

Title	Problematising Big Food's appetite for policymaking the case of childhood obesity
Authors	Loughnane, Cliona
Publication date	2016
Original Citation	Loughnane, C. 2016. Problematising Big Food's appetite for policymaking the case of childhood obesity. PhD Thesis, University College Cork.
Type of publication	Doctoral thesis
Rights	© 2016, Cliona Loughnane. - <a href="http://creativecommons.org/licenses/by-nc-nd/3.0/">http://creativecommons.org/licenses/by-nc-nd/3.0/</a>
Download date	2025-06-15 14:46:15
Item downloaded from	<a href="https://hdl.handle.net/10468/3649">https://hdl.handle.net/10468/3649</a>

# PROBLEMATISING BIG FOOD'S APPETITE FOR POLICYMAKING

*THE CASE OF CHILDHOOD OBESITY*

Cliona Loughnane

November 2016

A thesis submitted to the School of Applied Social Studies, National University of Ireland,  
Cork, for the award of Doctor of Social Science.

Head of School: Prof. Alastair Christie

Supervisors: Dr. Fiona Dukelow and Dr. Eluska Fernández

School of Applied Social Studies

National University of Ireland, Cork

# TABLE OF CONTENTS

TABLE OF CONTENTS .....	ii
DECLARATION .....	v
ABSTRACT .....	vi
ACKNOWLEDGEMENTS.....	vii
LIST OF ABBREVIATIONS .....	viii

## CHAPTER 1: WHY STUDY BIG FOOD? .....1

1.1. Introduction.....	1
1.2. Research question .....	3
1.3. Rationale for the study .....	4
1.3.1. Addressing corporate practices in public health research .....	5
1.3.2. Examining Big Food’s discourses of childhood obesity .....	7
1.4. Why the study is important.....	8
1.4.1. Examining advanced liberal modes of governing in childhood obesity policy.....	8
1.4.2. Examining Big Food’s representation as a public health policy actor .....	12
1.4.3. Examining Big Food in the wider policymaking context.....	17
1.4.4. The regulation of ultra-processed food marketing to children.....	28
1.5. Contribution to knowledge .....	38
1.5.1. Original empirical data – the first study examining Big Food in Ireland .....	39
1.5.2. Marshalling different discourse strands of obesity.....	40
1.5.3. Explicit operationalising of discourse analysis and the WPR method.....	41
1.6. A note on the use of the terms Big Food and ultra-processed food.....	42
1.6.1. Big Food .....	42
1.6.2. Ultra-processed food.....	45
1.7. Structure of the thesis.....	47

## CHAPTER 2: THEORISING THE ‘PROBLEM’ OF CHILDHOOD OBESITY IN CONTEMPORARY SOCIETY .....50

2.1. Introduction.....	50
2.2. Foucault, discourse and power/knowledge .....	51
2.2.1. What gives discourse power? Power/knowledge .....	55
2.2.2. The creation of subjects and subjectivities .....	58
2.2.3. Advanced liberal governing .....	59

2.2.4. Undertaking a poststructuralist analysis of Big Food .....	61
2.3. Conceptualising obesity in advanced liberal society .....	64
2.3.1. Advanced liberal discourse .....	64
2.3.2. Public health discourse .....	68
2.3.3. Focus on childhood .....	69
2.4. Conclusion.....	73
 <b>CHAPTER 3: UNDERTAKING AN ANALYSIS OF BIG FOOD’S PROBLEMATISATION OF CHILDHOOD OBESITY .....</b>	<b>75</b>
3.1. Introduction .....	75
3.2. ‘What’s the problem represented to be?’ (WPR) .....	76
3.2.1. The WPR approach to analysis.....	76
3.2.2. WPR and this study .....	80
3.3. Research sample .....	83
3.3.1. Selecting the study sample – submissions made by Big Food .....	83
3.4. Ethical and political considerations .....	91
3.4.1. Ethical considerations .....	91
3.4.2. Political considerations .....	92
3.5. Challenges of the methodological approach .....	95
3.5.1. A reflection of this researcher’s interpretation .....	95
3.5.2. One version of the story (ies).....	96
3.5.3. A textual analysis .....	97
3.5.4. Limited to a particular policy-making process in Ireland.....	97
3.6. Conclusion.....	98
 <b>CHAPTER 4: CRITIQUING THREE CHILDHOOD OBESITY DISCOURSE STRANDS.....</b>	<b>99</b>
4.1. Introduction .....	99
4.2. Childhood obesity discourse .....	100
4.2.1. A three-strand approach to childhood obesity discourse .....	102
4.3. Three strands of childhood obesity discourse .....	105
4.3.1. Advanced liberal discourse – the (ir)responsible child-consumer .....	105
4.3.2. Public health discourse – parental ignorance and irresponsibility .....	115
4.3.3. Critical public health discourse – the facilitating state .....	122
4.4. Conclusion.....	135

<b>CHAPTER 5: ANALYSING BIG FOOD'S DISCOURSES OF CHILDHOOD OBESITY.....</b>	<b>137</b>
5.1. Introduction.....	137
5.1.1. Overview of documents included in the analysis.....	138
5.1.2. A note on the text .....	139
5.1.3. Overview of the arguments in Big Food's submissions.....	140
5.2. How childhood obesity is represented by Big Food.....	141
5.2.1. Obesity is complex.....	142
5.2.2 Obesity is not caused by food, nor marketing of food.....	148
5.3. The subject positions relied upon in Big Food's discourses of childhood obesity ...	166
5.3.1. Big Food – responsible corporate citizen .....	169
5.3.2. The regulator – unscientific and politically motivated.....	176
5.3.3. Children – responsible child-consumer/child-glutton.....	186
5.3.4. Parents – in- or out-of-control .....	193
5.3.5. Citizens – informed, responsible consumers/irresponsible consumers .....	197
5.4 Conclusion .....	203
 <b>CHAPTER 6: CONCLUSION .....</b>	 <b>206</b>
6.1. Introduction.....	206
6.2. What the study aimed to do and what it found.....	207
6.2.1. What the study found .....	209
6.2.2. Lessons from conducting a WPR analysis.....	211
6.3. Links with wider debates about childhood obesity and policymaking processes....	214
6.3.1. Regulation of marketing and childhood obesity policy in Ireland.....	215
6.3.2. Corporations and public health policymaking.....	217
6.3.3. Implications of the findings for public health policymaking .....	220
6.4. Reflections on the research process .....	227
6.5. Conclusion .....	232
 <b>References .....</b>	 <b>234</b>
 <b>Appendices .....</b>	 <b>263</b>
Appendix 1: Analysis sheet for WPR questions.....	264
Appendix 2: Analysis sheet for discourse strands .....	266
Appendix 3: Guide for extraction from sample documents.....	268
Appendix 4: Assessment of whether a food organisation represented the four attributes of Big Food used in this study .....	269

## DECLARATION

I certify that this thesis, which I now submit for examination for the award of Doctor of Social Science, is entirely my own work and has not been taken from the work of others, save and to the extent that such work has been cited and acknowledged within the text of my work.

This thesis was prepared according to the regulations for postgraduate study by University College Cork and has not been submitted in whole or in part for an award in any other Institute or University.

The work reported on in this thesis conforms to the principles and requirements of the University's guidelines for ethics in research.

The University has permission to keep, to lend or to copy this thesis in whole or in part, on condition that any such use of the material of the thesis is duly acknowledged.

Signed,

---

Candidate signature

---

Date

## ABSTRACT

Big Food companies, such as Coca-Cola, claim they ‘are helping to develop workable solutions to address obesity – by partnering with government, academia, health societies and other responsible members of civil society’ (Coca-Cola, 2011: 1). Big Food’s reinvention as public health promoter means that government public health policy is increasingly entangled with corporate practices.

In 2011, the Broadcasting Authority of Ireland began a process to regulate the advertising of ultra-processed food to children in an attempt to address childhood obesity. This study takes Big Food’s response to this policy proposal and seeks to reveal what type of ‘problem’ childhood obesity is represented to be by Big Food. The focus on Big Food as a single discursive actor reflects the significant role which corporate interests increasingly play in the development of public health policy. Big Food is considered in this study as one of the governing parties in the shaping of discourse of childhood obesity. Employing the Foucauldian concepts of discourse and power/knowledge, this study looks at the deeper conceptual contests which frame how obesity policy is made in Ireland from the perspective of Big Food. The ‘What’s the problem represented to be?’ (WPR) methodology (Bacchi, 2009, 2010, 2012) is employed to examine how Big Food’s discourses of childhood obesity have developed, how they are maintained and how they might be disrupted. Studies examining Big Food’s role in policymaking are increasingly common in other jurisdictions but this study is the first analysis of Big Food and childhood obesity in Ireland.

This study finds that Big Food’s discourse strategies seek to influence what can be said, and done, about childhood obesity. It finds that Big Food’s representation of childhood obesity imagines eight subject positions (a mix of ideal and non-ideal): Big Food as the responsible corporate citizen; the regulator as unscientific and politically motivated; children as responsible child-consumers or child-gluttons; parents as in- or out-of-control; and citizens as informed, responsible consumers, or irresponsible consumers. These subject positions are constructed and made possible through a representation of obesity as a complex problem which is neither caused by particular types of food, nor by the marketing of such food. Big Food draws heavily on advanced liberal discourses of obesity, as well as using and adapting public health discourses, while ignoring critical public health discourses.

# ACKNOWLEDGEMENTS

*Sincere and heartfelt thanks are due:*

To my supervisors, Dr. Fiona Dukelow and Dr. Eluska Fernández, who worked with me - and together - to deliver crafted feedback and essential academic challenges in many discussions, both virtual and real. And to Dr. Liz Kiely for her thorough and thoughtful comments on the first full draft of this thesis.

To Helen and Karen for love, care and belief in this project and in all my life projects. To the rest of my Cork family for providing me with a solid home-base of support.

To my newer Loughnane family for their ongoing kindness and sustenance.

To my DSocSc classmates and teachers, and to my many friends, who continued to be interested in me and in my subject over a long four years.

Finally, and most crucially of all, I thank Kev for his steadfast support and love, which I hope to reciprocate in our lifetime together.



## **LIST OF ABBREVIATIONS**

BAI – Broadcasting Authority of Ireland

BCI – Beverage Council of Ireland

BMI – Body Mass Index

CSR – Corporate Social Responsibility

FDII – Food and Drink Industry Ireland

HAES – Health at Every Size

HFSS – High in Fat, Sugar, Salt

IBCA - Irish Breakfast Cereal Association

IUNA – Irish Universities Nutrition Alliance

NHF – Nutrition and Health Foundation

NPM – Nutrient Profiling Model

WHO – World Health Organisation

# CHAPTER 1: WHY STUDY BIG FOOD?

## 1.1. Introduction

Despite the conflict between what Big Food needs to do – sell more food – and what government aims to do to reduce obesity – support the population to eat less – governments across the world are engaging Big Food to be ‘part of the solution to obesity’ (see, Hawkes, 2011). In current obesity policymaking both in Ireland and globally, the ultra-processed transnational food industry (hereafter termed Big Food and discussed in section 1.6.1.) is welcomed to work *with* government as partners. This invitation to the policy table is clearly welcomed by companies such as Coca-Cola, which portray themselves as concerned corporate citizens, seeking solutions to childhood obesity:

Obesity is a serious and complex global health problem that requires the collective efforts of everyone – individuals; academia; professional societies; communities; businesses and governments – to solve. And that includes The Coca-Cola Company... We are helping to develop workable solutions to address obesity – by partnering with government, academia, health societies and other responsible members of civil society.

(Coca-Cola, 2011: 1)

This study of Big Food’s corporate practices influencing childhood obesity policy uses discourse analysis to attend to the patterns of thought which underlie how governing takes place. Big Food’s discourses of childhood obesity are the focus of this study, which draws attention to the ways in which Big Food – as a powerful commercial, and increasingly, policy actor – has promoted personal responsibility and related individualising discourses of childhood obesity. A single policymaking process – the development of regulations by the Broadcasting Authority of Ireland (BAI), the statutory body charged to regulate broadcast communications in Ireland, for the broadcast marketing of food and drink to children – is used to examine how Big Food’s mode of thinking about and acting on childhood obesity is created. This study focuses on discourse and is not a policy study but it has ramifications for policy work, especially why we, including government, Big Food and public health, begin where we do when we propose policy solutions to obesity.

Big Food is one of myriad of actors seeking to engage in, form and re-shape contemporary discourses of childhood obesity. The focus on Big Food in this study reflects the view that

while the world is not divided into the ‘oppressing’ and the ‘oppressed’, some groups, as a result of economic and other privileges, are better able to exert their will than others (Lupton, 1996). This study’s focus on problematising Big Food does not mean we should not maintain a critical gaze on how public health and the state more generally problematise and act on obesity. However, for this particular study Big Food is the primary focus of analysis and hence of the critique outlined in the following chapters.

This study takes Big Food’s response to a policy proposal from the BAI – that to address childhood obesity, the TV and radio marketing of ultra-processed food (this term is discussed in section 1.6.2. below) to children should be regulated – and seeks to reveal what type of ‘problem’ childhood obesity is represented to be by Big Food as it engages with the regulator. As such, this analysis is of the development of a policy during a particular time (2011-13) and of a particular actor within this discursive event. This study began in the middle of the regulatory process (2012), when it was unclear what the eventual policy outcome would be.

Policy work, as has been famously claimed for politics, deals with the ‘art of the possible’<sup>1</sup>. This study looks at the conceptual logics of what is deemed possible to think and do about childhood obesity. While drawn to critical public health commentary (for example, Gard and Wright, 2005; Monaghan, 2006, 2013; Gard, 2013) which critiques public health discourses of obesity as medicalised and individualising, I felt there was another powerful actor in obesity debate – beyond the state – which is largely being overlooked in considerations of obesity discourses. Big Food appeared to be integral to producing and shaping understandings of childhood obesity, yet this corporate actor is largely overlooked in critical public health literature and entirely absent in Irish research.

The food industry is made up of a range of actors, from the small farmer, to the independent craft butcher to the behemoths of McDonald’s and Burger King. The object of interest for this study is the discrete but increasingly dominant segment of the food industry described here as ‘Big Food’. In this study, the term ‘Big Food’ refers to international and national ultra-processed food and drink suppliers, retailers, manufacturers and representative organisations. Big Food attributes include: being large companies with concentrated market power; production and/or sale of ultra-processed products; and taking an adversarial approach to public health policies (understanding

---

<sup>1</sup> “Politics is the art of the possible, the attainable — the art of the next best”, attributed to 19<sup>th</sup> century German Chancellor, Otto Von Bismarck.

based on: Brownell and Warner, 2009; Stuckler and Nestle, 2012; Stuckler *et al.*, 2012; Moodie *et al.*, 2013). The understanding of this term as applied in this study is further discussed in section 1.6.1 below.

This introductory chapter provides an overview of the core research question, the rationale for this study and why it is important, particularly in terms of the broader obesity policy context. The chapter continues with a discussion of how this study contributes to knowledge, both in terms of public health research and policymaking and the undertaking of Foucauldian discourse analysis. The understanding of the terms 'Big Food' and 'ultra-processed food' applied in the study are outlined. The chapter concludes with an overview of the structure of the thesis.

## **1.2. Research question**

The focus of this study is on how a single actor, Big Food, seeks to shape and use discourses of childhood obesity. Thus, this study is not a study of childhood obesity in its own right; rather a policy moment where an attempt was made to regulate marketing to children as a means of reducing childhood obesity is used as a vehicle through which to explore Big Food's discourses of obesity.

This focus on Big Food emerged from what is viewed as a relative absence in the critical public health literature. Much critical public health work has focused on the stigmatising and damaging impact of state and public health (often agents of the state) obesity discourse on individuals. This is important work which seeks to challenge the potentially damaging impact of individualising approaches to the 'control' of obesity on individuals and groups within our society. However, this critique of the state has tended to lead to an overshadowing of the impact of Big Food on the government of obesity.

The core question of this study is 'What discourses of childhood obesity are used by Big Food in Ireland?' Adopting Bacchi's (2009, 2010, 2012) 'What's the Problem Represented to Be' (WPR) method of discourse analysis, this overarching question can be broken down into concerns about the way childhood obesity is constructed as a *certain type* of phenomenon by Big Food and the effects which its construction places on how childhood obesity is presented in contemporary society. The study's sub-questions, which contribute to an

understanding of the discourses used by Big Food in Ireland, include: what is the ‘problem’ of childhood obesity represented by Big Food? What presuppositions or assumptions underline Big Food’s representation of the ‘problem’ of obesity? What is left unproblematic in Food’s representation? And how could Big Food’s representation of childhood obesity be questioned, disrupted or replaced? This study uses WPR to analyse an issue which perhaps to a critical observer does not need to be problematised – of course, Big Food should not be involved in obesity and public health policymaking. Yet, working in the public health field, I have seen how unproblematic the relationship between Big Food and policymakers has become in Irish public health practice. The intention of this study is to shine a light on Big Food’s discourses so that public health can confront the contradictions inherent in the common sense of working *with* Big Food as an obesity policy actor.

This study aims to bring new questions to help reshape the current limits of the obesity debate. By laying bare the discursive practices of Big Food which shape, reshape and influence childhood obesity discourse, this study seeks to support more critical questioning of how public health policy is developed in Ireland and whose interests are served in the current obesity policymaking.

### **1.3. Rationale for the study**

This study arose from a concern about the limited nature of policies proposed to address childhood obesity, specifically the overwhelming focus on the personal responsibility of children and their parents, rather than on addressing the corporate practices of Big Food. To understand the tenor of policy options, and particularly the corporate practices which may underpin the focus of current policy, this study places its attention on Big Food as *the* corporate actor in the obesity policy debate and as a previously neglected actor in Irish obesity research. Further, recognising obesity (and the policy options to address it) as socially-constructed, this study attends to the discourses of childhood obesity used by Big Food. As such, this study has two main areas of enquiry – to expand the horizons of public health research to focus on corporate practices and to examine Big Food’s discourses of childhood obesity through discourse analysis, interrogating how obesity is governed through discourse.

### **1.3.1. Addressing corporate practices in public health research**

The primary motivation for this study is to expand the way we think about childhood obesity and the way we make obesity policy, by shifting the attention from the behaviours of individuals to the practices of corporations. Corporate practices have been described by Leone *et al.* (2015: 2) as ‘social determinants of health’, in the same category as poverty, education and housing. In Ireland, in the field of medicines regulation, O’Donovan (2008a: 6) has pointed to ‘inherent conflicts between the goals of corporate wealth and public health’. Increasingly, researchers identify the failure of the ‘laissez-faire approach of leaving solutions for obesity solely to individuals within an unfettered marketplace’ (Moodie *et al.*, 2006: 137). We live in ‘total commercial environments’ (Lang and Rayner, 2012: 4), where the manufacturers of ill-health are often corporations producing ‘unhealthy commodities’ [ultra-processed foods, tobacco and alcohol] (Stuckler *et al.*, 2012: 1). Therefore, it is necessary for public health to turn its attention to ‘corporate giants’ (Powell and Gard, 2014: 11), and in the case of childhood obesity, to Big Food, as the ‘commercial drivers of obesity’ (Moodie *et al.*, 2006: 136). An increasing number of public health researchers, including Gilmore and Collin (2011), Hastings (2012), Lang and Rayner (2012) and Herrick (2016) have argued that public health needs to widen its focus to account for the impact of corporations. Hastings (2012: 3) argues that public health must question the impact of corporate practices on health, particularly the extent of corporations’ power in society:

Public health has to demand a place at the macroeconomic table; it has to contribute to the debate about where corporate capitalism is going and ensure that the public health implications of business decision making are fully appreciated. The business sector is certainly not shy of putting forward its view of how the world should be organised for the greater good of business (...). If public health can develop a similar boldness of purpose we will be able to graduate from the post hoc reduction of specific harm, to a pre-emptive quest for an economic system that actively promotes better public health. We have to take the lead in a movement away from a world driven by abeyance to the corporate bottom line and the enrichment of an elite to one that prioritises physical, mental, social, and planetary wellbeing.

Lang and Rayner (2012: 1) have harangued the public health community for turning attention away from ‘the big picture of society... into the narrow policy language of individualism and choice’. By falling back into a focus on small, discrete behaviour changes, public health has overlooked ‘the macro, the large scale, the big picture, the shaping forces and whatever frames the context for how people live’ (Lang and Rayner, 2012: 2), thereby ceding control for thinking and planning to corporations and the market. They call for a

‘challenging’ of ‘what is accepted as the so called normal, or business as usual’ so that public health can ‘address complexity and dare to confront power’ (Lang and Rayner, 2012: 4).

In terms of obesity specifically, a growing number of primarily UK and US-based researchers (Nestle, 2002; Brownell and Warner, 2009; McDaniel and Malone, 2009; Smith *et al.*, 2010; Gilmore *et al.*, 2011; Gustafsson *et al.*, 2011; Robbins and Nestle, 2011; Brownell, 2012; Hastings, 2012; Lang and Rayner, 2012; Stuckler *et al.*, 2012) have called on public health to widen its horizons, away from studies of personal responsibility for obesity, which ‘do little but offer cover to an industry seeking to downplay its own responsibility’ (Robbins and Nestle, 2011: 145) to examine the corporate practices and behaviours which have contributed to obesity. Obesity and other public health challenges are linked to goods which are produced, marketed and sold by large corporations. Thus, understanding how Big Food influences policy should be a core element of public health research (Smith *et al.*, 2010). Understanding Big Food requires attention both to how its ultra-processed products directly contribute to disease *and* – the focus of attention in this study – how Big Food indirectly influences discourse and the realms within which policy is made (Gilmore *et al.*, 2011).

At the centre of the obesity and the associated dietary problem of malnutrition is that ‘food systems are not driven to deliver optimal human diets but to maximize profits’ (Stuckler and Nestle, 2012: 1). Within the food system, Stuckler and Nestle (2012; 1) have identified that Big Food, a small group of concentrated multinational companies, ‘rules’. Therefore, the food system is not the competitive marketplace of advanced liberal dreams, but an uncompetitive, distorted oligopoly (see also Moodie *et al.*, 2013). The increasing consumption of Big Food’s ultra-processed foods worldwide has been closely followed by increasing rates of obesity and diabetes (Stuckler and Nestle, 2012), giving a compelling reason to address corporate influences and ‘unprecedented power’ (McDaniel and Malone, 2009: 457) on health. Big Food and its corporate practices are therefore developing areas of research interest within public health, leading to special journal series dedicated to examining the role, activities and impact of Big Food (*PLOS Medicine*, 2012, 9 (6) and *Critical Public Health*, 2015, 3) Yet, notwithstanding such developments, attention to the impact of Big Food has really only been felt around the critical edges of public health research; while the vast majority of public health and food policy work has tended to focus on discrete issues of nutrition, food choice and biomedical health. This study seeks to add

to the debate by shifting focus from individual behaviours to the impact of corporate actors on public health.

### **1.3.2. Examining Big Food's discourses of childhood obesity**

This study argues that to include Big Food as a focus of study and to examine its impact on obesity policy it is necessary to examine the discourses of childhood obesity which Big Food promotes. These discourses – this study argues – have the effect of influencing the final contents of obesity policy.

Childhood obesity is clearly a socially constructed topic on which myriad concerns of contemporary life can be hung. Obesity has been variously explained as a result of thoughtless parental over-feeding; of economic inequalities making calorie-dense cheap food the only viable option for some families; of a social environment which fetishises ever more regular food consumption; of a natural and likely positive change in children's bodies in the post-food shortage era of the 21<sup>st</sup> century, both in the West and some developing nations; and so on to eternity. Yet, why then does the personal responsibility – 'your fat is your fault' – dominate the debate about childhood obesity in Ireland and other advanced liberal states? How has personal responsibility come to dominate, while other understandings have been pushed to the margins, or reshaped to accommodate the weight of personal responsibility? This study argues that the personal responsibility discourse of childhood obesity dominates because it best accommodates advanced liberal attitudes to public health concerns. Personal responsibility as *the* understanding of obesity focuses on the individual who must navigate the risks of contemporary society, choosing and consuming wisely as an advanced liberal consumer-citizen.

This study is a piece of critically motivated research which seeks to confront what has come to be seen as common sense in the discourse of childhood obesity – that obesity is a failure of personal responsibility and that everyone, including Big Food, are equal stakeholders in the development of obesity policy – and to provide an alternative reading and understanding (Jupp, 2005). The poststructuralist, Foucauldian analysis of discourses presented here shows that Big Food's construction of the problem of childhood obesity – as with all problematisations – is 'powerful yet contingent' (Bacchi, 2012: 7). In addition to using discourse analysis to show how certain understandings of childhood obesity are contingent, discourse analysis is also used in this study to examine how obesity is *governed*



*through discourse*. This study draws attention to discourse as ‘a material reality of its own’ (Wodak and Meyer, 2009: 37). That discourses have material impacts is at the centre of their significance and why they must be studied and questioned. Thus the analysis in this study is attuned to the material effects of how we understand and speak about childhood obesity, particularly the effects on what is seen as problematic, what needs to be controlled, what way we are *meant* to act and the type of subjects we should strive to be. Through an attention to these effects this study takes a critical approach to Big Food’s claim to be a policy actor and a public health governor.

## **1.4. Why the study is important**

The rationale for this study is to understand how Big Food engages with and shapes discourses of childhood obesity and further how, as a corporate actor, Big Food uses discourses to situate itself as a responsible *policy* actor in obesity policymaking. To do this, the study seeks to focus attention prior to the machinations and horse-trading of the policymaking table to look at the deeper conceptual contests which frame how obesity policy is made in Ireland from the perspective of Big Food. Therefore, while not a policy analysis, this study has important ramifications for how policy is made, particularly how policy options may be shaped as a result of dominant discourses. This study has a particular significance in the current policy context in which obesity policy is made in Ireland and internationally (outlined in section 1.4.3. below). At a time when Big Food is welcomed into the development of obesity policy, it is important to understand how Big Food operates as a policy actor and the potential effects of their problematisation of obesity on final policy outcomes.

### **1.4.1. Examining advanced liberal modes of governing in childhood obesity policy**

This study argues that Big Food draws on advanced liberal modes of governing in its discourses of childhood obesity and in its positioning as a responsible policy actor. This study examines, and seeks to disrupt through examination, what has become a form of common sense, the accepted ‘truth’ of childhood obesity in advanced liberal society and ‘the types of discourse which it [this truth] accepts and makes function as true’ (Foucault, 1980: 131). The advanced liberal ‘truth’ of childhood obesity operates to exclude other

possible discourses. Through the articulation of advanced liberal discourse of obesity in policy development we are prey to the 'silent coupling of knowledge and power as a means by which we assign people to positions/categories and assign them value/worth...' (Ball, 2015: 4).

#### **A note on the use of the term 'advanced liberal' in this study**

The study primarily uses the analytic term of 'advanced liberal governing' to describe the policy context in Ireland. This note briefly outlines the preference for this term. Advanced liberal governing is further discussed in Chapter 2, section 2.2.3.

Advanced liberal governing and neoliberalism are two analytic terms which have been used to describe the exercise of government in contemporary society. There is a strong connection between advanced liberal governing and neoliberalism, both of which have been used to critique the 'anthropomorphization of the economy' (Miller, 2010: 28) in modern governing. Indeed, neoliberal governmental rationality is viewed as the dominant register of government in advanced liberal societies (see Henderson *et al.*, 2009). Henderson *et al.* (2009: 1403) summarise neoliberalism as:

concerned with moderating the detrimental effects of 'excessive governance' through distancing formal political institutions from social actors. This reduces state provision of services and increases reliance upon the individual to manage their own well-being.

Neoliberals view the market as the 'best institution yet created by human agency for the conduct of economic activity' (Pratt, 1997: 35). Neoliberalism has been a wide-ranging and fluid ideological force, successful in affecting a shift in mainstream political debate and 'in recasting the ways in which we think about the respective responsibilities of the individual and the state' (Pratt, 1997: 48). The propagation of the term 'neoliberalism', which has colonised analysis in many disciplines, has led to the need for 'a new language of 'neoliberalization' to describe the 'multiplicity, complexity, variegation, and contextual specificity' of neoliberalism in different political contexts (Springer, 2012: 135). Flew (2014) points out that neoliberal discourse has different effects in different political contexts - that is, it is not uniform in its effect. As such, the neoliberal orthodoxy is perhaps more observed in the breach than the observance (no country has achieved the roll-out of pure neo-liberal policy) but 'has secured universal acceptance for an assumption that favours restraint in

social spending’ (Dean, 2006: 110). Flew (2014: 53) is concerned that the wide use of the term neoliberalism to explain everything in modern life risks neoliberalism being used as a conspiracy theory, ‘where there are forces that are large, dark, relentless and all-encompassing that constitute the underlying source of explanation of everything’.

Springer (2012) and Flew (2012 and 2014) are amongst many voices highlighting that an overreliance on neoliberalism as an analytic term has diluted its precision. The term now functions as a ‘rhetorical trope, where the meaning is already known to those who would be interested in the topic in question’ (Flew, 2014: 52). I believe that the concept of advanced liberal governing, which focuses on the *active* nature of governing, through knowledges and practice, enables a clearer analytic focus for this study. The preference in this study for ‘advanced liberal governing’ is a result of its focus on the *activity* of governing and the structured approach to advanced liberal governing analysis provided by Nikolas Rose and Peter Miller (Rose, 1996, 2000, 2001; and Rose and Miller 2010). Instead of being a monolith, or a conspiracy foisted on society by an elite (as neoliberalism is understood by some), advanced liberal governing as a practice, or mode of governing, draws attention to the way we all participate in and influence advanced liberal governing to some degree (although the potential for influence is unlikely to be evenly spread across society).

It is the case that many of the authors quoted in this study use ‘neoliberalism’ as their term of analysis. In the text the term ‘neoliberalism’ is retained in direct quotes. However, where an author’s work is summarised the term ‘advanced liberal governing’ is generally substituted for ‘neoliberalism’, except in instances where both terms are used by the original author.

In advanced liberal societies, such as Ireland, consumerist culture, including the achievement of citizenship through consumption, supports and reinforces corporations’ powerful position in society (Jackson *et al.*, 2014). As argued by Farnsworth and Holden (2006), it has become impossible to understand or explain the development of social policy without considering the role of corporations. Changes in social policy are often a response to corporate demands. Globalisation has increased the power of corporations and reduced the authority of states. Further, states increasingly integrate corporate practices into the running of public services and policies, including public health (see O’Donovan and Casey, 1995 on this impetus in the Irish health system). Advanced liberal policy focuses on

reducing the administrative and regulatory ‘burden’ on businesses, while emphasising the need for economic growth (Lobstein, 2006; Jackson *et al.*, 2014). This contrasts directly with traditional public health approaches where the state intervenes to create the conditions for good health (Jackson *et al.*, 2014).

Thus, the Irish government, in common with governments around the world, has tended to welcome corporate interests into responsibility to prevent obesity by facilitating Big Food’s involvement in policy and allowing it to self-regulate. In particular, the regulations which have been developed to address food marketing to children primarily focus on self-regulation by the industry, where Big Food monitors its own marketing practices. While there is no clear evidence of government partnerships with Big Food successfully improving public health internationally (see Stuckler and Nestle, 2012; Swinburn *et al.*, 2015), there are clear benefits to Big Food of this approach, including: combating industry-unfriendly legislation and action; silencing or softening criticism of the industry; deflecting blame from sales of their products to physical inactivity; and promoting a focus on individual nutrients rather than overall healthy diet; as well as the creation of health halos<sup>2</sup> for particular products (Freedhoff, 2013). Advanced liberal modes of thought appear unrelenting in mainstream obesity discourse and policy. In my paid work as an advocate for policies to address childhood obesity, I struggle daily against prevailing advanced liberal discourse, which has resulted in the ‘business-as-usual approach’, i.e. a focus on individual behaviour change and voluntary, piecemeal commitments from industry to regulate itself through voluntary codes, or to be directly involved in the development of obesity policy.<sup>3</sup> Where advanced liberal approaches to obesity are increasingly contested in the critical literature, the policymaking field has remained largely immune to such critique. The current study aims to lay bare the advanced liberal modes of governing which dominate current obesity policy in Ireland. Laying them bare is the first step to seeking a wider critique of the limited and singular focus of obesity and public health policy in Ireland.

By analysing the discourses of Big Food, this study tests and contests the limits of what has been seen as possible to think and do about childhood obesity. Bacchi’s (2000: 55) ‘policy-

---

<sup>2</sup> The ‘health halo’ refers to a halo effect on certain foods or brands causing them to be perceived as healthy. For example, a product is marketed as ‘healthy’ because it is low in salt, despite being very high in sugar.

<sup>3</sup> Recent examples include the involvement of the food industry in the development of the government’s forthcoming national obesity policy and action plan (see Institute of Public Health, 2015) and as members of a 2015 Department of Health working group developing a code of practice for food marketing (Department of Health, 2015).

as-discourse scholars' have a commitment to challenging systems of domination, particularly systems of thought. Recognition of the power of discourses in policy-as-discourse studies provides both pessimism, in that social change is hard to achieve, but also optimism because discourses are contingent and therefore possible to change. In the course of undertaking this study I struggled with how to look beyond, or resist the dominance of advanced liberal discourse of childhood obesity both without in society and within my own thinking. Ball's analysis (2015: 2) of how individuals can struggle against the advanced liberal governing they have been schooled in draws on a very useful distinction between three types of truth we all live with: 'the truths told about us' (e.g. producing us as entrepreneurial advanced liberals); 'the truths we tell about ourselves' and the 'the truths we tell to others – truth-telling or fearless speech'. Ball's (2015) paper on the refusal of neoliberal subjectivity has been very useful in situating this study's critique of the advanced liberal underpinnings of obesity policy in terms of a form of truth-telling. In my work as an advocate for public health policies, I am often engaged in what can be termed 'truth-telling' to state institutions, to the media and to colleagues by seeking to challenge powerful – but contingent – advanced liberal truths about childhood obesity. Through Ball's understanding of truth-telling, this study seeks to disrupt the accepted truth by trying to show how there are many truths and that obesity, as an advanced liberal problem, is open to contest and to reimagining. Based on Foucault's understanding of government as the relationship between truth, power and the self, the truth-teller does not claim to tell *the definitive truth*, rather to draw attention to the 'contingency of practices' (Ball, 2015: 12) underlying, in this case, the advanced liberal governing of obesity.

#### **1.4.2. Examining Big Food's representation as a public health policy actor**

Through an analysis of Big Food's own documents (submissions by Big Food to the BAI consultation), this study draws attention to how Big Food claims its place in obesity policymaking. One of the primary benefits of this study is that it *directly* examines Big Food as a policy actor. This singular focus enables consideration of how Big Food shapes and influences obesity policy and of how it positions itself within the power relations between the state and the citizen.

Rather than shying away from the childhood obesity debate (and as a result possibly shut out of policy development, or facing strong regulation of their business) Big Food has positioned itself as a key actor in the public debate on childhood obesity. Increasingly, Big

Food also portrays itself as a *policy actor*, that is, as a key stakeholder which should be included in public health policymaking. Unlike in tobacco control policy where there are strong historical reasons, as well as the requirements of the UN's Framework Convention on Tobacco Control<sup>4</sup>, which exclude the tobacco industry from policymaking fora, Big Food is largely included in policymaking processes on obesity in Ireland and in other developed countries. In Ireland, the food industry lobby group, Food and Drinks Industry Ireland (FDII), in a publication titled 'Enabling healthier lifestyles' argues that the food industry 'is unique amongst other commercial sectors in the commitment it has to supporting healthy, active lifestyles. No other sector does more to encourage and promote healthy eating and physical activity...' (FDII, 2009: 32). Combined with this self-lauded commitment to healthy lifestyles, the food industry 'has long supported the principle of partnership – recognising that working together with Government and other relevant stakeholders is often the best way of achieving real progress' (FDII, 2009: 36). However, as pointed out by Marion Nestle (2002), the foremost writer on the politics of food policy development and the lobbying strategies of Big Food in the US, there is an inherent contradiction in Big Food's involvement in obesity policy because due to commercial concerns Big Food needs to sell more food, at the very point when people need to be eating less. The linking of the growth of the food sector and the economic fortunes of countries is of particular consequence in Ireland. The food and drink sector, building on Ireland's long agrarian based economy is one of the largest, and crucially expanding, sectors of the Irish economy. In the late 2000s, the sector's lobby group claimed €18 billion of gross output and employment of 230,000 for the sector, making it 'a vital part of Ireland's economic and social framework' (FDII, 2009: 1). FDII (2016, no page) have further argued the sector accounts for half of direct expenditure (payroll, materials and services) by the entire Irish manufacturing sector and 'as a result, the sector has a high employment multiplier, which means it supports employment in other parts of the economy in a way that other sectors don't'. More specifically in relation to the Big Food element of the Irish food industry, IBEC (no date) asserts that the food and soft drink industry has 46,000 direct and 60,000 indirect employees, representing 7.5% of Ireland's employment. Reflecting the significance of the food and drink sector's export and employment record, successive Irish Governments have emphasised the sector as key to Ireland's economic fortunes. Addressing a large food

---

<sup>4</sup> Article 5.3 of the Framework Convention on Tobacco Control (FCTC) - the WHO's first global public health treaty – requires all parties to the treaty, including Ireland, to protect public health policies 'from commercial and other vested interests of the tobacco industry.' See Article 5.3, FCTC, [http://www.who.int/tobacco/wntd/2012/article\\_5\\_3\\_fctc/en/](http://www.who.int/tobacco/wntd/2012/article_5_3_fctc/en/) (Accessed 14 November 2015).

conference in the early days of his premiership, Taoiseach Enda Kenny (2011) highlighted the country's reliance on the food sector if it was to recover from the financial crisis:

Ireland's success depends on our ability to develop and sustainably grow in areas where we have real and tangible competitive advantages. The food industry is one such area. We need this industry to succeed in order for the economy to recover... The food and drink industry provides the perfect role model for an economy that can build its wealth through sustainable output rather than volatile speculation. My commitment, and the commitment of the Government, is to work with you and to help you meet the ambitious goals you are setting for yourselves.

In 2015, the Taoiseach remained committed to promoting the food sector as 'at the heart of our recovery strategy for Ireland', stating that 'no plan to get Ireland working again would be complete without strong supports for an industry that accounts for 170,000 jobs across the entire country' (Kenny, 2015). Tensions between the food industry's (and the country's) economic fortunes and public health priorities to reduce consumption across the population are clear.

