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# **The elephant in the room**

## **Obesity and organization as an object of inquiry**

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### **Abstract**

Despite the emergence of obesity as a major perceived health threat, and despite widespread anxieties around body weight, these topics are more or less invisible in organizational research. The present paper argues that obesity and organization is a relevant and urgent object of inquiry in at least two main ways. First, obesity as a socially constructed and negotiated phenomenon is highly organized. The discourse on the 'obesity epidemic' and the anti-obesity initiatives it generates offer interesting opportunities to explore the late Foucauldian notions of governmentality and self-technologies. Second, given the intricate intersections of weight, class, gender, and ethnicity, there is reason to suspect that body weight plays a pervasive and problematic role in games of status and power in organizational life. Both aspects are developed in this paper, based on key results from critical obesity research and the studies of obesity in organizational context that do exist. Previous and potential contributions of qualitative ethnographic case studies are highlighted, especially when it comes to exploring the complexities and paradoxes involved. Finally, the political implications of research on obesity as a social construct are discussed. It is claimed that a genuinely critical approach scrutinizes all attempts to frame obesity, not just those made by medical and public authorities.

Keywords: Obesity, governmentality, technologies of the self, intersectionality, ethnography

## Introduction

Obesity is an issue of rising concern and increasing activity by a variety of actors such as public health agencies, commercial enterprises, and the media. Critical studies in various disciplines have demonstrated several problematic aspects of this trend. They criticize the dominant 'obesity discourse' for showing normalizing and paternalistic leanings, for exaggerating the health risks of obesity and ignoring structural inequities of class, gender, and ethnicity, and for the risk that obesity prevention measures are counterproductive. Until now, this has not been given much attention in organization studies. However, these developments provide opportunities for interesting organizational research, which we can see from the few organizational studies undertaken this far and from key findings from research in other disciplines.

First, obesity can be studied as an organized phenomenon. The scurry of anti-obesity documents, programmes, and interventions offers an opportunity to study vital organizational processes where knowledge is mobilized to govern society and individuals. The Foucauldian approach appears particularly fruitful, and especially the themes which interest many organizational scholars today, i.e. the subtle and indirect workings of governmentality and technologies of the self treated in Foucault's later writing, rather than the outright panopticism treated in his earlier texts.

Second, obesity can be studied as a phenomenon in organizations. Workplace weight loss programmes give an opportunity to investigate the role of obesity and body weight in everyday organizational life. There is reason to suspect that this role is more important than generally acknowledged, given what we know about obesity as a social factor. Obesity is closely related to class, gender, and ethnicity, it is a basis for discrimination in recruitment and promotion, and as a looming threat, it is an ongoing concern for the non-obese as well, not the least for women who are particularly judged by their weight. However, it is not obvious how these things can be accessed empirically, and workplace health projects which include weight control offer promising openings. They appear to surface and set in motion perceptions and actions that may otherwise be hidden.

This paper develops these two main avenues for organizational research on obesity issues. It draws on results from previous studies in the social sciences and the humanities, especially those who take a Foucauldian perspective and/or consider organizational contexts. A recurrent theme is the value of ethnographic field studies to explore the ambiguities and paradoxes characteristic of the interface between obesity and organization. The paper also considers the political implications of critical research on this topic. It points at the perils of one-sided critique of all public action in this area and advocates a critical examination of both sides in the debates on obesity politics.

## Obesity as an organized phenomenon

Once mainly seen as a trivially aesthetic or moral issue for the individual (Sobal, 1995) fatness is nowadays construed as 'obesity' – a dangerous disease of epidemic proportions and a serious threat to the well-being of society. This has come about through a whole labour of definition, classification, and dissemination of standards, involving a host of organizations and professions. Some key aspects of the process demonstrate to what extent obesity is an organized phenomenon.

The designation of obesity as a disease carries important implications. The disease label creates a basis for ordering social and physical realities; it transforms the people concerned into persons belonging to a certain category, and it legitimizes and calls for medical treatment (Hacking, 2004-2005; Jutel, 2006; Sobal, 1995). Obesity was 'medicalized' over the latter part of the past century, with increasing agreement among experts that it needs to be professionally diagnosed, treated, and researched (Sobal, 1995). A consensus conference organized in 1985 by the premier US research authority The National Institutes of Health is a landmark event in the official recognition of obesity as a disease (Greenway and Smith, 2000; Sobal, 1995), even if a code for obesity has existed in the International Classification of Diseases since 1948 (Kopelman and Finer, 2001). Overweight is defined differently and not clearly labelled as a disease, but in recent decades there has been an increasing tendency in both popular and medical texts to approach overweight as well with the language and concern usually associated with illness, e.g. by presenting clinical guidelines for the 'treatment' and 'prevention' of overweight (Jutel, 2006; 2009). The origin of the now commonly used term 'morbid obesity' for extreme cases is also telling. It was coined in the 1960s by American bariatric surgeons in order to persuade health insurance administrators that surgery for grossly obese patients was motivated on medical grounds, even if most doctors saw it as an elective and radical intervention (Oliver, 2006: 624; Van Itallie, 1980: 1).

