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Ruth Cain

'This growing genetic disaster': obesogenic mothers, the obesity 'epidemic' and the persistence of eugenics

...this dramatic increase in omega-6 fatty acids in the diet of... mothers is causing trans-generation changes in our children due to fetal programming... This is called epigenetic programming and begins to explain why each succeeding generation ...is getting fatter and fatter...the "reward" response...induced by consuming junk food...can also be transferred to the next generation by fetal programming.

So what can you do about this growing genetic disaster? If you are contemplating having a child, then beginning to cut back on omega-6 fatty acids and eating more omega-3 fatty acids is a good starting point. The benefits include having a thinner and smarter child. If you already have children whose gene expression has already been altered by fetal programming, then you have to control their diet for a lifetime to prevent reverting to that altered gene expression. (Sears 2011, np)¹

This article examines recent refigurations of maternal risk to child health within the heated debate on childhood obesity. Following theorists such as Lauren Berlant (1997; 2011) and Ian Hacking (1986; 1999), I wish to highlight and problematise the affective socio-cultural embodiment or 'making up' (Hacking 1986) of 'obesogenic' mothers- women who supposedly create 'obese' children both in and out of the womb, and thus engender a supposed public health crisis, which must be managed through various forms of regulation and surveillance. A popular-scientific, medical and regulatory literature which frequently takes a remarkably gothic tone regarding the future of public health in affluent countries helps to shape a particular type of affective economy. Certain types of dangerous or abject bodies come to substitute social actors and agents so that the 'bad'/obesogenic mother becomes literally embodied through a variety of discursive, regulatory and representational means; an avatar of gendered 'truths' and anxieties. As recently described by Tracey Jensen (2012), the austerity agenda set in place by the British Coalition Government following the financial collapses of 2008/9, and the huge state of bailout of major banks, has been accompanied by a marked intensification in the rhetoric of 'undeserving' poverty (especially poverty relieved by state benefit payments). This also engendered a new politics of 'tough love', an affect associated with a rosy vision of functional

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families past, which appears to mandate thrift, self-control and refusal of waste; all characteristics associated with the responsible, self-sufficient post-austerity citizen who relieves the state of burdens of dependence, and embodies private respectability and a tidy, contained, and (crucially) inexpensive embodiment. Thus, I argue here, the figure of the wasteful, fat and irresponsible mother identified with working class (or ‘workless’²) families has become a particular scourge of the post-austerity state. Closely related to the working class/workless ‘chav mum’ stereotype identified by Imogen Tyler (2008), a highly recognisable caricature who stands in for a host of fears and assumptions about the nature of classed sexuality and reproductivity, the obesogenic mother comes into being as a ‘real’, socially problematic figure who is nonetheless hard to map onto any actual individual. Embodied as a ‘social problem’, she performs moral/ regulatory functions, emblematising the obsessional and simplistic ‘dividing practices’ (Foucault 1982). In turn, this repeatedly splits women, and particularly mothers, into the good/nurturing and the bad/toxic. Nikolas Rose (1999) has demonstrated that contemporary governance works by ‘cutting’ experience in specific ways, amid the ever more complex and confusing informational swirl which must be successfully negotiated by the good neoliberal citizen (Quiney 2007). Accordingly, I explore here how the contemporary neoliberal emphasis on personal responsibility refigures old and discredited eugenic ideas (i.e. rumours of the death of which, as Hanson (2012) argues, have been much exaggerated) about degenerative ‘breeding’ within the new ‘social residuum’ or ‘bio-underclass’ (Litt and McNeil 2003). The later is a group reconfigured as a dangerous drag on national fitness; and how the ‘made-up’ body and subjectivity of the obesogenic mother feeds into this revived tale of degeneration amid the accompanying scientific/regulatory narrative of an ‘obesity epidemic’.

The division of ‘high-risk’ from ‘low-risk’ mothers occurs repeatedly at various levels of political, medical and personal governance. From the directly legal/coercive measures of punishment, surveillance and segregation usually targeted at the most ‘troublesome’, to the popular, media-based, personalised forms of (self-)discipline through which the mother learns to become ‘either divided inside (her)self or divided from others’ (Foucault 1982, p. 208). The grim affective force of the purely-bad maternal figure produces a certain ‘self-evident’ and ‘taken for granted’ status in politics and culture, despite the apparent variety of her manifestations. This overwhelming and wearily familiar ‘monstrous mother’ fantasy ‘tends to limit and inhibit thinking’ about who or what mothers actually are or do (Seddon 2007, p. 3). Thus, specific fears spread from the false self-evidence of certain popularly conceived mother-fantasies and their

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failures. The supposedly failing mother is a focal point for intense cultural concern about women, their duties and powers: in a long-term context of appropriation of female bodies and reproductive labour by state and corporations, the state of mothering is always troublingly analogous to that of the body politic and the nation itself (Thomson 1998, pp. 52-3; Jensen 2012). Similarly, new and varied stories of neglectful and/or malicious contemporary mothering fulfil a further political urge toward the generation of ‘new objects of contestation’, which cannot simply be dismissed as the fulfilment of mass-media urges to demonise sections of the population (Rose and Novas 2002, p. 7).