This study questions Big Food's representation of itself as a public health actor by interrogating the strategies and conceptual logics which underpin their discourses of childhood obesity in an Irish policymaking context. In the face of criticism of their role in potentially causing obesity, Big Food has turned to a number of strategies – investment in 'healthy' lifestyle research, emphasis on physical activity over food consumption and development and delivery of health promotion education (Herrick, 2009). Big Food has also used public health style education programmes to deflect any criticism for their products (Herrick, 2009; Powell and Gard, 2014). In this context, Powell and Gard (2014: 10) argue that Coca-Cola's school education programmes are part of a 'global strategy to avoid hostile government regulation, improve their corporate image and maintain profits'. The success of Big Food's apparent transformation into public health promoter means that government public health policy 'sits alongside (and is often entwined with) corporate health improvement efforts' (Herrick, 2009: 60). Big Food has not been a passive actor, waiting for the state to regulate or legislate its practices towards the end of reducing obesity rates. Rather, Big Food has sought to develop 'a more ethical public face' (Herrick, 2009: 57) keen to engage in what it defines as the solutions to obesity – the energy balance (more calories in need more calories out through physical activity) and better 'choices' by consumers (Leone et al., 2015). Corporate Social Responsibility (CSR) programmes thus are really a form of corporate political activity, used to gain access to policymakers and policymaking fora (Fooks et al., 2011). Banarjee (2008: 52) makes plain the intention of

CSR, arguing that the discourses of both CSR and corporate citizenship are 'ideological movements' which aim to legitimise the power of corporations. As a public health actor, Big Food seeks to promote 'actions outside their areas of expertise' (Moodie et al., 2013: 674), with Big Food suddenly becoming an authority on sports and physical activity. Really promoting health would mean selling healthier products which are 'inherently less profitable' (Stuckler and Nestle, 2012: 2). Yet, Big Food's real work – the marketing of their products – tends to focus on “eat more” campaigns designed to promote larger portions, frequent snacking, and the normalization of sweets, soft drinks, snacks, and fast food as daily fare' (Ludwig and Nestle, 2008: 1809). Thus Big Food's public health 'work' focuses on physical activity and energy balance, rather than on the typical public health advice to eat less overall, in smaller portions and to avoid ultra-processed foods (which would be inherently damaging to their business). As a result, governments working in collaboration with Big Food as common public health allies to develop voluntary codes of practice, to contribute to the development of public policy and participate in government fora 'seems better suited to the interests of industry than to those of the public' (Ludwig and Nestle, 2008: 1809).

The Director-General of the World Health Organisation (WHO), Dr Margaret Chan has increasingly called attention to the strategies by corporations to make public health policy and states' acquiescence to the inclusion of corporate actors in policymaking. In 2013, she stated that the increasing 'globalization of unhealthy lifestyles' is not a public health issue, 'it is a political issue. It is a trade issue. And it is an issue for foreign affairs' (Chan, 2013). Specifically addressing attempts by corporations to 'shape the public health policies and strategies that affect their products', Chan stated that when 'industry is involved in policy-making, rest assured that the most effective control measures will be downplayed or left out entirely' (Chan, 2013). In 2015, the WHO Director-General, further made it clear that corporations cannot be involved in the development of WHO guidance, stating:

... industry cannot participate in the formulation of public health policies. Both areas are prone to conflicts of interest. Both must be protected from influence by industries with a vested interest... The biggest harm comes from the marketing of sugar-rich non-alcoholic beverages and ultra-processed, energy-dense, and nutrient-poor foods, which are often the cheapest and most readily available, especially in poorer communities. ...these industries seek voluntary agreements and strongly oppose regulatory approaches. Both industries are powerful economic operators. Economic power readily translates into political power.



(Chan, 2015).

The singular focus on Big Food's discourses in this study is timely because of the particular policy environment which has developed in advanced liberal states such as Ireland, the UK and the US. In each, Big Food is increasing its involvement and influence in policymaking and being welcomed into policy fora by states. As highlighted by Dr Chan above, Big Food uses its economic power to influence obesity policy processes across the globe. In Ireland, strong links between Big Food – as a key exporter – and the state has facilitated Big Food's involvement in the development of key policies related to obesity. In Ireland, Big Food has been invited to input into the development of the *National Taskforce on Obesity* (Government of Ireland, 2005) and the public health policy framework, *Healthy Ireland* (Government of Ireland, 2013), to make presentations to policymaking fora such as the Department of Health's Special Action Group on Obesity and to be member of policymaking groups such as Department of Health's 2015 working group on a code of practice for food marketing. In the UK, Big Food was welcomed into the public health tent by then Conservative-led coalition government through the Public Health Responsibility Deals. The Public Health Responsibility Deals, developed in 2011, focusing on five public health areas (food, alcohol, physical activity, workplace health and behaviour change) were based on principles of corporate social responsibility (CSR). The deals focused on partnerships and voluntary agreement, with corporations funding government public health campaigns in return for a focus on non-regulatory measures (Fooks *et al.*, 2011; Gilmore *et al.*, 2011). Working with industry to determine and implement policy is the operating principle of the deals. The then-Health Secretary, Andrew Lansley MP, argued that corporations have a role to play, not only in implementing public health policies, but also in their development (Hashem *et al.*, 2011) while government should intrude as little as possible on people's choices, instead 'nudging'<sup>5</sup> them towards healthy behaviour (Gustafsson *et al.*, 2011; Piggan and Lee, 2011). Corporations outnumbered non-corporate organisations and individuals (e.g. NGOs and academics) two to one in the food deal (Fooks *et al.*, 2011). As a result of the deals, policy development and delivery was devolved 'to companies whose products and marketing practices constitute the key proximate drivers' (Fooks *et al.*, 2011: 8). In short, Big Food was 'placed at the heart of writing government policy on obesity' (Hashem *et al.*, 2011: 4). The focus on nudging by government and

---

<sup>5</sup> Many commentators believe that so-called 'nudge' policies, which rely on libertarian paternalist policies, are not suitable to address obesity because policy needs to deliver a 'shove' to really address drivers impacting on obesity (food consumption patterns, marketing, etc.) (Lunn, 2012).

voluntary pledges by corporations ‘signals a rejection of direct state intervention and reliance instead on public engagement at the individual level’ (Gustafsson *et al.*, 2011: 386).

Through an analysis of Big Food’s own documents in a particular obesity policymaking process in Ireland, this study reports *how* Big Food in Ireland portrays itself as a reputable public health policy actor. In so doing, this study adds to research which seeks to widen the focus of obesity research from individual behaviours and attribution of personal responsibility to the corporate practices of Big Food.

### **1.4.3. Examining Big Food in the wider policymaking context**

This study examines Big Food’s discourses of childhood obesity during a single policymaking moment. As this study is a discourse analysis rather than a policy study, policy issues are not central to the analysis provided in the rest of this thesis. However, given, as this study argues, discourses can have ramifications for how policy is made, this section establishes the context for the current study in terms of obesity policymaking in Ireland and internationally. As discussed in 1.4.2. above, Big Food continues to be directly involved in the development of obesity policy in Ireland.

#### ***1.4.3.1. The advanced liberal policy context***

Public health policy, as other areas of policy, reflects the societal context in which it operates. Public health policy in Ireland, as in the UK and the US, is made in a largely advanced liberal context. Advanced liberal governments seek to ‘govern without governing *society*, to govern through regulated choices made by discrete and autonomous actors’ (Rose, 1996: 328). The shift to market principles in advanced liberal government has altered the nature of government in social policy. The functions of health systems have been re-problematized through economics discourse emphasising individual rights and responsibilities (Joyce, 2001).

Advanced liberal governing is often considered in terms of the rationality and technology of governing developed by Nikolas Rose and Peter Miller (Rose, 1996, 2000, 2001; and Rose and Miller 2010). Rose and Miller (2010) identify three elements of political rationalities – firstly, they have a moral form, naming the proper distribution of actions by different levels

of society, familial and political; secondly, they have an epistemological drive in articulating a particular concept of society, individuals and all the objects to be governed; and thirdly, political rationalities operate through an idiom to make the world understandable in a particular way to suit a certain form of governing. The approach to public health policy making in advanced liberal society can be examined in relation to four specific rationalities and technologies of the advanced liberal state articulated by Rose (2000: 337) [emphasis added]:

Central to these are the revised ambitions of political government, the aspiration to *govern 'at a distance'*, the *fragmentation of sociality and subjectivity into communities and identities*, the emphasis on creating active *individuals who will take through the existence of choice*, and the organization of socio-political concerns around the *management and minimization of risks* to lifestyles of contentment and consumption.

Firstly, governing in advanced liberal society takes the form of governing at a distance. In advanced liberal governing the centre steers the system indirectly (Ferlie *et al.*, 2012). In this way, the 'health-related aspirations and conduct of individuals is governed 'at a distance', by shaping the ways they understand and enact their own freedom' (Rose, 2001: 6). Governing is concerned 'to structure the possible field of action of others' (Foucault, 1982: 790). Individuals seek to follow the established norms and engage in self-regulation (such as monitoring their weight), so that the 'arm of government can rest lightly' (Bacchi, 2009: 29). What appears to be minimal intervention by the state relies on governing through the 'corporatization and the commodification of health' (Ayo, 2012: 102). Thus it is not that state power has declined but rather:

governments are exerting as much power and control over society as ever before, and that neoliberal reforms are not about liberating people from the state, but rather instituting a different way of organizing and regulating people

(Edwards *et al.*, 2012: 5).

Secondly, in the advanced liberal system, the state mutates into communities which are a more limited and reduced version of the social state (Rose, 1996). Where the social state encompasses all citizens in an interconnected society built on collective obligations; communities must choose themselves, organise themselves, improve themselves, be responsible for themselves. Thirdly, in advanced liberal societies freedom and responsibility is performed through the making of choices by entrepreneurial, independent individuals (Rose and Miller, 2010). Individuals must live their lives – and make their choices – with

prudence and responsibility (Rose, 2001). Foucault particularly highlighted the forms of control that work through people's own choices, desires and actions to create advanced liberal citizens (Edwards *et al.*, 2012). Drawing on Foucault, Dean (2012:76) highlights it is a 'mistake to identify neoliberalism with laissez-faire principles', because such governing actually relies on permanent controls, interventions and action. Subject to this governing, the advanced liberal 'embodies a paradoxical form of agency: regulated autonomy' (Ryan, 2010: 764). It is in consistently making regulated choices that citizens are governed to achieve their 'proper' role in society. Finally, doing away with the collective provision of a social state, the advanced liberal rationality promotes a politics of risk and security (Rose, 1996 and Rose and Miller, 2010). Identifying health risks at an individual level is an example of Foucault's 'dividing practices' (Foucault, 1982) which separate individuals into active citizens who can manage their risks – such as the risk of obesity – responsibly and those who cannot and require intervention (Bacchi, 2009).

The advanced liberal state, governing at a distance, can pull away from the governmental responsibilities implied in social government. As described by Rose (2000: 327), the social state metaphorises into the 'facilitating state, the state as partner and animator rather than provider and manager'. Instead of protecting the public health needs of the population, the state instead will play *its part* and invite others, including corporations into policymaking. The Irish state has engaged in the 'diffusion of responsibilities for the construction, direction and implementation of policy among different political actors' (Taylor and Millar, 2004: 601). Yet, while the state may *seem* to cede power for implementation, it strongly retains the framing of policy problems. Dean (1999) outlines how regimes of practice can be identified in the fields of visibility of government – through what light it uncovers certain elements and with what shadows it conceals others. In childhood obesity, this study argues the field of visibility of advanced liberal government shines a bright light on personal responsibility and darkens the spectre of corporate practices. This redrawing of state activity provides a space for corporate actors, such as Big Food, to play an increasing role in governing.

Ireland displays many of the elements of an advanced liberal state and is 'a society committed to market values and consumer spending' (Butler, 2009: 355). Ireland has been identified as a 'competition state', prioritising economic competitiveness over social inclusion, in the context of the advanced liberal globalisation of recent decades (Kirby and Murphy, 2010). As discussed above, a reliance on individual autonomy through 'choice,

personal responsibility, control over one's own fate, self-promotion and self-government' (Rose, 2000: 329) is characteristic of advanced liberal government. As emphasised by O'Donovan (2009; 2008b), the competition state is not characterised by a neo-liberal fantasy of the withdrawal of the state from governing, rather the state is undergoing a process of 'reregulation', developing new regulatory practices. This has moved the state from 'hands-off' regulation to 'regulation for 'competition'' (O'Donovan, 2009: 148). Ireland is characterised in this study as an advanced liberal state, while recognising that the state is not a unitary entity and that there are contradictory impulses within the state (including public health) and state actors (Adshead *et al.*, 2008b). In this study the eventual outcome of the consultation, statutory regulation of Big Food's marketing activities, illustrates that advanced liberal forms of governing in Ireland are not immovable.

Irish public policy has been characterised by a relatively weak welfarist state (Millar, 2008) which has sought to mediate and develop consensus between the diverging interests through corporatism (see O'Donovan, 2000; Meade and O'Donovan, 2002; Ryan; 2010). Through corporatism, the Irish state 'displayed a penchant for consultation and negotiation with vested interest groups' (Taylor and Millar, 2004: 587), while seeking to be seen as 'a neutral arbiter between competing (intractable even) social interests' (Meade and O'Donovan, 2002: 3). For 20 years from the late 1980s, social partnership, in which partnership wage agreements were negotiated between the state, social and corporate interests, became the dominant paradigm Irish policymaking (Meade and O'Donovan, 2002). Fundamental to this approach is a belief that the state through dialogue with differing groups (viewed as stakeholders) can resolve any conflicts of interest to produce policy (O'Donovan, 2008b). The Irish state became attuned to making policy with different interest groups, where all groups were invited into policymaking spaces and the state adopted an 'impartial image of itself' (Meade and O'Donovan, 2002: 5), mediating between different interests to achieve agreement. Ryan (2010) argues the partnership approach has been an effective strategy by the Irish state to overcome friction, or resistance to the advanced liberal direction of Irish policy. The inclusion of organised commercial interest groups has been valorised by the Irish state as conferring political legitimacy (overcoming possible resistance) and providing access to commercial information essential for the development of policy (Taylor and Millar, 2004).

The hegemony of partnership in Irish policymaking mean that the conflicts of interests between 'wealth generation and health protection' (Lobstein, 2006: 41), which come into

stark focus in public health policymaking, are often elided. The impact of consensus-driven policymaking has been demonstrated in public health policymaking (which was itself not at issue in the formalised social partnership agreements). Butler (2009: 352-3) argues that the alcohol industry in Ireland 'has made explicit use of the partnership concept' to argue that there was no 'inevitable incompatibility between its commercial aims ... and its desire to demonstrate corporate social responsibility by working in collaboration with public health activists'. In food policy, Taylor and Millar (2004: 586-7) found that the way the Food Safety Authority of Ireland was established, incorporating a strong role for agri-food businesses, reflected 'an Irish policy style that has always displayed a penchant for consultation and negotiation with vested interest groups'. Involvement of industry interests in public health policymaking processes was further demonstrated through the inclusion of the alcohol industry in the Department of Health-convened 2012 Steering Group on a National Substance Misuse Strategy. The role of the Steering Group, including two representatives of the alcohol industry, was to directly advise government on how alcohol could be integrated into the existing National Drugs Strategy (Butler, 2015).

Following the international financial crash ending the Irish Celtic Tiger, Irish social policy further gave way to advanced liberal forces, predicated on openness to investment by large multi-national corporations (including attractive corporate tax policies), light-touch regulation and privatisation of state companies (see McDonough and Dundon, 2010). It is established that advanced liberal policies in developed countries, which prioritise the opening up of markets to multinational investment and trade, are 'conducive to the widespread distribution of unhealthy commodities by multinational firms' (Stuckler *et al.*, 2012: 1). In the sphere of public health policy, Butler (2009: 355) argues that in Ireland during the 2000s 'the paternalistic or 'nanny state' ideas at the heart of the public health approach were spectacularly unfitted' for a country 'characterised as never before by neo-liberal values' (Butler, 2009: 355). In the regulation of medicines, O'Donovan (2008b: 80) argues the Irish state has followed 'a neo-liberal pharma-friendly course' which provides 'a clear illustration of the transformation of the welfare state into a competition state'. It is likely that similar forces were at work in policies to address obesity, particularly those which would focus on reigning in corporate practices designed to sell more ultra-processed products. Yet, as the case examined in this study ultimately shows via state intervention in the market to regulate food marketing, advanced liberal governing 'is by no means monolithic, nor is it without compromise or contradiction' (Buckingham, 2009a: 202). In

this instance the impulse to a minimalist state was superseded by what could be described as a more protectionist welfare state approach to policymaking.

#### ***1.4.3.2. The role of corporations in advanced liberal public health policymaking***

In advanced liberal governing the 'role of the state is largely viewed as advisory' (Henderson et al., 2009: 1403), although the state remains an active facilitator of new modes of governing. The decentralisation of power away from the state relies on codified standards, being outside of which it is impossible to imagine (Rose, 1996; Henderson et al., 2009). For example, in the governing of obesity, 'normal' body mass index (BMI) is the code by which individuals can govern their own weight. Governing also operates through the creation of new subjects of government which establish the model behaviour for individuals to achieve (see Rose 1996, Foucault, 1997). Advanced liberal governing, where the market is seen to reign supreme, opens up all areas of policymaking to corporate influence. Such regimes are fertile ground for the 'McDonaldisation' or 'Coca-Colaisation' (Caraher and Coveney, 2003: 592) of food production, where Big Food is unbound from 'what their chief and other executives regard as regulatory burdens, so that that they can engage in any currently legal policies and practices that will maximise their market share and their profits, worldwide' (Monteiro, 2010: 262). In an increasingly globalised world, including the globalised food market, corporate power is exerted at the local, national and supranational level (Miller and Harkins, 2010). Power flows through the state to corporations with the result that:

Private actors (and some others) are invited into the state to make policy. It is no longer enough to think about corporations only as attempting to influence policy. In reality much decision-making power has been directly devolved to them while corporations are increasingly 'internal' to the state.

(Miller and Harkins, 2010: 567)

The increasing role of corporations in governing generally explains why in childhood obesity policy specifically, Big Food can be seen not only as the cause of the problem of obesity but through research funding, knowledge creation, reformulation of its products and promotion of physical activity, can also *be part of the solution* (Herrick, 2009). As a result unelected, corporate interests are increasingly involved in the production of public health policy. This engagement between the state and non-elected parties, including corporations, has its highest formation in the concept of 'partnership', where policy is no longer subject

merely to the influence of non-state parties but is 'actually co-created and delivered by the private sector' (Miller and Harkins, 2010: 582). Partnerships represent 'a significant technology of government that 'get things done' for the corporation [Big Food]', particularly by endorsing 'both the corporation and their 'obesity solutions'' (Powell, 2014: 230). Such partnerships are beneficial for the state, in facilitating and enabling governing at a distance and in Ireland in particular, such partnership approaches have been a core facet of social policymaking.

Public health advocates argue that because industry's commercial objectives and over-consumption go hand-in-hand, partnership with Big Food cannot work as they have little incentive to voluntarily make changes to current practices, when they continue to profit so successfully from the current policy and regulatory environment (see Koplan and Brownell, 2010; Gilmore *et al.*, 2011; Hastings, 2012; Moodie *et al.*, 2013). Public health commentators further argue that state engagement with corporations does not need to result in corporations *setting* policy (see Gilmore *et al.*, 2011). Corporation's role could be limited to advising on technical details of implementation to assist government who ultimately determine the policy. The UK Public Health Responsibility Deals (discussed in section 1.4.2. above) are seen to epitomise 'corporate involvement in public health' by privileging the voluntary (i.e. non-regulatory) approaches preferred by industry (Collin and Hill, 2013: 1).

The UK is not unique in its approach to public policy development in partnership with Big Food and other corporate interests (Hawkes, 2011; Collin and Hill, 2013). Self-regulation by industry and consumers has become a default approach for many governments, based on the argument that market forces 'driven by informed individual choice' (Moodie *et al.*, 2013: 675) will ensure so-called 'responsible' consumption. Herrick (2009) represents the range of corporate actors entering the policy pitch in terms of a move from the hollowed-out state of early neoliberalism to the congested advanced liberal state, where the state shares governing with a range of corporate and other actors. These public-private partnerships on obesity influence the dynamics of governing as they 'assume a role in the exercise of power that affect decisions about how to address unhealthy eating and associated public health outcomes' (Hawkes, 2011: 401). Across the world, corporations have sought to position public health issues such as childhood obesity as the outcome of personal irresponsibility by millions of people simultaneously (Field and Gauld, 2011). CSR has emerged as a core activity of corporations, particularly those such as Big Food



attempting to ameliorate negative impacts of its products, or at least to be seen to attempt to do so. CSR enables companies – even the normally pariah tobacco companies – the opportunity to engage with health policymakers (Fooks *et al.*, 2011). Such CSR tends to be limited in its approach, often seeking to balance ‘the harm done by ... hypercaloric food with messages about taking more exercise for ‘calories in-calories-out’ balance’, instead of a ‘potentially more radical’ approach wherein Big Food would ‘act to protect the rights of children and adults to a healthy life in which they are free to achieve their full potential’ (Leone *et al.*, 2015: 10). Examining Coca-Cola’s CSR community projects in Israel, Barkay (2011) concludes that CSR works to reproduce corporate power, rather than addressing the social concerns of communities.

As identified by Henderson *et al.* (2009: 1405) within the current advanced liberal context, ‘at the centre of the debate around government regulation of fast food advertising are questions about the role of government’. The advanced liberal state increasingly relies on Big Food ‘as a source of research funding, product development, nutritional science knowledge creation and physical activity sponsorship’ thereby reducing the state’s ‘legitimacy and capacity to ensure the public’s health’ (Schwartz and Brownell, 2007: 79). Big Food can draw on widespread and advanced liberal influenced-concerns about the failure of parental control and over-consumption by individuals to elide any responsibility for obesity. Public health commentators rail against this form of corporate-influenced policymaking, which they believe ‘miss(es) a fundamental point’, that in a market economy ‘industry tends to act opportunistically in the interests of maximizing profit’ (Ludwig and Nestle, 2008: 1811).

#### ***1.4.3.3. Concern with the nature of obesity***

There is much debate in the critical sociological literature as to the nature of obesity. Is obesity a socially constructed mode of social control, or is it a physical/scientific fact? Is obesity a ‘real’ issue in society, requiring amelioration and policies to reduce it, or is obesity a concept used to govern individuals’ behaviours and regulate so-called risky behaviour? In the current study, obesity is understood both as a social fact *and* a physical fact. Obesity is a social fact because it is socially constructed, taking on particular meanings within society (see Gard and Wright, 2005). Many of the commentators who view obesity as solely a social fact have tended to ‘bracket or dismiss the biophysical realities of obesity’ (Patterson and Johnston, 2012: 284). Yet, while obesity is as a socially constructed concept to which

many negative assumptions are attached, some people identify themselves as obese. Further, the dominant discourses of childhood obesity are 'not simply 'ideas', but have real material affects... impacting who feels good about their body, who is depicted as a 'good' citizen' (Patterson and Johnston, 2012: 283). Therefore, for some there is the physical experience of being obese, particularly in a social world which places negative meanings on being obese, and for society there are the consequences of the material impacts of obesity discourse. While accepting that obesity is a bodily fact for some individuals and a physical issue in society, I am unconvinced that the overwhelming interest in childhood obesity in contemporary society results from a benign intent to prevent obesity and to improve the health of those who are already obese. Delving into Big Food's discourses of childhood obesity is an attempt to understand what it is about contemporary society which fetishises obesity – that makes it so intriguing and so disgusting – while at the same time the society appears largely apathetic to assist those people who no longer wish to be obese, to address the social and structural condition which reproduce obesity, or to rein in those who may profit from the phenomenon.

#### ***1.4.3.4. Childhood obesity in Ireland***

Childhood obesity in Ireland developed as a significant concern of public health policy from the early 2000s, with the policy, media and public attention at epidemic proportions by the mid-2010s. A level of hysteria has been evident in government pronouncements on obesity. For example, using extrapolations from UK data in 2005, the Irish state claimed the 'numbers could now amount to more than 300,000 overweight and obese children on the island of Ireland and they are probably rising at a rate of over 10,000 per year' (Government of Ireland 2005: 6). However, the picture on childhood obesity rates in Ireland is complex, with no single source of data giving rates for children of different ages. One review of studies found that between 1990 and 2005, depending on the method used, there was a two-to-fourfold increase in obesity in Irish children aged 8–12 years (O'Neill *et al.*, 2007). A systematic review of studies 2002–12 (Keane *et al.*, 2014) found the prevalence of obesity amongst Irish children, while relatively high compared to other countries, had reached a plateau and may be falling slightly. The range of methods to measure obesity amongst children and the relatively arbitrary nature of age/healthy-weight cut-off points (which may be accurate as a measurement of obesity in the overall population, rather than for individual children) make the determination of childhood obesity rates very difficult. At the same time the following figures are now so widely cited in Ireland, by the state, the

media and commentators that they have taken on considerable ‘weight’ in the policy debate:

The prevalence of overweight and obesity has increased at an alarming speed in recent decades. Irish studies have shown that 2 out of every 3 adults are overweight or obese and that among children as young as 3 years of age, 1 in 4 is overweight or obese.

(Department of Health, 2014: 27-8)

In order to move beyond the often quoted figure of 1 in 4 three year olds who are overweight or obese (note the conflation of overweight and obesity), it is necessary to combine more segmented data on children’s weight and BMI available from a range of sources (e.g., the National Pre-school nutrition survey; Children’s Food Survey; Teens Food Survey; Growing up in Ireland Study; and the WHO Childhood Obesity Surveillance Initiative). Notwithstanding the range of sources and cut off points which are in use, an overview of childhood obesity rates in Ireland is provided in Table 1.1. These figures are presented only as a rough guide to the likely rate of childhood obesity in Ireland but indicate that childhood obesity rates are lower than the presentation of an obesity ‘epidemic’ in the media and by government would suggest.

**Table 1.1 Rate of childhood obesity at different ages in Ireland**

Age	Rate of obesity (different measurements)
Pre-schoolers 2-4 years	3%
3 year olds	6%
7 -11 year olds	7.2% [average over 3 studies of 7; 9 and 11 year olds]
Teenagers (12-17)	7.5%

Sources: Growing up in Ireland Study, 2011; the WHO Childhood Obesity Surveillance Initiative, 2014; SLÁN, 2008; and The Irish Longitudinal Study on Ageing, 2011.

As interest in childhood obesity rates in Ireland increased, so too did government policy proposals and activities related to obesity, including the 2005 *National Taskforce on Obesity* (Government of Ireland, 2005), the work of the Department of Health’s ‘Special Action Group on Obesity’, the 2013 public health policy framework, *Healthy Ireland* (Government of Ireland, 2013) and the 2014 *Better Outcomes Brighter Futures: the National Policy Framework for Children and Young People* (Government of Ireland, 2014).

The 2005 *National Taskforce on Obesity* was the first, and to-date the only policy, to focus solely on obesity. The taskforce report proposed 93 recommendations to address obesity, including that the government departments ‘together with the private sector and consumer groups’ should take ‘multi-sectoral action on the marketing and advertising of products that contribute to weight gain, in particular those aimed at children’ (Government of Ireland, 2005: 94). Despite the figures presented in Table 1 above, the obesity taskforce report was developed in the context of what it described as the ‘epidemic proportions’ of childhood obesity, making ‘body weight now the most prevalent childhood disease’ (Government of Ireland, 2005: 6). The taskforce report diagnosed a problem of an obesogenic environment, including the ‘complex supply and production system influenced by public policy, market forces and personal preferences, in turn dictated by our cultural traditions, beliefs and attitudes’ (Government of Ireland 2005: 82) as responsible for obesity. However, the vast majority of the recommendations made in the report focused on behaviour changes which individuals should make to their lifestyles (see Share and Strain, 2008). Indeed in terms of childhood obesity, the taskforce report appeared unsure about the motivations and abilities of parents, particularly those from lower socioeconomic groups, to ensure their children were a healthy weight: ‘There is *no reason to believe that parents have not the best interest of their children at heart*. Indeed the converse almost certainly applies in the vast majority of families’ [emphasis added] (Government of Ireland 2005: 56). The 2005 Taskforce on Obesity epitomises the personal responsibility approach to obesity. Share and Strain’s (2008: 234) discourse analysis of the taskforce report emphasised the individualised focus of its recommendations which ‘responsibilises schools, families and young people and relies on individuals to do ‘the right thing’’. A 2009 review of the implementation of the taskforce recommendations found that a majority had not been fully implemented (Department of Health and Children, 2009).

As in other jurisdictions, Big Food has actively sought to position itself as a central stakeholder in the development of policy solutions in Ireland. Mirroring the partnership policymaking model of the UK Public Health Responsibility Deals, FDII has proposed the development of a ‘Livewell Platform’, which they describe as a ‘collaborative platform with Government’ to address obesity (FDII presentation to Joint Oireachtas Committee on Health and Children, 11<sup>th</sup> October 2012) through formal collaboration between food companies and the state. In a press release calling on the Irish government to ‘learn from the UK’s Responsibility Deals’ the FDII’s Head of Consumer Foods argued:

A partnership approach between industry and government is the best way to address issues such as obesity. Food companies have taken huge steps in the past decade to promote healthy lifestyles and provide consumers with more information. There is more work to be done and industry is willing to play its part. (FDII, 2011b)

While the Livewell Platform has not been acceded to by the Irish government, Big Food plays an increasing role in obesity policymaking, including the involvement of the food industry in the development of the forthcoming national obesity policy and action plan (see Institute of Public Health, 2015) and as members of a 2015 Department of Health working group developing a code of practice for food marketing (Department of Health, 2015).

#### **1.4.4. The regulation of ultra-processed food marketing to children**

The case study examined in this research was the process by the BAI to regulate ultra-processed food broadcast (television and radio) marketing during children's programming. The following section describes the policy momentum which developed in favour of marketing regulations based on public health research and advocacy. The regulation of the marketing of ultra-processed food is one of the policies most regularly presented by public health across the world to address childhood obesity (Lang and Rayner, 2007). There are two primary sides to the academic debate about the regulation of such marketing. One side, drawn primarily from public health which supports regulation; and the other, often drawing on conceptions of children's use of media, which opposes marketing bans in favour of media literacy programmes for parents and children. Big Food also opposes marketing regulation as unnecessary intervention into its corporate activities. The first part of this section details the concerns that developed around marketing to children within public health. The second section examines reluctance to support marketing regulation by some academics, as well as resistance to such regulation by Big Food.

The products most commonly advertised to children on TV are ultra-processed (Lang and Rayner, 2007) and commonly known as the 'Big Five' – sugary breakfast cereals, soft-drinks, confectionary, savoury snacks and fast food outlets (Hastings *et al.*, 2003). Food marketing to children is considered more prevalent than marketing for any other product, except toys but even then only at Christmas time (Hastings *et al.*, 2003). Children are a particularly important marketing audience for Big Food because they spend their own money, influence their parents and can become loyal customers for life (Harris *et al.*, 2009). The scale of such

marketing<sup>6</sup> is huge – it is estimated that US\$10 billion is spent per year marketing to children in the United States (Purcell, 2010), representing a ten-fold increase since the 1980s (Linn and Novosat, 2008). In 2004, Coca-Cola and PepsiCo spent \$2.2 billion and \$1.7 billion respectively on advertising worldwide, more than the WHO spends on its entire health work (Lang and Rayner, 2007). As a result, the diet which is marketed to children is in direct conflict with what is recommended for health, while the recommended healthy diet is hardly promoted at all (Hastings *et al.*, 2003; Hastings *et al.*, 2004).

The concern about marketing from a public health perspective is primarily its links to childhood obesity, particularly given that the rise in food marketing to children has mirrored a rise in childhood obesity (Linn and Novosat, 2008). The Hastings Review (Hastings *et al.*, 2003), which was the main evidence used by UK policymakers introducing marketing regulations, examined whether food marketing influenced children, and found that marketing has an impact on children's food preferences, purchase behaviour and consumption at both food brand and food category levels and these effects are independent of other factors. The study found a link between obesity and the heavy marketing of calorie-dense foods. Buckingham (2009a: 202) has questioned the 'political uses' to which the Hastings review and others were put to by UK policymakers. He convincingly argues (Buckingham, 2009a and 2009b) that over-claims were made for the research findings to provide a strong and unquestionable evidence base for marketing regulations, which omitted the need for discussion of the political, or ideological motivations for the regulations. There was a considerable difference between the 'cautious judgements in the Hastings report itself' and the way the research findings were presented as giving a 'strong case' for regulation by policymakers (Buckingham, 2009a: 208). What Buckingham points to is that while it is expedient for Big Food to question the evidence for regulation, it is equally expedient for public health policymakers to overstate the evidence base for marketing regulations.

As knowledge of the level of ultra-processed food marketing to children and the links between marketing and obesity have developed, there have increasingly been calls in Ireland and internationally for stronger regulation of ultra-processed food marketing to children. Concerns that children are particularly vulnerable to marketing are now included in a range of international public health texts, industry pledges and state regulations

---

<sup>6</sup> Note – when discussing 'marketing to children' this refers specifically to the marketing of ultra-processed foods, rather than to any other products.

(Hawkes, 2007). Since 2003, the WHO has produced consistently more robust statements about the role of marketing in childhood obesity and called on states to regulate in this area (Hawkes and Harris, 2011; Raine *et al.*, 2013). By 2013, the WHO made statements that marketing of ultra-processed food is ‘a significant risk factor for child obesity and for the development of diet-related noncommunicable diseases’ (WHO, 2013a: 1). Most public health research draws on conceptions of children as vulnerable and in need of protection. Advocates supporting the regulation of marketing point to the naivety of children and their manipulation by sophisticated marketing campaigns (Moodie *et al.*, 2006; Hawkes, 2007; Brownell *et al.*, 2010).

While the public health community are almost unanimously in favour of strong regulation of Big Food’s marketing of ultra-processed food to children, Big Food is resistant and in many cases fights strongly against any state regulation of their marketing activities. Big Food argues against statutory regulation of marketing practices, advocating in favour of their own ability to self-regulate (Hawkes, 2007). This conflicting approach reflects the ‘ethically paternalistic orientation of many public health advocates versus the emphasis on individual responsibility and freedom of choice favoured by many industry stakeholders’ (Hawkes, 2007: 1970). Big Food claims that marketing does not influence overall consumption, or change the type of foods eaten (e.g. from fruit to desserts), rather that the role of marketing is to move consumers from one brand to another within a food category (e.g. from Coke to Pepsi) (Harris *et al.*, 2009).

Contrary to the argument made by Big Food, the 2003 Hastings’s Review (Hastings *et al.*, 2003) found a high level of marketing to children; that this marketing advertises an unhealthy diet; that children engage with food marketing; that it has an effect on children’s preferences, behaviour *and* consumption; and that this effect on behaviour and consumption is independent of other factors. A further report by the Hastings team (Hastings *et al.*, 2007), commissioned by the WHO, found evidence from studies that food promotion does influence children’s food preferences, purchasing behaviour and consumption and encourages them to ask their parents to purchase foods they have seen advertised. Of course, marketing is not the sole factor impacting on changing diets and the authors point to wider food and agriculture policy which means that Big Food ‘do[es] not just have the means but also the motives to push poor diets. Any solution will have to address these structural levers’ (Hastings *et al.*, 2007: 4). As discussed above policymaker’s

communication of the Hastings' reviews findings has been questioned by Buckingham (2009a and 2009b).

That children are particularly vulnerable to marketing is also contested by other stakeholders beyond Big Food. The positivist approach to childhood in public health and marketing studies in this field is contested by writers including Bragg *et al.* (2011) and Buckingham (2007; 2009a; 2009b; 2011) who argue that this approach to children, particularly in emphasising perceived vulnerabilities overlooks children's real engagement with media. This draws on new sociology of childhood which emphasises children as relational beings experiencing and influencing the world (see writers such as, Mayall, 1998, 2000; Prout, 2000; Smith, 2012). Buckingham (2009b) argues that in the so-called 'old sociology' of childhood, children were/are seen as lacking rationality and self-control. Drawing on this conceptualisation of childhood, researchers working on children's consumption of the media, including public health researchers, primarily employ a developmental approach to childhood, where children are moving towards rational adulthood (Buckingham, 2007). As such, studies of media marketing to children often presume to understand how children consume such material, without engaging with children directly to examine how children interact with and potentially resist marketing (Bragg *et al.*, 2011; Bragg and Buckingham, 2013). Critiquing advanced liberal conceptions of childhood Ryan (2010) argues that the themes of prevention and intervention - visible in public health approaches to children - represent a form of power exercised over children under the guise of protection. Further, the advanced liberal emphasis on the 'empowerment' of children forces individual children to compete in an unavoidable 'game of inequalities' (Ryan, 2010: 770), in which the objective is for children to avoid exclusion (such as the exclusion from the body weight norm) by taking responsibility for their own situation. While I am drawn to writers such as Ryan (2010; 2014) who problematise current conceptions of childhood, the emphasis on 'media literacy' programmes through which children and parents can *be informed* about the ways to consume media by Bragg *et al.* (2011) and Buckingham (2007; 2009a; 2009b; 2011), appear to place further demands on children, responsibilising them as advanced liberal citizens. Recently, Hammersley (2016) has problematised some of the core tenets of the new sociology of childhood. In particular, he questions understandings of childhood as merely a social construction and that children are fully active agents. In essence, Hammersley's argument is that these positions have been taken too far. We should not deny because of our awareness of social constructionism that children lack at least some of the capabilities of adults. Further, too



much focus on children's agency can lead us to place too much responsibility on children and to overlook that while children may have considerable agency to act, they also inherit ways of being from our culture. Children are not completely free agents and are impacted by historical notions of what it is to be a child and how a child should act and behave. As such, children's capabilities and agency should be thought of as a continuum.

Regardless of the approach to banning marketing to children, it is clear that marketing to children represents a key strategy for Big Food to gain loyal customers for the future (Schwartz and Brownell, 2007). In the US, Big Food has held steadfast to the First Amendment protections of commercial speech and the prevailing political acceptance of the benefits of self-regulation to see off any mandatory regulation of marketing practices (Lewin *et al.*, 2006). Big Food and its 'for-profit food marketers' are 'not focused on making people fat but on making money' (Chandon and Wansink, 2012: 587). However, what is profitable to sell and what appeals to many consumers in terms of price, taste and convenience is ultra-processed food, which undoubtedly has links to weight gain. The vast profits of Big Food come partly from the use of heavily subsidised commodities (such as grains), by capturing a large share of the food market and by selling the population more food than it needs (Robbins *et al.*, 2011). Big Food uses marketing 'simply to boost consumption and corporate profitability' (Hastings, 2012: 3). Yet a fundamental paradox persists that as Big Food seeks to sell more food, people – for health reasons – should be consuming less (Schwartz and Brownell, 2007). One of the tactics to overcome this paradox is for Big Food to try to shift attention away from calories going into the body (partially as a result of marketing-fuelled consumption) to the 'calories out' (physical activity) side of the body weight equation (Lewin *et al.*, 2006). In Ireland, Big Food's lobby group FDII (2009: 32) argues the food sector:

is unique amongst other commercial sectors in the commitment it has to supporting healthy, active lifestyles. No other sector does more to encourage and promote healthy eating and physical activity – from large-scale national campaigns to smaller initiatives in local communities.

At the heart of the public health debate about childhood obesity and Big Food is the appropriate corporate practices for Big Food to engage in, especially in relation to children. As Lewin *et al.* (2006: 343) argue, Big Food has responded for calls to change its practices with a 'we offer choice' corporate strategy through which it has tinkered with products and promised to market 'healthier' products, while continuing to heavily market unhealthier products. They conclude that 'for business reasons alone, they [Big Food] cannot – and will

not – stop making and marketing nutritionally questionable food products to children’ and the only response must be state regulation of Big Food’s corporate practices.

