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Truth, belief and the cultural politics of obesity scholarship and public health policy

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A number of debates centring on the so-called 'obesity epidemic' have sprung up in the last 10 years. Although debate is the normal state of affairs in any scientific endeavour, my focus here is on two broad camps we might call 'alarmists' and 'sceptics'. While alarmists have characterised the 'obesity epidemic' as a looming global health catastrophe, sceptics have argued that the consequences of rising obesity levels have either been greatly exaggerated or are unclear. In focusing on obesity, my intention is not to prove the case of one camp or the other but rather to construct a kind of anatomy of the obesity controversy. In this essay, I want to move beyond the idea of there being two camps in debates about obesity and provide a more complex account of the different groups that make up both sides. My interest in this research is to explore the idea that belief matters more than truth. In the context of debates about obesity, nothing could be more irrelevant than the 'truth' of fatness. The energising principle will be what people, particularly but not only politicians and journalists, can be made to believe.

Keywords: politics; public policy; population health

Introduction

While moral and medical anxiety about fatness seems to have fluctuated over time and space, a number of important historical works suggest that it increased and mutated in Western countries during the last 120 years or so (Schwartz 1986, Stearns 1997). The emergence of the 'obesity epidemic' around the turn of the twenty-first century (Gard 2011), then, was in many ways simply the latest instalment in an ongoing cultural and scientific dialogue about health and the body.

And yet, today's 'obesity epidemic' is also a distinct historical event. For example, as an idea the 'obesity epidemic' harnesses the relatively recent and growing influence of risk factor medicine and epidemiology, scientific traditions that are premised on seeking out the underlying causes of disease in order to cure or, better still, pre-emptively prevent it. Epidemiology, in particular, was instrumental in bringing recent rises in Western body weights to global attention and is the discipline

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most concerned with trying to quantify healthy body weight and how much of a risk being 'too heavy' really is.

A detailed history of the twenty-first century's 'obesity epidemic' is not yet written, but it does appear that epidemiology was joined by advocates from a wide range of fields, including public health and mainstream medicine, to announce that a health crisis was upon us, a crisis that would lead to declining life expectancy, an explosion in chronic disease and the collapse of health systems across the Western world (see Gard and Wright 2005 and Gard 2011 for summaries and analysis of these claims). Perhaps inevitably, the rhetoric of 'crisis' and 'epidemic' was quickly engaged by oppositional and sceptical voices. While alarmists have characterised the 'obesity epidemic' as a looming global health catastrophe, sceptics have argued that the consequences of rising obesity levels have either been greatly exaggerated or are unclear (Gard and Wright 2001, Campos 2004, Oliver 2006).

While my own position as an obesity sceptic has been articulated in previous publications (especially Gard and Wright 2001, 2005), more recently I have drawn on my role as one of the combatants in the 'obesity wars' to construct a kind of anatomy of the obesity controversy, such as it is. In passing, I would not want to over-emphasise the degree to which there has actually been a debate between obesity alarmists and sceptics. After all, the obesity alarmist camp includes the vast majority of the medical and epidemiological research communities. The overwhelming dominance of alarmists means that, for the most part, sceptics have simply been ignored. There are signs that this situation is changing slightly but it remains the case that most alarmists simply do not see the need to debate sceptics.

In this essay, I want to move beyond the idea of there being two camps in debates about obesity. There certainly are two broad groupings but I want to provide a more complex account of the different groups that make up both sides. For example, on the alarmist side, there are those who favour ramping up the stigmatisation of individuals in order to fight obesity; a shame-led public health agenda, as it were. Other alarmists come in more socially democratic hues, emphasising broadly focused social policies and legislation.

However, my own side, the sceptics, is perhaps more interesting. Obesity sceptics are made up of a kaleidoscope of interest groups with different and sometimes diametrically opposed political leanings. They include feminists, queer theorists, libertarians, far right wing conspiracy types and new ageists. We are, to say the least, a motley crew.