Looking primarily at UK discourse and policy, I compare the US and also Australia, since the Anglophone countries report both the highest incidence of obesity and the greatest tendency to conceptualise it as a purely personal risk (Offer et al. 2010). I focus on putative maternal risk to the child, since where issues of infant and child health, nutrition and nurture are concerned the usually ‘gender-neutral’ parent addressed in parenting and child health advice is usually coded female (Gillies 2005a; 2005b; Wall and Arnold 2007; Brown et al. 2009). The concealed gendering of child health discourse becomes particularly relevant at the point as it is deemed to begin, in the womb of an adult female immediately following conception. Pregnancy and the period before conception are construed as the developmental foundation of health and intelligence throughout life, such that ‘irresponsible’ maternal behaviour during pregnancy supposedly threatens irreversible damage (Ruhl 1999; Lupton 2012; Marshall and Woollett 2000). Within a biopolitical context focused on the self-regulating citizen, who (even before the tightening impact of austerity) is able to navigate market-liberal ‘freedoms’ without requiring intervention from frequently morally authoritarian ‘small’ states (Brown and Baker 2012; Rose 1999; Wright and Harwood 2008), scientific and legislative attention turns to new evidence of the toxicity of modern Western wombs - in particular their permeability to damaging substances, both legal and illegal, ingested by mothers (rarely fathers (Delany 2010)) who fail to regulate intake. Controversies about the production of children afflicted with, for example, Fetal Alcohol Syndrome (Golden 1999) or maternal crack cocaine ingestion (Humphries 1999) have already placed the responsibility for the creation of a ‘bio-underclass’ (Litt and McNeil 2003) at the door of irresponsible maternal behaviour, associated with the mother’s low socioeconomic status and (in the USA most clearly) with her not being white (DeLouth 1999; Cross 2011).

The obesogenic mother is more ambiguously situated within the bio-underclass than the ‘crack mom’, since the ‘drug’ with which she poisons her infant is the everyday substance of

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food. Her recent rise to notoriety has been accompanied by a conceptual blurring of actual maternal criminality and negligence (the obsessively feared ‘abuse’ of children) with more ambiguous general allegations of ‘indulgence’ and ‘irresponsibility’ in pregnancy and childrearing. As we shall see later, charges of negligence for obesity in children are increasingly, although still rarely, being made against parents, and act as examples of the wavering regulatory dividing line(s) between criminality and ‘poor parenting’. These charges were also embodied in recent neoliberal legislation such as the Blair-era Antisocial Behaviour Act 2003 in the UK, aimed at inculcating better parenting in order to improve educational outcomes and reduce troubling behaviours indulged in by the ‘underclass’ and their children (Holt 2008; Gillies 2005a; 2005b). The obesogenic mother comes to embodied ‘reality’ as Western nations, saturated with often conflicting health and parenting guidance, tend to more punitive treatment of citizens who fail to manage risk in prescribed ways. With structural barriers to good health and achievement, from unemployment to disability, now framed as personal failures (Gillies 2005a; Jensen 2012; Cain forthcoming 2013), obesity (like overspending) becomes a ‘disease of the will’ (Valverde 1998). The frightening image of a generation of ignorant mothers, dangerously overfeeding their children from conception onwards, mobilises medical and state intervention and cultural anxiety, implicating maternal failure in the ‘feminisation’ of national populations and giving new life to old narratives of ‘toxic’ maternal influence, particularly in the more anxious, demanding and punitive post-austerity context (Terry 1997; Stephens 2013). I shall attempt to outline here certain affective dimensions of this new ‘toxic’ maternal imaginary of physical degeneration, and the class and gender assumptions which they imbricate and complicate.

Risk, genetics and national (un)fitness

Scientific investigation and its popular reflections in media reports, health information, and often, government health advice and legal decisions aiming to maximise child welfare, play an important regulatory role (Jasonoff 1995; Winnicoff 2013) in organising the affective economy of class, gender and abjection. Courtesy of a huge body of such research, too large for this author to summarise, the toxic bodily affects of ‘underclass’ mothers, such as smoking and overweight (see below; e.g. Ino 2010), are now supplemented with the genetic stigmata of ‘fetal programming’. The relatively new concept of epigenetic deterioration, based on rodent studies, provides apparent evidence that inadequacies of mothering in terms of both care and nutrition create genetic flaws which become transmissible through DNA, and thus potentially affect future

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generations. Given the high cultural valency of genetic discourse, this research (Sears 2011; Gluckman and Hanson 2008; Heerwagon et al. 2010) offers an apparently inarguable narrative of degeneration and its maternal origins (Fall 2011; Bunton and Peterson 2005). The discourse has strong regulatory implications in terms of the new levels of maternal responsibility it mandates, since the urgency of maternal attention to correct nutrition must begin even before conception; if the mother is herself obese this threatens to 'programme' the fetus for obesity (Keenan and Stapleton 2010; Sears 2011; Fall 2012; McNaughton 2011). Inadequate maternal risk-management is, as already noted, implicitly linked in the popular and regulatory imagination with conditions of relative socioeconomic deprivation (Conrad and Capewell 2012), although the anxiety inspired by the sense of maternal self and body as toxic substances to be rigidly controlled are shared to varying degrees by women across the social spectrum. It may even be seen to concentrate at the 'top' of the socioeconomic hierarchy, where women have the resources to construct demanding strategies for 'child-perfection' (Marshall and Woollett 2000; Warner 2005, Quiney 2007; Cain forthcoming 2014).