#### **1.4.4.1. Efforts to regulate marketing to children**

Reflecting the emerging public health studies linking food marketing to increased consumption and obesity (see Hastings *et al.*, 2003; Hastings *et al.*, 2007; Cairns *et al.*, 2009; Cairns *et al.*, 2013) and the increasing interest of state regulators across the world to introduce some form of regulation, Big Food has responded with its own voluntary ‘pledges’ or self-regulation of its own practices towards reducing marketing to children (see Lewin *et al.*, 2006; Harris *et al.*, 2009; WHO, 2013; Harris *et al.*, 2015; Sacks *et al.*, 2015). In a review of marketing regulations worldwide, Hawkes (2007: 1963) found that although there was a marked increase in debate about marketing regulations internationally from 2004 onwards, ‘there was more talk about developing regulations than there was actual implementation’. Where regulations have developed they have tended to be predicated on self-regulation by the food and advertising industries (Hawkes, 2007; Hawkes and Harris, 2011; Raine *et al.*, 2013). Voluntary regulation by Big Food – where industry sets the parameters, the standards and the penalties – reflects free-market economics approach to policymaking, which cedes power to industry in policymaking (Harris *et al.*, 2009). Big Food’s voluntary pledges have been criticised by public health commentators as weak, with arbitrary limitations, unenforceable, lacking transparency and ultimately being ineffective in reducing children’s exposure to ultra-processed food marketing (WHO, 2013). Within this international context, Ireland, through the BAI’s Children’s Commercial Communication Code (see section 1.4.4.2. below) and the UK have amongst the most restrictive regulation of marketing in the world (Hawkes and Harris, 2011), despite the fact that the regulations ignore the growing dominance of online marketing and only restricts TV advertising during limited daytime periods (Tatlow-Golden, 2016).

There are a number of possible ways to regulate ultra-processed food marketing – mandatory statutory regulation (legislatively enforced), government guidelines (monitored by state agencies, or with industry), industry self-regulation (monitored by industry with or without state support), or voluntary commitments by industry. A consensus public health position on marketing to children developed by Raine *et al.* (2013) argues that self-regulation by Big Food, which tends to be significantly weaker than the public health recommendations for regulation, has failed to protect children from ultra-processed food

marketing (see also, Galbraith-Emami and Lobstein, 2013). However, there remains 'significant resistance to change' towards statutory regulation of marketing within both Big Food and many governments (Hawkes *et al.*, 2011). Those proposing statutory regulation, primarily the public health community, focus on two sources of evidence – the extent of marketing to children and the effects of this marketing on children's diets (Hawkes, 2007). Overall, the regulation of marketing across different marketing platforms, including in Ireland, is a confusing mix of statutory and self-regulatory rules and voluntary codes of conduct by Big Food (Landon, 2013). Similarly, the age at which marketing restrictions are placed varies significantly, with the age restrictions set at 16 in the UK and 12 in Sweden (WHO, 2013). Reflecting on the development of regulations of food marketing in the early 2000s, Hawkes (2007) considers that Big Food lobbying was a significant factor in preventing, delaying or weakening statutory regulation in many countries. Big Food's lobbying was based on two pillars – that self-regulation would be enough to ensure 'responsible' advertising and that there was insufficient evidence for statutory regulation (Hawkes, 2007). Hawkes (2007) further identified that Big Food did not hold industry self-regulation guidelines up to the same level of scrutiny, or call it to account for effectiveness in the same way that it questioned statutory regulation's efficacy. An examination of the global regulatory environment of food marketing to children in 2009 in 59 countries, including an analysis of the regulatory changes which had occurred since 2006 (Hawkes *et al.*, 2011), found that state-approved forms of self-regulation have dominated, but statutory measures were increasingly being adopted. Given the messy and limited developments worldwide, Ireland, in considering the introduction of statutory regulation of marketing to children up to 18 years of age in 2011 [the policy case study used here], was relatively progressive in public health terms (see section 1.4.4.2. below).

In the mid-2000s, following studies produced by the WHO and other public health groups on the link between marketing and children's food choices, Big Food was in 'full self-regulatory mode' (Sharma *et al.*, 2010: 240), developing more rigorous, but still voluntary 'pledges' to change marketing practices, most likely in an attempt to pre-empt statutory regulation. Voluntary codes include the Principles of Food and Beverage Product Advertising, developed in 2004 by the Confederation of the Food and Drink Industries of the EU (now FoodDrinkEurope) and the EU Pledge, developed in 2007 (WHO, 2013). Hawkes and Harris (2011) identified thirteen Big Food pledges on food marketing to children worldwide by December 2009, with fifty-two companies participating in one, or more of the pledges. Within these pledges there were considerable exclusions and

exemptions in the communication channels covered and coverage limitation relating to the application of different nutrient criteria. Identified gaps in voluntary codes include: weak definitions of marketing; their low-age thresholds (as low as 5 years in some cases); covering only some forms of marketing; the absence of many Big Food companies from individual pledges; and lack of enforcement and penalty for non-compliance (Galbraith-Emami and Lobstein, 2013).

Ultimately, self-regulation by Big Food seems to have achieved only ‘modest changes in the foods marketed to children’ (Schartz and Ustjanauskas, 2012: 87). Reviewing the evidence, Moodie *et al.* (2013) found there was no evidence of the effectiveness of Big Food self-regulation. Reflecting on years of Big Food’s regulation of its own practices, Robbins *et al.* (2011: 145) conclude that we need to shift the focus from ‘a sole focus on citizens to a new one on the behaviour of food corporations’. By 2010, the WHO (2010: 10) moved away from promoting self-regulation by Big Food, making the most direct appeal to governments to introduce regulation - ‘governments should be the key stakeholders in the development of policy...’. While the WHO (2013: 22) commended Big Food’s voluntary pledges as ‘welcome for their recognition of the need for action’ they argued that the pledges are ‘limited in their scope and can be abrogated without notice’. The ongoing development of self-regulatory and voluntary pledges by Big Food represents a ‘direct challenge’ to the recommendations of the WHO (Hawkes and Harris, 2011: 1412).

#### ***1.4.4.2. Regulation of ultra-processed food marketing to children in Ireland***

The policy case study used in this research is the development of marketing regulations in Ireland during the period 2011-13. Initially, Irish state policy was to develop marketing regulations in partnership with Big Food. Hence, one of the National Taskforce on Obesity’s 93 recommendations was that government departments ‘together with the private sector and consumer groups’ should take ‘multi-sectoral action on the marketing and advertising of products that contribute to weight gain, in particular those aimed at children’ (Government of Ireland, 2005: 94). However, the emphasis on regulating marketing specifically with Big Food shifted in the late 2000s, primarily as a result of the Green Party’s inclusion in the 2007 government.

It is significant that the Irish regulations were initiated as somewhat of an individual policy crusade by the Minister for Communications, Energy and Natural Resources Eamon Ryan

(2007-11). The Green Party manifesto during the 2007 General Election had committed to 'introduce legislation prohibiting the advertising, marketing and promotion of 'junk' foods to children under 12' (Green Party, 2007: 5). Fianna Fáil, the largest party in the coalition government with the Green Party and the Progressive Democrats formed after the election had not made any reference to the regulation of food marketing during the pre-election period. However, reflecting the Green Party manifesto, the Communications section of the 2007 Programme for Government negotiated between the three parties committed to: 'Work with the various broadcasting organisations and interested parties to review rules relating to the advertising of 'junk food' aimed at young people. This is with a view to phasing out such advertising' (Government of Ireland, 2007: 19). Further, it is significant that the Green Party was given the Communications portfolio as part of the carve-up of ministries, enabling Minister Eamon Ryan to follow through the party's commitment to address ultra-processed food marketing to children. His later directions to the BAI to consider regulation in this area indicate that the advanced liberal bent of Irish policymaking was not absolute during this period and was open to other motivations which could be described as more state interventionist.

In 2009, the BAI was established to regulate content across all broadcasting.<sup>7</sup> The Broadcasting Act 2009 set out a range of objectives for the BAI, including to 'protect the interests of children taking into account the vulnerability of children and childhood to undue commercial exploitation' (Section 25, subsection 2 (f)) (Government of Ireland, Broadcasting Act 2009). As part of this obligation, the BAI began work to regulate commercial communications to children through the development of a Children's Commercial Communications Code (to include regulations on marketing of food and drink to children). A 2011 poll of Irish parents conducted by NGOs (Red C, 2011) showed 55% in favour of a ban on ultra-processed food adverts up to the watershed of 9pm and another 20% of parents called for a complete ban on advertising of these foods.

The development of the Codes included two rounds of public consultation, from August to September 2011 and March to May 2012. In August 2011, the BAI published a document on the Children's Communication Code for public consultation. In preparation for this consultation, the BAI had convened an expert working group to examine health concerns for children in Ireland and to determine if the promotion of certain food or drink should be

---

<sup>7</sup> See the website of the Broadcasting Authority of Ireland, <http://www.bai.ie/index.php/about-us/> (Accessed: 27 March 2015).

restricted. The expert group, comprising BAI personnel as well as representatives from the Department of Health, *safefood*, the HSE and the Food Safety Authority, produced a report (BAI Expert Working Group, 2010) and a set of recommendations made available to everyone interested in taking part in the consultation. 227 submissions were made to the 2011 consultation (BAI, 2011b), including submissions from Big Food companies, such as Kelloggs, Nestle Ireland, Britvic Ireland, Food and Drinks Industry Ireland, and the Beverage Council of Ireland. Following this initial consultation, the Chairperson of the BAI, Bob Collins, stated:

the BAI received a very significant and divergent response from the first round of consultation on this issue. The rules in the BAI's Draft Codes, which have taken into consideration all of these responses, are targeted and proportionate. Some respondents to our initial consultation wanted a complete ban on certain foods until 9pm in the evening; while others wanted exemptions to be applied to a range of foods that were considered to be of high economic importance to certain sectors of the economy. The Draft Codes strike a balance between these divergent views. Most importantly, the Codes ensure that the BAI executes its legal responsibilities in terms of protecting the interests of children. In putting forward the Draft Codes, the BAI is not telling people what to eat, but is trying to support the creation of an environment in which more healthy food choices can be made.

(BAI, 2011a)

Following a review of submissions the BAI published two further reports – an analysis of the submissions to the 2011 consultation which dealt with nutrition issues and an analysis of the submissions dealing with the advertising market. In March 2012, the BAI published the second consultation document for public consultation (March to May 2012), 'Draft BAI General and Children's Commercial Communications' which reflected responses to first consultation and contained the draft regulations. 48 submissions, including a number from Big Food, were made to the second consultation phase.

In October 2012, following the two rounds of public consultation, the BAI announced its decision (BAI, 2012) to effectively ban the advertising of ultra-processed foods during children's programming (in effect up to 6pm). The updated Children's Commercial Communications Code adopted a nutrient profiling model<sup>8</sup> to determine whether a food or drink is high in fat, salt or sugar (HFSS) and decreed that HFSS food and drink adverts that are broadcast outside of children's programmes but which are directed at children could

---

<sup>8</sup> The nutrient profiling model assesses the nutrients contained in a food to determine whether they are defined as healthier or less healthy.

not include celebrities or sports stars, programme or licensed characters (i.e. from TV or films), contain nutrition and health claims or promotional offers. Further, no more than 25% of advertising during non-children's programming could be for HFSS products. As such, the final code represented a limited victory for public health proponents, such as the Irish Heart Foundation, which had argued for a watershed ban (6am to 9pm) (Irish Heart Foundation, no date) and a relative failure for Big Food which had argued for a continuation of self-regulation of marketing practices. The regulations came into force on the 2<sup>nd</sup> September 2013.

This relative failure for Big Food in the introduction of marketing regulations which it opposed appears to have been overturned in more recent policymaking in this area. Instead of seeing its policy role reduced, Big Food has continued to be invited to policymaking fora and to sit on policy drafting groups by the Department of Health. In what perhaps marks the greatest change in the approach to Big Food as a policy actor in the area of marketing, in 2015 Big Food representatives were invited to join a Department of Health working group developing a code of practice for marketing in non-broadcast media. As such, Big Food is now sitting with Department of Health officials, co-producing state obesity policy. The BAI regulations appear to represent a single policy moment where political support facilitated the introduction of regulation. However, the effectiveness of the regulation in achieving its aim, reducing children's exposure to ultra-processed advertising appears limited. The regulations only apply to 'children's programming' - up to 6pm - despite the fact that children and young people primarily watch TV outside of this time. One study has found that, even under the regulations, children in Ireland are likely to see over a thousand ultra-processed food ads a year (Tatlow-Golden, 2016). Similar gaps in the effectiveness of BAI-style regulation have been identified in the UK and the US (see Galbraith-Emami & Lobstein, 2013; Harris et al., 2013).

## **1.5. Contribution to knowledge**

This study contributes to knowledge in three ways. Firstly, this study uses original empirical data produced by Big Food in the context of efforts to regulate food marketing to children on broadcast media, making it the first study examining Big Food in Ireland. Further, through discourse analysis of Big Food's documents, this study directly reports how Big Food produces knowledge and how Big Food engages in governing. Secondly, in the process

of undertaking the research, I developed a three-strand approach to obesity discourses which are tested and critiqued against the literature. Finally, this study is explicit in its use of a discourse analysis and particularly the ‘What’s the Problem Represented to Be?’ methodology and provides the tools developed to undertake the analysis in this study for use and adaptation by researchers seeking to undertake similar studies.

### **1.5.1. Original empirical data – the first study examining Big Food in Ireland**

Through the use of original empirical data produced by Big Food, this study throws light on the activities of Big Food in Ireland, a heretofore neglected policy actor. Studies of the practices of Big Food are increasingly common in other jurisdictions but there is no other study of Big Food and childhood obesity in Ireland. While numerous studies (Lupton, 1996 & 2013; Nettleton, 2006; Lang and Rayner, 2007) have identified critiques of public health’s limiting role in the development of obesity policies and others (Koplan and Brownell, 2010; Gilmore *et al.*, 2011; Hastings, 2012) have critiqued the role of industry in the development of public health policy in the US and UK contexts, little analytic attention has been paid to the role of Big Food in the Irish policymaking sphere. This study, using Big Food’s own documents, exposes how Big Food’s discursive strategies influence the way obesity is problematised and addressed.

The majority of the research on childhood obesity in Ireland has focused on bio-medical concerns, such as the best ways to measure obesity rates (for example, O’Neill *et al.*, 2007; Evans *et al.*, 2010); parental attitudes to children’s weight and assessment of interventions with individual overweight, or obese children (for example, Hudson, 2012); familial concerns, particularly the role of mothers in maintaining children’s weight; or on differing rates of obesity in different socio-economic groups (for example, Layte and McCrory, 2011; Keane *et al.*, 2012; McCrory and Layte, 2012; Turner and Layte, 2013). There has been relatively little research on the social drivers of childhood obesity, or of Irish obesity policy. Share and Strain’s (2008) analysis of Irish Government’s *Report of the Taskforce on Obesity* (Department of Health, 2005) is a notable exception in this regard. A more recent study by De Brún *et al.* (2012) addressed media and public perceptions of obesity in Ireland through an analysis of the media’s construction of gender in discussions of obesity and in the attribution of blame for obesity. The literature addressing attempts by Big Food to influence obesity policy primarily comes from the US and the UK. A number of studies



(Brownell and Warner, 2009, 2010; Kwan, 2009) have pointed to Big Food's script, which is used to mould the consumer choice/personal responsibility discourse and to avoid government regulation of the food industry. There has been no analysis of the role of Big Food in Ireland in promoting personal responsibility, or consumer choice discourses of childhood obesity. However, in the food safety context in Ireland, Taylor and Millar (2004) have examined the establishment of the Food Safety Authority of Ireland (FSAI) and particularly how the organisation was structured to facilitate political access to the regulatory system for agri-businesses. Their analysis indicates the strong role envisaged for corporations by the state in a related area of food and nutrition policy.

This study uses discourse analysis of Big Food data to directly examine the operation of Big Food's corporate practices. Studies on obesity policy have examined the output of the policy making process (the final policy documents), including in Ireland (Share and Strain, 2008); however, there has not been the same level of examination of the strategies employed by corporate interests in the policymaking process. As such, this study aims to provide additional insight into the negotiations and tensions underpinning policy development in a particular field of public health policy. Research which has considered corporate influence on public health has tended to examine the health impacts of companies' products, rather than the patterns of corporate practices (Freudenberg and Galea, 2008). An in-depth analysis of Big Food's own documents provides access to the processes of knowledge production and governing undertaken by Big Food. The analysis of corporate practices uncovers *how* Big Food promotes the discourses of personal responsibility and consumer choice in the obesity policy debate. In laying bare the corporate practices of Big Food in Ireland, this study seeks to contribute to the widening of public health and social policy research 'to include corporate practices as a modifiable influence on population health' (Freudenberg and Galea, 2008: 87). In so doing, this study builds on and contributes to work interrogating how public health and particularly obesity policy is influenced by corporate practices.

### **1.5.2. Marshalling different discourse strands of obesity**

In the process of reviewing the childhood obesity literature for this study, I developed a table (Chapter 4, Table 4.1) to present the different discourse strands of obesity. These discourse strands are then used to marshal the wide literature of obesity. The discourse strands used in this study developed through an iterative process, with the three categories

of discourses – advanced liberal, public health and critical public health – emerging while reading literature on childhood obesity and discourses of obesity. The use of three strands enables a description of the way in which childhood obesity has been problematised differently within broad strands of childhood obesity discourse and then further identifies the broad themes and discourse elements present in each discourse strand. The development of the table of discourse strands is an attempt to distinguish the discourse strands which coalesce around childhood obesity and to assemble the diverse literature on childhood obesity into a form of coherence. Thus it is an imposed framework and it is clear that the strands are not fixed, nor entirely separate. Each discourse strand impacts on other discourses, they respond to one another, compete, accommodate and reflect one another. In Chapter 4, the usefulness of the three-strand approach in assessing childhood obesity literature is firstly tested and then, having been found to work as an analytical tool, is used as a framework to analyse and critique obesity literature in Chapter 5.

### **1.5.3. Explicit operationalising of discourse analysis and the WPR method**

Finally, this study seeks to contribute to knowledge by providing an explicit example of the use of discourse analysis within the WPR methodology. I am a policy analyst and advocate by profession and want to contribute work which has real world relevance as well as an academic/theoretical value. This study uses a poststructuralist approach to examine Big Food's attempts to influence the shifting power relations of obesity policymaking. Policymaking is an everyday activity, with the potential to have very real impacts on people's lives. Through the development of WPR, Bacchi (2009, 2010, 2012) has developed a clear process to undertake a discourse analysis. The WPR approach to analysis is based around six inter-related questions which seek to determine the conceptual logics of problematisations, such as childhood obesity in this case. The approach is a form of critical discourse analysis in the broad sense of that term (see Jorgensen and Phillips, 2002) in that it attempts to apply critical attention to phenomenon, drawing attention to the effects of the discourse, particularly on those who may be harmed by its use. Following Bacchi, this study seeks to contribute to the operationalising of Foucauldian discourse analysis by providing the tools which were used to apply WPR to the Big Food documents analysed in this study. The process of operationalising WPR is discussed in Chapter 3 and the tools developed as part of this study to extract, refine and interpret the data are provided in the appendices. These tools are not prescriptive as all analysis is an interpretative process,

however it is hoped that the description of the process of analysis and these tools could be used and adapted by researchers seeking to undertake similar studies.

## **1.6. A note on the use of the terms Big Food and ultra-processed food**

This study seeks to understand how the ‘problem’ and the solutions to obesity develop from social knowledge and social constructions, rather than being – as protagonists might imply – the result of disinterested examination of scientific and common sense knowledge. This section outlines the understanding applied to two key terms used throughout this study – ‘Big Food’ and ‘ultra-processed food’. These terms are socially constructed terms in their own right but are used in this study as shorthand to label two key elements of interest in this study – the particular segment of the food industry and the type of foods they produce.

### **1.6.1. Big Food**

The term ‘Big Food’ is generally used to call to mind large, international processed food companies such as Unilever and Kraft Foods. This segment of the food industry has also been described as: ‘the unhealthy commodity industries’ (Stuckler *et al.*, 2012: 1; Moodie *et al.*, 2013: 670), ‘corporate giants’ (Powell and Gard, 2014: 11), ‘Big Snack’ (Monteiro *et al.*, 2013: 26), or more prosaically as ‘transnational food and drink manufacturing industries’ (Monteiro, 2010: 262). A focus on Big Food is a developing area of academic interest. Special series/editions have been published examining the activities, role and impact of Big Food (see *PLOS Medicine*, 2012, 9(6) and *Critical Public Health*, 2015, 3). The term ‘Big Food’ is also increasingly being used within public health circles and by establishment organisations such as the World Health Organisation:

... It is not just Big Tobacco anymore. Public health must also contend with Big Food, Big Soda and Big Alcohol. All of these industries fear regulation, and protect themselves by using the same tactics.

Margaret Chan, Director-General, World Health Organisation (2013).

The term 'Big Food' is generally employed to represent international and national 'ultra-processed' (Moodie *et al.*, 2013) food suppliers, retailers, manufacturers and their representative organisations. Ultra-processed foods – crisps, sweets, sugary drinks, etc. – have little or no whole foods and are made from processed substances (oils, fats, flours, starches, variants of sugar and remnants of animal food). 'Big Food' has been further defined by Stuckler and Nestle (2012: 1) as 'multinational food and beverage companies with huge and concentrated market power'. Giving the specific examples of Coca-Cola and PepsiCo, they argue that 'Big Food is a driving force behind the global rise in consumption of sugar sweetened beverages (SSBs) and processed foods enriched in salt, sugar, and fat'. Emphasising the potentially negative health impact of the ultra-processed foods they sell, Stuckler *et al.* (2012: 1) argue that Big Food 'transnational corporations..., including Coca-Cola, PepsiCo, and Cadbury Schweppes, are among the leading vectors for the global spread of NCD [non-communicable diseases] risks'. Competitiveness between the Big Food companies, for example between Coca-Cola and PepsiCo, disguises their overall common interest to sell very heavily marketed ultra-processed foods (Monteiro, 2010). The use of the term 'Big' allows the targeting of a discrete segment of the wider food industry; with the reference to size drawing to mind both the large size of the companies to themselves but also to their massive market share of products dominating global food systems. The annual turnover of some Big Food companies can be compared with the gross national product of a middle-sized country (Monteiro *et al.*, 2013).

Big Food companies are transnational corporations which produce, market and sell an increasing proportion of the world's diet. These companies have huge and concentrated market power enabling them to dominate contemporary food systems (Monteiro, 2010; Stuckler and Nestle, 2012). Advanced liberal policies, including the opening of markets to free trade, have facilitated Big Food's domination of an ever increasing proportion of the global food market. Further, integration of middle and low income countries into the global – Big Food-dominated – food market can lead countries to become dependent on products sold by transnational Big Food companies (Stuckler *et al.*, 2012). The global food system has become oligopolistic, controlled by an increasingly dominant small number of transnational food companies (Stuckler and Nestle, 2012; Moodie *et al.*, 2013). In the USA, the ten largest Big Food companies control more than half of all sales, while Coca-Cola, PepsiCo and a small number of other transnational companies produce more than half of soft drinks worldwide (Moodie *et al.*, 2013). In contemporary capitalism, Big Food is under significant pressure to meet stretching growth targets and pay high dividends to stakeholders (Ludwig

and Nestle, 2008). The high profitability of ultra-processed products resulting from their long shelf life, high purchase price and low production costs create major incentives for Big Food to sell more and more (Stuckler *et al.*, 2012). As a result of their market power and growth agenda, Big Food's ultra-processed foods dominate the food supplies of high, and increasingly, middle income countries (Monteiro *et al.*, 2013). The size of Big Food companies – increased by mergers of large food companies<sup>9</sup> – is a major source of their power. Their structural power (such as the ability of transnational companies to exit one country to manufacture in another) constrains the activities of government to only act in ways which promote the needs of business (Holden and Lee, 2009).

In addition to using 'Big Food' as a descriptive term to address the size and impact of their activities on the global food market, the term has also been used to draw attention to their adversarial approach to public health policy which could limit their profitability. To this end, the term 'Big Food' verbally links ultra-processed food companies with other identified lobbies targeted by public health, including Big Tobacco and Big Alcohol. In 2009, Brownell and Warner were using the term 'Big Food' to locate companies producing and selling ultra-processed foods in the same sphere as 'Big Tobacco', a term which at that time was widely used to refer to the five tobacco companies which produce the majority of tobacco worldwide. The verbal association made between ultra-processed food producers and tobacco neatly emphasises similarities between the two, both in terms of market power and in their tactics to lobby against policies which seek to regulate their products. Big Food products are extremely profitable because of the low cost of producing ultra-processed food, combined with their long shelf-life and strong retail prices. Coca-Cola's net profit margins are approximately 25% of the retail price, making Coca-Cola as profitable as tobacco (Stuckler *et al.*, 2012). Big Food has therefore become established as 'shorthand for large commercial entities—both multinational and national—that increasingly dominate key components of the food and beverage environment' (Igumbor *et al.*, 2012: 2). The application of this study's understanding of the term 'Big Food' to select the sample documents for analysis is further discussed in Chapter 3, section 3.3.1.

---

<sup>9</sup> In 2015, two of the largest food companies in the world, Heinz and Kraft merged to become The Kraft Heinz Company. The merged company is estimated to be fifth-largest food company in the world, with annual sales revenue of approximately \$28 billion (*Forbes*, 2015).

### 1.6.2. Ultra-processed food

The second term used throughout this study is ‘ultra-processed food’. The high calorie food and drinks produced and sold by Big Food are colloquially referred to as ‘junk’ or ‘fast’ food. In public health and nutrition literature, which has its basis in the study of the nutritional composition of food, such items are primarily referred to by the technical sounding ‘HFSS foods’ (high in fat, sugar and salt). HFSS is a term which seems stripped of negative connotations and perhaps for that reason is favoured by Big Food, who baulk at any reference to ‘junk’ food. Big Food has also participated in the construction of more palatable names for their products including ‘better-for-you’ or ‘good-for-you’ products where they have reduced to even a small degree the high levels of sugar or salt in a product. Public health researchers who are critical of Big Food products have also used terms such as ‘pseudo foods’ (Winson, 2004: 302), ‘high profit edible commodities’ (Winson, 2004: 304), ‘space age food’, or ‘edible food-like substances’ (Monteiro, 2010: 240). As described by Elliott (2015: 350), these solemn terms used by health researchers ‘communicate a type of caustic wasteland that is decidedly at odds with the fun eating promised by the food industry itself’.

In this study the term ‘ultra-processed’ is preferred to describe Big Food’s products. It is felt that this term, which is gaining popularity in critical public health literature, more precisely names the issues associated with the products sold by Big Food. Ultra-processed foods are those foods which are ‘often termed ‘fast’ foods or convenience foods’ (Monteiro *et al.*, 2010: 2041). They have undergone industrial-scale processing to become ‘durable, accessible, convenient, attractive ready-to-eat or ready-to-heat products’ (Monteiro *et al.*, 2010: 2041). Ultra-processed foods are high in calories and refined fat, sugar and salt, often sold in large portions, designed to be tasty and aggressively marketed (Moubarac *et al.*, 2012; Monteiro *et al.*, 2013; Moreira *et al.*, 2015).

The category of ‘ultra-processed’ food was developed by Monteiro (2010) and colleagues (Monteiro *et al.*, 2010). Seeking to develop a new food classification which groups foodstuffs according to the extent and purpose of the industrial processing applied to them, they added the third category of ‘ultra-processed food’ into the traditional, long-standing catch-all food classifications of unprocessed/processed food. Their new, three stage classification of foods<sup>10</sup> reflects that nowadays practically all of the food has been

---

<sup>10</sup> Through the classification system food is divided into three groups: unprocessed and minimally processed foods (i.e. processing to make foods safer such as through cleaning or pasteurising); processed culinary or food industry ingredients which are extracted and purified from unprocessed

processed (e.g. packaged, washed, frozen, etc) in some way. Most national dietary guidance continues to rely on systems developed in the 20<sup>th</sup> century, when only a small amount of food consumed was mass-produced (Moubarac *et al.*, 2012). By disrupting the longstanding unprocessed/processed binary, Monteiro (2010: 245) seeks to move public health nutrition away from the purely biological or medical interest in food to ‘a ‘big picture’ vision, which identifies nutrition – or at least public health nutrition – as also a social, economic and environmental discipline’, which should take account of changes in corporate practices and consumption patterns.

The use of the descriptor ‘ultra’ highlights the extreme nature of the processing which such food has undergone. Ultra-processed foods have been described as ‘assemblages of industrial ingredients obtained from the extraction, refinement, and transformation of constituents of raw foods with usually little or no whole food’ (Moreira *et al.*, 2015: 2). Ultra-processed foods are a powerful combination, primarily because of their high levels of fat, sugar and salt, their convenience and low cost for consumers and their being high profitability for Big Food (Moreira *et al.*, 2015). As a result, it is argued that the strategy of the Big Food is to ‘teach the world to snack’, with ultra-processed foods designed to be consumed ‘almost anytime and anywhere’ (Monteiro *et al.*, 2013: 26). And Big Food has been successful – research indicates that ultra-processed food has pushed basic, unprocessed foods to the margins of the food landscape and to the back of supermarket shelves (Winson, 2004; Moubarac *et al.*, 2012; Moreira *et al.*, 2015). Ultra-processed foods are problematic for obesity and health in two main ways – their principal ingredients are fat, sugar and salt resulting in limited nutritional value and their tastiness, high-calorie count and heavy marketing encourage overconsumption (Monteiro, 2010). The public health concern with ultra-processed food is not inherent to the products themselves, rather it is a result of the increasing dominance of these foods in diets worldwide and their supplanting of other unprocessed products (Monteiro, 2010; Monteiro *et al.*, 2010; Monteiro *et al.*, 2013; Moreira *et al.*, 2015). In Canada, almost two thirds of food consumed in 2001 was ultra-processed (Moubarac *et al.*, 2012), while in the UK 58% of calorific intake comes from ultra-processed foods (Moreira *et al.*, 2015: 2). The dominance of ultra-processed food reflects the ‘scale and power of the corporations whose profits depend on these products’ (Monteiro *et al.*, 2013: 27).

---

or minimally processed foods (e.g. flours, oils and sweeteners); and ultra-processed food products that are ready to eat or ready to heat with little or no preparation.

## **1.7. Structure of the thesis**

This thesis has four primary chapters bookended by this introduction and the concluding chapter. This introductory chapter, Chapter One, has provided the rationale for this study and why it is important to consider corporate practices in public health research. The chapter further provides the wider context for the case study used in this study, both in terms of the debates about the role of corporations in the development of public health policy within an advanced liberal state such as Ireland and the policy developments in the regulation of ultra-processed food marketing to children. The chapter outlines the research question and details how this study contributes to knowledge, both in terms of critical public health research and discourse studies.

Chapter Two sets out the theoretical approach of this study. In so doing, it considers whether there is something about the concept of childhood obesity which the advanced liberal imagination is attracted to and actively seeks to shape. This discussion frames the analysis in Chapter Five of the discourses of childhood obesity influenced and used by Big Food. Chapter Two introduces this study as a discourse analysis of Big Food's discourses of childhood obesity using a Foucauldian approach in the 'What's the Problem Represented to Be?' analytical framework developed by Bacchi (2009, 2010, 2012). Adopting a Foucauldian approach (Foucault, 1980; 1982) to discourse analysis, the study argues that Big Food in Ireland as an actor in advanced liberal governmentality is seeking to shape the 'truth' of childhood obesity. This 'truth' is designed to overshadow Big Food's role in obesity rates and to dissuade government from imposing additional regulation on industry. The chapter begins with a discussion of the Foucault's concepts of discourse and power/knowledge, which frame the approach to discourse in this study. These concepts are later relied upon to discuss the contemporary problematisation of childhood obesity in advanced liberal societies.

Chapter Three builds on the theoretical approach by outlining the research design and methodological approach to discourse analysis used. As discussed in the Chapter Two, a Foucauldian perspective provides theoretical tools to problematise accepted concepts and practices (childhood obesity, personal responsibility, consumer choice) by interrogating the meanings which Big Food has promoted for these concepts. Building on this theoretical perspective, the research employs the WPR approach to policy analysis. WPR analysis seeks to look at how problem representations, such as childhood obesity, are represented within



policies and to 'work backwards' from the policy proposals to uncover what is represented to be the 'problem'. A WPR analysis is grounded in six interlinked questions to a problematisation. Chapter Three details how the WPR approach to analysis is operationalised in this study, particularly how the six WPR questions have been adapted for this study's overriding research question of how Big Food problematises childhood obesity. Chapter Three goes on to describe the systematic selection of the research sample documents. The chapter concludes with the ethical and political considerations which have guided the research process and a discussion of the limitations of the methodological approach.

Chapter Four provides an examination and critique of the ways in which childhood obesity has been problematised within three broad strands of discourse – advanced liberal, public health and critical public health. The advanced liberal strand represents the dominant discourse of childhood obesity in contemporary society. Public health is also an accepted form of discourse about obesity, while critical public health is a peripheral discourse strand. An overview of each strand is provided as well as a critical appraisal of its limitations. This general analysis of the different discourse strands is followed by the empirical analysis of Big Food's submissions to the BAI consultation in Chapter Five.

The analysis in Chapter Five shines a light on how Big Food represents the problem of childhood obesity and the subject positions which are promoted through its representation. The analysis is presented in two parts – the main themes in Big Food's representation of childhood obesity and the subject positions promoted within Big Food's representation of childhood obesity. Examining Big Food's discourse of childhood obesity through the lens of subject positions facilitates a deeper analysis of Big Food's discursive utterances, laying bare what type of subjects Big Food imagines we should be and the power relations which should exist between the subject positions. Following the WPR approach, the analysis aims to uncover and interrogate the assumptions and accepted ways of thinking on which Big Food's representation of childhood obesity is constructed. As such, this analysis is not overtly concerned with the intentions of Big Food in providing a certain representation of childhood obesity; rather at issue is the 'deep conceptual premises' (Bacchi, 2009: 55) which make Big Food's representation of childhood obesity possible. As anticipated in the literature review in Chapter Four, the analysis in Chapter Five shows how Big Food draws on and seeks to reshape certain contemporary discourses of obesity, while rejecting or ignoring others.

The concluding chapter, Chapter Six revisits the original rationale for and purpose of this study and summarises its main findings. The chapter highlights the relevance of this study to wider discussions and debates about public health policymaking in general and the role of Big Food in obesity policymaking in particular. The outcome of the BAI consultation process is revisited and the subsequent direction of policy on marketing to children in Ireland is discussed. Based on these findings, it outlines implications for public health policymaking which arise from this study. Finally, the chapter reflects on the research process itself, highlighting the challenges and benefits I experienced in undertaking this study.

## **CHAPTER 2: THEORISING THE ‘PROBLEM’ OF CHILDHOOD OBESITY IN CONTEMPORARY SOCIETY**

### **2.1. Introduction**

This chapter sets out the theoretical approach of this study examining how Big Food’s discourses of obesity may have contributed to the narrowing of the ‘discursive limits’ (Wodak and Meyer, 2009: 36), or what can be said about childhood obesity in contemporary society. This chapter also considers whether there is something about the concept of childhood obesity which the advanced liberal imagination actively seeks to shape. This discussion frames later analysis of the discourses of childhood obesity shaped, influenced and used by Big Food.

As an advanced liberal state, the Irish state, media and the public have become increasingly enthralled by childhood obesity (see Chapter 1, section 1.4.3.). In 2006, Guthman and DuPuis (2006: 428) questioned the ‘temporality of the putative rise in US obesity’ because for them the question ‘was not just ‘why obesity?’ but ‘why now?’ and ‘why here?’. They argue that ‘the global political-economic contradictions of the neoliberal era are literally embodied, and that the problem of obesity is implicated in how neoliberalism recreates the subject-self’ (Guthman and DuPuis, 2006: 429). It is not just that the advanced liberal approach pervades our view of obesity; rather it ‘both produces obesity and produces it as a problem’ (Guthman and DuPuis, 2006: 429).

This chapter outlines the theoretical approach which guides this study and begins with a discussion of Foucault’s concepts of discourse and power/knowledge, which guide the approach to discourse in this study. These concepts are operationalised as tools for analysis in the WPR methodology employed (outlined in Chapter 3). The second part of this chapter shifts from the theoretical basis to examine how these concepts can be used to discuss the problematisation of childhood obesity in contemporary society. Drawing on the Foucauldian theoretical basis the final section discusses how obesity is currently problematised in dominant advanced liberal and public health discourses, through the concepts of consumer choice and personal responsibility and via a particular focus on obesity in childhood.

## **2.2. Foucault, discourse and power/knowledge**

The ‘What’s the Problem Represented to Be?’ analytical framework developed by Bacchi (2009, 2010, 2012), draws heavily on Michel Foucault’s theoretical approach to discourse. Foucault was absorbed by the birth of new discourses and the struggle between discourses. He challenged us to see ‘how effects of truth are produced within discourse which in themselves are neither true nor false’ (Foucault, 1980: 118), arguing that knowledge about a society must be traced to different discourses and practices which ‘frame the knowledge formulated from within them’ (Agger, 1991: 116). Discourses are ‘meaning systems’ (Bacchi, 2009: 7) which mediate what is possible to know and to say at a particular time for a particular society (Hall, 2001; Mills, 2003). Thus, ‘truth’ circulates throughout society in various forms and contexts and is debated and adjudicated in political debates and social confrontations (Foucault, 1980).

This study’s methodology is based on two major concepts from the work of Foucault – discourse and power/knowledge. Foucault’s early archaeological work considered the development of discursive formations, while his later genealogical work focused on the relationships between knowledge and power (Fairclough, 1992). Both periods of his thinking are relevant to this current study in helping to understand why discourses matter, how competing discourses arise and how discourses exert power. Critical obesity research has primarily used Foucault’s work to emphasise the connections between discourse, bio-power and the practices of governmentality. Primarily, critical obesity research has critiqued individualistic public health approaches which emphasise the risks of particular activities and lifestyles espousing what Foucault terms ‘social control’ (see McDermott, 2007; Lupton, 2013). The central concern of such work is the impact of public health discourse on obese people themselves – how people internalise notions of ‘healthy weight’ and regulate their own behaviour and bodies accordingly. Taking a different approach, looking at the discourse strategies of Big Food, the current study offers a critique of the impact of corporate interests on how childhood obesity is problematised. Conducting this research from a Foucauldian perspective, concentrating on how power operates through discourse, facilitates an uncovering of the effects of the particular representations of childhood obesity promoted by Big Food.

A Foucauldian approach is used to interrogate how particular statements about childhood obesity have become dominant in Big Food’s discourse. Foucault referred to his approach

to discourse as ‘archaeology’, or historical analyses designed not to represent the past, but to affect our understanding of the present (Greco, 2009). This analysis was intended to ‘enable a measure of critical distance from contemporary ‘polemics’’ (Greco, 2009: 15). Creating this distance could affect the present by opening up new ways of thinking. Through his work on discourse Foucault rethought the conceptual frameworks which underpin most of what is characterised as common sense within society (Mills, 1997). Foucault referred to his form of analysis about concepts such as madness and sexuality as ‘thinking problematically’ (Foucault, 1977: 185-186). Analysis through problematisations dismantled how certain things, behaviours, or processes come to be thought of as problems (Bacchi, 2012) and highlights the creative role of the state in shaping understandings of particular problems (Pereira, 2014).