The emergence and establishment of the Body Mass Index (BMI) as a standard normative measure is an important aspect of the crystallization of obesity into a clearly defined and actionable entity (Hacking, 2005; Halse, 2009). Easily measurable, calculable, and comparable, the BMI – weight in kg/(height in m)<sup>2</sup> – is used to authoritatively define the limits of overweight or 'preobesity' (BMI 25-29,9), obesity (30 and above), and the different classes of increasingly severe obesity (World Health Organization, 2000). It is generally recognized that the BMI is only a proxy for what really matters (i.e. the proportion and distribution of fat tissue), that the cut-off points are inevitably arbitrary, and that the BMI should be applied with caution and preferably combined with waist-hip ratio in individual cases. Still, the BMI is routinely used in self-check recommendations, treatment guidelines, and clinical practice (e.g. Kopelman, 2000; NHS Choices, 2010).

The generalized adoption of the BMI happened remarkably recent. For a long time, the most promulgated standard was the Metropolitan Life Insurance Company Tables of Ideal Body Weight (Sobal, 1995). With a background in 19<sup>th</sup> century anthropometry and 1960s epidemiology, the BMI was named as such in 1972, recommended in the medical field from the 1980s and onwards, and internationally established with its present standard values by a World Health Organization Obesity Task Force convening in 1997 (Hacking, 2006; Keys et al, 1972; de Saint Pol, 2007; World Health Organization, 2000). The main advantage of the BMI measure is that it is easy to obtain and use for calculations on both individuals and vast populations. The World Health Organization (WHO) threshold values were set by practical considerations. The previously used threshold for overweight in the US was higher and different for women (27,3) and men (27,8). When the more practical and universal cut-off point of 25 recommended by the WHO was introduced, the number of overweight adults in the U.S. instantaneously rose from 61,7 millions to 97,1 millions, which illustrates the importance of standard values (de Saint Pol, 2003: 13-14).

Alerts that obesity is spreading like an epidemic have intensified since the 1990s and heightened the general concern for obesity as a serious health threat (Wright, 2009; Gard, 2011). Governmental and non-governmental organizations worldwide have responded with national and local action plans (Bergeron and Castel, 2010). The 'obesity discourse' has made obesity into a matter which calls for not just individual treatment but for public action, especially preventive programmes and regulations targeting children, families, and schools (Wright and Harwood, 2009). Again, the BMI plays a pivotal role, allowing obesity to be conveniently tracked and compared in different populations and over time (Bossy, 2010). According to Oliver (2006) the idea of an obesity epidemic had its breakthrough in the US in 1998 thanks to an evocative PowerPoint slide prepared by a director at the Centers for Disease Control and Prevention. A series of maps showed how obesity rates had increased in the US since 1985, illustrated by first darkening blue and then the dramatic appearance and spread of red as more and more states moved from obesity rates of less than 10 per cent to first above 10 and then above 20 per cent. The slide show made information that had previously been available only in abstruse statistical tables readily accessible, it was freely downloadable from the Internet, and it had a huge impact among health professionals and the general public.

All these aspects of the social construction of obesity have been scrutinized by critical obesity scholars. They question the labelling of obesity and overweight as diseases (Oliver, 2006; Jutel, 2009). They claim that the health risks are overblown and the treatments and prevention campaigns ineffectual (Beausoleil, 2009; Evans and Colls, 2009; Monaghan, 2005), that the BMI is enrolled in a moralizing and subjugating 'virtue discourse' (Halse, 2009), that the term 'epidemic' is speculative and misleading (Evans, 2003; Monaghan, 2005), and that preventive efforts serve to blame and discipline disadvantaged families (Evans and Colls, 2009; Wright and Harwood, 2009). They also point

at the array of actors who have an interest in sustaining the obesity discourse, such as researchers in search of funding, media outlets that wish to air moral issues, and the whole weight-loss industry with its commercial interests (Jutel, 2009; Monaghan, Hollands and Pritchard, 2010; Oliver, 2006). The most important in the present context, however, is to recognize the extent to which obesity is a social fact and the result of organizational processes.