Under neoliberal forms of governance through risk-calculation (O'Malley 2004), educated and 'responsible' citizens differentiate themselves from the feckless and doomed underclass by navigating an often-bewildering onslaught of information, and making choices accordingly. A child of lowered quality, in terms of health, behaviour or achievement, thus represents a materialisation of inadequately-managed risk. Since risk to the health of another, particularly a child, is the contemporary equivalent of 'sin' (Murphy 2004 quoted in Lee, Macvarish and Faircloth 2010, p. 295). The nutritive qualities of wombs become a matter of general moral concern. It is thus that women who are pregnant (or might become so) are encouraged to think in terms of conflict between themselves and the fetus (Markens and Press 1997). The barrage of injunctions and prohibitions aimed at pregnant women covers everything from holding down a job in an environment where fetal exposure to chemicals may take place (Thomson 1998) to eating fish, taking Vitamin D, and even experiencing stress and anxiety (Ruhl 1999; Baylis and Sherwin 2002; Marshall and Woollett 2000; Lupton 2012; Delany 2010; Camargo et al. 2007; Oken et al. 2003; 2008; Mulder et al 2002; Buss et al. 2010; Wastell and White 2012). However, relatively little publicity is given to inescapable hazards affecting all women, such as pollution. Thus a hierarchy of fetal risk emerges, with the loudest moral censure and most punitive legal-disciplinary responses directed at practices associated with 'irresponsible' mothers of the bio-underclass, while a continuous feed of injunctions to anxious perfectionism

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upbraids the ‘moral majority’ of good and careful mothers of the future citizen-body (Quiney 2007). As is generally the case in the contemporary moral economy of risk, the possibility of structural change (such as pollution reduction or long-term alleviation of poverty) is rendered ever more unthinkable by the dominance of personal responsibility discourse (Brown and Baker 2012).

This familiar rhetoric of degeneration (Nordau 1982), with its assumptions of class-based biological decline (Lemke 2002; Sears 2011; Gluckman and Hanson 2008; Heerwagon et al. 2010), would have been called ‘eugenic’ in a less sensitive era (Engstrom 2007; Rimke and Hunt 2002; Hanson 2012). It is important here to contextualise and update an understanding of the term ‘eugenics’ as it applies to the current era. In contemporary popular debate the word ‘eugenics’ has become a signifier of unspeakable past horrors, and is associated in particular with Nazism and the Holocaust³. As such, its use to characterise contemporary discourses around abject bodies and reproduction may appear at first blush intemperate. Nonetheless, as Claire Hanson (2012) argues, eugenic ideas have persisted well beyond the pre-Second World War era, despite a toning-down of the rhetoric of national degeneration and the deployment of terms such as ‘transmitted’ and ‘intergenerational’ social inadequacy (see e.g. Welshman 2012), currently experiencing something of a revival. The ‘new eugenics’ has been theorised both as a liberal discourse of genetic ‘choice’, improvement and risk-management through the exercise of free access to reproductive technologies (by those who can afford them) (Nelkin and Lindee 1997; Agar 1998; Lemke 2002) and as a move to geneticise social deprivation and exclusion as biological impairments. This last discourse is now strongly supported in the popular imagination by the proliferation of neoliberal notions of personal inadequacy and (ir)responsibility, many of which deploy dubious biological and genetic ‘evidence’ for the persistence of poverty, crime, lowered educational achievement and intelligence quotient scores, single parenthood and sickness in disadvantaged social and racial contexts (see e.g. Nelkin and Tancredi 1994; Horsburgh 1996; Murray 1993; Herrnstein and Murray 1994; Cain 2013). The new science of epigenetics, as Hanson (2012) also argues, further enhances the truth-claims of genetic determinism by combining a post-Second World War recognition of the importance of social and personal context for development with the concept of genetic destiny. This is because it demonstrates that events during pregnancy and childhood can alter genetic expression in a form which becomes transmissible to future generations. Thus what used to be called the ‘cycle of deprivation’ (a term used by the late twentieth century British Right to indicate a complex

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mixture of inherited and transmitted biological moral and social inadequacy (Welshman 2012)) is geneticised and given further apparently irrefutable scientific force.