My purpose here is to ask some familiar but important questions: *why* do we believe and advocate for the things we do? More specifically, *how* do we organise and use 'evidence' to suit our own ideological and, particularly with respect to academic scholarship, theoretical commitments? What, actually, does it mean to 'weigh up the evidence'? These are questions I am inclined to ask of both myself and others and to wonder whether asking these questions might cause us to think or act differently. And if we are not changed by these questions, why not? In other words, I am wrestling not only with the substance of belief; what and why do we believe? – but also with what we might call the ethics of belief; how should we believe?

The alarmists

From a purely academic point of view, it is worth considering the range of alarmists positions because, as I will show later in this article, sceptics often assume alarmists to

operate from a single base motive. This assumption is rhetorically convenient but, because of their generalising gloss, the arguments of sceptics are often easily dismissed by alarmists and, I think, harm the reputation of critical health scholarship.

I will spend less time discussing obesity alarmism because for most readers the arguments they put forward will be well known. What I think is instructive, though, is the different forms of argumentation used by alarmists to explain or, in some cases, suggest cures for the 'obesity epidemic'. For example, many readers will be aware of the standard set of propositions that characterise both academic and popular comment: rising obesity levels are the product of changing lifestyles that make physical exertion less necessary and high-calorie food more palatable and available than in the past. In the academic literature, we read: 'Obesity is the most obvious manifestation of the global epidemic of sedentary lifestyles and excessive energy intake' (Cameron *et al*. 2003). Meanwhile, with particular attention to children, the popular media regularly 'reports' that children 'spend a lot of time playing computer games, watching television, and eating fatty snacks like chips and chocolate, instead of playing outside and eating nutritious meals' (Head 2003).

I have discussed elsewhere the confused and contradictory state of the obesity science literature, particularly when it comes to explaining the causes of increasing obesity (Gard and Wright 2005). Is it food or physical activity? Car ownership or televisions and computers? The amount or types of food we eat? However, if we look more broadly, pooling academic and non-academic commentators together, we can see that a range of other tensions exists. In terms of cultural politics, perhaps the most obvious of these tensions centres on the issue of personal culpability. There is no shortage of commentators, both inside and outside the obesity research community, who argue that individuals are to blame for allowing themselves to become obese. Researchers focus on individuals in two ways. First, they do this directly by simply saying or writing that individuals are to blame. This ranges from leading lights in the field describing the entire American population as 'physical activity sluggards' (Lee and Paffenbarger 1996, p. 206) to, more recently, a group of Australian researchers who blamed childhood obesity on parents being 'bad role models' (Wood 2005). A recent recipient of the Canadian Obesity Network's (2006) outstanding thesis competition proposed that parents were morally obligated to prevent their children from becoming obese and that there are potential legal implications for parents who fail to live up to their obligations.

Second, researchers blame individuals indirectly by focusing their research and public statements on personal behaviours. For example, Chakravarthy and Booth (2003) write about an 'epidemic' of inactivity as though people simply wake up and decide to be inactive, and there is now an entire epidemiological sub-discipline devoted to explaining the 'determinants' of the physical activity behaviour of individuals (see Gard 2008 for a discussion of this field's preoccupation with modifying individual behaviour).

But while, as we will see below, there are obesity sceptics who say that the idea of an 'obesity epidemic' is, *per se*, an individualising discourse, there are alarmists who make the opposite argument; that focusing on obesity alerts us to the social and structural determinants of body weight and health. Writing in the *New England Journal of Medicine*, Ludwig (2007, p. 2326) argues:

> Parents must take responsibility for their children's welfare by providing high-quality food, limiting television viewing, and modeling a healthful lifestyle. But why should

> Mr. and Ms. G.'s efforts to protect their children from life-threatening illness be undermined by massive marketing campaigns from the manufacturers of junk food? Why are their children subjected to the temptation of such food in the school cafeteria and vending machines? Why don't they have the opportunity to exercise their bodies during the school day? And why must Mr. and Ms. G. fight with their insurance company for reimbursement to cover the costs of their children's care at the OWL clinic?