Foucault illuminated discourse as the system which structures the way we perceive reality, defining the way we can think about and see material objects, such as the obese child (Fairclough, 1992; Mills, 2003). ‘Truth’ is a system ‘of ordered procedures for the production, regulation, distribution, circulation and operation of statements’ (Foucault, 1980: 133). For Foucault (1991: 79), the ‘production of truth’ is not ‘the production of true utterances, but the establishment of domains in which the practice of true and false can be made at once ordered and pertinent’. As such, truth is constructed and must be kept in circulation by strategies which support this truth and which exclude alternative truths (Mills, 2003; Fairclough 1992). The development of a version of truth is directly linked to systems of power which ‘produce and sustain it, and to the effects of power which it induces and which extend it’ (Foucault, 1980: 133). Foucault (1980: 131) describes the establishment of ‘truths’ in a society:

Each society has its *régime* of truth, its ‘general politics’ of truth: that is, the types of discourse which it accepts and makes function as true; the mechanisms and instances which enable one to distinguish true and false statements, the means by which each is sanctioned; the techniques and procedures accorded value in the acquisition of truth; the status of those who are charged with saying what counts as true.

Foucauldian approaches to discourse highlight how the truth claims embedded in discourse are used to govern society and how certain discourses achieve greater status as a result of being institutionally-sanctioned (Bacchi, 2009). Further, particular problems produce individuals as particular types of governable subjects (Bacchi, 2015a). The governance effects of discourse are exerted through the ‘material inscription of discourse’ (Miller, 2014: 193) into the programmes and policies of the state through technologies. As truth

does not exist in and of itself, it must be materially supported by those that are perceived to be 'experts', institutions who are authorised to speak and by practices which give a discourse weight and circulation. In modern society 'truth' primarily centres on scientific discourse (including, medical and public health discourse) and the institutions which produce it (such as, medical schools and hospital health promotion teams). An analysis of how we are governed through discourse attempts to show that 'taken-for-granted ways of doing things and how we think about and question them are not entirely self-evident or necessary' (Dean, 1999: 31).

This study employs Foucauldian discourse analysis to examine the taken-for-grantedness of childhood obesity. To do this, Foucauldian analysis examines what is considered a valid knowledge at this time; how has this knowledge/discourse developed and been passed on; how the discourse constitutes different subjects; what are the effects of the different subject positions; and how does the discourse contribute to the overall shaping of society (Wodak and Meyer, 2009). Applying a Foucauldian approach to discursive formation (Hall, 2001), we could analyse the following elements in different discourses of childhood obesity: statements about 'childhood obesity' which give a type of knowledge about a subject; the medical/scientific/public health rules for talking about childhood obesity; the subjects (child watching television, the over-worked parent doling out love through fast food) which personify the discourse; how knowledges from medical research and psychological studies of parenting behaviour acquire authority at a particular time; the practices within institutions, such as nationwide BMI measurement programmes for school children, for dealing with the subjects; and the acceptance that another discursive formation will arise at another time. The circulation of the personal responsibility discourse of obesity which is most dominant in contemporary society might lead us all to be told (and to tell) that obesity is a result of poor individual choices by some (irrational) parents who give their children too much to eat. Through Foucault's eyes, though we might reconsider this 'truth' of obesity that consumers make happy citizens (brought up on McDonald's 'I'm lovin it' mantra<sup>11</sup>), who if left to their own devices will make the most rational decisions for themselves. Saguy and Almeling (2008) examined how obesity is being defined as a social problem and the implications of these definitions in the creation of moral hierarchies and social control. Analysing the claims made about obesity in scientific studies and media reporting of these studies, they found that both science and news blame individual choices for obesity, rather than social, structural or genetic factors (Saguy and Almeling, 2008).

---

<sup>11</sup> [www.mcdonalds.ie](http://www.mcdonalds.ie) (Accessed: 5 August 2014).

Much of the debate about obesity tends to occur between those who see obesity as a major health concern and an irrefutable scientific fact (a view expounded by medics, state, public health and even, apparently by Big Food) and those from a critical perspective who reject the concept of obesity entirely as a legitimate health concern (Guthman, 2013; Lupton, 2014). Evans and Colls (2009: 1060) are particularly critical of the 'conflation of 'scientific' and 'common sense' knowledges around obesity and fatness results in the production of immensely powerful 'obesity truths'', which they believe serves to legitimise certain social understandings of fatness. It is the element of contemporary 'common sense' about obesity (and how Big Food uses what is seen as common sense) which is of particular interest in this study. This common sense appears to say that childhood obesity is a major problem, caused by irresponsible and greedy children and their ignorant parents (note the absence of Big Food from this representation).

Rejecting the availability of a singular 'truth' out there, if we could just come to know it, Foucault highlights that the world is made up of a constant struggle between competing truths. Such a competition can be seen in the on-going tussle between those who resist the personal responsibility discourse of obesity in favour of a structural, environmental explanation of obesity. The struggle between discourses is also reflected in individuals' responses to discourse. People do not react uncritically to discourses (even if they always operate from within discourse) – they critique, accept, or resist them. Therefore, discourses are plural and operate in constant struggle for superiority, making each discourse subject to constant tweaks and changes in its effect. Because each discourse is *one* way of representing the world, there will always be competing discourses associated with different groups of people (Fairclough, 2003). Exclusion is therefore a core element of discourse formation – to make any claim to 'truth' requires the rejection and /or the undermining of other representations (Rouse, 2005). Foucault's conception of discourse illuminates that discourse exists through a complex set of practices which aim to keep a particular discourse in circulation and which seeks to separate the preferred discourse from other statements which it aims to exclude (Mills, 2003). Society is engaged in discursive struggles against dominant forms of knowledge and practices of power:

... the main objective of these struggles is to attack not so much "such or such" an institution of power, or group, or elite, or class but rather a technique, a form of power.

(Foucault, 1982: 781).

Thereby, Foucault's view of the social constitutive role of discourse calls us to take notice of the discourses through which we claim to know the world.

### **2.2.1. What gives discourse power? Power/knowledge**

Working from a Foucauldian perspective, it is possible to say that the particular discourse of childhood obesity which assumes the appearance of 'truth' will have a material impact on how the issue of childhood obesity is addressed and will shape the next phase of the debate and the policy choices (Lawrence, 2004). How the problem of childhood obesity is defined – whether as a problem of, for example, the (ir)responsible child-consumer; parental ignorance and irresponsibility; the facilitating state; or corporate influence (see discourse strands described in Chapter 4) – will strongly influence how the state will (or will not) decide to intervene (see Kim and Willis, 2007; Warner, 2009; Warin, 2011).

In his later work, Foucault became intensely concerned with the way discourse creates power. In his analysis, power cannot be exercised:

without a certain economy of discourses of truth which operates through and on the basis of this association... We are subjected to the production of truth through power and we cannot exercise power except through the production of truth.

(Foucault, 1980: 93)

Foucault (1980: 93) concerned himself to discover 'what type of power is susceptible of producing discourses of truth that in a society such as ours are endowed with such potent effects?' Moving away from the repression of earlier sovereign forms of power, the modern forms of power described by Foucault are productive, producing pleasure, knowledge and discourse. Their productivity enables them to 'circulate in a manner at once continuous, uninterrupted, adapted and 'individualised' throughout the entire social body' (Foucault, 1980: 119). Power and knowledge cannot be separated, because 'far from preventing knowledge, power produces it' (Foucault, 1980: 59). Power operates by constructing particular forms of knowledge so that '...knowledge implies power and power implies knowledge' (Lister, 2010: 120). Foucault conceived of the relationship between power/knowledge as dynamic, in terms of 'war or struggle' which could be understood in terms of 'strategy and tactics' (Rouse, 2005: 110). Because power is under constant challenge, it is necessary to 'continuously renew and maintain power relations' (Mills,



2003: 52). This may explain why Big Food – despite its economic dominance – must continually make its case to policymakers about the reasons for and the best approach to childhood obesity. Just as discourses circulate and compete, so too does power. Power operates in ‘the form of a chain’ through a ‘net-like organisation’ (Foucault, 1980: 98), which no one group can possess, or hold, without guarding against competing claims to power. Power, therefore, is exercised, rather than possessed (Lister, 2010). The connection Foucault made between discourse and power highlights how some discourses develop more power over our experience of the world (Lister, 2010). Foucault does not engage in a class-based analysis of power wielded by an elite, instead he focused on the material impact of discourse on what it is possible to say and what it is possible to know in a particular time and place. Different groups have different potential to influence discourse, however no one group has *power over* discourse. Thus, everyone is ‘co-producing discourse’ so that no group can control it, or ‘has precisely intended its final result’ (Wodak and Meyer, 2009: 38).

While rejecting the potential to control discourse, Foucault recognises that knowledge is not objective but rather it works in the interests of particular groups. This approach supports the current study’s primary focus on Big Food, a group seen to have increasing stakeholder power in the development of childhood obesity policy. Foucault brings our attention to where information comes from, how it has been produced and whose interests it may serve (Mills, 2003; Wodak and Meyer, 2009). In this way discourses operate to limit what can be said ‘correctly’ at a particular time and place. These rules of discourse formation mean that despite the infinity of what *could* be said about a topic, only a very small proportion *can* actually be said (Bacchi and Bonham, 2014). Foucault thereby emphasises the limiting effect of discourse at particularly times and places. With this understanding of the effect of discourse, “‘What is it possible to speak of?’ provides a novel and powerful form of political analysis’ (Bacchi and Bonham, 2014: 179), through which attention can be drawn to how more powerful groups ‘can accomplish changes in discourse’ over time (Wodak and Meyer, 2009: 38). Discourses, therefore, can serve particular ends in terms of the exercise of power (Wodak and Meyer, 2009). However, the operation of power is diffuse. In the modern state, power has been restructured (from authoritarian, violent power over subjects) but not diminished. Control is achieved through the establishment of norms of behaviour, ideal types of citizens, managed through regulation and self-surveillance (Lemke, 2002; Bacchi, 2009). Foucault nuanced the exercise of power by the modern state from being seen solely as repressive to elucidate how the

state exercised productive power which produces citizens who are 'good, healthy, normal, virtuous, efficient or profitable' (Rose and Miller, 2010: 273) and act in acceptable ways (Bacchi, 2010). The modern power Foucault described utilises new practices of control through surveillance, data collection and documentation, which restrain behaviour by making it more known (Rouse, 2005). As described by Rose and Miller (2010: 272):

Political power is exercised today through a profusion of shifting alliances between diverse authorities in projects to govern a multitude of facets of economic activity, social life and individual conduct. Power is not so much a matter of imposing constraints upon citizens as of 'making up' citizens capable of bearing a kind of regulated freedom.

Freedom creates new relationships between individuals, the market and society which make it possible for governmental processes to operate (Mayes, 2014). In this way freedom becomes a pre-condition for governing.

Foucault coined the term 'governmentality' to describe how governing takes place through the shaping of other's actions (Mills, 2003). Governmentality articulates the reciprocal relationship between techniques of power and forms of knowledge. In the term 'governmentality' we find the 'semantic linking of governing (*'gouverner'*) and modes of thought (*'mentalité'*)' (Lemke, 2001: 191), indicating it is impossible to study power without examining the knowledge which underpins it. Governmentality requires analysis both of the representation in the discursive field and the forms of intervention based on this representation (Lemke, 2001). The governmentality approach is used to attend to the patterns of thought (mentalities of rule and regimes of practice) which underlie how governing takes place (Bacchi, 2009). Foucault (1991: 75) stated that to analyse regimes of practice one must attend to programmes of conduct which have 'both proscriptive effects regarding what is to be done (effects of 'jurisdiction'), and codifying effects regarding what is to be know (effects of 'validation')'. In governmentality, governing operates on a continuum from state government to self-regulation and the conduct of our own conduct through technologies of the self (Lemke, 2001). Individuals, far from being repressed, are 'desiring, producing, and committed subjects who stand ready both to fight for the state and to question its actions' (Miller, 2010: 25). Moving from a state-centred view of power, in the modern state, the 'problematics of government' (Rose and Miller, 2010: 272) are analysed in terms of their political rationalities (how the exercise of power is conceptualised and rationalised) *and* their governmental technologies (complex techniques and programmes authorities use to achieve their ambitions). The state can exercise power

through individuals' active administration of their own lives as biopower (Greco, 2009). Biopower still involves disciplinary power over individuals, including through classifications of normal (healthy weight) and abnormal (obese) and expert surveillance but 'recognizes the value of life (and thus health) as a resource, and uses it as a principle of legitimation' (Greco, 2009: 16).

### **2.2.2. The creation of subjects and subjectivities**

Governmentality approaches have built on Foucault's work to show how individual subjectivity is constituted through the 'the multifarious forms of knowledge and expertise deployed in practices of government' (Smith, 2012: 31). As described by Rose and Miller (2010: 272) power in advanced liberal societies is enacted through the "making up' of citizens capable of bearing a kind of regulated freedom'. Discourses establish acceptable subject positions as a means to rule governable subjects (Dean, 1999; Bacchi, 2009; Wodak and Meyer, 2009). How a problem is represented entails the constitution of certain subjects/subject positions (Bacchi, 2000, 2009). It is through the interplay of power-knowledge that subjects come to be understood, placed in relation to one another and to act and be acted upon (Yates and Hiles, 2010). Dean (1999) argues that activity of government presupposes an ideal person, organisation and society to be achieved through governing. Living through discourse people themselves take up these ideal types or subject positions as their own. Particular discourses will rely on particular subject positions, such as the responsible consumer-citizen of advanced liberal society, and discourses set different subjects in opposition to one another. Bacchi (2009: 16) describes this positioning in terms of the subjectification effects of discourse which influence how we think about ourselves and 'make certain subject positions available'. The analysis presented in Chapter 5 describes eight subject positions visible in Big Food's discourse of childhood obesity.

Discursive practice prescribes subject positions 'with important constitutive effects for their subjects' (Bacchi and Bonham, 2014: 185). The way a problem is represented 'carries all sorts of implications for how the issue is thought about and for how the people involved are treated and are evoked to think about themselves' (Bacchi, 2009: 1). Examining the subjects represented within a discourse position draws out the operation of power within discourse and particularly the productive nature of power in constituting subjects and situating these subjects, by 'stigmatising some, exonerating others, and keeping change within limits' (Bacchi, 2009: 42). The creation of subjects and subjectivity is not a one-way

process. Operating from a poststructuralist position, it is not assumed that Big Food can set the discourse of childhood obesity, nor can it impose imagined subjectivities on individuals by placing them in particular subject positions. The regimes of government 'do not *determine* forms of subjectivity. They elicit, promote, facilitate, foster and attribute various capacities, qualities and statuses to particular agents' [emphasis original] (Dean, 1999: 32). Hence, while we are all subjects constituted within multiple, competing discourses, we are also political subjects with the agency to accept or resist particular subjectivities (Bacchi, 2000). As such, the subject positions imagined into being by Big Food's discourse are open to challenge, both in other articulations of discourse and by individuals living their lives.

### **2.2.3. Advanced liberal governing**

To examine contemporary problematisations of childhood obesity by Big Food, it is necessary to consider how governing takes place in contemporary society. Governing is by its nature '*a problematizing activity*' in which the 'ideals of government are intrinsically linked to the problems around which it circulates, the failings it seeks to rectify, the ills it seeks to cure' (Rose and Miller, 2010: 279, emphasis original). Using advanced liberal governing as a way of analysing governing in contemporary society brings *how* we are governed into focus. Advanced liberal governments seek to 'govern without governing *society*, to govern through regulated choices made by discrete and autonomous actors' (Rose, 1996: 328). The mentality of rule in advanced liberal societies enables governmental power to be 'exercised by those charged with ruling, but also by particular kinds of knowledge, or discourses, which compel individuals to act in certain ways' (Henderson *et al.*, 2009: 1403). The subjects of government are re-imagined as self-governors making socially responsible choices to self-care for themselves, for their bodies and for their families. The state now pulls back from providing for citizens, instead seeking only to *create the conditions* amenable to the exercise of *personal* choice and *personal* responsibility (Henderson *et al.*, 2009). The advanced liberal rolling back of state responsibility for public health policy should not be misinterpreted as removing state power; rather power is now embedded in the individual, governed by multiple expert actors (Buckingham, 2009b).

Advanced liberal governing works through the freedom of those who are governed (Dean, 1999). In advanced liberal governing this guidance has taken a market-orientated approach to shaping people's conduct (Light, 2001a; Veitch, 2010), requiring institutions (including public health systems) and individual bodies to be lean. Advanced liberal societies appear

to both expect excess and to 'celebrate those who want less' (LeBesco, 2011: 156). Ideally, we should show through the evidence of our svelte bodies we can 'want less while spending more' (Guthman and DuPuis, 2006: 445). The advanced liberal state can initiate a retreat from the governmental responsibilities implied in social government and citizenship, while enabling governing in a marketplace populated by citizen consumers (Guthman and DuPuis, 2006). Rose (1996) tracks this 'mutation' of the state into communities – a limited and reduced version of the social state. Where the social state encompassed all citizens in an interconnected society built on collective obligations; communities are required to choose themselves, organise themselves, improve themselves, be responsible for themselves. The citizen-consumer enables the social space to be reconstructed to the benefit of the state as a series of individual interactions so that a veil can be drawn over the collective need for and consumption of services (Clarke, 2004). Advanced liberal governmentality 'is very active and interventionist even when it is a 'minimal' one' (Cotoi, 2011: 111). The state continues to intervene through 'various crisscrossing capillaries in the social body: heterogeneous networks of actors and technologies; new fields of knowledge like social sciences, economy, management or the sociology of governance; old micro-fields of power and expertise that are being connected in new ways' (Cotoi, 2011: 111). Where once, government sought to compensate for the operation of the market, now it seeks to redefine the social arena on market principles (Veitch, 2010). This heralds the 'economization of politics' (Veitch, 2010: 322) where modern governments govern through the 'register' of the economy (Dean, 1999: 28) with 'economic calculus' (Clarke, 2004: 38). The shift to market principles in advanced liberal government has shifted the nature of government in social policy. The agenda for the withdrawal of the state:

can be deciphered as a technique for government... construed as a reorganization or restructuring of government techniques, shifting the regulatory competence of the state onto 'responsible' and 'rational' individuals. Neo-liberalism encourages individuals to give their lives a specific entrepreneurial form

(Lemke, 2001: 201-2).

Regulations in advanced liberal governing draw upon commercial rationalities, such as consumer choice and consumer empowerment, to govern at a distance (Yngfalk, 2015).

In advanced liberal societies, freedom is preformed through the making of choices by entrepreneurial, independent individuals (Rose and Miller, 2010). Doing away with the

collective provision of a social state (Rose, 2000), the advanced liberal rationality promotes security through responsible, individually-made choices and facilitates governing by a range of actors, including corporations.

#### **2.2.4. Undertaking a poststructuralist analysis of Big Food**

Big Food, the discursive actor of interest in this study, could be considered an elite, that is a dominant corporate actor with the power to influence decisions. Some might anticipate that as such, this study would take a structuralist approach to analysis. This section outlines why a poststructuralist approach has been adopted and the perceived benefits of this approach to the analysis of the discourses of Big Food and the research question of this study.

As discussed in section 2.2. above, poststructuralist Foucauldian analysis recognises that while certain groups – such as Big Food – may have more power relative to other groups, no single group has power *over* discourse. As outlined by Bacchi (2005) there is a tendency in discourse analysis for researchers to adopt a Foucauldian poststructuralist approach when analysing the discourses of less powerful groups and to adopt a structuralist approach when analysing elites. This tendency reflects an understanding that elites have power to stand outside the normal force of discourse. By contrast, this study, while accepting that discourses have political ramifications and differing levels and types of effects for different groups, does not believe that Big Food has the power to *control* childhood obesity discourse to advance its own interest. Instead, the poststructuralist approach adopted here emphasises the ‘teasing out and interrogating the meanings within, and political implications of, existing forms of governmental problematization’ (Bacchi, 2015a: 5). The WPR methodology used in this study seeks to move away from a focus on interests and the intentions of powerful groups to interrogate the conceptual logics which make particular problem representations possible and sayable. This analysis includes the naming of potential effects of Big Food’s discourses on particular groups, while maintaining that Big Food, like all groups, operates within existing and often competing discourses of childhood obesity.

Foucault viewed the state as a set of practices refracted through individuals by techniques and practices (Flew, 2014). Foucault’s conception of a productive, rather than repressive power is acted out with the ‘consent of the governed’ (Flew, 2014: 60). For Foucault, no

one can move unimpeded behind the curtain of discourse to view the true reality because ‘every time an absolute truth is claimed, this claim has certain effects of power’ (Wandel, 2001: 375). Foucault’s conception of power is one ‘that produces discourse and at the same time is produced by discourse’ (Wandel, 2001: 379-80). In Foucauldian analysis, government is defined as ‘conduct, or, more precisely, as ‘the conduct of conduct’ and thus as a term which ranges from ‘governing the self’ to ‘governing others’ (Lemke, 2001: 191). Foucault’s analysis of the link between power and subjectification opens up questions of individual self-control and how we govern ourselves. He turned his attention to the ‘micropolitics of forming and controlling subjects’ (Miller, 2010: 23). In this research, I am seeking to examine something similar – the influence of a discrete actor (Big Food) on a niche regulatory process.

There are, however, elements of structural analysis which feature in this study, in particular the concern for those who are harmed by the dominant discourses of obesity. Looking at advanced liberal governing in terms of governmentality goes some way to reconcile the structural and poststructuralist approach by recognising the *power* of advanced liberal governing without seeing it as a unitary, hegemonic construct. Foucault can be conceived of encouraging analysis of the control of institutions. While not undertaking a class analysis, he is acutely aware of the implications of power on the weak. And while his analysis does not centre on the economy, he is mindful of it (Miller, 2009). Echoing this, the WPR methodology is explicit in its intentions to draw attention to the ‘deleterious consequences’ of particular problem representations and to suggest problematisations whose effects could be ‘more helpful and less destructive’ than those produced by the problem representations judged to be harmful (Bacchi, 2009: 238).

Foucault’s analysis of discourse is not a practice confined to exposing labels, concepts and tricks of language. Rather, Foucault’s approach to discourse is materialistic because the effects of discourse in practice are exposed. Discourse is made material through policies and programmes of the state exercised through technology; the technologies of production, the technologies of sign systems, the technologies of power and the technologies of the self (Miller, 2014). Springer (2012: 143-4) argues that understanding neoliberalism as a discourse allows us to see the material forms of the discourse through state programmes and the subjectivities of individuals:

By formulating discourse in this fashion, we need not revert to a presupposed 'real-world' referent to recognize a materiality that is both constituted by and constitutive of discourse. Instead, materiality and discourse become integral, where one cannot exist without the other.

This study is not concerned with the changes in food production and the machinations of Big Food in the industrialisation of food production but rather with the way in which 'consumer choice' and 'personal responsibility' have come to dominate thinking about childhood obesity. Thus, the decision to undertake a poststructuralist discourse analysis which can elucidate *how* Big Food interacts and shapes the discourse of childhood obesity.

In adopting a poststructuralist Foucauldian discourse analysis, I did not want to fall into the possible trap of arguing that the clustering of childhood obesity in disadvantaged communities could be overcome through a turnaround in individual subjectivities, rather than through political and social change (Lemke, 2001). Springer (2012: 142) argues that 'recognizing neoliberalism as representation still requires social struggle'. I believe that social change can be supported through Foucauldian analysis which exposes the material effects of discourse on particular groups in society. This study aims to interrogate Big Food's problematisations of childhood obesity so they can be *challenged*. The WPR methodology employed in this study – outlined in Chapter 3 – sets out to explicitly name the possible negative effects of problem representations on particular groups (Bacchi, 2009). A specific element of WPR analysis is to interrogate the effects of these styles of governing and sympathetically consider the harmful discursive, subjectification and lived effects they may create for particular groups. To me, there is potential for change in how we think about childhood obesity because, while particular discourses may persist, they need not dominate, and there is 'potential for meanings to shift or for subaltern discourses to unsettle the orthodoxy' (Springer, 2012: 143). The WPR approach illustrates how this form of analysis can be used to draw out the different effects of discourse on different groups and to be particularly attentive to the potential for negative effects of discourse for particular groups. This may lead observers to assume it is a form of analysis which simply reflects how those with greater power than others (in this case, Big Food) may seek to promote representations which suit their own interests. In fact, the WPR approach seeks to move away from a focus on interests and the intentions of powerful groups to interrogate the conceptual logics which make particular problem representations possible and sayable.



## 2.3. Conceptualising obesity in advanced liberal society

This study argues that current thinking about childhood obesity is heavily influenced by the dominant contemporary discourses – advanced liberal and public health – which influence and borrow from one another. In advance of the critique of the different discourse strands of obesity presented in Chapter 4, this section draws on the Foucauldian theoretical basis outlined above, to summarise how childhood obesity is currently problematised in these dominant discourses through the concepts of consumer choice and personal responsibility and via a particular focus on obesity in childhood.

With echoes of Foucault, Schwartz and Brownell (2007) highlight that in the debate about the causes and solutions to childhood obesity; the biggest struggle is over the ‘truth’. Schwartz and Brownell (2007: 81) contend that competing truths can be simplified as to whether environmental changes have led to increasing rates of obesity, or whether there has been ‘an epidemic of decreased personal responsibility over the last thirty years’. To these two competing truths I would add the third of critical perspectives on childhood obesity, the most strident within this perspective would question whether there is such a thing as obesity at all (for example, see Monaghan, 2005, 2006, 2013). The critical challenge to childhood obesity has examined the ‘meanings and effects of this ‘epidemic’ in regard to social relations, stigmatisation, impacts on communities and families and the rise of governmentality’ (Maher *et al.*, 2010a: 305). The focus on obesity appears to feed into contemporary concerns about looking the ‘right’ way, being the ‘model’ worker and consumer. Market-based solutions to social problems are attractive to advanced liberal governing and one such problem ‘that appears to capture the interests of the private sector’s ‘neoliberal imaginary’ is childhood obesity’ (Powell, 2014: 229).

### 2.3.1. Advanced liberal discourse

In advanced liberal societies, disciplinary power has been mostly internalised into biopolitical norms to which the responsible citizen will conform. Liberalism is therefore ‘predicated upon the willingness and capacity of autonomous individuals to *choose* to exercise responsible self-government’ (Smith, 2012: 25). The clarity of what is the ‘responsible’ thing to do is often murky in advanced liberal societies. For example, how can one consume more but eat less, or eat more and weigh less? In the ‘choice architecture’ (as economists would frame it) of the modern consumer society, citizens should consume

whatever they themselves believe is right and sensible (Kwan, 2009). Contemporary representations of obesity are 'underpinned by the rhetoric of choice – a powerful discourse [which]...is currently being used to blame obese people, or their parents, for their situation' (Bonfiglioli *et al.* 2007: 444). The ubiquity of choice in policy can be seen as the result of a 'determined effort to recast the balance of responsibility between the state and citizens' (Malpass *et al.*, 2007: 231). In this way the interconnections between consumption, profit-making and health have become entwined, so that 'the interests of the person struggling with obesity – the consumer – are positioned against multinational companies like PepsiCo...' (Townend, 2009: 174). In this advanced liberal discourse of obesity, 'choice' is a responsibility (Porter, 2012), where consumers are responsible to make the right commercial choice for themselves (Brownell and Warner, 2009). This discourse promotes the view of 'pure' choices for citizens (they could choose and have available to them any type of food, particularly healthy foods) and veils the role of the industry in creating consumer demand for foods high in fats, sugar and salts (through marketing) and in limiting consumers' range of choices (through the primary availability of cheaply-produced, highly profitable processed, low nutrition foods).

Discourses which make individuals primarily responsible for obesity mean that the state or Big Food cannot be held liable, which is of itself a logical extension of advanced liberal ideology (Townend, 2009) into obesity policy. The personal responsibility discourse can be characterised by the statement - 'everyone has to take responsibility for their own health'. Personal responsibility has been championed to a greater and lesser extent by a range of proponents from individual-focused public health educators, light-touch governments and profit-hungry Big Food companies. The consumer choice discourse, which might be characterised by the statement, 'there is no such thing as bad foods, just bad choices', is a further extension of the personal responsibility discourse. The rationality of 'free choice' may be the *episteme* of truth of our age and in advanced liberal governing, the free entrepreneurial individual has full capacity to choose and care for herself (Petersen, 1997). Lupton (2013: 40) describes how 'consumer choice' has gained such dominance in policy-making circles in advanced liberal societies, where Governments are seen to have a highly circumscribed role in promoting market enterprise and informing citizens about the risks associated with the products on the market:

Ideal consumer/citizens, therefore, are able to continue to consume in a context of an abundance of tempting food but also to limit their consumption

enough to demonstrate their capacity for self-discipline.

‘Choice’ has become a key concept in public policy and the ‘consumer’ has become a privileged figure in policy discourse (Malpass *et al.* 2007; Warin, 2011; Lupton, 2013). The consumer choice discourse which extends even to children enables Big Food to intone that ‘there are no ‘bad foods’ and government policy is just ‘nanny state’ (Koplan and Brownell, 2010: 1487). The rise of global capitalism with its individualist values leads to ‘commodification ... whereby human worth is reduced to market worth’ (Townend, 2009: 172). Hence, the inching out of the term ‘citizen’ by the term ‘consumer’ in contemporary discourse.

Such are the contradictions of neoliberal governmentality ‘that the neoliberal subject is emotionally compelled to participate in society as both out-of-control consumer and self-controlled subject’ (Guthman and DuPuis, 2006: 444). Guthman and DuPuis (2006) argue that a dialectical political economy moves beyond a view of capitalism as simplistic profit motive, to look at the contradictions that drive the capitalist society in particular directions, often towards crisis. In terms of obesity, this dialectical approach places obesity into the current context of neoliberalism and shows how obesity is also ‘a key facet of neoliberal governmentality – the way in which we govern ourselves’ (Guthman and DuPuis, 2006: 440):

eating becomes the embodiment of that which today's society holds sacred: consumption. We buy and eat to be good subjects. At the same time, neoliberalism produces a hypervigilance about control and deservingness

(Guthman and DuPuis, 2006: 443).

Personal responsibility is perhaps the key lens through which obesity is understood in contemporary society. In societies where ‘good’ citizens will manage and regulate their own health behaviours, failing to do so such as by becoming obese is represented ‘as a failure of personal responsibility rather than of socioeconomic disadvantage’ (Lupton, 2014: 40). Williams (2008: 456) posits responsibility as ‘one of the central virtues of modern liberal societies’ used to sustain the social order and to address its failures. In contemporary society, understandings of responsibility have moved from its origins as responsibility for past actions, or as moral agency and has been re-imagined as a virtue that can be demonstrated by individuals and organisations (‘responsible government’) through self-regulation, self-government, self-control (Lancaster *et al.*, 2015). Responsibility is so

prominent in contemporary modern liberal societies because of its 'discursive importance' (Williams, 2008: 457) in that 'responsibility represents the readiness to respond to a plurality of normative demands', or 'responsibilities' (p.459):

What is new, on this line of thinking, is its discursive importance: and the most obvious construction to place on this is that we can no longer take responsibility for granted—that we now have special reasons to notice its absence, or compelling practical grounds to demand its exercise. On this view, we might suppose that the circumstances of responsibility are enduring, though somehow sharpened by our contemporary situation

(Williams, 2008: 457).

Rose (2001) identifies this as the facilitating state through which the state seeks to free itself of some responsibilities which are instead pushed onto the citizen. In this way, the 'health-related aspirations and conduct of individuals is governed 'at a distance', by shaping the ways they understand and enact their own freedom' (Rose, 2001: 6). Looking at the role of the Australian government in food policy, Henderson *et al.* (2009) find that government portrays its role as providing advice and guidance to help families to eat healthily, rather than intervening in commercial and marketing activities of food industry. In this case then, the government constructs itself as having a role in the intimate space of the family kitchen but not in the more public arena of the company board-room.

Governing is now concerned 'to structure the possible field of action of others' (Foucault, 1982: 790) by acting upon their actions. Individuals seek to follow the established norms and engage in self-regulation. Powell (2014: 235) connects the contemporary concern about childhood obesity with the workings of advanced liberal governing:

... how the interests of influential institutions in contemporary neoliberal societies – national governments, public health organisations, education departments, schools, not-for-profits, industry groups and multinational corporations – have converged within a space created by the 'problem' of childhood obesity crisis and the 'solutions' of the neoliberal imaginary. The political rationality of neoliberalism also helps to 'congeal' diverse technologies of government – including a creeping privatisation, multi-sector partnerships and the 'contrived' philanthropy of corporations – in an attempt to 'conduct the conducts' of children with a deliberate (albeit unpredictable) end in mind: the production of self-responsible, self-governing, healthy and non-obese child-consumers.

In ceding responsibility for implementation, the advanced liberal state opens up the space for Big Food to act as a governor. While there are clear benefits to Big Food of colonising this space, it is of particular concern that the state enthusiastically welcomes Big Food as a

governor. The state should be critiqued for the way in which state agents, including public health policymakers, have opened up the discursive space for Big Food and have also been active in producing the discourses that Big Food use to its own advantage. In some countries, Big Food has adopted the role of 'educator' on childhood obesity, providing anti-obesity programmes in schools. As a result, the sellers of food and drink have been repositioned as quasi-governmental public health workers and children are literally being taught by Big Food to be responsible for their 'choices' (Powell, 2014).

### **2.3.2. Public health discourse**

Health promotion has been the medical discipline most associated with concerns about childhood obesity. Where advanced liberal governing fastens on the individual consumer citizen, public health discourses of obesity have attempted to address obesity as a collective issue, most notably in the use of the term 'obesity epidemic', giving obesity a global rather than individual focus (Patterson and Johnston, 2012). Powell and Gard (2014: 4) argue that 'health promotion is a field of social activity, like many others, that must grapple with and, to some extent, accommodate neoliberalism'. The new public health version of health promotion is bound up with care of the self, with a shift away from the state as a protector of the individual's health (or at the very least the conditions for health) to the individual being required to take responsibility for their own health risk (Petersen, 1997). As identified by Bell *et al.* (2011: 4) in an editorial in *Critical Public Health* on new public health, contemporary conceptions of health imply that ill-health is a cause of people enjoying too much of the 'good life'. At the same time previous emphasis on temperance, as seen in alcohol policy, has been replaced by an emphasis on moderation and responsible consumption. This change in focus is perhaps more comfortable for the corporations and for individual consumers who wish to partake in alcohol, high fat foods, or social smoking.

Health promotion reinforces the advanced liberal impulse towards the making of 'good' healthy citizens. Ayo (2012) identifies advanced liberal rationality within current health promotion strategies, primarily minimal government intervention, market fundamentalism, risk management, individual responsibility and inevitable inequality as a consequence of choice. Instead of investing in income, shelter and food, as the requirements for good health of a social government, poor health is reimagined as a personal failing (Ayo, 2012). Overcoming these 'failings' can be achieved by purchasing from the free market to become a healthy, responsible, consumer:

Unemployment, poverty, lack of education, all major established social determinants of health, are rendered as poor personal choices made by freely choosing citizens. Health promotion policy and practice has appeared to largely ignore these fundamentals of health... Instead, the health promotion policies which tend to receive the greatest amount of endorsement are those which suggest that all will be well if individuals simply exercised 30 minutes a day and ate more fruits and vegetables.

(Ayo, 2012: 102).

In public health and anti-obesity programmes notions of what comes to be defined as rational, responsible and civilized behaviour have become central aspects of how power is exercised (Lister, 2010). The Behavioural Insight Unit of the UK Cabinet Office (the so-called 'nudge unit', based on the behavioural, or 'nudge' economics of Richard Thaler and Cass Sunstein)<sup>12</sup> encourages each citizen to react correctly to Government strictures without the force of regulation or legislation, such as by making it easier for shoppers to read the calories on food labels, or making sure that all citizens are aware of the recommended daily levels of physical activity. Nudge approaches seek to design the 'choice' environment so that individuals will make the 'right' choice. Described another way, individuals in advanced liberal governing are governed through their freedom to choose and to conduct their conduct (Mayes, 2014). The UK's nudge unit is an example par-excellence of social control through normalisation. At some level, the notion of 'health promotion' is that the population is not aware of how to attend to their own health. As a result, health promotion attends to the *lack* of information when the issue may be the *supply* of ultra-processed food, or the practices of Big Food. Obesity has become the story of civilisation's decline through gluttony and sloth (Gard and Wright, 2005).

### **2.3.3. Focus on childhood**

Childhood obesity is a social confrontation which has become an object of media, state and academic interest. The full weight of the spectre of the obesity gaze (being overweight to an extent which meets medical criteria, which in contemporary discourse is understood as being obese) has been primarily directed at children, rather than adults. Instead of focusing on those who are middle-aged and obese, which account for a much greater number of citizens in Ireland – 36% of over-50s (Leahy *et al.*, 2014) – the primary focus has fallen on

---

<sup>12</sup> As described on the homepage of the Behavioural Insights Team of the UK Cabinet Office: 'The Behavioural Insights Team was set up in July 2010 with a remit to find innovative ways of encouraging, enabling and supporting people to make better choices for themselves'.

the relatively small number of obese children – 7% of Irish nine-year olds (Layte and McCrory, 2011).

At its most simple, interest in childhood obesity arises because of reports of accelerating rates of obesity worldwide and the fact that obesity is understood to become established in childhood (Zivokovic *et al.*, 2010). Harrison believes modern society visualises childhood obesity as ‘fat bombs’ which could explode to great effect causing the ‘financial ruin of Western society’ (Harrison, 2012: 337). Voigt *et al.* (2014: 1) argue that there are both ‘good and bad reasons’ for the concern about childhood obesity. The complexities inherent in childhood obesity in terms of cause, effect and solution need not be reasons for inertia, but ‘we do regard them as reasons to think about obesity as one of the *many* issues affecting children’s current well-being and future health, and to be cautious in making it *the* central focus of attention’ (Voigt *et al.*, 2014: 25). This study combines my sense that due to the predilections of advanced liberal governing, childhood obesity has become an overemphasised problem in current public health policy, with a desire to critique how Big Food uses discourses of childhood obesity. I experience discomfort with the amount of attention which is paid in policy terms to addressing individual bodies, especially when the state appear to actively ignore the weight of corporate influence on the food available for people to eat and the vast sums spent by the very Big Food companies the state has welcomed into the policy space marketing ultra-processed foods to children.

Since the 18<sup>th</sup> century, childhood has been a life-stage of particular interest to policymakers. Childhood has become a site of significant state intervention, when health and social workers work to modify childhood ‘in the future-oriented interests of constructing their minds and bodies’ (Mayall, 1998: 275). Policy has tended to react to children as ‘becomings’, with childhood seen not for its inherent value for the child but as a ‘period of the life course oriented towards the future’ (Prout, 2000: 305). Thus, childhood is approached of as ‘a battle for the future’ (Ryan, 2010: 771), rather than as a valuable or significant period of its own. Childhood is important only as an ‘investment in the future’ (Prout, 2000: 305). So, for example, a focus on child poverty is motivated by the intention to avoid labour market problems for these adult-becomings in later life, rather than to improve poor children’s lives while they are children. Viewed as a period of concerning indeterminacy (Ryan, 2014), childhood has become the period when citizens are ‘tutored in the basic arts of neo-liberal rule’ (Ryan, 2010: 770). Childhood is approached in policy terms as a period when children are socialised into being the ‘right’ type of adult, primarily

within their family context. Children are an accepted target for social intervention, 'precisely because they are seen as especially unfinished, appear as a good target for controlling the future' (Prout, 2000: 306). In Ireland, Ryan (2010: 764) has identified governing practices which govern children through their 'freedom to choose as young citizens'. Ryan (2010: 768) argues that the Irish state now governs children by ensuring they are 'incorporated into the neo-liberal game of inequalities – one and all must withstand 'the pressure to compete and succeed', not just in terms of schooling, but also in the 'arena of consumption'. Children are positioned as vulnerable, without the capacity for rational choices required to make an advanced liberal citizen (Ryan, 2014). It is for this reason that Ryan (2014: 279) has determined that 'childhood is the epicentre of the obesity crisis', for when 'childhood is invoked, there is little need to answer the why question; it is sufficient that we act to protect children'. Advanced liberal societies require that even children manage their own risk and act out their responsibility by modifying their behaviour, attitudes and lifestyle to the 'right' choice. Children are 'beginnings' they are 'positioned as harbingers, a glimpse of things to come' (Harrison, 2012: 328). In such light childhood obesity represents a terrible fat future: 'When any disease affects children, it is regarded as a tragedy, and as something that must be stopped, in order to preserve a childhood and ensure a future' (Harrison, 2012: 328).