Narratives of socio-biological degeneration have always implicated mothers in the feminising and weakening of an essentially masculine national strength (Terry 1997). Now, the terror of degeneration is less clearly associated with military fitness, but it remains both biological and economic, associated not only with ‘unsustainable’ health, crime and welfare expenditure on the ‘social residuum’, but with lowered national competitiveness in the ‘global race’. The moral panic surrounding childhood obesity demonstrates with particular clarity how multifactorial and systemic problems may be reduced to biological arguments for inferiority, as the authoritative claims of ‘regulatory science’ (Jasonoff 1995; Winnicoff 2013) pinpoint various degenerative bodily processes. In this era of complex, layered governance (Rose 1999; Winnicoff 2013), regulatory science formulates ‘evidence’ into politically useful forms, disseminated by courts and state actors such as child protection officers and social workers; it favours a subtly authoritarian (Brown and Baker 2012; Gard and Wright 2005; Wright 2008) consensus on issues of social concern, which percolates into ‘common sense’ through media exposure. The debate on infant feeding (Wolf 2007; Hausman 2003) references similar fears of perinatal malnutrition and ‘lazy’ mothering styles, with mass failure to breastfeed supposedly creating a population with lowered intelligence and disease resistance, and higher body weight over life. The obesogenic mother, who eats badly during pregnancy, fails to breastfeed her offspring for long enough if at all, models incorrect eating habits to her children, and finally feeds them badly, thus ensuring that the biological predisposition to obesity she has passed to them flowers into costly ill health in adult years, emerges from a set of moral/scientific ‘truths’ which define individual responsibility for health but are in themselves affective manifestations of cultural fears; an embodiment of the risk-economy itself. Within these, the mother emerges as both very dangerous and completely privately responsible (Zivkovic et al. 2010) in societies devoted to freedom of consumer (and corporate) ‘choice’. She is perhaps the only ‘empowered’ mediator of correct neoliberal self-regulation in terms of children’s nutrition, and even this would appear to give her too much power. The damage she can do is referred back to the womb, which is rendered both biologically and socially degenerative not only by her passive intake of damaging substances but by the excessive and malnourishing food to which she ‘exposes’ the fetus (Fall 2012).

As the popular American pregnancy advice guru Dr. Sears warns in the epigraph to this article (chosen as an example of the kind of ‘scientific’ information and advice so frequently

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encountered online and in magazines by women seeking to maximise their chances of a ‘healthy pregnancy’), maternal (junk) food intake, an ‘addiction’ which results in ‘fetal programming’ (Fall 2012) is conflated with the ‘maternal underclass’ practice of drug addiction or excessive alcohol intake while pregnant. In pregnancy risk discourse, drugs and alcohol are generally presented as causing immediate harm to the fetus, although the actual level of fetal damage is highly variable, and difficult to unpack from the multiple harms to which deprived pregnant women are exposed (Golden 1999; Humphries 1999; Litt and McNeil 2003; Sprecker and McCutcheon 2000; Connors et al. 2003). The implication of junk food in epigenetic deterioration (Gluckman and Hanson 2008; Heerwagon et al. 2010), as popularised by Sears and many media commentators, produces a caricature of a population increasing in girth as each ravenous new generation is born. Meanwhile, the socioeconomic changes which have affected the caloric intake and energetic output of Western children since the 1980s, such as the restriction on children’s movement in public space, are more often ignored in this ‘scientific’ analysis (Hillman, Adams and Whitelegg 1990; Rutherford 2011). Although, parents are also upbraided to provide ‘enough exercise’ for increasingly housebound children. The solutions offered by Sears are entirely individualised, and typical of authoritative popular Western health advice to mothers: create a ‘thinner and smarter’ child from before conception, or struggle with the dim-witted, obese consequences for a lifetime.

The obesity epidemic and the threat of incorrect feeding

Once the obesity-programmed foetus has been born,⁴ its diet is a matter of global socio-legal concern. The World Health Organisation has issued a global health warning that ‘obesity’s impact is so diverse and extreme that it should now be regarded as one of the greatest neglected public health problems of our time’ (World Health Organisation 1997; see further UK Foresight 2007; Hilton et al. 2012, p. 1688). Grim predictions of a generation of parents ‘burying their morbidly overweight children’ (Gard and Wright 2005, p. 18) heighten a general moral panic which allows overweight and obesity to be conflated and classified as an ‘epidemic’ (Wright 2008, p. 3) and simultaneously condemned as a disease of moral irresponsibility as well as biological decline.

Since obesity is generally associated with a high level of food consumption, in economies entirely geared to practices of consumption (Hall et al. 2008) and, increasingly, to the service of corporate interests (Giroux 2008), it is unsurprising that there has been little effective

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intervention in the multifactorial supply-side factors influencing obesity, such as the mass-manufacture, misleading labelling and aggressive marketing (including to children) of high-sugar and high-fat foods, the insertion of cheap ingredients such as sugar and corn syrup into processed foodstuffs, the dominance of cars in urban planning reducing opportunities for exercise, and the increasing cost of healthy unprocessed foods such as fruit and vegetables. Instead, the Western governmental focus has been on information aimed at facilitating individual 'lifestyle change' (see e.g. Change 4 Life 2013), and increasingly, on shaming and even punishing the obese and their parents. Media coverage from 1996-2010 analysed by Hilton et al. (2012) tended to highlight individual versus systemic responsibilities and solutions for the new-found problem. As a problem of embodiment and 'self-indulgence', obesity is clearly feminised and associated with women, mothers and their children, while male overeating and responsibility for feeding children is portrayed as less critical and certainly inspires fewer injunctions to self-control or improvement (Delany 2010).