If anything, Budd and Hayman (2008, p. 111) are more direct:

> Addressing the obesity crisis requires a paradigm shift away from blaming individuals for the lack of willpower to control their eating and physical activity to one of recognizing the 'toxic' or 'obesogenic' environment as a primary determinant.

Of course, arguing for a 'paradigm shift' to change our 'toxic' environment means changing the way we should live or be allowed to live. Many obesity researchers talk about 'making healthy choices the easy choices', a rhetorical move that, to some extent, obscures the fact that re-engineering people's everyday lives to make them exercise more and eat less requires tough decisions that will not please everybody. Thus, diametrically opposed to those who would emphasise individual responsibility are researchers who say that, in the end, the war on obesity will only be won through strong, decisive, centralised decision making, the kind that is usually the preserve of governments. Swinburn (2008), for example, argues that the 'obesity epidemic' is an example of business success but market failure and, as such, is a classic case for strong government intervention. He argues that what is needed is a strong policy 'spine' of 'hard paternalism' accompanied with the 'soft paternalism' of health promotion. He also thinks that 'stealth' interventions that piggy-back along with efforts to reduce CO_2 emissions, city congestion and other problems will probably also improve the obesity situation.

What emerges here is a kind of fantasy that is actually quite common in the obesity research literature; the fantasy of a social policy context in which every arm of government is synergistically involved in the war on obesity. But note also here that Swinburn (2008) feels that the obesity epidemic represents, in part, the failure of capitalism to produce sound health outcomes. Strong governments, not market forces, are the only hope.

The idea that the 'obesity epidemic' is a sign of the failure of capitalism has been made a number of times in the media. Commentators who take this line usually also emphasise the extent to which poor Westerners are more likely to be affected by obesity than rich Westerners (see, e.g. Hutton 2002, Krugman 2005). This is interesting because, as we will shortly see, there are some obesity writers who think that the 'obesity epidemic' can be blamed, not on capitalism, but its enemies.

The empirical sceptics

The idea of an 'obesity epidemic' or crisis has provoked a varied set of oppositional responses and these could be analysed and categorised in many different ways. The analysis that I offer below is simply one amongst these possibilities, albeit one that strikes me as particularly instructive.

First, there is a group of writers who have refuted the idea of an obesity epidemic by engaging more or less directly with the original obesity research literature (see, e.g. Campos 2004, Basham *et al.* 2006 and Oliver 2006). These have emerged

almost exclusively from outside the scientific/epidemiological obesity research community. While I contrast this group of writers with what, in the next section, I call 'ideological sceptics', I do not want to suggest that the authors I discuss in this section do not have ideological allegiances. They clearly do. However, I use the term 'empirical sceptics' to group together those writers who at least claim to base their obesity scepticism on *their own* assessment of 'the evidence' rather than relying on the assessment of others. That is, my sense is that 'empirical sceptics' *represent themselves* as having based their conclusions purely on the scientific evidence.

Empirical sceptics have attempted to make the argument that an objective treatment of the research literature shows that alarmist claims are wrong or exaggerated. That is, they claim to be the true and unbiased voice of science. Three obvious examples can be found in Gaesser's (2002) *Big Fat Lies: The Truth About Your Weight and Your Health*, Campos's (2004) *The Obesity Myth: Why America's Obsession with Weight is Hazardous to your Health* and Oliver's (2006) *Fat Politics: The Real Story Behind America's Obesity Epidemic*. The importance of claiming the mantle of truth is clear in the titles of each of these publications. Likewise, each has a similar take on the 'obesity epidemic': it is more or less a conspiracy in the obesity research community, the product of poor science, economic self-interest and stubbornness in the face of overwhelming contrary evidence. Campos (2004, p. 13), for example, continually asserts that 'anyone who bothers to examine the evidence' will agree with his conclusion that obesity has been over-hyped.