## **Governmentality, self-technology, and obesity politics**

The 'war on obesity' is an exemplary empirical case of the Foucauldian notions of governmentality and technologies of the self. Governmentality is a certain contemporary rationality and mode of exercise of power which targets the population – its prosperity and productivity – and is based in systems of knowledge (Foucault, 1991; Miller and Rose, 1990; Rose, O'Malley & Valverde, 2006). For public health initiative in this line, the goal is not to directly control people, but to engage them actively in a healthier lifestyle, following the precepts of appropriate experts (Coveney, 1998; Share and Strain, 2008, Thanem, 2009). According to Miller and Rose (1990), governmentality operates and can be analysed at different levels. There is the level of political rationalities where social problems in need of administrative intervention are identified and constructed, such as the obesity epidemic. The problematizations engender panoplies of governmental programmes, such as strategies, policies and plans for obesity prevention. They are brought about by a range of technologies of government – apparently trivial mechanisms for notation, investigation, classification, and representation which make governing possible, such as in this case the BMI and the threshold values for overweight and obesity. Some of them function as technologies of the self (Foucault, 1988; Rose, 1998) and are meant for self-scrutiny and self-improvement, such as when individuals monitor their own BMI, try to adhere to nutritional and exercise advice, and partake in group sessions to become healthier, more responsible persons and parents. Through this ensemble of institutions and tactics, autonomous individuals can be governed indirectly and at a distance, through the intermediary of experts and often non-governmental actors.

The governmentality perspective has proven extremely useful for critical obesity work, since it recognizes the combined processes of regulation and self-control, allowing interrogation of discourses as well as practices and experiences (Evans and Colls, 2009). Much interesting research on obesity issues is conducted from this perspective. In a general analysis, Guthman and DuPuis (2006) claim that neoliberal governmentality produces contradictory impulses for the ideal citizen to on the one hand exercise choice by freely consuming the excesses of food produced, on the other hand show self-restraint and responsibility enough to be slim. In this context, the obesity discourse is a form of discipline which uses at-risk subgroups as examples to warn the 'normal', and thinness has

become a sign of distinction which legitimizes social differences. Thanem (2009) emphasizes similar incongruous tendencies in a study of a UK campaign on healthy eating which displayed a managerialist form of neoliberal governmentality. The campaign encouraged self-enjoyment and self-fulfilment through eating tastier, healthier foods that keep you fit, while it also appealed to the rational self-interest of saving money by finding inexpensive and nutritious alternatives. It offered concrete means of self-monitoring and self-management, rendering individuals free but also restrained and expected to freely choose a healthy lifestyle.

Several researchers with a Foucauldian approach investigate efforts to curb childhood obesity by targeting schools, families and young people. In a critical examination of an Irish national taskforce report, Share and Strain (2008) uncovered a discourse of governmentality which supported responsible, self-reflexive individuals who exert their freedom by doing 'the right thing'. Students and schools were responsabilized without additional financial support and without recognition of the unequal material opportunities to exercise choice. A recent anthology treats the obesity epidemic and biopolitics, i.e. the aspect of governmentality which concerns the regulation of bodies (Wright and Harwood, 2009). It explores the various 'biopedagogies' urging people to work on themselves which can be found across a range of different sites, not just in schools and public health campaigns but also in popular TV shows and other media. Burrows' (2009) contribution argues that a reality TV series featuring families with overweight children fed on parental guilt and shame, and that the phenomenon of watching other people who are being surveilled is an extraordinary additional neoliberal tactics of governance. Similar conclusions are drawn in a recent study of celebrity chef Jamie Oliver's televised attempt to engage a whole British town in healthy cooking regimes of self-discipline and transformation (Warin, 2011). The cultural technology of reality TV, disciplinary surveillance technologies, and technologies of self-governance converged, it is claimed, into a novel form of obesity prevention characteristic of neoliberal governmentality.

## **Contentions surrounding obesity**

What makes it interesting to study obesity from a governmentality perspective is not just the close fit between its theoretical tenets and efforts to govern obesity, but even more so the controversies, ambiguities, and complexities which characterize the social organization of obesity. This could help to avoid the deterministic accounts with little room for change, agency, and resistance that Foucauldian analysis is sometimes criticized for. Foucault's later writings on technologies of the self have caught increasing interest precisely because they sketch the prospect of a certain personal freedom and ability to ethical action, as opposed to the panoptical control described in earlier writings and organizational applications (Barratt, 2008; Chan and Garrick, 2002; Starkey and Hatchuel, 2002).