Obesity 'pornography' and signifiers of class, femininity and motherhood

Obese people (and their parents) play a prominent part in the troubling recent phenomenon of social exclusion and suffering as entertainment, which Henry Giroux has called neoliberalism's 'theatre of cruelty' (2008, p. 611), delivered through reality television and media (Delany 2010; Zivkovic et al. 2010; McNaughton 2011; Ringrose and Walkerdine 2008; Ouellette and Hay 2008; McRobbie 2005).⁵ Media accounts of the 'obesity epidemic' regularly deliver a rogues' gallery of 'excessive' embodiment. Obese people, including children, are pictured in the anonymous body-shots which Charlotte Cooper calls 'headless fatties' (2007), sometimes near advertisements for food (Moorhead 2013). The obesity 'epidemic' is recast through such images as a disease of poor choices rather than indigence. In this context, the usually unspoken but nonetheless clear assertion that 'the poor are fat', and also overindulge (and thus are not 'really' poor), or 'choose' the wrong foods, can be used to divert attention from the problems poorer citizens may be having in actually feeding their families, as food prices rise and wages and benefits decrease in real terms. As the 'obesity epidemic' has progressed, food bank use in the UK has spiralled, with a particularly notable rise in the Coalition government years since 2010 (Lambie-Mumford 2012). Research in North America, where food bank use has a much longer history, demonstrates that in generally affluent countries where fattening and fast junk foods are relatively cheap and economic insecurity high, obesity and malnutrition can co-exist in a vicious

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cycle termed ‘food insecurity’ (Institute of Medicine of the National Academies 2011; Burns et al. 2010; Albritton 2009; Offer et al. 2010). For poor families and individuals suffering food insecurity, there is often lack of access to unprocessed perishable foods like fruit and vegetables (owing not only to cost but to unavailability of fresh food in deprived areas); low income also leads to higher intake of cheaper and more filling processed foods. Healthy foods may then become unfamiliar and unpopular, especially with children. Food-bank foods are generally of the non-perishable processed type (Institute of Medicine of the National Academies 2011; Albritton 2009; Riches 2002). Thus those most likely to be struggling to feed their families adequately may remain at higher risk of weight gain.

Bodily markers of poverty and ill health such as obesity and smoking have become perhaps the two most ‘common sense’ signifiers of relative deprivation in the UK. They are construed as affects of classed abjection (see further Graham, 2012), connected with the various social, emotional and behavioural indicators of high-risk humanity, such as educational underperformance, substance abuse, antisocial behaviour and crime, attention-deficit hyperactivity disorder, and reduced life expectancy. All these are risks associated with ‘advanced marginality’ in the West (Wacquant 2007), and scientifically linked with ‘poor’ maternal care, health practices and nutrition, either before or after birth, or most often, both (see e.g. Button et al. 2005; Humphries 1999; Golden 1999; Nagin et al. 1997; Wolf 2007; Malacrida 2002). As Litt and McNeil have written, regarding the ‘crack baby’ panic in the US, ‘this biological version of the urban underclass rests on a gendered construction of the transmission of poverty; it rests, in fact, on the identification of women as the ‘vectors of transmission’; literally reproducing poverty from one generation to the next (2003, p. 257). Thus, the old discourse of underclass degeneration is updated through medicalisation and ‘geneticisation’ of socioeconomic risk in different geographical and racial contexts (Bunton and Peterson 2005), individualising and pathologising the effects of deprivation. Obesity-epidemic discourse may have particularly conflictual features here, since it pathologises entirely legal substances, foods and drinks which are entirely legitimised as ‘treats’ if consumed in moderation, etc. In this sense, the obesogenic mother and obese child come to represent the degenerative effects of lack of control and informed self-regulation.

The affective construction of ‘underclass’ identification through responsabilisation tends to strip personal context from ‘incorrect’ decisions. Offer et al. (2010) note that the repetitive stress of poverty and low status, in neoliberal societies (the English-speaking countries, America,

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Australia, and the UK) which readily deal out individual blame for both conditions, may make a person fatter. The appeal of ‘comfort’ foods to anxiety and depression sufferers is well-established (Blaine 2008; Wurtman and Wurtman 2012) and as Offer et al. suggest, in a social milieu of chronic stress and insecurity food choices are both logistically and economically restricted, as described above, and understandably affected by such factors as time-poverty, fatigue and hopelessness. Jennifer Cheng, a doctor called to work in US child protection cases, notes that children ‘with obesity severe enough to warrant a report for medical neglect’, in her experience, ‘invariably come from impoverished families with chaotic lives fraught with social difficulties, including unfilled basic needs’ (2012, p. 1976). It is clear from Cheng’s description of an urban American mother prosecuted for ‘neglect’ of her obese daughters that child protection interventions by the state are ineffective in dealing with ‘the milieu that shapes behaviour among resource-poor families who are reported for medical neglect, particularly when the problem is refractory obesity. Such families face intransigent inequities throughout their lives’ (ibid). The rhetoric of personal choice, within which the obesity epidemic debate is framed, makes it difficult to see the structural barriers which encourage poor health or poor diet in families. As a consequence, the affect of ‘laziness’ traditionally attached to obesity may extend itself to those in conditions of structural deprivation.