The politics of these writers is not always abundantly clear although each tends to represent themselves as working against obesity as a moral panic and the demonisation of overweight and obese people. They also tend to be critical of the actions of corporations, particularly those that sponsor research into weight loss drugs as well as those that make, market and sell junk food. Although political labels are tricky here, they probably represent the social-democratic, conventionally left-liberal end of obesity scepticism, concerning themselves with the way powerful groups, such as ivy-league universities, multi-national corporations and government health authorities, are making life difficult for the less powerful majority of society.

Taking us in a different direction, the edited volume *Panic Nation: Unpicking the Myths We're Told About Food and Health* (Feldman and Marks 2005) is a collection of short myth-busting essays, covering a wide range of subjects including exercise, healthy eating and obesity. There is an unmistakable ideological agenda running through *Panic Nation* that science is a truth machine and that the existence of untruths is the fault of forces either ignorant of, or openly hostile to, the techniques of proper science. In his chapter on exercise and sports, Aichroth (2005) argues that excessive exercise causes a great deal of injury and costs nations a lot of money. He also writes that exercise, except in extreme cases, does not have much effect on obesity since most energy is burned through maintaining body temperature. Aichroth's (2005) villains are what he calls the sports lobby and exercise 'nuts', both of whom he dismisses as having tried to foist their own fanaticisms on the rest of us: 'The simplest aerobic exercise is walking. Half an hour of brisk walking everyday will provide sufficient aerobic exercise to offset any health disadvantage due to a sedentary lifestyle' (Aichroth 2005, p. 267).

Likewise, Mark's (2005, p. 59) chapter on obesity rails against 'single-issue pressure groups' for not understanding the statistical risks of fatness and, he claims, unfairly targeting the makers of so-called junk food. As with most of the chapters of *Panic Nation*, the war for the truth about health is seen as being fought between,

on the side for good, mainstream medicine and, on the side of scientific ignorance, new-agers, feminists and a collection of anti-capitalists.

On the whole, the tone of *Panic Nation* is conservative and curmudgeonly, proudly so in my reading of it. However, perhaps the dominant form of 'empirical scepticism' comes from a group of writers whose cultural and political affiliations are less ambiguous.

Writing for the libertarian and avowedly free-market think tank *The Fraser Institute*, Esmail and Brown (2005) articulate a particularly virulent form of the idea that, rather than being victims, overweight and obese people are a burden on society. Esmail and Brown (2005) are uncomfortable with anti-obesity social policies that, they claim, infringe on people's freedoms, especially since their assessment is that obesity is not such a big problem. But:

> If governments decide to act, however, the best way to account for the costs the obese impose on society is to require these individuals to bear those costs that result from their decisions. This could be as simple as introducing health premiums scaled by the cost that individual's lifestyle choices imposes on others. A scaled premium not only solves the problem of an increased burden on all Canadians created by the few who may be able to choose otherwise, but also gives those who are obese a reason to lose the extra pounds.

A number of other examples of the libertarian strain in obesity scepticism could be offered. One that garnered some media attention is Basham *et al.*'s (2006) *Diet Nation: Exposing the Obesity Crusade*. As with some other empirical sceptics, we see in the title of their work the idea that they, the authors, will 'expose' the truth about obesity where mainstream obesity science has failed. In other words, in my view what is important for empirical sceptics is not so much that their treatment of the scientific evidence is superior to anyone else's, but rather that they *represent* themselves as the voice of hard-headed scientific sobriety (see also the Social Issues Research Centre's (2005) *Obesity and the Facts*).

It is interesting in the context of a discussion of cultural politics that neither the text of *Diet Nation* nor the publicity around the book highlighted the political affiliations of the authors. Patrick Basham, in particular, is an active member of free-market think-tanks the *Cato Institute* and the *Democracy Institute*. He too, like Esmail and Brown (2005, cited above), is connected to and writes for the *Fraser Institute*. It is therefore no coincidence that *Diet Nation* also blames the obesity epidemic on the enemies of capitalism, going even as far as suggesting that the obesity 'crusaders' are actually socialists in disguise. All this should remind us that regardless of the overall political thrust of their arguments, it is extremely rare for alarmists or, for that matter, sceptics to make their political affiliations clear.