While most empirical studies of self-technologies in organizational settings appear to treat how employees are aligned with managerial priorities, several authors also discuss the enabling or at least potentially enabling qualities of techniques for self-reflection and self-development (e.g. Thornborrow and Brown, 2009, Townley; 1995; Tracy, 2000). Governmentality studies have also been criticized for overgeneralizations and lack of attention to human agency (Newton, 1998; Rose, O'Malley and Valverde, 2006), but attempts to govern actually meet with problems and unintended consequences so often that government can be characterized as a 'congenitally failing operation' (Miller and Rose, 1990: 10). It is the frustrated ambitions and undesired effects that generate ever new and ingenious attempts to govern.

To start with, the medicalization of obesity has never been universally acknowledged, not even within the medical profession itself, according to Sobal (1995). Preventive medicine and nutrition have relatively low status, and obesity is often ignored in medical education and practice. General practitioners are not particularly motivated or optimistic about treating obesity, and many physicians dislike dealing with the obese and treat them as bad rather than sick. The insurance industry has also been reluctant to provide third party payment for obesity treatment, partly because of the reluctance of the medical community. A study of an obesity intervention for parents of overweight and obese children noted serious difficulties to recruit participants, since parents and possibly also the primary care nurses responsible for recruitment did not identify children who were overweight according to medical definitions as such and did not see their weight as a serious problem (Levay, 2010).

There is also a deliberate counter-movement driven by fat acceptance activists. They organize to fight discrimination on the basis of body weight and refuse the labelling of large body size as a disease or a sign of moral deficiency (Sobal, 1995; Le Breton, 2010). At least in the US, the movement has been remarkably successful and achieved increasing recognition of problems related to size discrimination, seats at the table of health care agencies when obesity is debated, and adjustment of guidelines given to health professionals (Saguy and Riley, 2005). As we have seen, there are also critical scholars who contest the obesity discourse, and their interest was originally sparked by fat acceptance activism (*Ibid.*). While they have had little impact at the level of government and mainstream medicine, they have gained momentum in the public and academic domains in the past few years (Gard, 2009; Wright, 2009)

## **Obesity struggles in close-up**

Obesity prevention and weight reduction schemes are often unsuccessful. Guthman (2009: 1117) notes that 'What is so interesting about obesity talk is that it seems to produce more anxiety about

obesity but fails to eradicate the behaviors that it attempts to educate people about'. Some critical scholars discuss this as a kind of resistance. The healthy eating campaign investigated by Thanem (2009) got people to eat more fruit and vegetables but not to consume less unhealthy foods. Thanem claims that the flexibility, openness, and ambiguities of the neoliberal governmentality manifested in the campaign made it vulnerable to a range of micro-resistances, either by simple rejection of the healthy eating message or by more cynical responses such as smoking or obsessive dieting. Azzarito (2009) suggest that the modest result of obesity prevention programmes for children and youth, often targeting minority youth, could be explained by young people's resistance and rebellion against disciplining practices of the body. In a society where obesity is stigmatized and the body is the main material for self-perfection and social recognition, being obese can be a way to demonstrate indifference and refuse playing the game, even if it comes at the price of contempt (Le Breton, 2010).

Other obesity studies also report various forms of resistance. Interviews with school youths showed that they largely embraced dominant discourses on body weight and health, but still reflected critically on issues such as the high cost of healthy foods, the obstacles to healthy living present at school, and the health risks of being too skinny (Bueausoleil, 2009). The televised community campaign led by TV chef Jamie Oliver provoked outright opposition (Warin, 2011). Mothers brought burgers and crisps to school for their children to eat instead of the redesigned healthier lunches meant to be the only option. Resistance groups were formed, a blog called 'Jamie go home' was set up for scathing running commentary, and football fans who were approached to gather support of the campaign answered with derogatory chants (Warin, 2011). In Warin's interpretation, the mother who led the dissent performed a generative counter power by challenging her ascribed identity of failed parent in need of expert guidance and by articulating the nuanced realities of history, poverty, and class which were otherwise ignored in the TV show.