Obesity and child protection

With parental indulgence and childhood obesity conceptualised as social problems and affectively constructed as signs of moral decay, state interventions on the basis of child neglect or abuse appear to some commentators to represent a potential solution in extreme cases (Alexander et al. 2009; Murtagh and Ludwig 2011; Viner et al. 2010; Varness et al. 2009). In the USA such prosecutions have already occurred in some states (Fisher 2006; Cross 2011; Barnett 2009; Ralston 2012; Zivkovic et al. 2010). The push to parental punishment and/or removal of children has frequently come from doctors, despite the lack of evidence of efficacy which Cheng reports, although published proponents of medical interventionism are careful to state that there must be a serious threat to health other than the mere occurrence of obesity in the child first (Alexander et al. 2009; Murtagh and Ludwig 2011). Varness et al. set out the criteria: ‘... a high likelihood of serious imminent harm, a reasonable likelihood that coercive state intervention will result in effective treatment, and the absence of alternative options to address the problem [...] All three criteria are met only in very limited cases, that is, the subset of obese children who have

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very serious comorbid conditions and for whom all alternative options have been exhausted' (2009, p.399).

In the UK, protective intervention for childhood obesity was already established practice by the 2000s, although actual prosecutions of parents remain rare. A 2007 BBC survey reported that obesity had been a factor in at least 20 child protection cases in the previous year (Viner et al. 2010, p. 375). Recent UK reports include a judge's negative comments on the prosecution of one mother in Cornwall for neglect after the 'successful' fostering of her 'morbidly obese' son (Western Morning News 2012), and a report of a Dundee family with seven children, six classed as obese, monitored in a 'Big Brother style house' over a three year period of intensive social services intervention before the four youngest were removed (Brooke 2011; Simpson 2011; see further Hull 2011). Other medical professionals have been keen to condemn this draconian turn, with GP Mike Fitzpatrick noting that interventions by the 'fat police' rarely benefit the child (2008, p. 742).

Fitzpatrick notes that in the case of another 16 year old, the local authority acknowledged that there was 'no hint of neglect', but the child was nonetheless placed on the at-risk register. Action, they claimed, had to be taken following the blame heaped on US authorities who failed to save a morbidly obese young woman (ibid)⁶. The legal framing of childhood obesity as neglect contradictorily criminalises 'excessive' indulgence of children in a culture where indulging or 'treating' oneself and others is, in many ways, presented as the highest aim of existence, an effective way to assure others that they are loved and valued. As Fitzpatrick points out (ibid), a 'pampered' child has not been ignored, and 'neglect' would appear to be a misleading label for 'indulgent' behaviour which actually reflects certain dominant and normative values. In the same way, the 'abuse' label also fails to fit, as overindulging a child and failing to provide or encourage enough opportunities to exercise is an inadequate and ambiguous definition of harm. Medical definitions restricting intervention to cases of 'life-threatening' obesity involving comorbid conditions in e.g. Varness et al. 2009 attempt to clarify the position, but in the cases of children permanently removed from their families after failure to respond to prolonged interventions designed to reduce weight, there is no clear reference to other health conditions (Hull 2011; Simpson 2011; Brooke 2011).

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Personal versus structural responsibility in obesity policy

The legal difficulties in defining harm done through parental ‘laziness/overindulgence’ in the form of an ‘excessively’ calorific diet and sedentary lifestyle occur even before the structural elements of childhood obesity are brought into the equation. Some Western states have recently responded to the structural determinants of obesity by debating ‘fat taxation’ on food, as practiced in , for example, Denmark, and certain US states (Leicester and Windmeijer 2005; Hodge et al. 2008). Nonetheless, obesity policy in most Western countries amounts to little more than ‘awareness’ campaigns (Change4Life 2013) and toothless attempts to ‘nudge’⁷ corporations and food retailers to produce and market ‘healthier’ food, or facilitate ‘informed’ consumer choice by, for instance, reducing certain ingredients and improving labelling (Hodge et al. 2008). The inability of government and media to work out exactly who or what (other than the poorest parents and individuals) should be held to account for rising obesity, and their insistence that to do anything other than ‘galvanise’ would be intrusive (see for example the UK Coalition government’s voluntary Public Health Responsibility Deal; Department of Health 2013; HM Government 2011) facilitates the narrative of degenerative greed and/or incorrect practices of consumption which circles back to women as reproducers and feeders of the fattening public body (Zivkovic et al. 2010). Since children, the most vulnerable ‘victims’ of the obesity ‘epidemic’, are positioned as unable to make correct choices themselves and in need of guidance and training to do so as eventual adults (Zivkovic et al., *ibid.*), ‘nudge’ rhetoric (Thaler and Sunstein 2008) can only intensify accusations of parental ‘irresponsibility’. Food ‘choice’ (and supply) is officially represented as basically unregulatable, but families whose choices are the most restricted receive direct intervention or punishment, as seen above. In US media ‘horror stories’ of childhood obesity, for instance in those of Christina Corrigan, who died at 13 of heart failure (Zivkovic et al. 2010, p. 380) and 14 year old Alexander Draper, the ‘555 pound boy’ (Barnett 2009), both children were living with single mothers working long hours, who were subsequently prosecuted for abuse and neglect (Cross, 2011).