This form of free-market libertarian obesity scepticism is widespread and a number of newspaper and magazine columnists take their lead from it (see, e.g. Duffy 2007 and Lyons 2007). It has also been popular on far right wing, pro-gun, pro-America websites where the idea that obesity alarmists are nanny-state communists who simply want to stop us from having fun plays well (see, e.g. Political Correctness Watch 2005).

The ideological sceptics

For better and worse, being part of a clan of one sort or another is an almost inevitable dimension of academic life. For over 10 years I have been mentored within

a research community that (mostly for better) is strongly marked by the influence of feminism, post-structuralism and the various strands of what is sometimes called 'critical social science'. In my own field of physical education, like most others, there are areas of disagreement and debate and individual scholars who work independently of the clans. Nonetheless, I now want to offer a sense of the way a certain kind of obesity scepticism has become the default position for some academics. I offer this more as food for thought than full frontal critique; my purpose here is simply to work against the tendency in all academic fields of study towards ossifying orthodoxies.

Because space prevents me from a more detailed explanation, in what follows I will rely on what I hope are at least defensible short-hands. To this end, my proposition in this section is that ideological scepticism emerges out of two distinct but related sets of received ideas that guide and shape the kinds of arguments ideological sceptics are inclined to make.

First, ideological scepticism is steeped in what I will call the feminist critique of science. It hardly needs to be stressed that I am glossing a vast and diverse literature here, that there is no single feminist critique of science, and nothing approaching a unified core set of positions and arguments. However, I think we can say that the feminist critique has provided intellectual ballast for a number of widely used ideas, ideas that, in turn, have become characteristic of this intellectual movement (Reed 1976, Fox Keller and Longino 1996). For example, science's preoccupation with numbers and quantification, the fantasy of objectivity, the privileging of whiteness over non-whiteness, Western over non-Western, male over female, 'man' over 'nature', order over perversity and reason over emotion, have all been the targets of feminist analysis. Taken together, they provide scholars with a set of ideas and methods for seeing, interpreting and critiquing science.

My second assertion in this section is that ideological sceptics have drawn from the critique of neo-liberalism, once again a huge body of diverse scholarship. Owing much to Foucauldian analyses of language, power and governmentality, the critique of neo-liberalism tends to emphasise the dominance of free-market ideas, the application of (often crude) scientific rationality to social policy, increasing governmental and institutional interest in people's 'personal' conduct, and the influence of notions of individual responsibility and performative morality on identity construction (Howell and Ingham 2001, McGregor 2001). Western neo-liberal citizens are, for better and worse, enmeshed in a system that, despite (or perhaps because of) increasing cultural, ethnic and economic diversity, believes that rational, scientific solutions are possible to all the problems and dilemmas we face. But more than this, the critique of neo-liberalism is interested in the way new codes of morality are being produced in an attempt to discipline people's desires, behaviours, relationships and subjectivities.

I accept that there will be some readers who are dissatisfied with one or both of my theoretical short-hands here. For those prepared to persevere, I want to propose further that there are obvious synergies between the feminist critique of science and the critique of neo-liberalism. For example, both draw our attention to what we might call naïve-scientism; the ideological preference for scientific solutions in situations where they may not be appropriate or ethical. In addition, both want us to think about the individuals and groups who are the intended and unintended casualties of scientistic, neo-liberal rationalities.