To a large extent, the access to such complexities seems to be a question of methodology. The closer researchers get to empirical cases of people touched by obesity discourses and techniques, and not just to formal policy documents, the more complex and varied the picture becomes. In a multi method case study of health education in the classroom, Leahy (2009) highlights the 'bio' in biopedagogies and stresses the need to engage in the messiness of the governmental project as an assemblage. Expert knowledge was very much part of the assemblage performed in the observed classes, but to get their message through, teachers also mobilized bodily responses of disgust for fat people and feelings of pride and shame when pupils had their lunchboxes inspected. Similarly, in an ethnographic fieldwork of commercial slimming clubs, Monaghan, Hollands and Pritchard (2010) found a certain flexibility when consultants and their clients applied weight classifications. Consultants and clients were respectively characterized as 'enforcers/administrators' and 'entrepreneurial selves' – two different types of 'obesity entrepreneurs' who actively make fatness



into a correctable problem. For the comfort of customers and the profit of the organization, slimming consultants let members choose their own ideal weight instead of imposing the BMI as a strict measure, offering a 'rubber cage' rather than an 'iron cage'. Clients themselves, the entrepreneurial selves, were not necessarily inclined to follow expert definitions and see a body with a BMI above 25 as overweight. Some tried to present an image of moral worth, e.g. by criticizing that overweight people are publicly condemned and made to feel like criminals.

The study offering the perhaps most complex picture of obesity governmentality is based on participant observation of weight-loss classes (Heyes, 2006). To my knowledge, it is the only study which even mentions that self-technologies employed in dieting could have the kind of liberating aspects which scholars find so interesting in the late Foucault's work. The weight-loss programme demanded extensive self-reporting and self-reflection, not unlike the techniques of diary-writing and confession which Foucault (1988) traced in the antiquity. Despite the limits of such a commercial programmes, designed to serve the industry's rather than participants' interest, it did actually generate real capabilities and a sense of self-development. At the same time it intensified disciplinary power relations, which thus occurred in tandem with the growth of capabilities.

The variety and creativity of responses to governmental efforts in the domain of obesity suggest that not only is governmentality a fruitful perspective to study obesity; obesity is also a fruitful topic to broaden our understanding of contemporary governmentality and self-technologies.

## **Obesity as a basis of workplace discrimination**

There is overwhelming evidence that obesity matters in organizational life. There are widespread stereotypes that obese and overweight people are lazy, lacking in self-discipline, less competent, and sloppy (Halse, 2009; Puhl and Huer, 2009). Slenderness on the other hand generally signifies health and discipline; it is a mark of class and a means of upward social mobility, especially for women and increasingly also for men (Gracia-Arniaz, 2010). In workplace settings, this translates into considerable disadvantages for the obese, as is clear from a recent review by Puhl and Heuer (2009). Obese and overweight people are consistently penalized when it comes to wages and employment rates, even after controlling for socioeconomic and other related factors. Experimental studies demonstrate that overweight applicants and employees are more negatively evaluated in matters of hiring, salary assignments, placement decisions, and co-worker ratings. Self-report studies also indicate that perceptions of weight-based employment discrimination are common. In one study querying overweight and obese women, for instance, 25 per cent reported experiencing job discrimination because of their weight, 54 per cent reported weigh stigma from peers and 43 per cent reported weight stigma from supervisors or employers. Examples of experienced weight stigma

included being targets of derogatory comments and jokes from co-workers as well as not being hired, being denied promotion, or fired because of one's weight.

Pressures to be slim can be particularly strong for service sector employees with extensive public contact such as female flight attendants, who are subjected to constant weight watching through self and peer surveillance (Tyler and Abbott, 1998). But they also exist in knowledge intensive work. For instance, US studies have shown that obese persons working in professional jobs are more likely to report employment discrimination than obese nonprofessionals, and that overweight male lawyers are paid less than normal-weight male lawyers (Puhl and Heuer, 2009).

Obesity is only one of many existing bases of discrimination in organizations, and perhaps not the most serious one. Still, the increasing focus on obesity as a health problem makes it into an area of legitimate concern of organizations and managers vis-à-vis employees (Mik-Meyer, 2008; 2010), which other causes of discrimination are usually not. Unlike other matters similarly addressed by employers on health grounds, e.g. smoking or alcohol consumption, obesity is not a behaviour but a physical characteristic that cannot be hidden or temporarily put aside, such as when a smoker leaves the office building to have a cigarette. Obesity is unique in that the intensified discussion of health risks can reinforce stigmatization of a highly visible and already derided group (Basdevant, 2010; Saguy and Riley, 2005).