It is clear from such cases that maternal responsibility for childhood obesity is easily detached from its structural and gendered causes, and that the abject affects attaching to obesity in the new ‘responsibility economy’ may make this process easier. The new discourses of epigenetic contamination and ‘fetal programming for obesity’ are connected to this context-stripping, since they entrench biological maternal responsibility for ‘degeneration’, detracting attention from structural determinants of food insecurity and poor health. In market-liberal

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societies devoted to the divisive production of winners and losers (Giroux 2008), it is easier to condemn 'losers' as 'natural' degenerates if their mothers are portrayed as genetically and/or nutritionally substandard.

Neoliberalism and the 'pampered' child-consumer

The punitive surveillance of 'problem' families thus represents a two-tier responsabilisation effect, whereby the effects of social deprivation manifest as stigmatised or criminalised individual failures (Bauman 2001). The phenomenon, as noted, extends to multiple manifestations of class disadvantage such as 'failure' at school and 'antisocial behaviour' (Gillies 2005a; 2005b; Holt 2008). As Jensen points out, good and responsible parenting in the austerity context is positioned as the necessary alternative to 'state pampering' (2012, np), a condition presented as undermining the 'will' necessary to exercise personal responsibility (and by extension bring up responsible children). Although, as stated in the recent White Paper, personal responsibility discourse restrains protective state action (Department of Health 2011), a contradictory narrative of 'pampering' has been voiced, as below by government advisor Claire Perry (BBC 2013). Perry focused on another panic-button topic indicating risk-exposure and overindulgence of children, that of unregulated online activities. Nonetheless, her remarks encompassed a critique of parenting which 'babies' children permanently while failing to manage true risks. Material indulgence, including overfeeding, is a basic tenet of this narrative of monstrously out-of-control offspring, soft-bodied tyrants allowed to enslave parents terrified of refusing them anything. Parental overindulgence thus becomes a (moral) disease-entity in itself. An account from a Canadian online magazine encapsulates the terrors of 'pampered child syndrome':

The idea of saying no to a child — 'No, you can't eat that, no, I'm not going to buy that, no, that's not going to be in my home' — is beyond the belief of most parents," says [Dr. Maggie] Mamen, an Ottawa clinical psychologist who has worked with children and their families for more than 30 years. 'I've heard some really quite outrageous stories of children who are totally in control of the fridge and totally in control of everything that comes in the house and the parents are just running around trying to meet the child's every need,' she says (Kirkey 2011, np).

This kind of professional decial of overindulgent parenting and the monstrous narcissists it creates has clear parallels with the degeneration-rhetoric of 'Momism' in the 1950s (Terry 1997), when indulgent mothers were accused of producing sons 'unfit for killing' (Sara Ruddick quoted in Stephens 2013). As noted, 'pampering' discourse represents a disavowal of one of the clear foundational principles of consumer-capitalism—that of self-indulgence (and by extension

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indulgence of children (Barber 2007))—as a sort of basic right and aspiration. Perhaps, indeed, the only aspiration left in a depoliticised society. Indulgence in food is a too-visible marker of consumption. Susan Bordo has noted the cultural privileging of the slender body, which demonstrates an apparently effortless rising-above the usual bodily effects of overconsumption (1990). What the ‘overfed’ child represents is a troubling and usually hidden truth about what Hall et al. (2008) call the ‘infantile narcissism’ of advanced consumer capitalism: the fact that the initial ‘hit’ of consumer enjoyment has deleterious long-term effects. Thus also, the obese child and her mother, having failed to consume in a ‘classy’, distinguished way, become associated with the ‘chav’, as noted above (Tyler 2008). Despite evidence of conspicuous consumption (Gordon 2005), they fail to display the class-signifiers of self-care (that include dieting (Ouellette and Hay 2008; McRobbie 2005; Ringrose and Walkerdine 2008)) which behave the good neocapitalist subject, particularly if female (Gill 2008a; 2008b).