Children are called upon to play particular roles in childhood obesity discourse. They are both vulnerable consumers who must be protected in the market place but are also responsible subjects who should govern their own 'good' food choices (Henderson *et al.*, 2009). Children are also considered more 'governable' than adults (Smith, 2012). While the obese person is other and abhorrent to the moderate, healthy, right-choosing consumer (LeBesco, 2011), the obese child is an aberration. Particularly in the context of childhood obesity, Purcell (2010: 435) believes that government interventions have ignored the 'unique political and societal status of childhood, while reaffirming the privilege of parental autonomy and consumer sovereignty'. Further, concerns with the level of commercialisation and consumption come into greatest relief when viewed from perspective of childhood. As described by Cook (2012: 472), 'the injurious aspects of markets and a market economy regularly play themselves out through the rhetoric of the 'child'', thereby making policies designed around children a site in which different approaches to hyper-commercialisation and responsibility are played out.



Zivokovic *et al.* (2010) argue that children are often decontextualized within advanced liberal discourses. The 'child', who is individual, becomes an 'abstract signifier for all children, which strips them of relational contexts and constructs them as vulnerable in a world of harm and risk' (Zivokovic *et al.*, 2010: 388). Hope (2014:3) believes that the 'conceptual ambiguity' about what constitutes a child is reflected in an approach which treats children of all ages as a homogenous group. This homogeneity 'might mean that policy speaks of a child that may not exist, or who exists merely as an artefact of policy makers and administrators' (Hope, 2014: 3). Traditional approaches to children have positioned them as a product of their familial relationships, rather than of structural factors. As a result, 'where childhoods go wrong, deviate from norms [such as the BMI norm] the problem and its cure are located at individual case level, rather than at socio-economic levels' (Mayall, 2000: 250). As a result, the edges (or inequalities) of individual children are worn down to the image of the mass of equally responsible children. In so doing, advanced liberal governing may act to blank out real children and real experiences of childhood out through the use of the homogenous 'child'. The ideologies of childhood enable 'the rigid forces of the State' to 'intervene 'in the name of the child'' (Zivokovic *et al.*, 2010: 388).

Katherine Smith (2012) has looked at how responsibility has been idealised for children in contemporary society. Drawing on governmentality literature, Smith (2012) seeks to account for the form of governing childhood associated with contemporary advanced liberal societies. To the dual model of childhood in Western culture, with the Dionysian (evil) and the Apollonian (innocent) child developed by Jenk (2005), Smith adds the Athenian (responsible) child:

Analogous to the Dionysian and Apollonian models of childhood the 'Athenian' child is presented ... as a symbolic target for the relatively novel governmental mode of regulating children via strategies of participation and 'responsibilization'. Named for the Greek goddess of wisdom (Minerva in Roman mythology), the Athenian child is associated with child-rearing norms in which welfare is closely associated with autonomy, so that the child is in a sense a 'partner' in the socialization process. Daughter of Zeus, Athena emerged from her father's forehead fully grown – she is thus the perfect representative of the (partially) self-governing 'competent child-actor'

(Smith, 2012: 31).

The development of governable, responsible subjects starts in childhood with the promotion of the Athenian ideal-child. While the Dionysian and Apollonian child – the wild

child or the innocent – were vulnerable, requiring the assistance of the welfare state, the Athenian child is called to ‘shoulder some of the burden of protection’ (Smith, 2012: 33). The Athenian child, an entrepreneur responsible for her own development, is suited to the advanced liberal world of choice, competition and enterprise (Smith, 2012).

In advanced liberal society, childhood obesity is repositioned as an economic problem which the private sector can solve. Powell (2014: 226) examines in-school education programmes sponsored by corporations (Danone UK and Canada’s Concerned Children’s Advertisers), putatively aimed at educating children to make healthier choices and find they ‘actually work to position children as self-governing, citizen-consumers and attempt to transfer the responsibility of children’s bodies and health onto children themselves’. He argues that school based corporate ‘anti-obesity’ programmes link to political rationality in the ‘endeavour to shape children as self-responsible, non-obese and healthy consumers’ (Powell, 2014: 226). Powell (2014: 230) further describes Change4Life, the UK Department of Health’s social marketing campaign to prevent obesity, in which the governments ‘partners’, including Burger King, BP, Bupa, Coca-Cola, GlaxoSmithKline, KFC, McDonald’s, PepsiCo, Pizza Hut, and Starbucks, made commitments and pledges to work in partnership and improve public health. The public and private partnership approach to advanced liberal governmentality displays the enmeshed corporate state in which partnerships are used to govern by shaping ‘children’s thoughts and actions around health, obesity, even life itself’ (Powell, 2014: 231). The interests of the state and Big Food coalesce in advanced liberalism so that Big Food, as policy actor and health promoter, comes to be seen as key to ‘solving’ the problem of obesity. The dominant discourses of obesity shaped and influenced by the advanced liberal state and Big Food centre on personal responsibility and choice. Both the state, through its policy pronouncements and awareness campaigns, and Big Food in its ‘health promoting’ activities, focus almost all their attention on obesity and health in childhood.

## **2.4. Conclusion**

The theoretical approach adopted in this study emphasises how discourses, while neither fixed nor monolithic, can exert power over what can be thought and said. As such, discourses of childhood obesity have a legitimising and limiting effect, both defining how childhood obesity can be talked about and fixing the norms of knowledge about childhood

obesity as a topic. Utilising a Foucauldian approach to discourse and the interconnectedness of power/knowledge, this study examines how childhood obesity is represented by Big Food. Foucault's approach to discourse shows that a particular form of knowledge exists through a complex set of practices which keep a particular discourse in circulation and separates the preferred discourse from other statements which it seeks to exclude (Mills, 2003). Through Foucault's analysis we are challenged to see 'how effects of truth are produced within discourses which in themselves are neither true nor false' (Foucault, 1980: 118). Knowledge within a society is therefore 'intelligible and authoritative' (Rouse, 2005: 96) only within a particular epistemic context. Foucault (1980: 93) drew our attention to the question of 'what type of power is susceptible of producing discourses of truth that in a society such as ours are endowed with such potent effects?' By concentrating on Big Food's use of childhood obesity discourses, rather than examining a range of actors, it is hoped to show how a powerful actor uses and shapes childhood obesity discourse. Engaging in the political form of poststructural analysis provided by WPR, the analysis attends closely to the material effects and particularly the harms to particular groups (children, parents, etc.) which can result from Big Food's discourses.

This chapter has argued that current thinking about childhood obesity is framed within advanced liberal rationality. Contemporary society 'sends two opposing messages: 'it's good to eat' and 'it's bad to be fat' (Schwartz and Puhl, 2003: 58). It is particularly 'bad' to be fat if you are a child. In the rationality of advanced liberal governing, individuals, children's bodies and collective bodies (governments and commercial entities) 'have to be "lean", "fit", "flexible" and "autonomous"' (Lemke, 2001: 203). The obesity discourse in advanced liberal states draws upon individualism to place responsibility on individuals to change their lifestyle through techniques of self-discipline and control (Campos, 2004; Gard and Wright, 2005; Rail *et al.*, 2010). When we problematise the approach to childhood obesity in advanced liberal society, it 'no longer looks like such a clear or simple target for our energies – let alone a military campaign' (Voigt, Nicholls and Williams, 2014: 2). When we think of why obesity is so concerning to society, why we are so concerned with body sizes and aesthetics, we may wonder if the simplicity of the 'war on obesity' is appropriate. The next chapter takes the theoretical approach outlined here and describes how it has been used to undertake a WPR analysis of Big Food's documents in this study.

## **CHAPTER 3: UNDERTAKING AN ANALYSIS OF BIG FOOD'S PROBLEMATISATION OF CHILDHOOD OBESITY**

### **3.1. Introduction**

Using the 'What's the problem represented to be?' (WPR) approach to analysis (Bacchi, 2009, 2010, 2012), this study examines the discourse strategies employed by Big Food when the BAI sought to regulate ultra-processed food marketing to children. The submissions made by Big Food to the BAI's two public consultations on the regulations (2011 and 2012) are examined to identify the problematisation of childhood obesity and the discourse employed by Big Food during the development of the regulatory regime. As discussed in the previous chapter, this study adopts a Foucauldian perspective which provides theoretical tools to problematise accepted concepts and practices within Big Food's representation of childhood obesity by interrogating the meanings which Big Food has promoted for these concepts. Discourse analysis based on Foucault's discourse theory looks at what knowledges/problematisations are considered valid in a certain time; how the problematisation has developed; how it constitutes subjects; the consequences for these subjects; and in examining the political element of discourse, what consequences the problematisation has for the development of society (Wodak and Meyer, 2009). Building on this theoretical perspective, this study employs the WPR approach to analysis. WPR analyses the real effects of problem representations on the world – in terms of how an issue is contained to tell a story and on how people are treated and encouraged to think about themselves.

This chapter begins with an explanation of the WPR methodology as applied in this study, followed by a discussion of the process to define, select and analyse the research sample. The chapter continues with the ethical and political considerations which ground the study. Finally, the chapter concludes with the challenges the methodology present and the strategies used to address them.

### 3.2. 'What's the problem represented to be?' (WPR)

Examining problematisations directs our attention to the 'practices of government that form the basis on which problematizations are made' (Dean, 1999: 39). Thus a focus on problematisations is a key element in analysing how we are governed (Dean, 1999). WPR rests on the premise that the ways in which issues are problematised is central to governing processes and therefore 'what we say we want to do about something indicates what we think needs to change and hence how we constitute the "problem"' (Bacchi, 2012: 4). WPR is often used to interrogate less obvious power/knowledge connections beneath the surface of policy as practice (for example see, Bastian and Coveney, 2013 on the concept of 'food security' in nutrition policy; Graham, 2013 on the representation of people with mental illness in legislation; Bacchi, 2015b on the WHO's representation of 'alcohol problems'; and Lancaster *et al.*, 2015 on the concept of 'recovery' in drug policy). Here, WPR is applied to the discourses of Big Food, which might be assumed to be seen as problematic and questionable from a public health perspective. However, it was felt necessary to interrogate Big Food's representation of obesity in this way because working as a policyworker I have been concerned about how the involvement of Big Food in policymaking *is not widely problematised* in public health literature or practice in Ireland (see Chapter 1, section 1.2.).

#### 3.2.1. The WPR approach to analysis

To develop WPR, Bacchi (2009, 2010, 2012) drew heavily on the work of Foucault and later governmentality theorists. WPR works to uncover patterns in problematisations which expose styles of governing which are impacting on people's lives (Bacchi, 2012). Further, the connection drawn in WPR between problematisation and governing builds on the work of Rose and Miller (2000: 279) who illustrate that:

Government is a problematizing activity: it poses the obligations of rulers in terms of the problems they seek to address. The ideals of government are intrinsically linked to the problems around which it circulates, the failings it seeks to rectify, the ills it seeks to cure.

WPR sees policymaking as a political process, but this process is not simply about supporting, or resisting a particular policy direction. Rather, the battle is around 'constituting the shape of the issues to be considered' (Bacchi, 2000: 50). In examining the complete process of the BAI's development of marketing regulations through the inputs of

Big Food, this study examines the way a particular discursive actor (Big Food) reacted to and shaped a problem representation and the particular knowledges it relied upon when engaging in the policy process. This study focuses on Big Food, while simultaneously recognising that Big Food co-produces discourse with others in society. No group has ultimate 'power over discourse' rather different groups, such as Big Food 'have different chances of influence' (Wodak and Meyer, 2009: 38).

WPR begins from the premise that the 'problem' (problem representation) – such as childhood obesity – can be understood by what is proposed as a policy 'solution' (Bacchi, 2009). That is '... what we propose to do about something indicates what we think needs to change ('the problem')' (Bacchi, 2009: xi). By looking at what the problem is represented to be, Bacchi (2009, 2012) argues that we can uncover the presuppositions, rationales, gaps and likely effects of a particular way of seeing a 'problem'. Applying a WPR analysis to Big Food's problem representation of childhood obesity can help us to understand what Big Food wants to be *done* about childhood obesity. In WPR, a problem refers to the 'kind of change implied in a particular policy proposal' (Bacchi, 2009: x-xi) and a WPR analysis interrogates what problems are seen to exist and how they are thought about. WPR looks at what the problem is represented to be and then probes the proposal for change:

inquiring about rationales for the proposal, deep-seated presuppositions underpinning the proposed change, possible silences in the understanding of what needs to change, and the effects that are likely to accompany this particular understanding of the 'problem'.

(Bacchi, 2009: x).

Bacchi (2009: xvi) encourages researchers to adopt 'a new paradigm, 'problem-questioning' rather than 'problem-solving', in order to look more deeply at the impact of particular problem representations on the world. WPR therefore undermines the conservative approach implied in policymaking – that there are a limited number of problems which can be solved in rational ways:

Problematizations are framing mechanisms; they determine what is considered to be significant and what is left out of consideration. As a result, public policies create 'problems' that channel and hence limit awareness of and sensitivity to the full range of troubling conditions that make up our existence.

(Bacchi, 2009: 263).

WPR draws attention away from these ‘assumed “problems” to the shape and character of problematisations’ (Bacchi, 2009: xi) and in so doing exposes how ‘by positing an issue as a particular sort of issue... Only part of the story is being told’ (p. xii).

WPR offers the welcome combination of grounding in Foucauldian thought, with a very clear method of enquiry. The approach is based on three propositions:

- We are governed through problematisations.
- We need to study problematisations (through analysis of the problem representation they contain), rather than ‘problems’.
- We need to problematise (interrogate) the problematisations on offer through scrutinising the premises and effects of the problem representations they contain.

(Bacchi, 2009: 25).

The first proposition draws on governmentality approaches where problematisations are studied to get behind the type of thinking implied in a form of rule (*govern-mentalities*). The second presupposition requires researchers to look at the paradigm in which policies are created, making a WPR analysis a political project. The third proposition highlights WPR as a critical form of analysis, with an emphasis on how we are governed and the effects of problem representations in the world. In addition to Foucault, WPR draws from a number of other related theoretical approaches, including social construction theory, poststructuralism, feminist body theory and governmentality studies (Bacchi, 2009). From social construction theory, WPR takes the view that the concepts we often see as stable are constructed and subject to change. From poststructuralism and poststructuralist discourse psychology, WPR incorporates the political and contested nature of language, and of the constitution of subjects within language. Feminist body theory gives WPR its focus on the lived reality of problem representations. Finally, the concepts of regimes of governance and the rationalities of government – the thinking of government – are adopted from governmentality studies (Bacchi, 2009).

Bacchi (2007, 2009) provides the WPR researcher with six questions to apply as part of a cohesive analysis. Table 3.1 lists the WPR questions and summarises the elements each question is used to examine.

**Table 3.1 The six WPR questions**

Question		To examine
1	What's the 'problem' represented to be in a specific policy?	<ul style="list-style-type: none"> <li>• Read the problem from the policy proposal</li> </ul>
2	What presuppositions or assumptions underlie this representation of the 'problem'?	<ul style="list-style-type: none"> <li>• Foucauldian archaeology of conceptual logics and political rationalities</li> <li>• Binaries, key concepts and categories</li> </ul>
3	How has this representation of the 'problem' come about?	<ul style="list-style-type: none"> <li>• Foucauldian genealogy of the practices</li> <li>• Processes leading to dominance of problem representation.</li> </ul>
4	What is left unproblematic in this problem representation? What are the silences? Can the 'problem' be thought about differently?	<ul style="list-style-type: none"> <li>• Limits in the problem representation</li> <li>• Cross cultural comparisons and changes in problem representation over time</li> </ul>
5	What effects are produced by this representation of the problem?	<ul style="list-style-type: none"> <li>• Discursive effects</li> <li>• Subjectification effects</li> <li>• Lived effects</li> </ul>
6	How/where is this representation of the 'problem' produced, disseminated and defended? How could it be questioned, disrupted and replaced?	<ul style="list-style-type: none"> <li>• Possibility of resistance</li> <li>• Discursive potential for re-problematisation</li> </ul>

(Adapted from Bacchi, 2009: 48).

Each question seeks to unfurl the premise behind and the development of policy 'problems'. Question 1 identifies the 'problem' which the policy seeks to overcome. Question 2 uses Foucauldian archaeology to 'uncover the (assumed) thought that lies behind specific problem representations' (Bacchi, 2009: 5). These conceptual logics and political rationalities indicate the rationales for particular styles of governing. Concepts (such as 'health'), categories (healthy/fat/obese) and the binaries employed (responsible/irresponsible, the productive/lazy) can help uncover the governmental rationalities which operate in a particular problem representation. Comparing how governing is similar in different jurisdictions and also to the ways in which styles of governing may be particular to a context can draw out the mode of development of the governing style. Question 3 borrows from Foucauldian genealogy – beginning in the present and working backwards – to examine the developments, ruptures and power relations which led to the current problem representation. Question 4 scrutinises the



policies to consider the limits on thinking implied in the problem representation they contain. While, Question 2 seeks to identify the premises beneath these styles of governing, Question 5 interrogates the effects of these styles of governing and sympathetically considers the harmful discursive, subjectification and lived effects they may create for particular groups. Discursive effects are those which make it difficult to think differently from that enabled by the problem representation. Subjectification effects encourage the adoption of certain subject positions and set groups against each other through Foucault's (1982; 208) concept of 'dividing practices'. Subjectification effects can also be examined to determine whether implied responsibility for a 'problem' is properly applied. Lived effects are the material impacts of a problem representation in the world. Question 6 draws attention to how the dominance of a particular problem representation which is considered harmful could be undermined or supplanted. Taken holistically, the questions seek to identify problem representations, their conceptual architecture, their origins, the limits they imply, their effects and the potential for change (Bacchi, 2009).

### **3.2.2. WPR and this study**

The WPR methodology has been applied in a number of policy fields, including alcohol (Bacchi, 2015b); drug addiction (Seear and Fraser, 2014; Lancaster *et al.*, 2015); food poverty (Bastian and Coveney, 2013); homelessness (Zufferey, 2014); mental health (Graham, 2013); occupational therapy (Pereira, 2014); and promotion of physical activity (Alexander and Coveney, 2013). In Ireland, Fitzgerald and McGarry (2016) have recently employed WPR to interrogate how prostitution is problematised in Irish law and policy. While WPR analysis primarily focuses on government policies, Bacchi's (2009, 2012) approach to governing, in common with governmentality scholars, moves beyond the state to examine the complex net of actors involved in governing. In WPR, the state is 'only one player' (Bacchi, 2009: 26) engaged in the ordering of society, in a crowded governing space filled with other experts and professionals who all influence the governing knowledges. This wide conception of government does not mean that WPR analyses clashes between competing interest groups. Instead WPR analyses:

the knowledges through which rule takes place, and the influence of experts and professionals on and through these knowledges, rather than examining their direct role as participants in a political process (e.g. as members of lobby groups).

(Bacchi, 2009: 26).

A WPR analysis enables an analysis of Big Food's submissions in terms of the 'shape of arguments, the forms of 'knowledge' that arguments rely upon, the forms of 'knowledge' that are necessary for statements to be accorded intelligibility' (Bacchi, 2009: 5). WPR reflects Foucault's analysis of the state, which rejected a unified state as a subject for analysis to look at the activity of government and the knowledges and practices utilised in governing (Flew, 2014). Governing is not constrained within agencies of the state. The term 'governmentality' makes explicit the diffuse nature of power and the way in which technologies of power 'are always informed by ways of thinking, and by forms of knowledge' (Greco, 2009: 18). WPR enables a study of those who play a part in structuring the childhood obesity policy domain through an examination of Big Food, considered in this study as one of the 'governing' parties' (Bacchi, 2009: xx) in the shaping of discourse of childhood obesity.

### ***3.2.2.1. The appeal of WPR for this study***

In conducting this study it is hoped that the attention to discourse can open up thinking on the issue of childhood obesity and enable a critique of the dominant ways of thinking about and acting on childhood obesity. As discussed in Chapter 1, this study is a piece of politically-motivated research which seeks to confront what has come to be seen as common sense in the discourse of childhood obesity – that obesity is a failure of personal responsibility and that everyone, including Big Food, are stakeholders in the development of obesity policy.

The WPR approach has a clearly articulated theoretical basis which it uses to analyse the effects of problem representations on the world. WPR reflects the view that problem representations have different impacts for different groups and that analysis of these effects is crucial (Bacchi, 2009). As such WPR, as both a theoretical and a political methodology, is particularly attractive for this study. Further, WPR explicitly sets out to take the side of those who are damaged by the effects of dominant discourse. WPR itself has an 'explicitly normative agenda' (Bacchi, 2009: 44). It assumes that some problem representations benefit certain groups (although the particular group which benefits cannot be predicted by grand narratives such as capitalism) and takes the side of those who are damaged by a particular representation by critiquing and questioning the impact of the representation. By paying attention to those who may be harmed and those who

may benefit from particular problem representations, WPR offers insight into the processes of governing (Bacchi, 2009; Pereira, 2014).

Bletsas (2012: 43), who used WPR in her own work on poverty, found the approach enabled her to move beyond structural/individual explanations of poverty to look at *how* the structure/agency debate has become embedded in our understanding of poverty. WPR analysis provided the tools to explain ‘how we think about poverty is a product of *how we think* far more than it is a product of something enduring in the nature of poverty’ and move away from these accepted definitive explanations of poverty ‘to instead study these claims about poverty for what they could be seen to reveal about trends in government’ (Bletsas, 2012: 43). In this study, a similar binary between structural and personal explanations for childhood obesity is anticipated. WPR is used here to challenge the fixed notion of childhood obesity to examine the connections between the ways of knowing obesity and the means of governing (Bletsas, 2012). This problem-questioning paradigm at the heart of WPR analysis enables this study to move beyond presumptions about how Big Food will seek to represent childhood obesity. The aim is not to identify biases, but instead to look at the shape of the arguments which are made and the forms of knowledges (in the Foucauldian sense of what is possible to think) that are relied upon in making these arguments (Bacchi, 2009). In particular, the WPR approach unpicks and then aims to move beyond the responsibility/irresponsibility binary which dominates current childhood obesity policy.

### ***3.2.2.2. WPR research questions for this study***

These studies originated from my interest in the question - What discourses of childhood obesity are used by Big Food in Ireland and how do they shape and influence what can be said? Six sub-questions reflecting the WPR approach to policy analysis (see Table 3.1 above) have been added to this primary question. The additional questions (Table 3.2 below) draw out particular elements of the primary question and give additional guidance for analysis. All questions are applied holistically across the 19 analysed documents, the selection of which is discussed in section 3.3 below. Following the approach of other studies which have been flexible in using WPR, applying a smaller selection of the six WPR questions, or adjusting the questions for analysis purposes (see, Fitzgerald and McGarry, 2016; Pienaar and Savic, 2016), I slightly adapted the 6 WPR questions in light of the documents analysed in this study (Table 3.2 below).

**Table 3.2 Research questions used in this study**

**What discourses of childhood obesity are used by Big Food in Ireland and how do they shape and influence what can be said?**

1. What's the 'problem' of childhood obesity represented to be in the submissions of Big Food?
2. What presuppositions or assumptions underline Big Food's representation of childhood obesity?
3. How has Big Food's representation of childhood obesity come about?
4. What is left unproblematic in Big Food's representation of childhood obesity? Where are the silences? Can childhood obesity be thought about differently?
5. What subject positions are produced by Big Food's representation of childhood obesity?
6. How/where is Big Food's representation of childhood obesity produced, disseminated and defended? How could it be questioned, disrupted and replaced?

### **3.3. Research sample**

Following Foucault's method of working with 'practical' texts' (Foucault, 1985: 12), WPR is based on the study of public policies and policy documents which can be used to identify problem representations (Bacchi, 2009, 2012). This study analyses how Big Food operationalised discourses of childhood obesity in Ireland during a particular period (2011-2013) and in a particular policymaking context. The development of the BAI regulations is used as a discursive event in which Big Food, through its responses to the consultation process, are actively seeking to produce and shape the discourse of childhood obesity. As such, the Big Food organisations which responded to the consultation are a self-selecting sample.

#### **3.3.1. Selecting the study sample – submissions made by Big Food**

The primary data for this study (see Table 3.7 below) comes from 19 submissions made by 14 Big Food organisations (document code 'S') to the BAI. Documents produced by the BAI (code 'R') were used to provide contextual information on the progress of the marketing regulations.

### **3.3.1.1. The BAI's consultation process**

As discussed in Chapter 1 section 1.4.4.2., the BAI was established on 1st October 2009 to regulate content across all broadcasting, assuming the roles previously held by the Broadcasting Commission of Ireland and the Broadcasting Complaints Commission. The Broadcasting Act 2009 set out a range of objectives for the BAI, including to 'protect the interests of children taking into account the vulnerability of children and childhood to undue commercial exploitation' (Section 25, subsection 2 (f)) (Government of Ireland, Broadcasting Act 2009). As part of this obligation, the BAI began work to regulate commercial communications to children through the development of a Children's Commercial Communications Code (including the ultimate regulations on ultra-processed food marketing to children).

**Table 3.3 Timeline for the development of the Children's Commercial Communications Code**

<b>Date</b>	<b>Activity</b>
<b>May 2011</b>	BAI publishes a proposal for Children's Commercial Communications Code
<b>August – October 2011</b>	Public consultation phase 1
<b>December 2011</b>	BAI publishes analysis of submissions to consultation phase 1
<b>March 2012</b>	BAI publishes draft Children's Commercial Communications Code
<b>March – May 2012</b>	Public consultation phase 2
<b>June 2013</b>	BAI publishes final regulation, the Children's Commercial Communications Code
<b>September 2013</b>	The Code enters into force

The Children's Commercial Communications Code – finally introduced in September 2013 – was developed by a BAI expert working group. The development of the Codes included two rounds of public consultation (August to September 2011 and March to May 2012). In August 2011, the BAI published a consultation document on the Children's Communication Code for public consultation (August to September 2011). 227 submissions were made to this consultation. Following this initial consultation the BAI published two reports – an

analysis of the submissions which dealt with nutrition issues and an analysis of the submissions dealing with the advertising market. In March 2012, the BAI published a second consultation document which reflected responses to first consultation and contained the draft regulations. 48 submissions were made to the second consultation phase. In October 2012, the BAI announced its decision to ban the advertising of ultra-processed food during children's programming (up to 6pm).

Submissions to the two consultation phases primarily fell into four categories: media and advertising; public health; food industry; and individuals.

**Table 3.4 Four categories of submissions to public consultations on marketing regulations**

	Category	Examples
1	Food industry ( <i>including but not limited to Big Food</i> )	<ul style="list-style-type: none"> <li>Irish Apple Growers Association</li> <li>Mars Ireland</li> </ul>
2	Public health	<ul style="list-style-type: none"> <li>Healthy Food for All</li> <li>Institute of Public Health Ireland</li> </ul>
3	Media and advertising	<ul style="list-style-type: none"> <li>TV3</li> <li>Advertising Association of Ireland</li> </ul>
4	Individuals	<ul style="list-style-type: none"> <li>Named individuals (including some politicians)</li> </ul>

### **3.3.1.2. Primary data – Big Food's submissions**

The sampling approach to identify Big Food's submissions follows the logic of sample-orientated investigation, where the population sample (all submissions to the BAI public consultation) is identified based on the research questions and from this large population a 'reduced image' (Titscher *et al.*, 2000: 40) of documents - submissions by Big Food - are investigated. Purposive sampling has been applied, where texts have been sampled 'on purpose' because they have certain features – made by Big Food companies and representative organisations. In addition to the Big Food organisations, there were a number of organisations which made submissions and which represent the wider food sector, for example the Irish Farmers Association. Decisions had to be made about which

documents were defined as representing ‘Big Food’, making the selection of texts an ‘interpretative exercise’ (Bacchi, 2009: 20). This method of selecting a smaller number of documents which meet the inclusion criteria [made by Big Food] follows the approach taken by Clifford *et al.* (2013) when analysing tobacco industry submissions to a government consultation.

The object of interest for this study is the discrete element of the food industry which can be defined as ‘Big Food’. To select the sample documents for this study, the first issue was to decide which organisations were members of Big Food. As outlined in Chapter 1, section 6.1, ‘Big Food’ is a socially constructed term, generally used to call to mind large, international food companies such as McDonald’s and Kraft Foods. The final sample reflects the understanding of the term ‘Big Food’ (Table 3.5) and includes companies such as Kelloggs, Nestle Ireland, Britvic Ireland and Coca-Cola, as well as representative organisations which specifically represent the interest of Big Food companies, including the Beverage Council of Ireland (BCI).

**Table 3.5 Understanding of Big Food employed in this study**

---

**International and national ultra-processed food/drink suppliers, retailers, manufacturers and representative organisations**

---

**Attributes:**

- Large companies with concentrated market power
- Primarily produce/sell ultra-processed products
- Products have potentially negative impacts on health
- Take an adversarial approach to public health policies designed to reduce consumption of unhealthy products

*(Based on: Brownell and Warner, 2009; Stuckler and Nestle, 2012; Stuckler et al., 2012; Moodie et al., 2013)*

---

To make a decision about whether it was possible to clearly define those organisations which should be considered Big Food, I felt it was necessary to consider all the organisations from the wider food industry which made submissions (34 organisations). All the submissions made by the food industry were read and information about the organisation was sought via websites and reports of the companies. Based on the process

of reading all the submissions made by food industry organisations and considering the nature of the organisation making the submission, using information from their websites and reports in light of the understanding of Big Food in Table 3.5., the 34 food industry organisations were reduced to a sample of 14 Big Food organisations totalling 19 submissions across the two-stage consultation (see Table 3.7). See Appendix 4 for the assessment of whether a food organisation represented the four attributes of Big Food. See Table 3.6 for all food industry organisations included and excluded in the sample.

Reading all the food industry documents was also a useful exercise because it showed that there was a difference in emphasis in many of the documents produced by the wider food and particular dairy sector organisations, compared to Big Food. In their submissions and public material, food industry organisations excluded from this study expounded many of the positions used by Big Food but also focused more specifically on issues related to farming in Ireland, the role of dairy products and particularly cheese in a healthy diet. The banning of cheese advertising emerged as one of the key areas of contention between the wider food industry and the regulator. Ultimately cheese, although a product high in fat, was excluded from the marketing ban, representing a victory for many of the small cheese producers who submitted to the BAI.



**Table 3.6 Included and excluded food industry submissions<sup>13</sup>**

<b>Big Food companies &amp; representative organisations</b>	<b>Non-Big Food, food industry</b>
<i>Included in sample</i>	<i>Excluded from sample</i>
<ol style="list-style-type: none"> <li>1. Nestle Ireland</li> <li>2. Britvic Ireland</li> <li>3. Kerry Foods (2 submissions)</li> <li>4. The Coca-Cola Company</li> <li>5. Unilever (2 submissions)</li> <li>6. Mars Ireland (2 submissions)</li> <li>7. Kraft Foods Ireland (2 submissions)</li> <li>8. Kelloggs</li> <li>9. Burger King</li> <li>10. Ferrero UK and Ireland</li> <li>11. Food and Drink Industry Ireland (2 submissions)</li> <li>12. Chocolate, Confectionary and Biscuit Council of Ireland</li> <li>13. Irish Breakfast Cereal Association</li> <li>14. Beverage Council of Ireland</li> </ol>	<ol style="list-style-type: none"> <li>1. National Dairy Council</li> <li>2. Irish Farmers' Association</li> <li>3. Irish Dairy Board</li> <li>4. The Irish Dairy Industries Association</li> <li>5. International Dairy Federation</li> <li>6. Irish Creamery Milk Suppliers Association</li> <li>7. Irish Farmhouse Cheesemakers Association</li> <li>8. Irish Dairy Industries Association</li> <li>9. Agriaware</li> <li>10. Dairy Council UK</li> <li>11. Macra Na Feirme</li> <li>12. Irish Cooperative Organisation Society</li> <li>13. Wexford Creamery</li> <li>15. Glanbia</li> <li>14. Gubbeen Farmhouse Products, Ltd.</li> <li>15. Cashel Blue &amp; Crozier Blue Cheeses</li> <li>16. Durrus Cheese</li> <li>17. Sheridans Cheesemongers</li> <li>18. Irish Apple Growers Association</li> </ol>

<sup>13</sup> See Appendix 4 for a table providing details of the assessment of each organisation against the four attributes of Big Food (Table 3.5).

**Table 3.7 Final document sample**

<b>1. Submissions by Big Food</b>			
<b>Code</b>	<b>Document</b>		
<b>Consultation Phase 1, August – October 2011</b>			
<b>S1</b>	Nestle Ireland		
<b>S2</b>	Britvic Ireland		
<b>S3</b>	Kerry Foods		
<b>S4</b>	The Coca-Cola Company		
<b>S5</b>	Unilever		
<b>S6</b>	Mars Ireland		
<b>S7</b>	Kraft Foods Ireland		
<b>S8</b>	Kelloggs		
<b>S9</b>	Food and Drink Industry Ireland		
<b>S10</b>	Chocolate, Confectionary and Biscuit Council of Ireland		
<b>S11</b>	Irish Breakfast Cereal Association		
<b>S12</b>	Beverage Council of Ireland		
<b>Consultation Phase 2, March – May 2012</b>			
<b>S13</b>	Burger King		
<b>S14</b>	Ferrero UK and Ireland		
<b>S15</b>	Unilever Ireland		
<b>S16</b>	Kerry Foods		
<b>S17</b>	Kraft foods		
<b>S18</b>	Mars Ireland		
<b>S19</b>	Food and Drink Industry Ireland		
<b>2.Contextual information – BAI documents</b>			
<b>Code</b>	<b>Document</b>	<b>Date</b>	<b>Type</b>
<b>R1</b>	Broadcasting Authority of Ireland Children's Commercial Communications Code ( <i>Advertising, teleshopping, sponsorship, product placement and other forms of commercial promotion</i> )	May 2011	Regulation
<b>R2</b>	Broadcasting Authority of Ireland Children's Communication Code Guidance Notes	May 2011	Regulation guidance
<b>Consultation Phase 1, August – October 2011</b>			
<b>R3</b>	Children's Commercial Communications Code Consultation document	Aug 2011	Regulator's consultation document
<b>Analysis of submissions to phase 1</b>			

<b>R4</b>	Children's Commercial Communications Code Diet and Nutrition Rules Review Report of Media Analyst by Empirica for the BAI	Dec 2011	Analysis of submissions for Regulator
<b>R5</b>	Analysis and findings from relevant nutrition related responses. Prepared for the Broadcast Authority of Ireland by Lynn Stockley & Associates	Dec 2011	Analysis of submissions for Regulator
<b>Consultation phase 2, March – May 2012</b>			
<b>R6</b>	Draft BAI General and Children's Commercial Communications Codes	March 2012	Regulator's consultation document
<b>Final regulation, June 2013</b>			
<b>R7</b>	BAI Children's Communication Code	June 2013	Regulation
<b>R8</b>	BAI Guidance Notes & Direction in respect of product placement and commercial communications for food (including HFSS food)	June 2013	Regulation guidance

### ***3.3.1.3. Analysing Big Food's submissions***

The analysis and findings of this study are presented in Chapter 5. The process of analysing the sample documents centred on the research questions (Table 3.2) and reflected the different discourses of childhood obesity (discussed in Chapter 4).

To ensure that the analysis was grounded in the research questions and the WPR methodology, I developed the research questions into an analysis sheet which was used during the process of analysing the 19 documents. The analysis sheet for the WPR questions is provided as Appendix 1. The analysis sheet provided guidance to the nature of what was being considered in each question, both from the broader WPR questions and the specific questions for this research study. For example, in examining the initial question 'What's the 'problem' of childhood obesity represented to be in the submissions of Big Food?', the analysis sheet reminded me to pay specific attention: to the *assumed* problem represented by Big Food; the kind of change implied in Big Food's problem representation; and to work backwards from what Big Food was saying should be done about childhood obesity to determine how it represented childhood obesity.

As will be discussed in Chapter 4, during the process of reading and critiquing the literature on childhood obesity I developed a table to present different discourse strands of obesity. This three-strand approach was also operationalised as part of the analysis in a further analysis sheet (Appendix 2). This analysis sheet was used during the analysis process to ensure that I paid attention to the particular discourse strand Big Food was drawing on, shaping or subverting as part of its problematisation of childhood obesity. For example, to look at whether Big Food was drawing on the consumer choice and avoidance of risk

discourse strand of advanced liberal discourse, the analysis sheet reminded me to pay attention to features, including: self-governance; market worth; 'right' choices'; 'pure' choices; choice as responsibility.

The use of the two analysis sheets supported my efforts to apply different questions across the sample documents and to organise them into the main themes, concepts and subject positions which were emerging across the 19 documents. Following this initial analysis process, I began to structure the presentation of the findings into two elements – the main themes in Big Food's representation of childhood obesity and the subject positions within Big Food's problem representation. Over a process of refining, I identified three themes and eight subject positions. I then developed a guide to aid in extracting relevant arguments/quotes from the documents under these themes and subject positions (provided as Appendix 3). The two analysis sheets and the extraction guide were living documents, which were added to and amended throughout the analysis process.

### **3.4. Ethical and political considerations**

This section outlines the ethical and political considerations which guided the approach taken in this study.

#### **3.4.1. Ethical considerations**

Ethics, power and methodology are interlinked. While textual and discourse analysis limits many of what could be called 'human difficulties' of ethics associated with public health research and other qualitative research involving research participants, it draws out a number of other technical issues for a researcher in terms of personal bias, representativeness and methodological questions. As such, research with documents does not belie the need for ethical consideration. A more rounded approach to ethical research, as described by Baarts (2009: 424) places ethics:

in the totality of scholarly practice... from the initial process of framing the case, to selecting the object of analysis and defining the research questions, to considering how to investigate the object of study, and finally to reflecting on how one's writings relate to the normative order of the research field. Even after the scholarly text has been published, ethical considerations continue to impose decisions upon us; we need to consider, for instance, how the

knowledge arising from the research may be used or misused in commercial or political life.

Therefore, the use of documentary evidence and methods of discourse analysis in this study does not provide a licence to ignore ethical concerns. Strong explanation of the process of data collection and analysis is required to maintain the efficacy of this study. The process of moving between data collection and analysis, which is a feature of qualitative research generally and discourse analysis particularly, requires the researcher to show how interpretations have been reached, rather than merely tell what has been found. WPR and the study of problematisations also necessitates critical reflexivity by researchers to the shape of their own analyses, which are themselves part of problematisations (Bacchi, 2012). The experience of reflexivity in this study is discussed in Chapter 6, section 6.4.