## **Obesity and the nexus of gender, class, and ethnicity**

Body weight and expectations of ideal body weight intersect in manifold ways with several factors of discrimination, notably gender, class, and ethnicity (Sobal and Maurer, 1999). Obesity is more frequent among men but more stigmatizing for women. It is a sign and also a cause of poverty, especially for women, since weight-based discrimination in education and employment processes makes obese women downwardly socially mobile (Rothblum, 1992). Discrimination because of weight apparently reproduces social differences, often in subtle ways that concern not just the obese. Bourdieu (1984: 206-207) notes that women are slimmer and more self-confident higher up in the social hierarchy, and that petit-bourgeois women, insecure but aware of the usefulness of beauty in the labour market, devote great investments to improving their appearance.

Obesity is more frequent in low-income and minority group, but the underlying relations are complex. In the US, obesity is inversely related to socioeconomic status among white men and strongly so among white women, while there is a weaker negative relationship among black and Mexican American women and actually a positive relationship between obesity and socioeconomic status among black and Mexican American men (Zhang and Wang, 2004). Such social differences also appear to reproduce obesity, which in its turn can reinforce social inequalities. In groups with low

socioeconomic status, obesity can entail a symbolic capital, which may be one of the few forms of capital people in that group have, and the purchase of fast food can be a form of objectified capital when other forms of bought status are out of reach (Ulijaszek, 2011).

It would be a mistake to think that the social dynamics around obesity and body weight concerns obese and overweight people exclusively, even if they are of course particularly affected. These marginal groups are indeed pointed out and problematized within the prevailing obesity discourse, but the group that is actually targeted and meant to take caution is the centre, i.e. the relatively thin population which is the object of preventive campaign and which is already harbouring anxieties of becoming overweight (Guthman and DuPuis, 2006). As Bordo (1993) and other feminist scholars have exposed, the social and cultural preoccupation with body size is highly generalized; the fear of fat has become a form of pervasive discipline, engaging women and increasingly men in constant micropractices of self-monitoring. Dieting is nowadays a permanent condition for most of the population in Western post-industrial societies, which paradoxically appears to fuel both obesity and eating disorders such as anorexia (Gracia-Arnias, 2010). What is more, the fact that thinness is a mark of self-control and responsibility serves to legitimize the social dominance of people who are thin, white, and economically privileged (Guthman, 2009; Guthman and DuPuis, 2006).

### **Obesity in everyday organizational life**

How matters of obesity may play out in everyday work organizations is suggested by two interview-based studies exploring women's experiences of their embodied identities at work (Brewis and Sinclair, 2000; Trethewey, 1999). Body weight and the particular demands put on women to be slim and controlled in their bodily expressions – sufficiently but not too feminine – are central themes in both accounts. All the respondents in the study by Brewis and Sinclair made reference to the issue of weight, suggesting that they were or had been unhappy with their body size. A majority commented that they currently felt overweight. The professional women interviewed by Trethewey both recounted and displayed the attitude that excess body fat signals lack of self-control and untrustworthiness. In their mind and experience, a professional body was first and foremost a fit body, i.e. a non-fat body that is able to work hard and is presentable in professional context. For instance, one of the professionals had been hesitant to send her overweight assistant into corporate settings and had been told by others that she could not. She had discovered that it was actually not a problem, but having herself been overweight, she still found it unthinkable that she should have put her two hundred pound body on 'display' at professional business gatherings. In both studies, several interviewees reflected critically on prevailing body ideals. Some of them also saw advantages of a larger size, notably that it is less gendered and thus more easily combined with a managerial role,

and disadvantages of being slim, notably the risk of being the object of sexualized attention or even harassment. Yet, both respondents who were themselves overweight and saw benefits with it also suspected that colleagues and superiors might doubt their managerial capabilities because of their inability to control their weight. So, the meanings surrounding body weight and the female body in professional context are far from fixed, but rather a site of struggle and contestation (Trethewey, 1999).

A recent qualitative case study of sport and identity in management consultancy firms found that female and male employees alike were under strong pressures to be slim and fit (Costas, 2010). The studied companies cultivated an image of a vigorous, competitive, and enduring professional who is actively engaged in challenging sports. This ideal was full of masculine connotations and so reinforced gender inequalities, but there were also conflictual demands facing both men and women. Despite the emphasis on sports and health, the working conditions implied long work hours, little sleep, and constant sitting by the desk, which made it difficult in practice to stay in shape. Once again, we can note how exploratory studies carried out in organizational settings reveal a degree of variety, ambiguity, and conflict which is not discernible on the field level and which deserves further empirical investigation.

