio-power’ in any detail. Again I can do no more than flag up the need for further research. However, it is important to note that government and public health authorities have begun to implement a variety of schemes designed to curb the trend towards obesity (National Audit Office, 2001; Wintour, 2004).

CONCLUSION: OBESITY IN A BODY CONSCIOUS SOCIETY

I opened this paper with a brief reflection on the thesis of the body-consciousness society. What, in conclusion, can we say about the implications of the obesity crisis for this thesis? At the very least we are forced to conclude that it is an oversimplification. In the first instance, as a thesis regarding the social shaping of the body it is limited because it focuses only upon bodily ideals/norms and the intentional strategies deployed by agents who police themselves in terms of these norms/ideals and seek to achieve them. This ignores both the wider context within which lifestyle takes shape, with the many countervailing tendencies to body projects this may generate, and also the invisible and unintended relationships which hold between body/biology and society. ‘Society’ shapes the human body in ways other than those explicitly manifest in the projects or programmes of individual agents, governments and experts of various kinds. And although this unintended process of body-shaping or at least its results will eventually come to the attention of the above, it can operate in relatively invisible ways. Unless the agent exercises considerable and perhaps mediated self-surveillance there are many reasons why they are unlikely to spot these processes of change until they are relatively advanced. The fact that this seems very often to be the case thus also challenges any strong claim about self-surveillance that theorists of body consciousness might be inclined to make. At the very least body consciousness involves blind spots.

Having said this, individuals, governments and expert agencies have spotted the trend and are reacting to it in a variety of ways, some of which, at least, centre upon strategies for weight reduction. This fact partly corroborates the thesis of the body conscious society, not least because obesity/overweight would not trigger a reaction in a society where body weight and shape were not subject to normative regulation and idealisation. At the same time, however, it complicates the thesis of the body-conscious society. Where most theorists of body consciousness portray body projects in terms of a pro-active pursuit of ideals, motivated by narcissism or a
search for identity, consideration of the obesity crisis suggests that there may also be a more reactive element at play; that agents are motivated by unintended and undesirable (to the agent) bodily changes that they find themselves subject to. Rather than pursuing a new ‘narrative of the self’ (Giddens, 1991) they are perhaps seeking to restore a former state of bodily being and thereby to repair damage done to an existing narrative. None of this requires us to reject the idea of the body conscious society and there are clearly other aspects of the thesis which are not directly affected by a reflection upon obesity: for example, tattoo and piercing fashions as well as trends in those forms of cosmetic surgery not related to overweight. However, it does suggest a more complex picture of the body–society relationship and of body-consciousness.

The paper has also drawn out certain aspects of the biology–society relationship. Obesity is, at one level, a physical fact, and it is the effect of a biological mechanism: the energy ratio. However, the paper has shown; firstly, that the rate of obesity within a society or social group is a social fact; secondly, that fluctuations in this rate can have social causes, at least insofar as they reflect processes of social change; and thirdly, that these changes impact back upon society. Specifically they increase rates of illness and premature death, with the further consequences which this has for society. It is this social threat, arguably, that has prompted governmental responses to the obesity crisis. Arguing this case has required us to think in more detail about the interpenetration of biological and social processes. Specifically, I have sought to reflect upon the fact that the social interactions constitutive of society are always simultaneously biological energy exchanges. Society, the agent and the biological organism are each processual networks of interaction, but they also overlap and interpenetrate in a variety of ways, forming a larger processual network of interaction. Obesity is both an effect of processes within this network and a trigger of multiple actions and reactions within it.

Many questions remain unanswered and perhaps even unasked at the end of the paper. Much more has been implied than addressed. A fuller account, for example, might wish to explore the history of ‘obesity’ as a scientific concept and also the history of the monitoring of obesity levels in society. It would need to explore in much more depth our reactions to obesity at individual, collective and institutional levels, and also differences in susceptibility/reaction among different social groups (eg class, gender, age and perhaps also ethnic group). However, these are issues for further research and reflection. For the present I hope that this paper has laid some ground for such work by revealing that fat, to subvert Orbach’s (1985) slogan, is a sociological issue.
**ENDNOTES**

1 Class, in the National Audit Office study cited here, is measured according to a six category schema that is common in much social research. Class I consists of upper management and professionals; class II of middle/lower managers and lower stages of professional life; class IIIa of clerical workers; class IIIb of skilled manual workers; Class IV of semi-skilled manual workers; and class V of unskilled manual workers.

2 BMI can lead to false ascriptions of obesity. For example, it does not discriminate between weight attributable to fat and weight attributable to muscle, such that muscular individuals register as obese when, in fact, they are not. It is generally acknowledged, however, that for the practical purposes of tracking trends and comparing populations BMI is a reliable indicator of obesity.

3 The only paper to come out of this project, to date, is Crossley (2004).

4 My reference here to reasons as causes is more a matter of convenience than a commitment to the thesis of ‘reasons and causes’. I’m still not decided on the ins and outs of that debate.

5 This is not the place to enter into a debate on the respective merits of these competing descriptions.

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**REFERENCES**