Issues of informed consent and confidentiality are less relevant to policy research, where organisations involved in public debate are publicly accountable. In using publicly-available documents I felt able to directly name the companies and representative organisations in the study. Discussing the ethics of policy research, Spicker (2007) argues that seeking consent to use documents in such cases would be improper, as public scrutiny is essential for democracy. Documents in the public domain, such as those made to public consultations, are not under the control of the people who provided them. Those who place themselves, or their company, in the public domain should be subject to examination and where appropriate to criticism. This is both appropriate because of the public nature of the documents but also chimes with the political motivations of this study to shine light on the discourse strategies of Big Food. In the particular area of nutrition policy, some researchers have highlighted the importance of researching Big Food's activities to ensure that the integrity of public health policy making is maintained (see Mayes, 2014). Therefore, the act of naming in this study is an appropriate act, but also functions as 'an act of power' (Guenther, 2009: 412).

### **3.4.2. Political considerations**

Childhood obesity is a highly contested area of public health and this study focuses on the discourse strategies of Big Food, a group of which I am intensely critical. Conducting a critical study in a politicised area, I am committed to naming the conflict in the research and to asserting the motivations and convictions employed in undertaking it. My concern in beginning this study was how Big Food appeared to harness the initially benign seeming

ideas of 'choice' and 'responsibility' in the obesity policy debate and to question why Big Food has been invited to move from its natural environ of the food market to the policy table. This then is a piece of politically-motivated research which seeks to confront the view that Big Food should be equal stakeholders in the development of childhood obesity policy.

Foucault's work on discourse and power highlights how some discourses develop more power over our experience of the world (Lister, 2010). To me these shifts in discourse and the strife over meaning can be considered politically-charged. Discourses are plural and operate in constant struggle for superiority. Because each discourse is one way of representing the world, there will always competing discourses associated with different groups of people (Fairclough, 2003). This study seeks, in a small way, to open up spaces to resist and challenge the discourses of Big Food. As described by Greco (2009: 21), the challenge set for the researcher in a Foucauldian analysis is to 'imagine other ways, to go find them wherever they may quietly be operating, outside the mainstream, and to empower them – to make them available for discussion, as versions of what may be possible ...'. In WPR, problematisations are viewed as 'as powerful yet contingent' ways of viewing the world (Bacchi, 2012: 7). As governing takes place through problematisations it is seen as important to critically question them and expose the negative effects the problematisation may cause. Bacchi (2009: 43) describes WPR as a 'contentious' approach. It moves policy analysis away from balance sheet considerations to 'a political conversation about where particular problem representations have led and are likely to lead' (Bacchi, 2009: 43). This study analyses the social world in which I live and 'any articulation of the specific knowledge about social practices is at the same time a discursive (re-) configuration of the social structures it observes' (Wrbouschek, 2009: 36). Engaging in analysis of competing discourses is in itself a 'political act which cannot be separated from its implications within the social (and political) world' (Wrbouschek, 2009: 36). Therefore, through this study I am - as researcher - intervening and affecting discourse.

In his work on taking sides in social research, Becker (1967: 239) argued it is not possible to do research 'that is uncontaminated by personal and political sympathies'. For Becker (1967: 239), the question as social researchers is not whether to take sides but 'whose side are we on?' This study is firmly on the side of the citizen (who has right to be aware of the interests which influence our public policies), and therefore against Big Food where the effect of its discursive strategies may be to influence policy processes for its own benefit.

WPR analysis is overtly sympathetic with those who are harmed by a particular problem representation (Bacchi, 2009). While being clear about my sympathies, following Becker's advice (1967: 246), I have tried to ensure that my 'unavoidable sympathies' do not distort the findings by consistently clarifying that this study tells the story from one vantage point and by showing how the documents were analysed and the tools used to do so. Lupton's (1995) approach to discourse analysis provides some description of the methods she adopts to explore the relationships between discourses, social practices and power. She argues that reflexive inquiry of this kind requires researchers to '...expose one's participation in power relations' (p.13) by laying bear one's own personal commitments and values.

In accommodating the political aspect of my study, I have drawn on and taken solace from Ball's (2015) description of Foucauldian truth-telling. Foucauldian truth-telling relies on four elements: the speaker clearly says what she believes; the speaker requires moral courage, because there is a danger in truth-telling; the speaker feels a duty to tell the truth; and the truth-telling has the function of criticism (Ball, 2015). This is not to say that the truth-teller speaks the truth, because there is no such thing to a truth-teller. The value is not in what is said but *how* it is said and the effects of it being said. This is because truth-telling:

involves speaking boldly in the face of risk or danger, speaking plainly when there is a difference in power between the speaker and listener, speaking frankly even when it flies in the face of the prevailing discourses. This boldness is founded on a willingness to criticise, not just social conditions, ..., but oneself; indeed, especially oneself. It is the relation to oneself that is important, a shaping of the will –a different kind of 'will to truth'... Their speech is not assertion but refusal and critique, a confrontation of the normative with the ethical – a challenge to the normalising truths of the grey sciences

(Ball, 2015: 10-11).

Ball (2015) identifies that there are risks for those who engage in truth-telling. The first is the self-examination which unsettles what is seen as common sense and requires acceptance that there will always be tensions and uncertainty. The second risk, because truth-telling is a form of transgression, is the risk of 'censure or ridicule or marginalisation' (Ball, 2015: 13) by others. In undertaking this study, I returned frequently to Becker (1967) and Ball (2015) for comfort and guidance in managing my response to the discourse confrontations I uncovered in both my own and in Big Food's representation of obesity. Reflections on this element of the research process are discussed in Chapter 6, section 6.4.

### **3.5. Challenges of the methodological approach**

There are challenges to the discourse analysis methodology adopted in this study. In particular, challenges arise, as the analysis is a reflection of this researcher's own interpretation; the research will be one story amongst many potential stories which could be told about childhood obesity in Ireland; the study is confined to textual analysis; and the study is limited to a particular policy-making moment in the Irish context.

#### **3.5.1. A reflection of this researcher's interpretation**

Accepting that everyone, including the researcher undertaking a discourse analysis, acts within discourse, it is necessary to be honest about the particular positioning of this study. As Fairclough (2003) argues, there is no objective analysis of text – the researcher is always present. This study, for all its policy focus is a personal one. Food is very literally 'embodied' (Lupton, 1996). I eat food. I am invested in the ideas of 'good health' in paid work as an advocate in a health charity. Obesity policy and policies to regulate business practices are also political. To me, public health and health promotion's tendency to focus on behaviour change, assuming one can provide people with information and they will act on it, 'is inherently individualistic and reinforces the ideological assumptions of capitalism' (Nettleton, 2006: 239). The continued focus in public health on the self obscures social differences and structural inequalities (Lupton, 1995). I am frustrated that the current approach childhood obesity from a range of actors, including the state, Big Food and many working within public health, remain wedded to personal responsibility and blaming individuals for their heft.

Critical forms of discourse analysis are often criticised for foregoing analysis to become *too* interpretative, particularly because of the way in which the stages of data collection and analysis merge. Fairclough (1992, 1999) answers this charge by pointing out that description and interpretation are not the separate processes which they are often assumed to be – all analysts will be interpreting as they are describing. According to Fairclough (2003: 14), critical discourse analysis is 'inevitably selective' in that we seek to ask some questions about social events, but fail to ask others. To address the concern of being seen as only interpreting, or as only ideological, this study has adopted the WPR approach to discourse analysis. This systematic approach to analysis addresses the lack of clear prescription and method in much Foucauldian analysis (see Graham, 2005). The



clearly articulated methodological approach of WPR is crucial to ensure that the study remains open to 'poststructural "undecidability" (Allan, 2004) without being accused of 'unsystematised speculation' (Graham, 2005: 4). The very 'undecidability' or contingency of discourses gives the space for critique, resistance and chance.

### **3.5.2. One version of the story (ies)**

This study offers one way of looking at how Big Food represents childhood obesity. Situated in a textual and reflexive web, the thesis based on discourse analysis becomes text and thus subject to further interpretation. The study opens up some meanings and closes down others. It forms part of the constant re-articulation of meaning, becoming another element within the discourse. The critique contained in this study is another form of discourse, but is not be superior to that which it critiques. As Wrbuschek (2009: 38) pronounces: 'There is no ontological gap between the criticising and the criticised discourse'. This research cannot dominate and change the discourse of childhood obesity. The research can, however, engage politically with the representations of childhood obesity used and developed by Big Food. WPR represents 'research as a political engagement...[because] to study a subject is to intervene in it' (Bletsas, 2012: 48). This study as political engagement with the problem representation of childhood obesity can open up the debate from another angle, and call us all to account for why we might think the way we do about obesity policy and the role Big Food plays.

As referred to above, the process of moving between data collection and analysis behoves researchers to 'show' how they have come to their interpretations, rather than 'tell' what they have found. Tracy (2010) poses eight markers of quality for qualitative research which appear to fully capture the elements of the qualitative approach: worthy topic; rich rigor; sincerity; credibility; resonance; significant contribution; ethics; and meaningful coherence. Unlike the prescriptive framework which might apply for quantitative research, these criteria can accommodate the rich and varied nature of qualitative research serving 'as shorthand about the core values of a certain craft' (Tracy, 2010: 838). The WPR approach and the analysis and extraction sheets provided as Appendices are designed so that I can be clear about the methods employed and lay these bare for readers to judge for themselves.

### **3.5.3. A textual analysis**

This research is based on an analysis of documents. No attempt was made to interview Big Food representatives to elicit their individual experiences of the consultation process. In the current study, it was considered that interviews with representatives from Big Food involved in the consultation process may reinforce the discourses expressed but would do little to provide further insight into the Big Food's problematisation of childhood obesity. The decision to rely solely on textual material was made because it is believed that these documents provide the rich data on Big Food's representation of childhood obesity. Fletcher (2014), in her sociological tracing of the construction of the BMI concept, similarly confined her work to textual analysis. She described the advantage of document-based research as avoiding 'the presentation of retrospective narratives framed in terms of truth and discovery and enables a more accurate focus on the development of expert knowledge within its contemporary context' (Fletcher, 2014: 341). Jupp (2005) considers that official documents (in which we might include submissions to a public consultation process) provide official definitions of what is problematic, how the problem is explained and the preferred solution. Therefore, the submissions selected for this study provide rich data about Big Food's problematisation of childhood obesity. In using Big Food's submissions, which were publicly available, this study is also efficient in using existing data to a new effect.

### **3.5.4. Limited to a particular policy-making process in Ireland**

The aims of this research are limited to bringing new questions to help reshape the limits of the childhood obesity debate in Ireland. Following Lupton (1995: 14), the analysis seeks to:

undermine and contest accepted understandings and assumptions... to incite critique and ask questions about dominant belief systems; in short, to disrupt the complacency of these knowledge/discourse systems and to open up the space for alternative 'truths' and realities.

This research aims to lay the corporate (Big Food) pillars of the debate bare and in so doing help to start more critical questioning about how public health policy is developed in Ireland and whose interests the policy debate serves. This research focuses on one policymaking process in Ireland and is thus both country and time-specific. The particulars of the Irish case include the continuing and historical importance of food production in the Irish economy and an approach to policymaking which can be seen to generally privilege corporate interests. The findings will not provide a generalisable case about how Big Food

shapes and influences childhood obesity policy across the world. However, by drawing on the international literature it is hoped to discuss how the experience in Ireland may chime, or differ from current debates in other countries about the role of Big Food in obesity policy development.

### **3.6. Conclusion**

This study seeks to understand how the ‘problem’ of obesity and its ‘solutions’ develop from social knowledge and social constructions. This chapter has outlined the methodological approach and the sampling strategy employed in this study to conduct a discourse analysis of Big Food. This chapter has outlined how the methodological approach builds on the Foucauldian perspective described in Chapter 2. Concentrating on how power operates through discourse, the ‘What’s the Problem Represented to Be?’ methodology facilitates an investigation of the strategies Big Food has used to establish, maintain and shape discourses of childhood obesity. The WPR approach to analysis outlined here is used in Chapter 5 to analyse how Big Food’s discourses of childhood obesity have developed, how they are maintained and how they might be disrupted. The WPR approach to analysis enables the researcher to get ‘inside thinking’ to ‘study the strategic relations, the politics, involved in their appearance’ (Bacchi, 2012: 7). This chapter has further outlined the ethical, political and methodology challenges which were anticipated or encountered as part of this study and details the strategies used to address them.

## CHAPTER 4: CRITIQUING THREE CHILDHOOD OBESITY DISCOURSE STRANDS

### 4.1. Introduction

This study emanated from a questioning of why childhood obesity is widely understood as a personal problem which can be solved in tandem with Big Food. Instead of following the well-worn and important ground of critical public health researchers, who have tended to focus on the individualising and damaging impact of public health obesity discourse on individuals, this study centres on Big Food as a powerful actor in the way discourses of childhood obesity are shaped and used. The interest in Big Food particularly arises from a hunch about the influence of the discourses Big Food employs in a society where the advanced liberal state welcomes corporations into the process of ‘solving’ complex problems such as obesity. In advanced liberal societies such as Ireland, the interests of Big Food, the subjectivities of consumer-citizens and the advanced liberal state can coalesce and reshape and strengthen one another in ways which are beneficial both for corporate and state interests.

Gilmore *et al.* (2011: 2) have pointed to the ‘pressing need’ for public health to ‘improve our understanding of how corporations contribute to this disease burden, both directly through the promotion of products damaging to health and indirectly through influence over public policy’. Miller and Harkins (2010) argue that Big Food uses public relations and lobbying strategies to promote their ‘licence to operate’ and to resist effective public health measures to reduce consumption of their products. Hastings (2012) argues companies ‘market’ themselves to government in attempts to influence the policy agenda. If Big Food says – as it does so vehemently – that it has no responsibility for childhood obesity, why does it want to be a public health actor ameliorating the impact of obesity and why does it want to partner with governments to determine policy solutions? Further, why do governments think it is sensible to partner with Big Food?

This chapter seeks to demonstrate that there are many ways of thinking about obesity. Fat activists, Big Food representatives, medics and anti-obesity campaigners all use different discourses to construct the issue of obesity (Lupton, 2013). The chapter begins with a

discussion of the formation of childhood obesity discourse. This is followed by a description of the three-strand approach to obesity discourse developed as part of this study. Using this three-strand approach, the chapter goes on to describe the ways in which childhood obesity has been problematised within three broad strands of childhood obesity discourse – advanced liberal, public health and critical public health. Each strand is discussed in turn, including a critical appraisal of the limits of each strand in its problematisation of obesity. Discourses do not emerge fully-formed and are subject to ongoing changes and adaptations. As a result, Big Food’s response and engagement within a single discourse strand will fluctuate – at times accepting and using advanced liberal discourse and at others seeking to reshape it.

## **4.2. Childhood obesity discourse**

Obesity – its cause, significance in health and economic terms and possible solutions – is widely debated in public, media and policy circles and as a policy ‘problem’ in the sociological literature. Is the rate of obesity among children a result of genetics, as some in the food industry and medical communities argue? Or, has it occurred as a result of changes in food production? Is obesity a biological reaction to the reduction in physical activity by an increasingly urbanised population? Or, as critical theorists and fat activists argue, is obesity a public health mirage used to control individuals who do not fit society’s (bodily) norms? Guthman and DuPuis (2006: 429) contend that contemporary debates about obesity can be categorised into three prominent ideas: “it’s the economy, stupid”, ‘it’s only natural’, and ‘it’s the politics of exclusion’ and that discussions of obesity tend to map onto these more general positions on which governing is based. Deborah Lupton’s 2013 study *Fat* charts many of the different discourses of obesity which have developed in recent years. In the discourse dispute about obesity each group has something to gain. Public health workers, fat activists and Big Food all seek to make their particular ‘truth’ stick about the causes and suitable responses to obesity. Despite the fact that all who debate obesity operate out of particular discourses, Lupton (2013: 104) points to some core elements of contemporary discourses on obesity:

... the power of scientific medicine to construct definitions around bodies which distinguish between ‘the normal’ and ‘the pathological’; the importance placed upon taking responsibility for one’s health and making ‘wise choices’ as an entrepreneurial citizen in neoliberal societies; the state’s use of

biopedagogical strategies to inform citizens about their responsibilities in disciplining their consumption in the context of a political environment in which enthusiastic consumption is also encouraged;... the moral meanings which link lack of self-discipline with illness and disease;...

Rising rates of obesity are described by some as a 'sign of commercial success but a market failure' (Moodie *et al.*, 2006: 133), where developments in food production and transport over many decades have generally reduced the price of acquiring calories, while changes in lifestyles and work practices have reduced the likelihood of expending calories. Rising obesity rates across the world have been mirrored by an increase in the range and intensity of lobbying by Big Food to prevent regulation, such as bans on the marketing of ultra-processed foods (see Miller and Harkins, 2010; Brownell, 2012). The current study seeks to interrogate *how* Big Food uses discourses of childhood obesity in ways which potentially constrain the actions taken to address obesity and particularly to undermine action which would impact on Big Food's commercial activities. In their attempts to address obesity, states have shown themselves more willing to regulate individual's behaviour than address the behaviour of the food industry (Lister, 2010). This study aims to examine how discourses of childhood obesity may underpin this light touch regulation of Big Food and further explain why Big Food is accepted as public health educator and public health policymaker.

Personal responsibility and consumer choice discourses of childhood obesity have dominated policy debates across the world, particularly in the US and Australia (see Bonfiglioli *et al.*, 2007; Koplan and Brownell, 2010; Porter, 2012; Lupton, 2013). Both discourses present obesity as a problem of the individual, ignoring the fact that obesity rates have increased across whole populations in recent decades. There are also signs of stabilisation in obesity rates in Ireland and other developed countries, albeit at a historically high level (see Keane *et al.*, 2014 for details of Ireland.). Dominant advanced liberal discourses may be attractive to Big Food, both in downplaying profit-focused strategies to increase consumption of ultra-processed foods by all consumers, and in minimising the state's role in protecting its citizens from environmental factors which have encouraged weight gain across the population (Brownell and Warner, 2009). In the policy sphere, particularly in the United States and the UK, Big Food has increasingly been integrated into the development of obesity policy. Thus obesity policy internationally

provides an example of how the corporate 'vectors of disease' (Gilmore et al., 2011) have been accepted policy actors.

#### **4.2.1. A three-strand approach to childhood obesity discourse**

Wodak and Meyer (2009) describe how the different discourses which centre on a topic – such as childhood obesity – can be referred to as 'discourse strands'. The table of obesity discourse strands presented in this study (Table 4.1) was constructed following a reading of the obesity literature and offers a framework for the analysis of Big Food's use and shaping of discourses. The three-strand approach is an attempt to distinguish the discourse strands which coalesce around childhood obesity. As such, it is an attempt to marshal the diverse literature on childhood obesity into a coherent form. The three strands are an imposed framework and it is clear that the strands are not fixed, nor entirely separate.

While reading the obesity literature and in support of my soon-to-commence WPR analysis of Big Food's documents, I developed a three-strand approach to loosely categorise obesity discourses. While recognising that any categorising approach inevitably involves an element of simplification, the three-strand approach proved worthwhile in enabling me to separate and consider single pieces of literature before then combining them into particular approaches to obesity. Writing on critiques of typologies - but also relevant here to the categorisation of discourse within three strands - Torr (2008: 149) agrees that critiques of typologies are valid where they are presented as 'ahistorical, all-encompassing entities containing rigid and totally discrete categories that are designed to allow for the clear and once and for all fixing of individuals and their work in one box'. However, Torr (2008: 160) sees that typologies, or in this case categorisations, are useful devices where they are accepted to be partial descriptions of the social world, which are 'methodological devices' to highlight both similarities and differences between texts. The final three-discourse strand table (presented as Table 4.1) was developed to show the framework developed to assess the literature and to organise my response and critique of the literature. As such, the development of the table was not an attempt to provide a definitive classification of the obesity literature but rather to make clear the way the literature has been approached within this study. The themes described in this study are not claimed to be exhaustive, nor necessarily mutually exclusive. They are used for a descriptive, rather than proscriptive or predictive purpose. The themes were useful to me in this study and it is hoped they may be a use starting-off point for others researching this area.

**Table 4.1 Strands of childhood obesity discourse**

Discourse strand	Advanced liberal	Public health	Critical public health
Broad theme	The (ir)responsible child-consumer	Parental ignorance and irresponsibility	The facilitating state
Core elements	Personal responsibility	'Obesogenic' environment	Social change <ul style="list-style-type: none"> <li>o Changing social constructions/ norms</li> <li>o Changing socio-economic inequalities</li> </ul>
	Consumer choice & avoidance of risk	Behaviour change	Health At Every Size/Fat Studies
Proposed theme			<i>Corporate influence</i>

The three-discourse strand approach developed as an analytical scheme to reduce the complex obesity literature to manageable dimensions without trivialising (Herdin, 2012) or overlooking the complexity inherent in any body of literature. Table 4.1 developed as I read the literature and sought to assemble the interconnected strands of childhood obesity discourse into more distinct categories. In the words of Foucault (1991: 74), defying those who said he claimed too much weight for his analysis, the three-strand approach presented here is 'not meant as dogmatic assertions that have to be taken or left en bloc'. Rather, I present my own reading of obesity literature and my sense of where particular arguments and authors sit within discourse strands. Further, in sections below, I highlight approaches to obesity which share elements of two or more strands, indicating that the use of themes is a constant process of refinement.

As outlined above, the three-strand approach was the result of an iterative process, with the three categories of discourses – advanced liberal, public health and critical public health – emerging while reading literature on childhood obesity and discourses of obesity. In advance of reading the literature, it was assumed that there would be two discourse strands evident – advanced liberal and public health. However, during the reading process it became clear that the public health literature was strongly divided between a strand



which looked at obesity as a health condition and a more critical public health strand which viewed obesity as a socially constructed problem and interrogated the impact of dominant obesity discourse on individuals as a form of social control. The final three discourse strands were based on a grouping process, selecting literature with similar emphasis or attributes. The discourse strands build on one another, impact one another, accommodate and reflect upon each other. In this way personal responsibility can be seen as a stalwart of the advanced liberal strand but is also accommodated within the public health strand. There is a blurring of the boundaries between the discourse strands, particularly advanced liberal and public health. For example, although the point of emphasis differs, 'choice' is a significant feature of both advanced liberal and public health discourses.

Further, recognising that different elements were situated within each strand, I gave each of the strands a broad over-arching theme. The names of the themes were refined over time as I considered the literature and began to establish a more rounded sense of each strand. The names given reflect the critical gaze which is applied to each category of discourse and are designed to provide a shorthand critique of the particular focus within each category. Thus 'the (ir)responsible child-consumer' of the advanced liberal strand emphasises the repsonsibilising of childhood and of consumption across the discourses within this strand. 'Parental ignorance and irresponsibility' is used to short-hand public health's focus on what it sees as parent's failures. The 'facilitating state' references critical public health's critique of advanced liberal governing through which the state divests itself of responsibility for the conditions in which citizens live but continues to set the acceptable limits for behaviour. The state does not retreat from governing, rather it promotes certain problematisations as a means to enable self-governing by individuals and promotes significant roles for corporate interests and others determined as 'experts' to govern with and for the state. Finally, this study proposes 'corporate influence' as an additional discourse element which is largely absent from the critical public health literature. 'Corporate influence' would expand the focus of critique from the impact of obesity discourse on individuals to a critique of Big Food's corporate strategies.

### 4.3. Three strands of childhood obesity discourse

This section outlines the three strands of childhood obesity discourse – advanced liberal ‘(ir)responsible child-consumer’; public health ‘parental ignorance and irresponsibility’; and critical ‘the facilitating state’.

#### 4.3.1. Advanced liberal discourse – the (ir)responsible child-consumer

This category of discourse is described here as ‘the (ir)responsible child-consumer’ and is made up primarily of the specific discourses of personal responsibility, consumer choice and risk. Broadly, the discourses of personal responsibility, consumer choice and risk are built on the advanced liberal dream of responsible consumers, who manage their own risks (including risk of obesity) with minimal intervention from government. In advanced liberal childhood obesity discourse, children are ‘fat bombs’ (Harrison, 2012: 337) with the potential to detonate Western capitalism. The ‘(ir)responsible child-consumer’ reflects the responsibilising of childhood and of consumption in the advanced liberal strand. The dominant understanding of children in advanced liberal society is responsible, active, ‘healthy’-weight child. The children outside this norm (represented here as the bracketed ‘ir’ of ‘irresponsible’) ‘are alluded to only as a means to suggest their reform’ (Alexander and Coveney, 2013: 361). Thus, the construction of the irresponsible obese child is a shadow over the advanced liberal discourse, but is crowded out by the responsible child. The child is further represented here as ‘consumer’; this reflects the link between consumption and citizenship in advanced liberal discourse.

Obesity has been given the spectre of ‘epidemic’ in advanced liberal discourse. Evans *et al.* (2008) interrogate the purposes of the obesity debate in contemporary society. Why has obesity become such a ‘crisis’ in contemporary society and what are the purposes and effects of health discourse which are represented?

If crises have been simply ‘storied into existence’ what purposes and whose interests do they serve beyond turning populations or individuals into auditable commodities? What is it that has to be solved? [The] *Foresight* [report on causes of obesity for the UK government] trades [on] ... promoting and privileging a particular set of values which, we suggest, comprise an Anglo-centric, white, middle class, ‘traditional’ (two parent) family centred citizen; active but compliant and willing despite the restrictions of their environment to pursue weight loss behaviours defined as ideal

(Evans *et al.*, 2008: 119-20)

Harrison (2012: 330) contends that the 'relationship between obesity discourses and the capitalist economic system persists strongly today, in a variety of ways'. Undoubtedly, the strongest discourses of obesity in the developed world in the last decades have arisen from advanced liberal conceptions of personal responsibility discourse and consumer choice (Nestle, 2002; Gilman, 2008; Koplan and Brownell, 2010). In addition, the general discourse of risk and responsabilisation in advanced liberal society has had ramifications for obesity policy:

... when a population is understood through discourses of responsabilisation, choice, and self-governance, health concerns are managed in an individualistic way, whereby physical inactivity and obesity are understood as due to an individual's inability to make the "right" choices to commit to a healthy lifestyle.

(McDermott, 2007: 317-8).

Personal responsibility and consumer choice discourses of childhood obesity hold that individuals are solely responsible for their own weight gain. The focus on personal responsibility alone reduces obesity to a problem of the individual, ignoring the way that obesity rates rose across populations (although not at a rate to be seen as an epidemic) in recent decades. As a result, these discourses minimise both the government's role in addressing environmental factors which may have encouraged weight gain across the population and downplay the food industry's profit-focused strategies to increase consumption of unhealthy foods by all consumers (Brownell and Warner, 2009). In the advanced liberal discourse of obesity, 'choice' is a responsibility (Porter, 2012), where consumers are responsible to make the right commercial choice for themselves (Brownell and Warner, 2009). This discourse promotes the view of 'pure' choices for citizens (they could choose and have available to them any type of food, particularly healthy foods) and veils the role of Big Food in creating consumer demand for foods high in fats, sugar and salts (through marketing) and in limiting consumer's range of choices (through the increasingly dominance of cheaply-produced, highly-profitable, processed, low nutrition foods in the food landscape). The child is re-imagined as a child-consumer, dismissed as a 'blotting paper to be soaked in the mantra of consumption' (Hastings, 2013: 75). This dominant discourse of personal responsibility is thus 'underpinned by the rhetoric of choice – a powerful discourse [which]...is currently being used to blame obese people, or their parents, for their situation' (Bonfiglioli *et al.* 2007: 444).

#### **4.3.1.1. Personal responsibility**

Personal responsibility is a core element of advanced liberal obesity discourse. Personal responsibility has been championed to a greater and lesser extent by a range of proponents from individual-focused public health educators, states and profit-hungry Big Food. Advanced liberal discourses of obesity exist on the bedrock of personal responsibility, characterised by the statement - 'everyone has to take responsibility for their own health'. Advanced liberal rationality presumes a linkage between responsible and moral individual with an economic-rational actor. In this way, governmentality 'aspires to construct prudent subjects whose moral quality is based on the fact that they rationally assess the costs and benefits of a certain act as opposed to other alternative acts' (Lemke, 2001: 201). Nikolas Rose's (1996; 2000; 2001) advanced liberal rationality emphasises the free, entrepreneurial individual. In advanced liberal societies, health (or non-obesity) is placed within the control of the individual. The dominant contemporary discourse of obesity comes from the biomedical perspective in which: 'The body is isolated from the person, the social and material causes of disease are neglected, and the subjective interpretations and meanings of health and illness are deemed irrelevant' (Nettleton, 2006: 3). The biomedical view leads to the 'privileging of the biological over the social' (Nettleton, 2006: 5). Turning responsibility from the social to the personal means that solutions to childhood obesity must be found at the personal level (see Schwartz and Brownell, 2007; Brownell *et al.*, 2010; Powell, 2014). This focus on the personal closes off the possibility of childhood obesity as a result of personal *and* environmental, cultural and socioeconomic conditions (Kim and Willis, 2007). Obesity is controllable, so the inability *not to be obese* is a symptom of your irresponsibility, not an indictment of government response, or the world we live in (Schwartz and Brownell, 2007). The climate of individualism establishes obesity as controllable and therefore obesity is a consequence of one's personal inadequacy and irresponsibility (Schwartz and Brownell, 2007).

In advanced liberal societies, the body must be a site for contradictory impulses – to consume large amounts of food to fuel the consumerist needs of the market and to be active participants in the health industry of fitness and diet (Guthman and DuPuis, 2006). In the case of obesity, where it is both 'right' to be svelte (Crossley, 2004) and to be an active consumer (as both noun and verb in relation to food), the very exercise of responsibility is contradictory. This contradiction is reinforced by the solutions provided by advanced liberalism - personal responsibility and the market (Patterson and Johnston, 2012). The paradox of control and release of the responsible individual originates in the dialectic of

capitalism in which self-discipline is used to produce commodities and the 'consumption of these commodities depends on the gratification of desire, albeit in carefully managed ways' (Lupton, 1995: 142). Advanced liberal discourse particularly focuses on children and in teaching children 'to be responsible for their own (un)healthy thoughts, actions, 'choices' and bodies' the discourse neatly combines the 'project of responsible consumerism/citizenship with individual projects of self-governance' (Powell, 2014: 234). The seeming ease of having control over your body silences the expense often attached to the eating and exercise defined as healthy behaviours, as well as the potential damaging effects of consistent dieting on poor body image (Alexander and Coveney, 2013). Through the personal responsibility discourse, obesity takes on a moral character (see Kwan, 2007; Thomson, 2009; Lupton, 2014) where the obesity is 'viewed as a reflection of poor character' (Schwartz and Puhl, 2003: 64). The advanced liberal discourse of obesity takes on its most populist form in TV programmes such as 'The Biggest Loser' and 'Operation Transformation'<sup>14</sup>, which encourage viewers to track the success and failures of obese people trying to lose weight while being forced through harsh diet and physical activity regimens. Such programmes share the same basic characteristics – the focus on the personal responsibility of the individual fat body to reshape itself; the reliance on health experts to bring 'deviants' back to a controlled lifestyle; the need to develop 'life skills' to navigate modern consumption; and the rhetoric of self-reliance and self-governance.

Personal responsibility is so integrated into contemporary culture that it is accommodated even where a sole focus on personal responsibility is critiqued. An example of this described by Monaghan *et al.* (2010) was the accommodation of the personal responsibility discourse is the 2004 UK House of Commons Health Committee Report on obesity. The report constructed obesity as a social issue, resulting from a wide range of social factors beyond individuals' control. Yet, while diagnosing the social origins of obesity, the report went on to say that: 'One reason it is very difficult for governments to intervene is that they risk criticism for operating a "nanny-state"', followed by the view that: 'We fully accept that there is a degree to which obesity is the personal responsibility of individuals' (quoted in Monaghan *et al.*, 2010: 55). As Monaghan *et al.* (2010) divine, this demonstrates a squaring of the advanced liberal circle in that the state should not regulate Big Food and individuals should continue to eat food, but in a responsible manner. For Big Food, 'personal responsibility' for food 'choices' has the attraction of batting away references to

---

<sup>14</sup> Popular reality TV programmes which focus on attempts by participants to lose weight following prescribed exercise and food programmes.

their own culpability and potential legal liability (Thomson, 2009). The right to health and the right to nutritious foods as human rights (Schwartz and Brownell, 2007) are silenced in the personal responsibility discourse of obesity, all the while, *the right* of Big Food to market and sell their food in a free-market cannot be usurped.

### **Blaming mothers - 'personal' responsibility and childhood obesity**

In contemporary society, people are called to account for their weight (Monaghan, 2006), but for children, the apportioning of blame is different – it often goes above them, over their heads, to the adult in charge. In advanced liberal discourse, parents are 'the main site' for enforcing healthy living requirements and are often required to 'take on the complicated task of navigating a multitude of risks, of preventing their child's exposure to various obesogenic environments and activities, and of creating healthy and active leisure opportunities' (Alexander and Coveney, 2013: 357).

Childhood obesity as an issue of personal responsibility is located in the family home and often right in the lap of the mother. Obese children manifest overconsumption, but it is the overconsumption of their mothers, who are deemed to have overstepped the normal relations of maternal caring responsibilities, which are the real targets of advanced liberal discourse (Maher *et al.*, 2010b). Thus, while some advanced liberal conceptions of childhood obesity emphasise children's own responsibility, Zivokovic *et al.*, (2010) highlight that advanced liberal discourse can also expunge children's agency, identity and ability to resist in order to emphasise the role of the failing mother. If obesity is 'a failure to care for oneself, then children who are obese have not been properly cared for by others (their mothers)' (Zivokovic *et al.*, 2010: 387). Many writers (see Maher *et al.*, 2010a; Zivkovic *et al.*, 2010; McNaughton, 2011; De Brún *et al.*, 2012a; Lupton, 2013) have shown how the personal responsibility discourse when applied in childhood obesity blames mothers – rather than parents – for their children's bulk. This analysis is linked with feminist body studies which show that fat is disparaged as a female trait set against ideal entrepreneurial (male) advanced liberal body (Harrison, 2012). Maher *et al.* (2010b: 233) point to these two elements of the gendered discourses of obesity and responsibility: 'mothers are implicated as carers with special responsibility for children's health and wellbeing' and 'the mobilisation of specific fears about flesh and women's bodies that are used to support discourses of maternal responsibility in childhood obesity'. In the advanced liberal personal responsibility discourse of childhood obesity 'emotions around women's changing roles are

mobilised through fears about children's flesh' (Maher *et al.*, 2010b: 244). This is because in a society where women are positioned as the primary carer, 'blaming parents usually means blaming mothers' (Saguy and Almeling, 2008: 68).

One of the reasons why mothers, rather than fathers are *personally* responsible for the obesity of their children, lies in the position of the mother as the bearer of children, in which 'fat women will be fat mothers and have fat babies' (McNaughton, 2011: 183). Responsibility for childhood obesity prefigures the birth of the child, where maternal obesity is a cause of great concern for the healthy future of the as yet unborn child (McNaughton, 2011). The pregnant woman – mother-becoming, mother-in-waiting – is required to be svelte, to put on as little weight as possible and to be willing and able to breastfeed (Naughton, 2011). As the child grows away from the breast, it is the mother's working schedule, with time implications for family feeding, which have garnered much attention for risk of childhood obesity (Maher *et al.*, 2010b; McNaughton, 2011). (Presumably, fathers are too busy *working* to be serving up the family meal.) Even where the term 'parents' is used in reference to childhood obesity, Maher *et al.* (2010a) argue that the generic 'parent' actually addresses mothers specifically because they are understood as responsible for meal-making and child-feeding. In this way the advanced liberal construction of childhood obesity 'carries the weight of concerns about women's employment, maternal responsibility, and contemporary care for children' (Maher *et al.*, 2010b: 234).

It is significant that the concern with childhood obesity has arisen at a time where advanced liberalism has overseen the individualisation of caring and healthcare provision. Unpaid care must be relied on at the very time women have moved into the market (Maher *et al.*, 2010b). The focus on women's behaviour pre and mid-pregnancy, in the workplace and in the home diverts attention from problematic questions about the role of government in providing resources for children, mothers and families (Maher *et al.*, 2010b and Zivokovic *et al.*, 2010). The emphasis on pregnancy, maternal employment, maternal meal-making and lifestyle implies that obesity is 'an outcome of women's failure to take enough responsibility' (Maher *et al.* 2010b: 240). As identified by Maher *et al.* (2010a: 306), 'the focus on individual responsibility for obesity, and where children are concerned *maternal responsibility*, masks broader social influences on children's health and the limits of maternal autonomy and power'. By making childhood obesity into a failure of

mothering, the difficult contradiction of responsibility for caring and employment can be overshadowed.

#### **4.3.1.2. Consumer choice and avoidance of risk**

Advanced liberal discourse of obesity is further predicated on consumer choice and avoidance of risk. The consumer choice element of advanced liberal discourse can be characterised by the statement, 'there is no such thing as bad foods, just bad choices'. As such it represents an extension of the personal responsibility discourse. To Clarke (2004: 39), consumers are an 'economic invention' who make rational choices and are abstracted from their social roles and positions 'including the problematic and stressful conditions in which many public services may be used'. This discourse silences how consumer choice is often the result of structural factors far beyond the individual's control (Gustafsson *et al.*, 2011). One of the consequences of the advanced liberal drive to reduce overt state intervention, increase market power, evade risk and remake ideal self-governing citizens is the 'inevitability of inequality as a side effect of the freedom of choice, is symbolic of the 'healthy' society' (Ayo, 2012: 104). In the case of obesity, the failure to remain slim creates disgust in others. The emphasis on making the right choice of foods and personal responsibility to care for oneself in advanced liberal discourses of childhood obesity must operate differently for children (Mayer *et al.*, 2010a, 2010b). As discussed above, it is mothers who take on the burden of their progeny's girth. As unformed citizens, children cannot take on their own self-regulation, yet at the same time have an agency to impose their will on their parents (Maher *et al.*, 2010b). As such childhood obesity 'can be seen to externalise what has otherwise become framed as an internal, private battle of the will between good, moderate, healthy consumption and bad, excessive, toxic consumption' (Maher *et al.*, 2010b: 235) and of the limits of state intervention versus parental control.

Individualising risk into an individual's choices, such as their diet, enables a technique by which government can 'manage' behaviour (Share and Strain, 2008). In childhood obesity discourse, children are required to act now against medical problems presumed to await in adulthood – heart disease, diabetes, certain cancers, gall bladder disease, osteoarthritis, endocrine disorders and other obesity related conditions (Lobstein *et al.*, 2004). All children – regardless of their social position – are portrayed as equally at risk:



The great majority of children are at risk, especially if the environmental factors that encourage obesity are present – as they are in most industrialized countries and urbanized populations

(Lobstein *et al.*, 2004: 60).

Responsibility for health risks has been firmly placed on individuals' shoulders, with state regulation relying on individuals' ability to self-regulate (Greco, 2009). The redistribution of risk from the state and onto individuals has made the notion of risk 'a key technology of social control' (Maher *et al.*, 2010b: 235). Lupton (2013: 40) describes the advanced liberal imagining of 'Ideal consumer/citizens' who undertake risk and cost/benefit analysis as they make life choices, leaving governments free to promote the free-market. The combination of risk-checking citizens and the free market mean that people can 'continue to consume in a context of an abundance of tempting food but also to limit their consumption enough to demonstrate their capacity for self-discipline' (Lupton, 2013: 40). As discussed by Greco (2009), Foucauldian analysis enables us to recognise that advanced liberal discourses which sets up a binary between risky and non-risky behaviour is only *one* way in which health can be constructed.