Not all ideological sceptics draw equally on these two sets of ideas. For example, Robison and Carrier (2004), advocates for *Health at Every Size* – a movement with grass-roots and academic followers that campaigns against dieting and in favour of body weight acceptance – argue that the 'obesity epidemic' is essentially an extension of patriarchal science's centuries old persecution of women. In their book, *The Spirit and Science of Holistic Health* (Robison and Carrier 2004, p. 228, my emphasis), they write:

> Traditional weight management approaches, *like all other aspects of Western health care*, emanate from the biomedical, reductionist paradigm, which is rooted in patriarchy and the oppression of women. On the surface it may look as though efforts to control body weight are simply based on a desire to make people 'healthier.' On closer examination, however, the disparate social emphasis on women regarding thinness, the emphasis on control over the body, and even the subtle messages that higher moral standing is obtained through starving and denial of pleasurable eating are all perspectives that run directly parallel to the values of Epoch II and the Scientific Revolution.

Note the totalising spirit here that seems to run through phrases such as 'like all other aspects of Western health care'. In other words, all forms of medicine and health care apparently stem from the intended or unintended oppression of women. Rather than strange or novel, within this explanatory framework, the idea of an 'obesity epidemic' is little more than a symptom of a cultural sickness that goes back to the birth of Western rationality. For Robison and Carrier (2004), there is no way out; despite good intentions, all manifestations of modern scientific medicine will be washed away in the coming 'holistic health' revolution or, as they call it, 'Epoch III'.

Far less extreme is the work of scholars such as Schwartz (1986), Ritenbaugh (1982), Jutel (2001, 2009) and Jutel and Buetow (2007) who have described the course of body weight science and popular understandings of it over recent centuries. However, the issue of whether the past explains the present or the present explains the past is surely in play here. If we take it for granted that health researchers and authorities are particularly exercised about people's body weights today, do we understand this by looking back in history to see where medical concern about body weight began and then project that forward as the cause of today's anxieties (the past explains the present)? Or, rather, is it possible that what these historians have done is to begin with a social phenomenon to explain – the 'obesity epidemic' – and then simply to arrange certain historical events into the kind of narrative about medical science they always wanted to tell (the present explains the past)? Jutel (2001, p. 283), for example, asks us to accept that modern concerns about obesity are the historical legacy of medical science's quest to quantify, manipulate and control the human body:

> In this paper, I argue that an attraction to quantification and a belief that appearance mirrors the 'true' inner self, compounded by a religious fascination in establishing rules of normality, underpins a medical and cultural over-reliance on weight as an indicator of health. The lean, spare body is a 'good body', evidence of strong moral fiber, of someone who, constantly vigilant, 'looks after themselves'. I will explore how such beliefs are crystallized in contemporary health policies.

In this passage, we can see the influence of the feminist critique's mistrust of numbers and quantification as well as the critique of neo-liberalism's concern with the disciplining of human bodies through institutional apparatuses and performative morality. As an obesity sceptic, Jutel believes that modern medicine is 'over-reliant'

on body weight and wants us to understand this not as a spontaneous sign of medicine's care for human health and the preservation of life, but as a kind of Freudian hang-up; a kind of obsession that gets in the way of it treating human body weight more rationally and ethically.

Elsewhere, Jutel (2006, p. 2270) makes it clear that she does not see the idea of obesity as a disease as simply an understandable, if misguided, reaction on the part of medical authorities to raising obesity levels.

> What are some possible explanations for the emergence of overweight as a disease entity? I believe that two important phenomena provide a strong foundation. The first is the importance accorded to measurability in the establishing [sic] true understanding of health and illness, and the second is strong emphasis [sic] that Western society places on normative appearance. Whilst these two factors precede the changes I have identified in the current study they are enabled by the commercialisation of self-management through the gym, diet and pharmaceutical industries.

That is, Jutel assumes that we can take it as read that the scientific evidence alone does not warrant the current level of concern about obesity. Instead, we must look for other motives.

We see a similar kind of rhetorical move in Monaghan's (2008, p. 70) *Men and the War on Obesity: A Sociological Study*, except in this case the charge of malign intentions is made more explicitly:

> I would maintain that the institutionalised attack on fat is really about bodily regulation, morality and other sociological concerns (e.g. individualizing and de-politicizing healthism, the expansion of markets) rather than actually promoting biomedical health in the population.