The ‘weak’ parent also here represents a certain acknowledgement of the abject failure of the superego in advanced consumer capitalism—the psychoanalytic term used by Žižek (2002; see further Hall et al. 2008)—to mean the self-controlling prohibitions which preserve bodily and social order. The ‘self-indulgent’ pregnant woman who ‘programmes’ a fat fetus is caught between obedience to the imperatives of capitalism and the authoritarianism that seeks to minimise risks created by a consumer economy. If she overeats, she abjectly embodies this contradiction. Žižek contends that in hyperconsumerist societies the injunction to ‘stop!’ becomes replaced by the contradictory command to ‘enjoy!’. Since the child’s ‘enjoyment’ is increasingly a major concern of the ‘good’ parent, and since the primacy of the child-subject in neoliberal culture mimics the dominance of the ‘infantile narcissist’ consumer, Žižek’s concept of the failed superego provides a way to deconstruct the anxiety elicited by maternal overindulgence. The overindulgent mother personifies the de-prohibiting function of Western consumer culture (indeed, in the caricature created by Dr. Mamen, all she offers is excessive, disabling choice); and as such, she provides a way to sidestep the structural issues which have brought this situation about. Simultaneously, she offers a monstrous ‘facialised’ iconography of excessive choice and indulgence, which may be criticised when overarching structures may not (Berlant 1997).

The Blair government was mocked for its ‘foetal asbos’ when its family-nurse partnership initiative aimed to intervene from the first pregnancy in families defined as high-risk for antisocial behaviour, low educational achievement and poor health (Dodds 2009). Nonetheless,

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the plans would appear to have made consummate neoliberal sense amid a scientific consensus that poorer mothers are unable to navigate the increasingly complex choices required to create a 'high-quality' child. Increasingly, child welfare and maternal quality of care are assessed in affective terms: the most important quality for future success in children has been assessed as 'self-control' (Tangney et al. 2004; Illouz 2008). This, in turn, is an affective characteristic involving the suppression and manipulation of one's own and others emotions, particularly the troubling ones of neediness, dependence, dissatisfaction, impatience, and anger. Such affective control is associated with the middle and upper classes, and with men (Gillies 2005a; 2005b), to which the obese child represents an apparent embodied antithesis. Thus, I suggest, maternal '(over)feeding' in and out of the womb may come to carry all the awkward and denied neoliberal affects of indulgence, 'treating', and the persistence of unhealthy greed and excess endemic to unfettered consumerism, projected onto maternal and obese bodies as vectors and symbols of abject/low-class (rather than admirable/classy) excess. In the post-austerity context, such symbolism attains even greater affective force as the signifier of a dangerous and nation-threatening wastefulness and indolence and a failure of 'responsible parenting' (Jensen 2012). Since the obesogenic mother and her malnutritive womb create offspring who are transmissibly, physically and apparently, morally damaged by lack of self-regulation, she may become the affective embodiment of a disavowed cultural excess of consumption. In conclusion, her multi-layered regulation, public shaming and occasional punishment become cathartic and symbolically useful. It can therefore provide not only a 'new object of contestation' around which to organise debates about gender, reproductivity and the 'underclass, but an embodied avatar for reinvigorated fears of dissipation, feminisation and degeneration in the age of the unrelieved individual.

¹ Dr. William Sears (1939-1992) was an American paediatrician and proponent of attachment parenting theory and practice who wrote or co-wrote over 30 books on various aspects of childrearing. An influential parenting advice site using his name and theories, 'Ask Dr. Sears', is located at www.askdrsears.com.

² Terms such as 'workless' and 'workshy', describing all classes of benefit claimants from the sick to those unable to find work for structural and economic reasons, have been used with increasing frequency since UK welfare reform began in earnest in the 1990s. It is fairly clear that 'worklessness' has become in most cases a blanket term for unemployment. See, for example, a report on the situation in Wales which notes bluntly that 'in most of Wales the root cause of worklessness is a shortage of jobs' (Beatty and Fothergill 2011a, p. 5).

³ I am grateful to an anonymous reviewer for this journal for making this important point.

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⁴ Often, according to current evidence, the obesity-prone infant is born at a lower than average birth weight, an apparent risk factor for later rapid weight gain and one that is associated with other medically discouraged practices such as maternal smoking in pregnancy (McDonald et al. 2010).

⁵ The 'lifestyle makeover' model also appears to have affected methods of local authority intervention into families with obese children. I note below the case of an intensive surveillance regime for a Dundee family involving the setting up of a 'Big Brother - style' house (Brooke 2011; Simpson 2011).

⁶ Although Fitzpatrick does not name the US case, it resembles that of Marlene Corrigan (mentioned below). Zivkovic et al. report that Corrigan was charged with the felony of child endangerment and later found guilty of misdemeanour child abuse when her 13-year-old daughter, Christina, died of congestive heart failure. Media reports of the trial focused on Christina's weight (over 300 kg), her unkempt appearance, the dirty family home and her status as a single working mother (2010, p. 380).

⁷ The UK Coalition is heavily influenced by the libertarian-paternalist 'nudge' philosophy (Thaler and Sunstein 2008). This approach is one of 'pure' neoliberal market-governance, as outlined by e.g. Rose (1999) and Brown and Baker (2012). The state avoids direct regulation in the areas of behaviour affecting health and welfare, aiming to 'nudge' consumers, welfare and health service 'clients' to make the 'right choices' using market incentives. David Cameron's Behavioural Insight team, which works on obesity, diet and alcohol policy among other topics, has been nicknamed the 'nudge unit' (F. Lawrence 2010).

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