The act of government is predicated on an ideal person, organisation and society to be achieved through governing (Dean, 1999). In advanced liberal rationality, consumers are marked out as individual, active, choice-makers engaged in individualised encounters and interactions. Consumer-citizens are required to be enterprising and self-governing; their health becomes another 'choice' made along the way to their entrepreneurial self:

In this way, responsibility for the differences in health and illness are again removed from the conscience of governing bodies and placed onto health conscious individuals who are made to be accountable for their own actions and circumstances. Of course, the issue of choice here can be seen as more of a facade as it is understood that a number of oppressive social and structural forces mediate the choices in which one is able to make

(Ayo, 2012: 103-4).

Lupton (2013: 40) describes how 'consumer choice' has gained such dominance in policy-making circles in advanced liberal societies, where states aim for a highly circumscribed role in promoting market enterprise and informing citizens about the risks associated with the products on the market:

Ideal consumer/citizens, therefore, are able to continue to consume in a context of an abundance of tempting food but also to limit their consumption enough to demonstrate their capacity for self-discipline.

(Lupton, 2013: 40)

The rise of global capitalism with its individualist values leads to 'commodification ... whereby human worth is reduced to market worth' (Townend, 2009: 172). Yet, it is questionable how far a person can 'choose' their own health, given the impact of social conditions on health. Further, the construction of health as merely a 'choice' reconstitutes how people who are not healthy, who may be obese, will be viewed. As Greco (2009: 19) highlights:

health that can be 'chosen' represents a very different value, with different moral and cultural connotations, to a health that is simply enjoyed, that is simply there. It becomes the visible sign of good, responsible choices, underpinned by good attitudes; it becomes a sign of initiative, adaptability, balance, and strength of will.

Reflecting the limited nature of individual choices, consumer choice has elsewhere been described as 'misnomer for producer choice (i.e. a producer's freedom to put poor quality, or unhealthy, goods on the market)' (Lobstein, 2006: 41).

The result of the abundance of 'choice' may be 'hyperconsumption' and, in the case of food, with 'hypereating' (Freund and Martin, 2008: 312), the saturation of ultra-processed food into every location and every time within the day. In the general commentary on childhood obesity, physical activity is often emphasised as the 'right' choice, instead of over-eating (over-consumption), which is the 'wrong' choice. Corrigan (1997: 1) in his sociology of consumption argues that it is time to stand Marx's maxim on its head and 'claim that consumption, and not production, is the central motor of contemporary society'. In contemporary society where most have passed subsistence living, consumption corrals people into being better workers so they can be 'proper consumers' (Corrigan, 1997: 20). 'Proper' consuming finds its nadir in the imbibing of food and drink so that 'the body as appearance can be maintained as a marketable commodity' (Corrigan, 1997: 148). Herrick (2009: 58) looks at the use of corporate social responsibility, particularly used to promote physical activity by Big Food. She argues that this shift of emphasis from consumption to inactivity 'means that the rhetoric of choice can be employed to flip the argument, so that consumption, if no longer the problem, can be a part of the solution' (Herrick, 2009: 58).

In contemporary advanced liberal society, citizens should consume whatever they themselves believe is right and sensible (Kwan, 2009). The apparent ubiquity of choice and the emphasis on retaining individual 'choice' in public policy can be seen as the result of a 'determined effort to recast the balance of responsibility between the state and citizens' (Malpass *et al.*, 2007: 231). In this way the interconnections between consumption, profit-making and health have become entwined, so that 'the interests of the person struggling with obesity – the consumer – are positioned against multinational companies like PepsiCo...' (Townend, 2009: 174).

Klein's (2000) *No Logo*, a political treatise on the wrongs of a society dominated by corporations, argues that the 'promise of a vastly increased array of cultural choice was betrayed by the forces of mergers, predatory franchising, synergy and corporate censorship' (Klein, 2000: xxi). The 'choice' that exists is fantasy, where brands are owned within a small number of corporate 'stables' so that we 'we live in a double world: a carnival on the surface, consolidation underneath, where it counts' (Klein, 2000: 130). Klein could be speaking of the efforts of Big Food, in securing the dominance of 'mass-produced, corporate-based fast food' (Freund and Martin, 2008: 310) so that a very small number of multinational companies produce the majority of foods we consume. Big Food's dominance of the global food environment has been described by many authors including Monteiro, 2010; Stuckler *et al.*, 2012; Moodie *et al.*, 2013; and Monteiro *et al.*, 2013. Klein (2000: 130) describes the 'odd double vision of vast consumer choice with the Orwellian new restrictions on cultural production and public space', in a way that accurately displays the spread of McDonald's from 1000 US-based outlets in 1968, to over 28,000 outlets worldwide in the 2000's (Freund and Martin, 2008).

Clearly, consumer choices are often made in circumstances beyond individuals' control (Gustafsson *et al.*, 2011). Ayo (2012: 104) argues that the 'choice' 'based on the liberties of neoliberalism is more illusory than it is a true act of volition' and that the consequences of failing to choose 'correctly' are very real. The structural factors which impact on people's food choices and weight, combined with the consumer choice discourse which disregard differences between consumers, means that obesity 'could well start to elide into the well-worn territory of the underclass thesis' (Monaghan *et al.*, 2010: 65). In the Irish context, Hodgins *et al.* (2006) found that Traveller women were keen to discuss the structural factors which impact on their health and diet and generally rejected behavioural explanations for ill-health. Clearly, the 'citizen-as-(healthy)-consumer rationality' (Maher *et*

*al.*, 2010b: 235) does not acknowledge the real constraints on people's choices, or that the advanced liberal ideal subject is an *imagined* subject.

#### **4.3.2. Public health discourse – parental ignorance and irresponsibility**

Public health discourse is described here as 'parental ignorance and irresponsibility' and is primarily based on the concepts of behaviour change and the obesogenic environment. Broadly, this discourse strand seeks to move beyond childhood obesity as a personal responsibility to a focus on environmental factors, but it remains wedded to concepts of *individual* behaviour change. This discourse strand also focuses on parents, blaming them for failing to educate their children about good food choices, marking them out as ignorant and irresponsible. The concentration on children in public health circles may relate to the societal construction of childhood, where children are more malleable (hence more appropriate to 'nanny') but also perhaps because children are easier to access, helpfully congregating in schools. Criticisms of children and families eating practices are widespread. Curtis *et al.*, (2010: 291) argue that our societal response to children's eating behaviours displays 'specific moralities about how family life should be'. Public health discourses – with the 'metonyms of the 'family meal' and the 'dinner table'' (Curtis *et al.*, 2010: 292) – place a particular emphasis on the 'correct' form of the family meal, eaten together at a table. As discussed in Chapter 2, section 2.3.3., public health approaches to children tend to focus on the need for protection of what are constructed as 'vulnerable' children, without the capacity for rational choices required to make an advanced liberal citizen (Ryan, 2014)

At their most individualistic, public health/health promotion discourses of obesity focus on obesity as medical pathology, resulting from choices made by individuals (Patterson and Johnston, 2012). However, many public health proponents also argue that obesity is the result of environmental factors, including an unhealthy food environment produced by corporate and public policy (Lawrence, 2004; James, 2008; and Lupton, 2013). The public health approach to obesity has its roots in medical science, where obesity has been understood as a biological disorder at the individual level, solvable by science or by individual behavioural change (Lawrence, 2004). Public health has to some extent branched out from the view of the individual patient approach to look at the impact of the environment (on the individual). Most public health pronouncements on the cause of obesity now make some mention of the unhealthy food and physical activity environment

(Lawrence, 2004). However, how far the environmental diagnosis results in environmental solutions is questionable. To some extent, public health has perhaps been caught up in the 'policy cacophony' (Lang and Rayner, 2007) on obesity and has fallen back on its appeals to consumers to make 'healthy choices' through regulatory 'taken-for-granted imperatives and strategies' (Lupton, 1995: 161).

A bleeding of the advanced liberal discourse strand into public health can clearly be seen. Advanced liberal rationalities have 'inflected the discourse and the practice of health promotion in particular directions' (Greco, 2009: 18). By finessing advanced liberal discourses of childhood obesity, related to personal responsibility, choice, consumerism and avoidance of risk to instruct children on the 'right' food to eat and the 'proper' level of physical activity (Powell, 2014). Researching Australian food policy, Mayes (2014) argues that both public health and Big Food have used the notion of the 'healthy consumer' to put the focus on individuals need to make the 'right' choice about the food they eat. By providing the 'right' information, public health can assist individuals to 'become self-governing subjects responsible for their health via consumer practices' (Mayes, 2014: 10). Lupton (1995) has highlighted the ways in which public health practices can marginalise certain groups (such as the obese child and her parents) and celebrate the activities of others (the healthy, active family). In so doing, public health discourse can be seen to accommodate 'imperatives emerging from other socio-cultural sites that intertwine and compete with those of public health and health promotion' (Lupton, 1995: 5).

#### **4.3.2.1. Obesogenic environment**

Public health discourse of obesity largely rests on the concept of 'obesogenic environment'. Public health commentators tend to widen out the obesity 'problem' from the individual to the 'obesogenic environment' of the Western, urbanised world believed to promote high energy intake and to stifle physical activity. 'Obesogenic' is used to refer to social factors in the 'world dominated by sedentary pursuits and convenience foods' (Government of Ireland 2005: 70). In tandem with the focus on the environment, there has been a parallel focus on early childhood as the 'appropriate period to target obesity prevention interventions' (Osei-Assibey *et al.*, 2012: 2). Public health views the environmental discourse as a sophistication of previous medical approaches. The medical model frames childhood obesity as 'an individual child's physical problem identified by a health professional and requiring individual treatment', while public health frames obesity as 'a

disease that strikes a population as a consequence of individual vulnerability combined with exposure to environmental elements' (Schwartz and Brownell, 2007: 82).

However, it is important to consider how little the obesogenic environment approach has accelerated beyond the limits of personal responsibility discourse. Public health prevention strategies built on the obeseogenic environment discourse continue to collapse down into *individual* behavioural change. Even where the focus is on the environment; the axis is individual behaviours. As one proponent argues: 'Modifying the 'obesogenic' environment could produce a more lasting effect on behavioural change' (Osei-Assibey *et al.*, 2012: 2). The focus on behaviour change – give people information and they will act on it – is strongly individualistic. In Irish policy, the focus on the obesogenic environment has also played in tandem with a desire to maintain choice for individuals:

People of course have a fundamental right to choose to eat what they want and to be as active as they wish. That is not the issue. What the National Taskforce on Obesity has had to take account of is that many forces are actively impeding change for those well aware of the potential health and well-being consequences to themselves of overweight and obesity. The Taskforce's social change strategy is to give people meaningful choice. Choice, or the capacity to change (because the strategy is all about change), is facilitated through the development of personal skills and preferences, through supportive and participative environments at work, at school and in the local community, and through a dedicated and clearly communicated public health strategy

(Government of Ireland 2005: 7-8).

While Big Food has called for a focus on how to increase the energy expenditure to keep everyone responsible (and able to eat more), public health proponents have tended to argue for the need to change the environment to promote health (Schwartz and Brownell, 2007). Schwartz and Brownell, writing in 2007, believed that the 'concepts of individualism, freedom, free will, personal responsibility, freedom of speech, and the principles of the marketplace' (p.79) have hampered action on childhood obesity in the United States. As a result of the disconnection from the cause of obesity (environmental rather than personal), time has been wasted blaming individuals for their obese bodies. Some public health proponents therefore portray the obesogenic environment discourse as a means of forcing the hands of hitherto hands-off policy makers. Schwartz and Puhl (2003: 85) go as far to say that 'Support for [societal level] change will rise with increased public awareness that the environment is the key causal agent in obesity'. The environmental approach to obesity bequeaths a number of policy options, such as the removal of ultra-processed foods from

schools, encouraging the food industry to provide more nutritious products and to advertise less to kids (for a discussion of possible interventions, see Schwartz and Puhl, 2003). These public health policy options tend to focus on ameliorating the food environment, rather than directly addressing food production, the operation of the market, or food poverty.

### **Environmental analysis enabling government action**

Increasingly, public health points to changes in the environment – away from childhoods of playing outside, schools without vending machines and eating family meals at home – in an attempt to draw obesity away from the locus of personal failing. Public health commentators argue that the environmental analysis of childhood obesity enables measured government intervention – a corrective re-positioning to return the axis to the equilibrium of perfect choice. Environmental changes are ‘plausible causes’, where there is ‘no evidence documenting an epidemic of decreased personal responsibility over the last thirty years’ (Schwartz and Brownell, 2007: 81). Schwartz and Brownell (2007) write about the need to shift the childhood obesity frame from individual responsibility to the ‘toxic environment’ spread through economics, politics and the modern way of life, if the issue is ever to receive the legislative and regulatory attention required. The toxicity reflects the way the ‘modern food and activity conditions contribute heavily to the occurrence of illness’ and the environment ‘to several layers of the world around us that interact with key elements of our biology’ (Schwartz and Brownell, 2007: 79). And just at a time when we should be eating less, Big Food needs us to have big corporeal bellies to enable corporate growth (see Nestle, 2002; Williams and Nestle, 2015). Moodie *et al.* (2006) similarly analysed commercial power as a driver of obesity and that this market failure to secure optimal personal preferences (presumably to eat well and not be fat) requires correction. They argue this provides a ‘*prima facie* case for government intervention’ to promote healthy lifestyles and reduce childhood obesity (Moodie *et al.*, 2006: 135). This is typical of the conservative approach of returning to equilibrium, rather than seeking to go beneath the surface, to address systemic failures.

There is an attraction in the environmental discourse for anyone seeking to address the role of Big Food in changing diets. Dramatic changes in the global food system, led by increased production, affordability and marketing of ultra-processed food have been identified as one of the drivers of obesity (Silva Canella *et al.*, 2014). As discussed in

Chapter 1, section 6.2, ultra-processed foods are generally more energy dense and nutrient poor. These foods are cheap to produce and transport, are palatable to our genetic disposition for sweetness (Schwartz and Puhl, 2003), are widely available and heavily marketed (Schwartz and Brownell, 2007). This ubiquity and accessibility is reflected in diets worldwide. Reminiscent of Klein's (2000) anger at the ubiquity of branding, one of the primary concerns driving this study is the colonisation of all parts of our lives by ultra-processed foods – leading to near monopoly of our diets by Big Food. The foodscape of previous centuries has been overturned for 'a pseudo foodscape' (Winson, 2004: 308). Basic, standard foods have been 'pushed to the margins of the foodscape, which is now dominated with ever more elaborate displays of high profit edible commodities' (Winson, 2004: 304). The modern diet is based on a 'perverse logic of subsidies and surpluses' (Delpeuch *et al.*, 2009: 55) provided by governments allowing powerful multinationals like Danone-BSN and Nestle to control the growth, production and marketing of a panoply of consumer products. Schwartz and Brownell (2007: 79) pin the problem of obesity on the 'flavor, variety, large portions, visibility, and proximity' of food. Yet, given the abundance, real choice in the food market is sham – the availability of different brands does not mean any real difference in nutrition or taste because the 'endless rows of products that are all equally rich in fat, sugar and salt suggests that beneath the appearance of choice lies an essential sameness' (Delpeuch *et al.*, 2009: 75).

Public health does not seem willing to follow through on the logic of its environmental diagnosis of obesity. The discourse of the obesogenic environment, which corrals children into obesity, points in the direction of radical change, requiring revolutions in agriculture, manufacturing, retail, education, culture, trade and the economy (Lang and Rayner, 2007). Yet, the progress of public health on obesity over the last decade shows that relatively bold diagnoses have been followed by a standard script. Despite concerns about the commercialisation of childhoods and particularly the scale of marketing of ultra-processed foods directly to children, leading to diets saturated with high calorie, low nutrition food, public health has shown a willingness to bow to political pressure and take a minimalist approach (Purcell, 2010). This standard script of public health follows the most politically viable options to the advanced liberal state, primarily educating children about good food choices and running health promotion campaigns (Purcell, 2010).



## Critiques of the obesogenic environment

Many critical public health commentators have critiqued public health's valorisation of the obeseogenic environment discourse. Lupton (2013) argues that because the obeseogenic environment discourse is built on the view that food is more readily available in current societies and because it assumes that the natural body shape is thin, the discourse remains locked into individual responsibility as the explanation for obesity (albeit within an unhelpful environment). Further, the concept of an obeseogenic environment has been communicated to the public through the notion of risk – that modern society is a risky place for the thin body. The message pathologises non-thin bodies and implies the need for protection and regulation of society (Rich and Evans, 2005).

While public health has sought to move away from the advanced liberal mantra of personal responsibility, LeBesco (2011) argues that the focus on the 'obesogenic environment' is as limiting a concept, equally ignoring the structural factors which influence people's lives and failing to engage with the assumptions of ill-health which continue to accompany obesity. While acknowledging that some commentators believe the environmental discourse lessens the focus on personal responsibility, Saguy and Almeling (2008) are sceptical of whether this is the case, given that the environmental discourse is primarily used in relation to eating, smoking and other forms of *individual behaviour*. Monaghan (2013: 93) goes further in connecting the seeming environmental approach with a targeted attack on 'irresponsible' individuals:

These 'larger fatalistic social forces' are basically blamed for what amounts to an ontological, if not explicitly moral, deficit (that is, an imperfection of being; ...), which ultimately requires correction at the level of the individual body. In this scenario, millions of people cannot help but gain weight and ideally they should not be held responsible for becoming overweight/obese, though efforts should be made, at a population and individual level, to 'correct' this through modification of energy balance.

Guthman and DuPuis (2006) argue that the obeseogenic environment of public health discourse, which makes everyone 'at risk' of obesity, acts as a form of biopolitics, seeking to modify behavioural norms across the population (see also Rich and Evans, 2005). Monaghan (2013: 97) goes much further in suggesting that the environmental discourse of childhood obesity serves to 'further legitimate the 'obesity crisis' and state-sponsored symbolic violence'. Critics of public health's discourses of obesity, such as Purcell (2010), argue that public health has accepted a public/private division in society, a modern liberal concept which limits public action in the private sphere. In this understanding, children are

of the private sphere, the responsibility of their families and their parents. Children's capture in the private familial sphere ignores the fact that health is not a private concern but is intimately connected with the playing-out of societal and commercial interests (Purcell, 2010). Evans *et al.* (2008) show how free will can be subsumed in the environmental determinism of the obesogenic environment discourse. Individuals are now 'fat by default' (Evans *et al.*, 2008: 123) and certain members of society are more likely to default than others. Because poor consumption and 'over indulgence in the pleasures of readily available, cheap, bad food, can be apportioned disproportionately to particular categories of the population' (Evans *et al.*, 2008: 124), these members of society – primarily those on low incomes – need to be properly monitored and controlled. The focus continues to be on people's ability to eat 'properly', rather than on the socio-economic factors which may affect their diet and overall health.

#### **4.3.2.2. Behaviour change**

Public health discourse rests on a belief in behaviour change as the primary solution to obesity. The obesogenic environment discourse of childhood obesity can be used to support a view that obesity has been caused by parental ignorance and irresponsibility failing to achieve behaviour change amongst their children. Crossley (2004) identifies that while health 'experts' agree lifestyle change - largely created by changes in the physical environment and working patterns, etc. - is the cause of obesity, they tend to reduce lifestyle into individual behaviours which have been chosen, apparently in isolation by each individual, such as driving once-active kids to school and eating mindlessly in front of the TV.

Schwartz and Puhl (2003) investigate why, contrary to the approach taken to other areas of children's health, obesity is considered the responsibility of individual children and their parents, rather than a concern for society. While our culture valorises food and eating and advertises food as means of parents showing love to their children, there is a particular social stigma against obese children and their parents. The influence of the parental ignorance and irresponsibility approach can be seen in the UK Royal College of Paediatrics and Child Health's (RCPCH) 2012 position statement on childhood obesity. Parents are in the virtual 'bold chair':

Overweight parents often have overweight children, and perinatal programming and their lifestyle choices have a significant influence. Parenting style has an impact on children's lifestyle and emotional wellbeing, with a subsequent impact on weight

(RCPCH, 2014: 1).

While parents are portrayed as failing their children, some relief is available during school times when freed from the family meal table (or TV dinner), when according to the Royal College of Paediatrics and Child Health, 'children eat at least one nutritious meal a day' (RCPCH, 2014: 2). Ireland's National Taskforce on Obesity (2005) shows a similar distrust of the motivations and abilities of parents. It rather unconvincingly states:

There is *no reason to believe* that parents have not the best interest of their children at heart. Indeed the converse *almost certainly* applies in the vast majority of families [emphasis added]

(Government of Ireland 2005: 56).

The concern about the ineffectiveness of certain sections of society in achieving behaviour change is also a theme in the Irish Government's 2013 cross-government public health framework, *Healthy Ireland*, which states that 'Poorer individuals and those with lower levels of education have the highest levels of obesity' (Government of Ireland, 2013: 10). There is no consideration of *why* this might be the case, or what structural factors might be at play. Instead, the impact of ignorance and irresponsibility is strongly implied. Rather than dealing with the implications of an obesogenic environment and the role of particular actors in sustaining this environment, health promotion has maintained a focus on the individual child's body.

#### **4.3.3. Critical public health discourse – the facilitating state**

This section considers how critical public health – via the conception of the facilitating state – critiques the dominant advanced liberal and public health discourses of obesity, as well as presenting its own discourses of obesity. The term, 'facilitating state' is drawn from Rose's (2001: 6) description of the advanced liberal state as the 'enabling state, the facilitating state, the state as animator'. Critical public health discourse often seeks to call out the facilitating state, focusing on the need for social change, both to change the social construction of obesity and to change socio-economic inequalities. The 'facilitating state' discourse strand attempts to capture critical public health's critique of advanced liberal

governmentality through which the state divests itself of responsibility for the conditions in which citizens live, while still being active in regulating how people organise their lives. This section also seeks to examine 'corporate influence' as a relatively absent critical discourse element, particularly in the governmentality strand of critical public health, which could be used to critique the role of Big Food in debates about childhood obesity.

With Foucault's focus on the bodily impact of power, it is unsurprising that his theories have been adopted by many social researchers of obesity. Critical obesity research has primarily used Foucault's work to emphasise the connections between discourse, bio-power and the practices of governmentality. Other critical public health researchers have taken more overtly critical political economic approaches which emphasise structural forces reproducing social inequalities in obesity. As discussed in relation to the advanced liberal strand and to a lesser degree in the public health strand, personal responsibility and privatisation of health risk dominate thinking about obesity in contemporary advanced liberal societies. Critical public health commentators seek to uncover, undercut and challenge this form of governmentality. The dominant obesity discourse in advanced liberal society has come under increasing scrutiny as an example par excellence of how the state seeks to govern at a distance; how multiple groups seek to govern the individual; and how individuals are themselves required to self-govern through bio-politics. In this way, critical public health commentators have come to critique obesity discourse as what I term, following Rose, the 'facilitating state', which is placing responsibility for the conditions of health onto individual's shoulders and facilitating corporations as governors.

Rail *et al.* (2010: 262) argue that the obesity science of medics and epidemiologists 'have instituted a hidden political agenda through the very language and technologies deployed in the name of 'truth'. Drawing on the tools of a Foucauldian analysis, Rail *et al.* (2010) identify that the power of obesity operates through the discursive formation of the 'epidemic'. A discursive effect of the obesity epidemic discourse is that scientists and medics – the experts – are afforded access to the 'truth' of obesity. Their 'clinical gaze' determines what can be thought, or said about obesity, resulting in a 'regime of truth' which rejects other forms of knowledge about obesity, as unscientific, or ideological. Such work has critiqued advanced liberal and public health approaches which emphasise the risks of particular activities and lifestyles espousing what Foucault terms 'social control'.

Fundamentally, critical public health discourses are linked by their questioning of what they view as the chimera of childhood obesity. While experiencing differences with some

‘strong’ critical commentary, which totally rejects obesity as an issue of concern for the individual (see Chapter 1, section 1.4.3.3), the current study’s critique of the problematisation of childhood obesity by Big Food is built on critical approaches to obesity discourse. To add to critical commentary, this chapter seeks to examine the potential for the development of ‘corporate influence’ as a discourse which could be used to critique the discursive role of Big Food in debates about childhood obesity. ‘Corporate influence’ would move from a critique of the impact of obesity discourse on individuals and of the state’s use of obesity discourse to enact control through multiple actors, to Big Food’s discursive strategies which act to shape and constrain obesity policy.

#### **4.3.3.1. Social change**

Critical public health discourses tend to be built around the need for social change. Social change may take the form of challenging and reshaping harmful social constructions of obesity, or challenging socio-economic inequalities. Conventional advanced liberal representations of obesity state that obesity is an epidemic, it has led to increased disease and deaths and that it is possible to achieve significant weight loss which will improve health (Campos *et al.*, 2006). Many critical writers (from Campos, 2004; Gard and Wright, 2005; Rich and Evans, 2005; Monaghan, 2010; Lupton 2014, 2013) have examined how standard obesity discourses – termed here as ‘the (ir)responsible child-consumer’ and ‘parental ignorance and irresponsibility’ – draw on the advanced liberal principle of individualism and the individual’s responsibility for their personalised (rather than socialised) health. Critical public health researchers tend to emphasise the social dimensions of public debates around health promotion and obesity. The emphasis on social change within critical public health discourses is diverse, some highlight the social constructive nature of obesity, while others focus on challenging and highlighting socio-economic inequalities (in relation to who and how a problem is defined and whose interests are served). Critical public health commentators have used Foucault’s concept of technologies of the self and governmentality approaches to governing to examine the way in which the responsible subject is promoted in advanced liberal societies and the effect this has on how obesity is constructed and addressed in advanced liberal societies (Lupton, 2013).

The way in which obesity is conceptualised is ‘inextricably linked to values, beliefs and practices that have been socially constructed by individuals, society and institutions’ (Aston

*et al.*, 2011: 1189). Saguy and Almeling (2008) call out the increasing discussion of obesity in media and academic circles as an example of Foucault's 'incitement to discourse'. Eating, with its risk of obesity, has become a fascinating combination of taboo *and* ever more attractive. Employing a Foucauldian analysis, Rail *et al.* (2010) argue that obesity discourse (taken as advanced liberal discourse) has a political power to organise and control. This political power centres on the discursive formation of obesity as an 'epidemic' built on the ideological norms of the responsible, good and healthy citizen. The discursive effect of this discourse is that doctors and scientists are seen as having access to the 'truth' of obesity and therefore have the authority to diagnose and treat it. In this way the limits of the discourse – what can be said – are established within a scientific and medical boundary. The impact of this dominant discourse of obesity is that obesity science acts as a "fascist structure'..., in the sense that they [obesity scientists] rely on a process that is saturated by ideology and intolerance regarding certain types of evidence, alternative discourses, and non-normative knowledge and ways of knowing' (Rail *et al.*, 2010: 262). The concept of biopedagogies is based on Foucault's notion of biopower, a type of power used to maximise the productivity of a population and a set of discursive practices which individuals take up to become ideal citizen-consumers (McPhail, 2013). Obesity discourse is an example of biopedagogical strategies through which the state can 'inform citizens about their responsibilities in disciplining their consumption in the context of a political environment in which enthusiastic consumption is also encouraged' (Lupton, 2013: 104).

Adopting a critical Foucauldian approach, Evans and Colls (2009) look at obesity not as a disease but a socially constructed problem. They strike a blow at a fundamental of obesity research and policy – the BMI. They examine its role in constructing fatness as 'problem' and consider the surveillance of children's bodies through BMI as a biopolitical strategy which uses disciplinary and regulatory techniques to govern bodies at individual and population level. From this perspective, the UK's national child measurement programme (measuring children's weight and height in school) comes to be seen as a Foucauldian nightmare of government domination and self-regulation in a powerful discourse of fatness accepted by the public at large and the children in the weighing room. The measurement programme is an example of how the facilitating state can act to facilitate self-governing by the population. Dickson (2015: 479) has also pointed to how BMI represents an 'ethic of obsession... with the notion of 'healthy weight' as some sort of primary 'Truth''. Rich (2010) draws on surveillance studies to examine the increasing prevalence of weight measurement programmes in schools as an example of biopolitical governance. Rich uses

Foucault's panopticon image of surveillance and control as a lens through which to understand how bodies are disciplined and normalised through health discourses. Using Foucault's work on disciplinary practices leads to insights into how self-regulating subjects are produced through obesity discourse. Rich dismisses BMI as a pointless exercise (in health terms) in reading people's bodies against an inexact scientific measurement to discover the 'truth' of their health/ill-health. In a reflection on the use of the discourse of risk to address childhood obesity, McDermott (2007) uses Foucault's concept of governmentality and the gathering of information on a population to establish norms which can ensure the government's ends of a healthy, productive population. She shows the cultural responses and impulses related to obesity in this mode include: hatred of obesity; need to be 'saved'; reduction of good health to a responsible subject making the *right* choices; and normative coercion. McDermott determines that the efforts to increase knowledge about children's levels of physical activity so that they can be induced to become more active and apparently then be less at risk of obesity, is an example of Foucault's knowledge/power at play.

Piggin and Lee (2011) use Foucault's framework of archaeology to illuminate the dominant discourse of obesity in the UK Government's obesity awareness and education programme 'Change4Life'. They uncover an approach consistent with libertarian paternalism which will use the least restrictive (non-regulatory) approach to positively influence health and nudge people toward healthy lifestyles, rather than restricting their choices (limiting the ability of industry to market and sell their produce). Critical discourses of obesity open up the space to resist advanced liberal discourses of childhood obesity, such as maternal responsibility. A single example of the rejection of the 'failing mother' stereotype is a central element of Warin's (2011) investigation of celebrity chef Jamie Oliver's 'Ministry of Food' TV programme. In the reality series he attempts to cajole the population of Rotherham to overcome obesity by purchasing and cooking nutritious meals. Oliver's constant critic is the indomitable mother and tea-lady Julie Critchlow. Critchlow consistently struggles to explain to the celebrity chef engrossed in teaching adults and children to cook healthier foods, that his focus on individual skills is misplaced. She rejects the subject position of inept mother and tries to resist, reinstating her own freedom by consistently pointing out that there is something more at play in the obesity of the materially deprived town. As Warin (2011: 35-6) interprets it, Critchlow is trying to explain to Oliver that he:

... doesn't understand the constraints under which people live, and that people don't often have choices. This is Oliver's blind spot, his inattention to the history, poverty and class positioning of these people.

The form of Critchlow's resistance to advanced liberal discourse opens up discussion of socio-economic inequality.

Critical discourses of obesity illustrate how obesity may be a particular problem in which our prejudice about the fat body can allow us to ignore cultural and biological changes which shape our society and us as individuals (Gard and Wright, 2005; Lupton, 2014). While accepting that a real increase has taken place in the body sizes of populations, Guthman (2013) undertakes to uncover the epistemic construction of the obesity 'epidemic'. The obesity epidemic forecasts ever-rising rates of obesity and is often used in tandem with advanced liberal discourses of obesity. Guthman argues that the epidemiological foundations of the obesity epidemic discourse do not mean that it is all false (there is no obesity), rather that the discourse will over-dramatise some factors and underplay others (in the way of all discursive constructions). In a similar way to this study, Guthman (2013) aims to see what is over-dramatised and what is underplayed and to discover whether the construction of the problem of obesity affects the range of solutions offered. This brings the focus away from whether people have increased in size and onto how that change has been interpreted and communicated. As pointed out by Saguy and Almeling (2008: 72), the increased medicalisation of obesity has occurred at the same time as 'body weight and eating are as moralized as ever'. Guthman (2013) emphasises the way the obesity discourse defines weight in relation to health, so that fatness equates to ill-health. Her approach – which accepts increases in weight across the population, without accepting the tenor of the obesity epidemic – appeals to me. It enables us to ask why are we talking about obesity in the way we are, without needing to pull apart, or reject the concept of obesity overall, especially for those who are obese and experience particular responses as a result of their size which are problematic for them.

Chiming with the needs of advanced liberal governing, the obesity epidemic discourse lends itself to a simple conclusion – obesity is an epidemic caused by modern life and we are all equally at risk (Gard and Wright, 2005). Yet, as highlighted in critical approaches to obesity, this attempted simplicity has rounded off myriad complexities in modern life:

While the basic propositions that overweight and obesity are bad and too many people are too fat remain constant, the way in which 'modern life' has created this situation causes people to return to their respective moral and



ideological 'comfort zones'. These 'comfort zones' are habitual ways of talking and thinking into which the 'obesity epidemic' is inserted. They cause people to look at the same phenomenon – in this case rising overweight and obesity statistics – but to see very different things... This inevitably raises the question of who is speaking the truth.

(Gard and Wright, 2005: 36).

Monaghan (2005, 2006, 2013; Monaghan *et al.*, 2013) has emerged as one of the foremost critics of advanced liberal and public health discourses of obesity. He convincingly argues that obesity and fatness receive a disproportionate amount of attention in contemporary society. Monaghan (2005: 303) says he is not 'taking sides', or claiming that being fat is good for health but is seeking to problematise the certainty which has become associated with the obesity epidemic discourse, in relation to ill-health and even death. He believes that 'to legitimate health policies on the assumption that fatness equals badness and sickness is questionable' (Monaghan, 2006: 163). Monaghan's argument about the inordinate focus on *individual fat bodies* above all else, echoes with my own belief that the contemporary problematisation of childhood obesity, in addition to overlooking public health problems, enables Big Food to evade censure.

Monaghan (2005) proposes that a more appropriate critical approach to obesity would say that the public 'war on obesity' is about making moral judgements about individuals; it works to avoid issues of social inequality (class, gender, race); it is really about political, economic and organisational interests; and that for individuals it is about reaching a target of what it is to be a 'good' citizen. The dominant discourse has resulted in a world where 'any 'fat' person is deemed pathological and a 'failed' neoliberal citizen' (Monaghan and Malson, 2013: 316). Gard and Wright (2005) also question whether state inaction on obesity is actually precisely because states do not truly believe that obesity is a sign of ill-health, especially as Western populations continue to live longer and longer lives. Obesity may be a sign of irresponsibility and poor consumer-citizenship (letting the side down) but it is not a cause for great concern in and of itself, rather a useful vehicle through which to responsibilise the populace. Those critical of advanced liberal obesity discourse highlight the lack of consideration of the morals of the position in the way advanced liberal and public health discourses valorise some elements and ignore other aspects of individuals' lives or the operation of society, or of the impacts of the discourse on individuals. Through obesity discourse, thinness has become the goal for all, ignoring biological, cultural and all factors (Rich and Evans, 2005). Even under the softened guise of public health's

environmental approach, obesity discourse pathologises those who cannot overcome the pleasure of the obesogenic environment to do the right thing (Rich and Evans, 2005).

#### ***4.3.3.2. Critique of the focus on children in dominant obesity discourse***

Advanced liberal and public health obesity discourses particularly emphasise concern around obese children, in the way it 'instils a sense of moral panic, urgency and disaster' (Rich, 2010: 806). Critical commentators question this 'disproportionate focus' on children in obesity policy (Evans and Colls, 2009: 1056) as a form of discourse and biopolitical future-proofing (see also Ryan, 2010, 2014). When obesity discourse focuses on children, it can be understood as a 'form of pre-emptive politics – attempting to control the future through action in the present' (Evans, 2010: 21), where obesity is a biopolitical problem which must be contained. Obesity discourse is a 'latter day version of 'child saving' crusades' (Evans *et al.*, 2008: 125) which can 'manage' deviants by setting out clear norms, the 'right choices'. In so doing it sets out manage 'working class' people, particularly parents.

There is something particular in the 'problem' of the obese child because 'fat children signify a basic change in society for the worse' (Gilman, 2008: 45). Evans (2010: 24) illustrates how the child represented in advanced liberal obesity discourse oscillates on the 'problematic position of the 'child'', where the child is not a self-controlling agent but still must be responsible for their own actions. In the politics of risk, managing children and particularly managing obese children who represent future disease, is a means of managing insecure futures (Evans, 2010). Children are seen as adults-in-the-making and obesity as a possible disease-in-the-making. As a result, childhood obesity offers up a perfect sum of future insecurity. Acceptance of pre-emptive action on children's future is built around a concept of children as vulnerable and in need of help (Evans, 2010; Ryan, 2010, 2014). In advanced liberal governing, the weak and helpless child may offer up the only bodies legitimating intervention, all to protect the future entrepreneurial adult:

Children's bodies are therefore absent-presences within hoped-for utopias (and threatening dystopias). Within this absent presence lies the potential for 'hidden injuries' (Thrift 2004, 69) when harm caused to children in the here-and-now is legitimised with recourse to long-term gain...

(Evans, 2010: 34).

Children in their state of becoming are 'produced as the ideal targets for pre-emptive action' (Evans, 2010: 26). Despite the fact that the majority of children are non-obese, children are almost presumed to be on the path to becoming obese, which results in intervention for an obese future which is presumed, not realised (Evans, 2010). The interventionist impulse in public health's response to all children is a form of power exercised under the guise of protection (Ryan, 2010).

As discussed in section 4.3.1.1., within advanced liberal discourse, it is women – mothers, the majority of primary school teachers and child-care workers – who are called to act to protect their charges from obesity (Evans *et al.*, 2008). In the Irish context, Share and Strain (2008) have questioned the individualising focus of the National Taskforce on Obesity Report. They diagnose a focus on individual choice leading to a 'strategy of responsabilization' (Share and Strain, 2008: 235) and an expert-driven ideology which seeks, 'the governance of food choice through the discourse of nutrition' (p.236). Through the privatisation of risk the potential for individual choice has been expanded, while the state seeks to regulate the choice by externalising effect onto the individual. Schools can operate as 'institutionalised risk environments' where children are exposed to government strategies over the long period of their schooling (Share and Strain, 2008: 236). By responsabilising the individual, obesity can be overcome without any direct effort or resources from the facilitating state. An expectation is placed on schools to tackle the obesity crisis, even as the government is backing out the door to avoid responsibility for specific interventions to tackle obesity. Share and Strain (2008: 241) conclude the attempt to burden the individual is likely to be fruitless because 'what is required is a response premised upon the social, economic and material realities of schools, and an admission that neither individuals nor schools are the major players in confronting obesity'.

#### ***4.3.3.3. Health At Every Size and Fat Studies***

In addition to addressing the need for social change, critical discourses such as Health at Every Size (HAES) and Fat Studies seek to undermine weight-centred health discourses which equate obesity with early death (O'Reilly and Sixsmith, 2012). Fat Studies, much like Queer Studies re-appropriates a once-insult as a mode of freedom. The subversion of the meaning of 'fat' in Fat Studies is an example of how counter-discourses often take meanings from the dominant discourse and subvert them (Wodak and Meyer, 2009). HAES, which promotes other markers of health beyond weight, is widely espoused by the Fat

Studies community (O'Reilly and Sixsmith, 2012). While HAES is commended by many for the rejection of body size as a proxy for health, it has also been criticised for reinforcing the need to work on the self to improve health (Brady *et al.*, 2013). Critical discourses reject weight loss as the pinnacle of human endeavour, apparently achievable by all (Rich and Evans, 2005). They argue that the way we think about obesity is strongly influenced by medical and nutritional experts and their positivist approach to health and disease. Through expert-driven experience, weight has been associated with ill-health. Brady *et al.* (2013: 346) address the role of dietetics in adopting a 'patriarchal, positivist bio-medical schema that currently dominates popular perspectives of health and nutrition'. This schema has caused people to stop trusting themselves to determine what they eat, instead relying on the expertise of the dietician. The obesity discourse produces food and eating as an exercise in health (or ill-health), ignoring the emotional, social and hunger motivations of food and drink consumption (Mayes and Thompson, 2015). Eating is separated out from the fabric of people's real lives to be a choice which will determine their health. Health is re-imagined as a 'by-product of peoples' volitional choices' (Brady *et al.*, 2013: 347). HAES seeks to return to the experience of an individual's body and the reality of being active, healthy and happy within a larger body (see Saguy and Almeling, 2008; LeBesco, 2011; O'Reilly and Sixsmith, 2012; Brady *et al.*, 2013).