These results from different fields and levels of research indicate that the role of obesity and body weight in organizational settings is a highly relevant topic for organizational studies. It merits attention in its own right and in relation to a range of important issues within organization studies, especially gender, intersectionality, organizational control, and reproduction of social dominance. The topic ties well into the recent embodied turn in social and organizational science (Dale, 2005; Hassard, Holliday and Willmott, 2000). This approach seeks to counteract the customary tendencies to analyse organizations as if they were disembodied phenomena and to overlook work organization in contemporary analyses of the body. One point of reference is Shilling's (1993: 19) claim that the body is an "absent presence" in social science, i.e. that the embodiment of social practices is taken for granted but not systematically investigated and that the inherently social character of the human body is not duly recognized. In the context of obesity studies, Wright (2009) claims that this critique elides the early contributions of feminist theorists who have since long explored the links between social structures, cultural ideals, and the body. As we have seen, the few existing studies which treat body weight issues in everyday organizational context also have a feminist orientation (Brewis and Sinclair, 2000; Costas, 2010; Trethewey, 1999; Tyler and Abbott, 1998). Yet, the disregard of bodily matters appears to be particularly strong and systematic when organizations are concerned. Organizations are often meant to be spaces of reason, cognition, and self-control, premised on an instrumental rationality which forecloses 'lower' bodily impulses. This is especially problematic for women, since they are by tradition seen as more emotional and bodily than men (Brewis and Sinclair,

2000). It also goes a long way to explain why we have not yet seen studies of topics such as 'organizations and obesity' (Cunha, Cabral-Cardoso and Clegg, 2008: 939). There is ample reason to refuse implicit tendencies to consider questions relating the body as less 'serious' and worthy of scholarly study, and to include not just gender but also obesity in the range of legitimate objects of inquiry in organizational study. In other words, it is time to recognize the elephant in the room and start paying attention to the struggles, power plays, and injuries of obesity in organizations.

## **The organization of obesity in organizations**

The discussion and review presented in this paper indicate that qualitative studies of detailed empirical cases can give valuable contributions to our understanding of obesity, governmentality, and work organizations. The complexity and paradoxes uncovered in such studies of obesity issues suggest a promising area for further exploration. However, there are no doubt considerable methodological challenges involved, especially as concerns the role of obesity in organizational settings. In her study of women's embodied identities at work, Trethewey (1999) notes that many of the interviewed professionals hesitated to respond to questions concerning what a professional body looks like. Some described how others would define a professional body rather than their own perceptions, and others refused to answer the question directly, even if they did so tacitly later on in the interview. In addition, the connection between professionalism and a certain notion of fitness – i.e. that fitness equals slimness – was almost taken for granted. So, it cannot be expected that people will be ready and able to immediately account for how they perceive and act on matters of body weight in their work. Other methods than interviews directly addressing obesity are called for, particularly when it comes to discriminatory and excluding practices.

In this context, the obesity discourse and the 'war on obesity' as they unfold in workplace health promotion provide a fortunate opportunity to study processes that may otherwise be implicit and difficult to access. In terms of the two main ways to approach obesity and organization sketched above, this would mean to take a combined approach, investigating both the organized work to construct obesity as a corrigible problem and the general social dynamics of obesity in organizations. Previous ethnographic research on weight loss and healthy eating programmes in Scandinavian employment settings indicate that weight control is indeed a sensitive issue which actualizes the legitimate border between personal life and work life (Holmqvist and Maravelias, 2011; Mik-Meyer, 2008; 2010; Thanem, 2010). In these studies, managers apparently recognized that body size is a sensitive matter, and many felt uncomfortable to bring it up with employees. However, this did not stop them. The health risks and potential financial costs to the company convinced them that body weight was actually a rightful corporate concern, and they stressed that the programmes were based

on voluntary participation (Holmqvist and Maravelias, 2011: 116; Mik-Meyer, 2008). The people targeted by the programmes reacted in a variety of more or less consistent ways, again demonstrating the complexities and paradoxes of the juncture between obesity and organization.

In a qualitative, ethnographic study of health conversations offered to overweight persons by two Danish municipalities, Mik-Meyer (2010) uncovers the subtle processes whereby participants were urged to adopt the identity assigned to them by health consultants. In a series of conversations between health consultants and unemployed women with little or no education, the health consultants insisted that participants' difficulties to control their weight were based in more fundamental psychological problems and that they needed more positive thinking. The overweight women perceived their problems differently and at first appeared sceptical, but then they accepted or at least did not resist the consultant's analysis.