Like Jutel, Monaghan (2008) wants us to believe that medical concern about obesity is not, at base, a concern with health at all and that those who prosecute the 'attack on fat' are, at best, suffering from a form of false consciousness. But Monaghan (2008) goes further. He also argues that the war on obesity is 'really about' holding individuals responsible for their own health ('individualising' and 'de-politicising'), thus, I take him to mean, failing to address the social and structural causes of ill-health. This is interesting because, as we saw above, there are many obesity researchers who argue in favour of fighting obesity precisely on the grounds of addressing health inequalities. In fact, they argue that addressing obesity draws greater, not less, attention to health inequalities.

This is clearly not an argument likely to impress Halse (2009, p. 57) who, like Monaghan (2008), smells a conspiracy in all this talk of obesity and the Body Mass Index (BMI):

> Because governments and their agents have committed intense political energy and considerable financial resources to constructing the bio-citizen, the virtue discourse of a normative BMI is not an innocent bystander in choreographing the future. But what has been buried in the jetsam and flotsam of its wake are bigger, more difficult issues: hunger; poverty; physical abuse; lack of fresh water, medical care and education; discrimination and inequalities; social and economic disadvantage. A cynic might wonder if this is a stratagem – a bio-political ruse – by governments and their agents to deflect the citizenry's attention from the social justice issues that continue to blight the lives of individuals and the well-being of communities and nations.

Whether or not a statement of this kind is made with tongue in cheek, as I think it was, it is interesting to note how the resistance to social control, articulated in this form of left-of-centre academic scepticism, echoes the concerns made by

right-of-centre libertarian sceptics; both are concerned about intervention in our lives but, for the former, the worry is that excessive focus on obesity makes us forget about the structural determinants of health while, for the latter, it is our personal liberties that are at stake.

Strange bedfellows

In the hands of different sceptics, the 'obesity epidemic' emerges as both an attack on capitalism *as well as* the triumph of neo-liberal thinking, both a perversion of proper science and the embodiment of its deepest traditions. While some see it as symptomatic of a lamentable flight from individual moral responsibility, others see it as a mean spirited and moralistic attack on the poor and marginal. For writers like Jutel, it is driven in part by a preoccupation with numbers, while Marks (2005) thinks it betrays an ignorance of them. But the same is true for the alarmist camp. While there are many obesity researchers who argue that a focus on individual responsibility is futile, the vast majority of obesity intervention research seeks to change the behaviour of individuals. It is also not difficult to find free-market alarmists who completely reject the idea of corporate responsibility and appear convinced that the only cure for obesity is a rejection of post-1960s moral liberalism and a return to family values and personal self-control (Fumento 1997).

Taking all the writers I have discussed together, what I see is that it is possible both to reach the same conclusion given diametrically opposed starting points, but also to start with the same assumptions only to arrive at opposite conclusions. Although I cannot prove it, there are surely grounds here to wonder if both the starting points *and* the conclusions that people reach are not in some important sense arbitrary or, conversely, predetermined. Put another way, are the theories we use and the conclusions we reach better understood as part of a self-styling process? Are they more about a desire to be a certain kind of person or belong to a particular group? Is it possible to escape group-think or the tyranny of our pet theories?

Turning to my own interests in critical public health scholarship, my view is that we spend too little time considering our theoretical alternatives or engaging in comparative theoretical work. At the very least, in the examples I have offered in this chapter, it is difficult to tell whether theoretical or political allegiances have simply determined the position taken by the author or whether these allegiances are completely inconsequential; both situations are possible. Either way, these are, for me, both somewhat startling and unsettling conclusions, particularly given that I cling to some hope that the things I advocate for and against are driven by more than either – or both – sheer whim and blind obedience. Perhaps, the more important question is how to tell the difference between the two. Perhaps, what is required is a more robust and personally frank account of the way moral, ideological and theoretical motivations intersect, coalesce and blur. Put more simply, what seems at stake for me is a clearer explanation of what it means to be rational.

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