In study of a healthy eating and exercise programme at a research institute, Thanem (2010) found that organizational members responded in a range of differing fashions to the activities and advice offered, from happy compliance or enthusiastic commitment to neglect, resentment, and resistance. Some displayed contradictory attitudes and actions, such as the IT officer who admitted to having adapted his diet because of the health initiative but who strongly resisted its intrusive character. In this case description and the interview excerpts offered, there is something that strikes at least this reader as distinctly comical. Here are these educated knowledge workers who resort to leaving the office for lunch in order to eat what they want without getting comments, and who explain their attitudes by saying things such as 'that's my business [...] that I have a burger for lunch. [...] I do eat more fruit and vegetables now. [...] Now I'll eat healthier burgers from Burger King' (Thanem, 2010: 18). Rather than taking this as a sign that the whole phenomenon is essentially ridiculous and should not be taken too seriously, a more productive line of reasoning would be to stop and ask what it is that makes it ridiculous. Why is it, for instance, ridiculous when an expert who may not even be overweight is made to account for his or her eating habits, while it seems sad and slightly worrying when the same thing happens to an overweight, unemployed woman, as in the study by Mik-Meyer (2010)? Probably it has something to do with the sudden juxtaposition of high and low, brain and body, thinking and eating in the first case, and the double vulnerability of a low occupational status and a low body-related status that we can intuit in the second case. Clearly, there is room for a truly inquisitive research approach which does not attempt to resolve paradoxes and contradictions in the empirical material too swiftly or easily, but rather takes them as a starting point for continued analysis.

## Summary and reflections on approach

To summarize, this paper argues that obesity and body size is an overlooked topic which deserves to be investigated in organizational science. Obesity merits attention in its own right, because of its importance in contemporary society. It is also a point of entry to vital organizational processes, especially the mobilization of expert knowledge in social (self-)control and the embodied aspects of class, gender, ethnicity, and power in organizations. Previous research on the construction of obesity as a medical and societal problem indicates that obesity is a thoroughly organized phenomenon which can be fruitfully studied using the late Foucauldian notions of governmentality and technologies of the self. Previous research on obesity as a reason for discrimination in organizations and on embodied experiences of identity at work further suggests that obesity and issues of weight play a pervasive role on everyday organizational life. While this role is normally hidden and denied, even by organizational researchers, contemporary workplace weight loss programmes offer new opportunities of access, as we can see from the few existing studies of such initiatives. The overall impression from critical obesity research and studies of body and organization is that ethnographic, qualitative case studies are particularly well-suited to explore these new terrains, with consideration of their fuzziness, contradictions, and paradoxes.

Finally, there is reason to reflect on what a properly critical approach in this context may involve. Much critical research on the obesity discourse and anti-obesity politics is vehemently negative to virtually all medical and public initiatives in the area. While even the most critical researchers do not deny that extreme overweight can be harmful, their analysis is largely devoted to deconstructing the medical framing of obesity and to exposing the insidious aspects of public efforts to curb overweight in the population (e.g. Evans, 2003; Monaghan, 2005; Oliver, 2006; Wright, 2009). Even if this critique is often convincing, the political implications are not clear. For advocates of non-interventionist politics in all social matters, it is unproblematic to concentrate exclusively on criticizing public action, without considering the alternatives. As Gard (2009; 2011) points out, critical obesity writers have indeed found an appreciative audience in neoliberal circles scourging the 'nanny-state'. This is illustrated by Republican US politician Sarah Palin, who made a point of introducing school children to the 'beauty of laissez-faire' by bringing them cookies in a public protest of Pennsylvania's school nutrition guidelines (ABC News, 2010). Other conservatives have followed up by deriding the Democratic First Lady Michelle Obama's campaign to fight childhood obesity (Los Angeles Times, 2011). Such political dimensions are usually not discussed by critical obesity scholars, most of whom would probably not propose dismantling the welfare state in other areas. As Gard (2009; 2011) also points out, even if the state withdrew from all obesity prevention, people would still not be free to

follow their own desires, since eating habits are already shaped by the imperatives of global capital, such as fast food multinationals targeting poorer communities to sell low-quality food.

So, a one-sided critique of all public health measures in the area of obesity is not necessarily the most genuinely critical approach. From a social scientific point of view, a more fruitful approach would be to critically examine all claims and campaigns in relation to obesity, including those proposed by fat acceptance activists, such as Saguy and Riley (2005) do in an interesting analysis of framing contests over obesity. From a public policy point of the view, a more balanced ambition would be to try to find a middle way between naïve enthusiasm for prevention and cynical resignation in the name of an outrageous liberalism (Basdevant, 2010).<sup>1</sup>

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<sup>1</sup> 'Une voie médiane est à trouver entre un enthousiasme préventif naïf et un renoncement désabusé au nom d'un libéralisme outrancier' (Basdevant, 2010: 69).



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