O'Reilly and Sixsmith (2012) critique the 'weight-centred health paradigm' based on an understanding of weight as a result of the energy-in, energy-out balance (or imbalance) and that the excess weight resulting from an imbalance leads to early disease and death. As a result, the paradigm holds that health will be improved when weight is lost. The presumption underlying the weight-centred health paradigm is that individuals are in control of their weight, making it a 'value-laden discourse' (O'Reilly and Sixsmith, 2012: 99). Instead of critiquing the individualising nature of obesity, or looking at obesogenic environment, LeBesco (2011: 159) seeks to depathologise fatness and separate it from the medicalised 'obesity epidemic', its apparent relationship to ill-health and to problematise 'our moral imperative for health'. LeBesco (2011: 160) believes that throwing off the shackles of the 'obesity = ill-health' approach to bodies is 'a challenging act of imagination in an environment supersaturated with 'obesity epidemic' rhetoric'.

Critical discourses of obesity have not had significant impact on popular responses to obesity. As Crossley (2004: 228) highlights despite the 'protestations' of Fat Studies, obesity is not a bodily ideal in contemporary society. Why have critical discourses not been taken

up and used more widely? Brady *et al.* (2013) are attuned to possible limitations of critical discourses which contest the link between obesity and illness and mortality using scientific approaches. Drawing on the work of LeBesco (2010), they highlight that though these approaches may move away from stigmatising obese people, they serve to reinforce obesity as a medical, rather than a political problem. As identified by Guthman and DuPuis (2006: 437), 'some people in the fat-acceptance movement are unwilling to acknowledge any of the possible causes or consequences of fat, thereby absolving the food industry of its deeds'. This is one of the reasons discourses such as HAES are ultimately unsatisfying to me. The direction of its analysis lets the Big Food (and structural inequality) off the hook. While I agree with LeBesco's (2011: 161) call to achieve the 'decentering health as the be-all, end-all of human subjectivity', I believe this should be undertaken in parallel with addressing the impact of Big Food on our food choices and on the hyper-commercialisation of the food landscape.

#### ***4.3.3.4. Developing 'corporate influence' as a critical obesity discourse***

This section makes the case for the development of corporate influence as an additional element of critical obesity discourse. As mentioned above, I consider that critical public health discourses which tend to reject obesity as a lived experience close down questions about cause and effect of obesity for individuals and society and limit consideration of how particular discourses serve to produce policy actions. While I am attracted to critical perspectives on obesity and their challenge to the impact of advanced liberal discourses of obesity on the individual, I contend that they neglect, or at least unintentionally overshadow, Big Food's role as a discursive actor.

Advanced liberal, public health and critical obesity discourses all tend to overlook the role of Big Food in manufacturing an industrialised epidemic of poor nutrition food and in the overwhelming commercialisation of the food marketplace. It could be said of both public health practitioners and critical obesity researchers that instead of looking at the problem of the gluttonous, gargantuan Big Food, they focus their gaze on the individual body. While public health stare down the individual in an effort to change their behaviours, critical obesity researchers seek to overturn the damaging obesity discourses so that the targeted individuals might be left alone. I believe this gaze has been partially misdirected. While it is essential to shine a light on the impact of dominant discourses and on the effects such discourse, this has left Big Food's role as a discursive actor under-examined. As discussed

above, there have been critiques made against the individualising nature of public health discourse and practice, which has turned inwards to focus on randomised control trials on individual behaviour change (Hastings, 2012). A similar critique can be made of critical public health discourse, which has focused on individuals' experiences of dominant childhood obesity discourse and generally overlooked the role of Big Food as an actor in the governing of obesity. Therefore, while critical public health importantly seeks to challenge the focus on individual behaviours within both the advanced liberal and public health discourse strands, a gap exists in a critique of the role of powerful actors such as Big Food which play a role in shaping childhood obesity discourse and on obesity policy. As articulated by Hastings (2012: 2):

... we barely acknowledge the harm being done by our economic system, which undermines our critical faculties and sense of agency with perpetual messages of materialism and unwarranted entitlement. L'Oreal's corrosive slogan, "Because we are worth it," has become the leitmotiv of society on our watch. It is little surprise, then, that corporate capitalism has gone from strength to strength and is taking over what should be core public health roles...

Where a critique of Big Food's corporate practices has been apparent, primarily in the US, writers such as Nestle (2002) and Schwartz and Brownell (2007) have examined the lobbying strategies of Big Food, rather than delving into the role of discourse formation in influencing action on childhood obesity (and on Big Food). Further, where critical observers have critiqued corporations' role in the obesity debate, they have tended to focus on the diet industry. For example, Orbach (2005) points to those whom she thinks stand to gain the most from 'obesity epidemic' – pharma companies with diet drugs, diet companies and gym and leisure companies. This focus on the diet industry, which, while powerful, does not seem to have the uber-influence of Big Food, makes me wonder why Big Food's corporate interests and discursive strategies have tended to be blanked out in critical public health obesity research.

Moodie *et al.* (2006: 133) argue that a fundamental driver of obesity is 'the power of commerce', with the 'balance of the current commercial forces' of marketing, wide availability and low prices of junk foods, driving people to eat more food and less nutrition. De Vogli *et al.* (2011) use 'globesization' to refer to the globalisation of the obesity epidemic through the inclusion of food markets in the promotion of worldwide free trade with the balance of power with transnational food companies. Gustafsson *et al.* (2011) illustrate that the advanced liberal discourse of consumer failure overshadows any critique of the quality of the supply chain of products with which the consumer is ultimately faced

on the supermarket shelf, or of the general profitability of ultra-processed foods for Big Food. This difficulty of scale in terms of the global dominance of Big may partially explain the focus of both public health and critical researchers on the individual factors (individual choices/moral impact on individuals), rather than on the impact of powerful discursive actors such as Big Food on how we think about obesity. At one level the capitalist culture makes it unappealing to be fat to shame us into weight loss (LeBesco, 2011), but at the other Big Food needs to gain more 'stomach share' for its products. From my perspective, critical discourses are effective in illuminating the damaging impact of the advanced liberal and public health discourses of obesity. However, their wide scale rejection of obesity as a material issue of concern for at least some obese individuals closes down questions about cause and effect of obesity for individuals and society and as a result ultimately lets interests, such as Big Food, to operate and profit with impunity.

Critical obesity researchers point to the disturbing impact of society and the economy on individuals but tend not to examine so closely the discursive actions of the dominant corporate actor in this space. Monaghan (2013: 96) points to what he sees as the 'medicalised calls to combat obesity ricochet through a symbolic, moral, emotional and money economy where some bodies matter more than others' where health is 'inseparable from political economy, profit-making, debt expansion, austerity, dispossession and thus relations of class and command'. Gard and Wright (2005: 190), who led the first wave of the critical obesity discourse charge, said almost a decade ago that there was:

no prospect for success without a thorough engagement with issues such as economic disadvantage, the workings of capitalism, increasingly deregulated labour markets and the imperative for companies, particularly, but not only, those that sell food, to be profitable. This would mean the fields of science, medicine and health developing and articulating positions that are overtly moral and ideological, a project which would remain changing the very nature of science itself.

As a result of the primary direction of their critique (the state), critical public health commentators can provide arguments which are useful to Big Food. Gard (2013) shows how those who critical obesity researchers might believe they have common ground with in critiquing dominant obesity discourse, are actually political libertarians, seeking to further derail state consideration of obesity, or of health inequities, or of social issues generally. I too am concerned that critical obesity work can be hijacked by libertarians and the vested interests of Big Food (see Gard, 2010; Guthman, 2013). Of course, this is not a reason not to critique the impact of dominant discourses on individuals but there is a need

to be careful of possible unintended effects of this approach, just as critical obesity researchers call on medical/public health researchers to be careful of the impact of their work on individuals.

Operating from a poststructuralist foundation, corporate influence would focus attention on the effect of Big Food as a discursive actor, particularly how it influences or shapes what we know and think about childhood obesity. As such corporate influence would not suggest that Big Food acts to conceal or manipulate some fundamental or objective truths about obesity. Rather, corporate influence would examine how Big Food operates in a field of competing discourses so that its power, while offering dominance, does not give it a monopoly or a deterministic position. In this way, corporate influence could offer the potential to resist or reshape how childhood obesity is problematised and therefore how obesity policy is made.

#### **4.4. Conclusion**

In advance of the analysis of Big Food's discourse of obesity presented in Chapter 5, this chapter has considered three discourse strands of childhood obesity. An overview of each strand, as well as a critical appraisal of the limitations of each, has been provided. None of these three strands of childhood obesity discourse – advanced liberal, public health, or critical – specifically focus on the role of Big Food.

Advanced liberal discourse has been described here as 'the (ir)responsible child-consumer' and is made up primarily of the specific discourses of personal responsibility, consumer choice and risk. Broadly, this discourse is built on the advanced liberal dream of responsible consumers who manage their own risks (including risk of obesity) with minimal intervention from government. Public health discourse has been described here as 'parental ignorance and irresponsibility' and is primarily based on the concepts of the obesogenic environment and behaviour change which tend to critique the role of parents in raising healthy children. Broadly, this discourse seeks to move beyond looking at obesity as a personal responsibility, but remains wedded to concepts of individual behaviour change. Critical discourse has been described here as the 'facilitating state' and is made up of critique of dominant discourses of obesity, a focus on social change and a challenging of fat as illness. This chapter has also sought to underline the potential for the development



of 'corporate influence' as a critical public health discourse which could be used to critique the discursive role of Big Food. It is anticipated that Big Food is likely to accept and use advanced liberal discourses on obesity (the (ir)responsible child-consumer), adapt and use public health discourses of obesity (parental ignorance and irresponsibility) and ignore or reject critical discourses of obesity (facilitating state and corporate influence). The following chapter provides the analysis and findings of the problematisation of childhood obesity found in Big Food's submissions to the BAI consultations.

## **CHAPTER 5: ANALYSING BIG FOOD'S DISCOURSES OF CHILDHOOD OBESITY**

### **5.1. Introduction**

This study shines a light on how Big Food as discursive actor engages in, forms and seeks to reshape childhood obesity discourse. The analysis of Big Food's discourse in this chapter is presented in two parts – the main themes in Big Food's representation of childhood obesity (section 5.2) and the subject positions promoted within Big Food's representation of childhood obesity (section 5.3). It is anticipated that Big Food will draw on and seek to reshape certain contemporary discourses of obesity, while rejecting or ignoring others. Following the WPR methodology, this analysis sets out to uncover and interrogate the assumptions and accepted ways of thinking on which Big Food's representation of childhood obesity is constructed. As such, this analysis is not overtly concerned with the intentions of Big Food in providing a certain representation of childhood obesity; rather at issue is the 'deep conceptual premises' (Bacchi, 2009: 55) which make Big Food's representation of childhood obesity possible. WPR analysis seeks to look at how problem representations – such as childhood obesity – are represented within policies and to 'work backwards' from the policy proposals to uncover what is represented to be the 'problem'. The analysis takes Big Food's response to a policy proposal – that to address childhood obesity, the marketing of ultra-processed food to children should be regulated – and seeks to reveal what type of 'problem' childhood obesity is represented to be by Big Food. As such this analysis is specific to a particular time during the development of a policy and of a particular discursive actor.

This analysis concentrates on Big Food as one significant actor in obesity discourse, one which has been neglected in Irish literature. As this analysis looks only at the submissions of Big Food it may appear that there is an underlying assumption that Big Food is in control of childhood obesity discourse. This, of course, is not the case. Big Food, like all groups, operates within existing and often competing discourses of childhood obesity. Problem representations are judged to 'take on lives of their own because they affect materially and symbolically how we are governed and how we live' (Bacchi, 2009: 263). WPR's attention to the effects of problem representations is described by Bacchi (2009: 238) as a 'kind of

guerrilla warfare on problem representations judged to have deleterious consequences'. As we all operate in discourse, this attention to discourse effects does not enable us to overcome or act outside of discourse, rather it provides a means to interact with and work *within* discourse. The WPR approach seeks to move away from a focus on interests and the intentions of powerful groups to interrogate the conceptual logics which make particular problem representations possible and sayable.

#### **5.1.1. Overview of documents included in the analysis**

The documents analysed here are the 19 submissions made by 14 Big Food organisations, a mix of individual companies and trade representative organisations (see Figure 1) to the two stages of the BAI's consultation process (see Chapter 3, section 3.3. for a discussion of the sampling process). Companies include The Coca-Cola Company (hereafter, 'Coca-Cola') (submission 4, S4) and Unilever Ireland (S5). A number of interconnected representative organisations representing Big Food also made submissions which are analysed here. The primary Big Food representative organisation in Ireland is Food and Drinks Industry Ireland (FDII) (S9 and S19). FDII is part of the larger IBEC (Irish Business and Employers' Confederation) organisation, considered *the* lobby group for business in Ireland. FDII represents the interests of the food and drinks sector, including its Big Food membership, such as Coca-Cola, Mars Ireland, Cadbury, Kelloggs and Kerry Group (FDII, 2011a). FDII itself is further divided into representative organisations for particular food and beverage sectors. Three of these FDII sectoral organisations, the Chocolate, Confectionary and Biscuit Council of Ireland, Irish Breakfast Cereal Association and Beverage Council of Ireland also made submissions. The Chocolate, Confectionary and Biscuit Council of Ireland (S10) counts a number of Big Food companies amongst its members, including Kraft Foods Ireland, Mars Ireland and Nestlé Ireland and Tennant & Ruttle; the Irish Breakfast Cereal Association members include Kelloggs and Nestlé Cereals; and the members of the Beverage Council of Ireland (BCI) (S12) include: Coca-Cola, Sprite, Powerade, Pepsi, 7Up, Tropicana, Red Bull, Lucozade, Brtivic and Ballygowan.

**Table 5.1 Document sample – submissions by Big Food**

Code	Document	Organisation type
<b>Consultation Phase 1, August – October 2011</b>		
<b>S1</b>	Nestlé Ireland (Nestlé)	Company
<b>S2</b>	Britvic Ireland (Britvic)	Company
<b>S3</b>	Kerry Foods	Company
<b>S4</b>	The Coca-Cola Company (Coca-Cola)	Company
<b>S5</b>	Unilever Ireland (Unilever)	Company
<b>S6</b>	Mars Ireland (Mars)	Company
<b>S7</b>	Kraft Foods Ireland (Kraft)	Company
<b>S8</b>	Kelloggs* *Submission included an additional document on Kelloggs' marketing practices (S8a)	Company
<b>S9</b>	Food and Drink Industry Ireland (FDII)	Representative organisation
<b>S10</b>	Chocolate, Confectionary and Biscuit Council of Ireland	Representative organisation
<b>S11</b>	Irish Breakfast Cereal Association	Representative organisation
<b>S12</b>	Beverage Council of Ireland	Representative organisation
<b>Consultation phase 2, March – May 2012</b>		
<b>S13</b>	Burger King	Company
<b>S14</b>	Ferrero UK and Ireland (Ferrero)	Company
<b>S15</b>	Unilever Ireland (Unilever)	Company
<b>S16</b>	Kerry Foods	Company
<b>S17</b>	Kraft Foods Ireland (Kraft)	Company
<b>S18</b>	Mars Ireland (Mars)	Company
<b>S19</b>	Food and Drink Industry Ireland (FDII)	Representative organisation

**5.1.2. A note on the text**

Five of the 19 analysed submissions were made by FDII or its sectoral organisations and, as noted above, the submitting Big Food companies are members of FDII and/or its sectoral organisations. There are many instances within the Big Food submissions where the wording, structure or arguments used within the FDII submissions (S9 and S19) are repeated either verbatim or with remarkable similarity. It is probable that FDII and its sectoral representative groups provided material for Big Food companies to use in their own submissions. In some instances, the Big Food companies directly reference their reliance on FDII's submissions. For example, Kraft (S7) states: *'Our submission reflects the detailed analysis and position submitted by Food and Drink Industry Ireland (FDII) and*

*includes details of Kraft Foods' experience in this area'. As a result of the reliance on the FDII submissions (S9 and S19) by other organisations, FDII is referenced more regularly in the following analysis. In the text below excerpts from Big Food submissions are presented in italics. The similarities in the text in many of the submissions means that in some cases quotes attributed to an organisation in the text below may also have been part of another submission made to the process. For clarity quotes are generally attributed to a single Big Food organisation.*

It is interesting to note a difference in tone between Big Food representative organisations and Big Food companies. The industry representative groups are most critical of the proposals, while companies strive for a more regulator-friendly tone. The FDII submissions (S9 and S19) contain strong language in reaction to the regulator's proposals – *'stunned'; 'thoroughly dissatisfied'; 'fails to see the usefulness or relevance'; 'undermined the confidence'; fundamentally flawed'; 'grossly undermine'; 'a complete lack of discussion'; 'followed blindly'; 'vigorously rejects'; and 'not in the interest of the industry to undo these efforts and waste the countless time, money and effort invested in reformulating our products over many years'*. This language contrasts sharply with the more conciliatory tone employed by companies, which each seem to strive to show themselves in a positive light, as a good 'corporate citizen' and as a potential stakeholder for the regulator.

### **5.1.3. Overview of the arguments in Big Food's submissions**

The BAI proposal, which opened for public consultation on two occasions (2011 and 2012) and refined during this period, was based on two primary proposals – that the marketing of ultra-processed foods would be banned when the largest child audiences were watching TV and that decisions about what products could not be marketed during this time would be made on the basis of the nutrient profiling model (NPM)<sup>15</sup>, first developed in the UK (UK Department of Health, 2011) for a similar regulatory regime. Further, the NPM would be adapted for Ireland to be consistent with the Department of Health and Children's Food Pyramid and healthy eating guidelines.

---

<sup>15</sup> Nutrient profiling is the science of classifying or ranking foods according to their nutritional composition. In summary, under the NPM used by the BAI products are awarded points for nutrients (energy; saturated fat; total sugar; and sodium) and for nutrient / food components (fruit, vegetables and nuts; fibre; and protein). Depending on the number of points a product is defined as HFSS or non-HFSS.

There is a notable coherence in the arguments made by the range of companies and representative organisations across the 19 submissions, with all taking the same broad position on the proposed marketing regulations. Big Food's primary position is a rejection of the need for marketing restrictions. However, recognising that some form of restrictions are likely to be introduced by the regulator, Big Food presents its preference for a limited regulatory scheme.

In particular, Big Food argues that:

- If restrictions on marketing to children are introduced, they should be monitored by industry (self-regulation), or between industry and the regulator (co-regulation), rather than through statutory regulation (based on legislation).
- To limit the breadth of the regulations, restrictions should only apply to programmes based on audience profiling (e.g. where a majority of the audience is under-12), rather than restrictions based on time-bands (e.g. all television programming between 6am and 9pm).
- Restrictions should not be based on a NPM because it is deemed inappropriate to categorise foods based on the levels fat, sugar and salt which they contain. However, if a NPM is used, it should not be based on the model currently used in the UK. Considerable changes should be made to the UK model, such as changing the amount of food that was tested from a standard 100g for all products, to a smaller portion size in which the product is intended to be consumed.

## **5.2. How childhood obesity is represented by Big Food**

This first part of the analysis examines how childhood obesity as a concept is represented in Big Food's submissions. A discourse analysis such as this is grounded in an understanding of discourse as socially-produced knowledge. As discussed in Chapter 2, the problematisations which discourses contain emerge from practices which illustrate how a topic – such as childhood obesity – is defined, classified, represented and regulated (Bacchi, 2012). Through practices discourse representations emerge as 'powerful fictions' because of 'their commonly accepted status as truth' (Bacchi, 2009: 35). Foucault (1980) drew attention to how what could be said – what would be linguistically or rationally correct – about a problem is infinite. What was of particular interest to Foucault was how discourse

constrains what can be said ‘correctly’ to a smaller number of statements. Thus, Foucauldian analysis concentrates on ‘mechanisms of refinement—practices which “work upon or shape” what is said. It is in this space between what can be said (grammatically or logically) and what is (actually) said that mechanisms, procedures and processes are at work’ (Bacchi and Bonham, 2014: 179). Reflecting this approach, the following analysis draws attention to both the ‘correct’ statements and the silences in Big Food’s discourse of childhood obesity.

Through the process of reading and analysing the submissions two main themes emerge in Big Food’s representation of childhood obesity – (i) obesity is complex and (ii) obesity is not caused by food, nor by marketing. Through an examination of these themes we can see what is ‘sayable’ about childhood obesity in Big Food’s discourse, but also how these themes ‘simultaneously inhibit a range of other statements [themes], which are not sayable’ (Wodak and Meyer, 2009: 37). In examining the two themes within Big Food’s discourse, this section primarily relates to WPR’s first, second and fourth questions (as adapted for this study):

- What’s the ‘problem’ of childhood obesity represented to be in the submissions of Big Food?;
- What presuppositions or assumptions underline Big Food’s representation of childhood obesity?; and
- What is left unproblematic in Big Food’s representation of childhood obesity? Where are the silences? Can childhood obesity be thought about differently?

In addition, this section considers the discursive effects – ‘the limits imposed on what can be said, or thought’ (Bacchi, 2009: 40) – of Big Food’s representation of childhood obesity, which is an element of WPR question 5.

### **5.2.1. Obesity is complex**

Big Food seeks to represent obesity as a complex problem. Coca-Cola (S4) states that obesity is ‘*a complex problem with numerous contributory factors...*’ and that ‘*obesity is a complex issue which will not be resolved in any one measure*’. Kerry Foods (S3) describes obesity as ‘*a complex disorder with a number of factors contributing to its development*’. Ferrero (S14) directly quotes the UK Government Office for Science’s Foresight report on obesity (Butland et al, 2007) that ‘*energy balance (or imbalance) is determined by a*

*complex multifaceted system of determinants (causes) where no single influence dominates*". Nestlé (S1) also refers to the Foresight report to back up its view that *'there are many complex behavioural and societal factors that combine to contribute to the causes of obesity'*. Discussing the Foresight report, Nestlé (S1) focuses in on particular sections of the report:

*The report refers to a "complex web of societal and biological factors that have, in recent decades, exposed our inherent human vulnerability to weight gain". The report presents an obesity system map with energy balance at its centre. Around this, over 100 variables directly or indirectly influence energy balance.*

FDII describes the *'multi-faceted issue of obesity'* (S19) *'caused by multiple factors'* including *'social, environmental and cultural factors all of which interact in complex ways not yet well understood'* (S9). It is interesting to note the use of the term *'factors'* rather than *'causes'* by Big Food. Factors have less agency attached to them and there appears to be an underlying implication that all *'factors'* in the development of obesity are equal. Nestlé (S1) cautions that the *'development of obesity is multifactorial and interventions must be proportionate versus the overall goal'*. Big Food wants to *'solve'* obesity but as a complex problem the *'solution'* must be carefully considered so that it does not impinge on the business activities of Big Food:

*Nestlé also recognises that the causes of obesity are multifactorial and thus require a response that is proportionate and that achieves the stated public policy objectives without imposing unnecessary or disproportionate regulatory burdens*

(Nestlé, S1).

If the factors influencing obesity are *'not yet well understood'* (FDII, S9), the best approach may be to wait until we know more. Coca-Cola (S4) wish to *'address the problem effectively'* but it is unclear what this means in terms of obesity being a *'complex problem'*. The focus on the *'attempt to find solutions'* (FDII, S9, emphasis added) implies this is a problem which may never be solved.

The Irish Breakfast Cereal Association (S11) states that the breakfast cereal industry *'fully recognises and shares the concerns of society relating to the issue of obesity, especially in children'*. FDII (S9) acknowledges that *'there is a problem with obesity in Ireland'*. The passive voice in this sentence construction acts to distance Big Food from this identified *'problem'*. Throughout the submissions Big Food is portrayed as having a *'proven track*



*record*’ of *‘engaging constructively’* to *‘attempt to find solutions’* to obesity (FDII, S9). There is an implication that Big Food in its constructive engagement is being charitable because obesity itself is unsolvable. This enables Burger King to set limits on its engagement in finding solutions to obesity. While Burger King (S13) *‘recognises the need to address obesity and related health issues in Ireland’*, it states that *‘any measures should be effective, proportionate and evidence based’*. The kind of change that is implied in the solutions of Big Food – given the complexity of obesity – is of minor adjustments, or programmes that can only ever be partially successful. FDII (S19) argues that solutions to the complex problem of obesity must be *‘effective, proportionate and based on sound science’*. The emphasis is on assessing the quality of the evidence base, rather than addressing the lived experience of obesity. That is, if it is not possible to show that something is based on *‘sound science’* (FDII, S19) then it cannot be attempted. Bacchi (2009: 253) argues that the evidence-based paradigm to policy, where evidence is assumed to be objective or neutral, *‘the processes of policy-making and research production are depoliticised’*. Policy choices are considered to be singular and obvious because the neutral evidence pointed to only one course of action (see Taylor and Millar, 2002; Buckingham, 2009a).

The logical conclusion to the problem representation of obesity as *‘hugely complex’* (S9) is that *‘Complex problems require complex solutions and obesity is certainly a test case of this’* (quoted in FDII, S9). The concept of complexity leads to the conclusion that many people will need to be involved in the solution, equivalising Big Food with many other groups as *‘all interested parties around a table’* (quoted in FDII, S9). The Beverage Council of Ireland (S12) echoes this point, stating *‘this [obesity and nutrition] is a very complicated area, even at European level, where many experts sit around the table’*. To promote the problem representation of obesity as complex, FDII relies on a lengthy quote from Robert Madelin, former Director General of DG Health and Consumers of the European Commission. He asserts that the complexity of obesity means that the *‘diet and lifestyle challenges facing Europeans today cannot be solved by one stakeholder alone’* and says he wishes to *‘commend the food and drink industry for their dedication’* (FDII, S9). The use of a quote from a former Director General of the European Commission indicates the type of experts and policy-making approaches to obesity which Big Food draws on to support its representation of obesity. The European Platform for Action on Diet, Physical Activity and Health<sup>16</sup>, which the former Director General is referring to in his quotation, is a voluntary

---

<sup>16</sup> For information on the EU platform for action on diet, physical activity and health, see: [http://ec.europa.eu/health/nutrition\\_physical\\_activity/platform/index\\_en.htm](http://ec.europa.eu/health/nutrition_physical_activity/platform/index_en.htm) (Accessed: 6 May 2015).

forum comprised of the food industry (including FDII's European lobby group FoodDrinkEurope and companies such as Kelloggs, Mars, Nestlé and Unilever) and health NGOs. The Platform has been described in Miller and Harkins (2010: 578) critique of corporate capture of public health policy as an 'obesity policy vehicle... dominated by corporate interests'. Many public health commentators question the approach of health NGOs working directly with Big Food (for example, Moodie *et al.*, 2006; Hawkes, 2011; Swinburn *et al.*, 2011; Brownell, 2012; Stuckler and Nestle, 2012; Freedhoff, 2013; Swinburn *et al.*, 2015). Big Food presents the Nutrition and Health Foundation as an Irish example of such a stakeholder group:

*Kraft Foods Ireland are also founding members of the Nutritional [sic] Health Foundation, which uses a multi-stakeholder approach to communicate evidence based information on nutrition, health and physical activity to encourage an improved and healthier society in Ireland. The NHF brings together industry, government, state agencies, internationally recognised scientists, health professionals and other relevant stakeholders to achieve this objective*

(Kraft, S7).

Despite its health-focused name, the Nutrition and Health Foundation (NHF) is a wing of FDII. The NHF is a Big Food-led organisation, 'wholly funded by the food industry' (FDII, 2009: 36). The NHF is the part of the FDII which is specially used to lobby on obesity issues, particularly in the development of community programmes and media work. While FDII made submissions to both consultation rounds under examination here, the NHF was particularly active in the media during the time period 2011-13 on the issue of food marketing to children (for example, see NHF 2011, 2012). The NHF is directly funded by Big Food organisations, including Britvic Ireland, Coca-Cola HBC Ireland, Glanbia Consumer Foods, Kelloggs Company of Ireland, Mondelez Europe Services GmbH (formerly Kraft Foods - see *TheJournal.ie*, 2015) and Mars Ireland<sup>17</sup>. Given its public health styled name, the NHF is a good example of a Business Non-Governmental Organisation (BINGO), or an astroturf organisation. Astroturf organisations are established and funded by businesses to resemble a grassroots organisation and are used to lobby on behalf of industry (see, Simon, 2013). As a representative organisation for Big Food, the NHF advances the negotiated position of a range of international and national food suppliers, retailers and manufacturers within the Irish food industry.

---

<sup>17</sup> Nutrition and Health Foundation Website: [http://www.fdiie.ie/Sectors/NHF/NHF.nsf/vPages/About\\_the\\_NHF~stakeholders?OpenDocument](http://www.fdiie.ie/Sectors/NHF/NHF.nsf/vPages/About_the_NHF~stakeholders?OpenDocument) (Accessed: 4 March 2015).

The seeming logic of obesity as complex is that it requires many groups to address it, and that Big Food is one of these key stakeholders. The concept of stakeholders further implies a consensus exists between disparate groups (including children, parents, the state, Big Food, public health) about the cause of obesity and that all can work together in easy partnership towards a shared solution. The use of the term ‘stakeholder’ has particular resonance in the Irish context, where stakeholder involvement is a key tenet of policymaking. Nestlé (S1) presents a simple process whereby *‘all relevant stakeholders can discuss and agree the appropriate and proportionate measures to monitor the advertising of food and drinks’*. Kraft (S17) recommends the regulators *‘use the multi sectoral knowledge available to them in order to create a proportionate approach to advertising to children in Ireland’*. Big Food criticises what it sees as restricted access to the policymaking process in Ireland, especially compared to the process in the UK. Big Food clearly objects to being left out of the decision-making process:

*While FDII does not agree with the science and conclusions of the UK nutrient profiling model, we support the process through which the FSA engaged with all stakeholders in developing their system. It is disappointing that the industry, or any other stakeholder, has not been given the opportunity to input into an Irish nutrient profiling model*

(FDII, S9).

Kraft (S17) says that:

*Kraft Foods in the UK has worked closely on the development of the UK OFCOM<sup>18</sup> model both directly and through trade associations. We are familiar with the details of the debate, the proposed nutrient profile model and are keen to use our experience to help develop the best possible solution for regulation in Ireland.*

The concept of ‘stakeholders’ levels out the power relationships and differing interests between groups. A major silence in the discussion of stakeholders is power dynamics, competing interests and the struggle over the problem representation of obesity. Big Food, as all other actors, will seek to ensure that their understanding of the problem of obesity is reflected in the policy proposal. The Irish Breakfast Cereal Association (S11) hints at this when it describes how *‘IBCA members have helped sculpt and implement self regulatory systems [that] exist at National, European and global level’* [emphasis added]. The Beverage Council of Ireland (S12) calls on the regulator to develop *‘a constructive multi-*

---

<sup>18</sup> UK Broadcasting regulator, equivalent to the Broadcasting Authority of Ireland. The ‘UK OFCOM model’ refers to the NMP developed to determine which foods could be shown during children’s programming in the UK.

*stakeholder fora in order to contribute constructively to broadly supported solutions'*. Such '*broadly supported solutions*' are self-evidently ones which Big Food would be willing to support. This emphasis on consensus-based policy also contradicts earlier calls for science/evidence-based policy. Silenced in the portrayal of consensus solutions agreed by all stakeholders is the different interests in which each 'stakeholder' operates, or the myriad of interests which each stakeholder seeks to balance. For example, in its actions on obesity, Government may be seeking to accommodate interests of both businesses and citizens. In some instances, the interests of these two groups may be compatible, in other cases contradictory. Such potential tensions are silenced when all are positioned as stakeholders – '*all key stakeholders sit around the table as equal partners to find common solutions*' (Beverage Council of Ireland, S12). By positioning all as equal partners meeting at a table to address obesity, the different relationship and mutuality of entitlement and responsibility which the state has to citizens, compared to other so-called 'partners', is blanked out. This blanking out of the particular relationship between the state and citizens gives weight to the idea that addressing obesity (such as through regulation of marketing to children) is not a responsibility of the facilitating state and could be better achieved through stakeholders such as Big Food offering to regulate themselves. As such, Big Food presents itself as playing a necessary role in regulating behaviour and should be enabled (trusted) to regulate its own marketing activities through co- or self-regulation.

States and corporations working together in multi-sectoral partnerships is a common feature of advanced liberal societies. Powell (2014: 230), examining Coca-Cola's activities in schools, shows how partnerships, or working with all stakeholders, is 'a significant technology of government that 'get[s] things done' for the corporation'. Stakeholder, or partnership working 'build[s] relationships between a broad range of groups... provide[s] a protective buffer between the corporation... by partnering with less controversial organisations (such as charities) and effectively endorse[s] both the corporation and their 'obesity solutions''. To reflect the use of stakeholder working to achieve Big Food's policy-ends, the British Medical Association (BMA, 2015) has attempted to reframe corporate social responsibility as 'stakeholder marketing'. The term 'stakeholder marketing' draws attention to how Big Food may use partnerships with state agencies and corporate philanthropy to gain access to policymakers and to improve their corporate image within policy circles.

### **The discursive effect of obesity is complex theme**

In summary, Big Food represents obesity as complex in two primary ways - complexity both in how obesity seemingly emerges in the body (biological and nutritional aspects) and the number of actors which are presumed to be involved in addressing obesity as a policy concern (political aspect). Presenting the problem of childhood obesity as complex suggests that obesity may be intractable, an impossible problem without a solution.

One of the discursive effects of representing obesity as complex is that creates an air of uncertainty. By emphasising a perceived uncertainty about the evidence on the causes of obesity, Big Food can caution against what it might term drastic action such as statutory regulation. Big Food's role in obesity – and consequently in any future solution to obesity – is also diluted. The representation of obesity as a complex problem by Big Food requiring the input of '*Government and all other stakeholders*' (including of course Big Food) (Coca-Cola, S4) is an example of category politics, which illustrates how 'some people profit from the visions of reality they offer' (Bacchi, 2000: 53). In this case, by presenting obesity as complex, thereby needing the input of a wide range of stakeholders, Big Food attempts to cement its claim to be involved in any policies which relate to childhood obesity. Other possible representations of obesity, for example that the cause of obesity is relatively simple (increased consumption of calorific food), or that the state is the primary policy actor on obesity would not provide the same rationale for Big Food's involvement. The emphasis on stakeholders liaising together to ensure the conditions exist for people to make the 'right' food and lifestyle choices is rooted in the advanced liberal (ir)responsible child-consumer strand. In this strand, responsible consumers manage their own risks (including the risk of obesity) with minimal intervention from government. The discourse strand minimises the role for government (just one of the 'stakeholders') and downplays how Big Food profits from high levels of consumption of their ultra-processed offerings. Further, the representation of stakeholders and consensus policymaking used by Big Food silences issues of power dynamics, competing interests and the struggle over the problem representation of obesity.

### **5.2.2 Obesity is not caused by food, nor marketing of food**

In its submissions Big Food is reacting to the state's policy proposal to restrict the marketing of ultra-processed food to children. This proposal originated from the view that marketing of such products is linked with a rise in obesity amongst children. Big Food

undercuts the premise for regulation by representing obesity as a complex problem which is neither caused by particular types of food or beverages, nor by the marketing of such products.

#### **5.2.2.1 Obesity is not caused by food**

As discussed above, Big Food represents obesity as a complex problem. Big Food further draws on the issue of complexity in terms of food itself. Even the apparently simple category of a fruit is contested by Nestlé (S1), calling for *‘composite foods that may be good sources of fruit and vegetables’*, such as *‘fruit juice, vegetable juice and smoothies’* (often very high in natural occurring or added sugar) to be recognised as fruits, thereby *‘playing a part in the recommended consumption of five fruit or vegetable portions a day’*. According to FDII (S9), *‘it is not individual foods themselves, but how they are consumed that contribute to dietary problems such as obesity’*. Big Food seeks to both reject the categorisation of food as healthy/unhealthy and then, perhaps given the dominance of this binary in our shared understanding of food, to use particular foods which are often considered unhealthy – but which Big Food claims are not – to further undermine this categorisation.

#### **Rejection of ‘unhealthy’ foods**

The proposed marketing regulations are based on the use of a NPM which classifies a food as healthy (and suitable for advertisement during children’s programmes) or unhealthy (banned from marketing during children’s programming). Big Food questions the categorisation of food as healthy/unhealthy – *‘so called “less healthy” foods’* (FDII, S19) and *‘so-called HFSS [high in fat, sugar and salt] foods’* (FDII, S19). Such categorisations *‘distinguishes inaccurately between “healthy” and “less healthy” foods’* (FDII, S19). This rejection of the concept of unhealthy foods chimes with the advanced liberal intonation that there is no such thing as bad foods, just bad choices. Big Food completely rejects the categorisation of HFSS:

*The term ‘HFSS’ has become commonly used to describe foods which fail the nutrient profiling model and that ‘HFSS’ appears to have become a synonym for “unhealthy” in a range of contexts. Not only is the term inaccurate but the FSA [Food Safety Authority in the UK] has repeatedly pointed out that failing the model does not mean that foods are “unhealthy”*

(Nestlé, S1).

Nestlé (S1) goes on to provide alternative terms which could be used to *‘describe those foods which do not pass it [the NPM], and thereby put beyond doubt any demonization of certain foods’*. These rather clunky terms are *‘Foods Inappropriate for Children’s Airtime’* and *‘Foods Restricted In Children’s Airtime’*. The Irish Breakfast Cereal Association (S11) suggests the categories of *‘less healthy’* and *‘healthier’*, terminology which bestows a level of healthiness on all products. Elsewhere, in a complete rejection of the binary of healthy/unhealthy, Kraft (S7) proposes that what once would be termed ‘healthy’ would be called *‘better-for you products’* (with the underlying assumption that once unhealthy products are just not quite as good for you), or that healthy/unhealthy products be referred to as *‘the ‘regular’ and the alternative product’*. Silenced in the representation of foods as ‘healthy’ or ‘better-for-you’ is that is more profitable to develop so-called ‘better’ versions of ultra-processed products than to sell more costly minimally processed foods (Lewin et al., 2006; Monteiro, 2010). The rejection of the categorisation of food – ‘food and drink cannot easily be classified as healthy or unhealthy’ (FDII, S9) – silences the fact that foods differ from each other – some provide high calories with a high level of necessary nutrients, some provide high calories with low or no nutrients, some are low in calories and low in nutrients and so on. So, whether it is appropriate to use the terminology of healthy/unhealthy, there is a difference between different foods and the NPM is one method to draw out the different make-up of products.

In addition to the outright rejection of the terms healthy/unhealthy, Big Food uses particular foods which are often considered unhealthy and seeks to disparage this categorisation. For example, Kelloggs (S8) portrays breakfast cereals (the product which was probably one of the main reasons why government sought to regulate TV food marketing to children) as *‘one of the most nutrient dense and lowest fat choices at breakfast time’*. The term ‘nutrient dense’ is often used in food descriptors as a euphemism for a product high in sugar (sugar being a nutrient). According to Kelloggs (S8):

*Consumed with low fat milk, breakfast cereals are also typically one of the lowest calorie breakfast options available – regardless of their sugar content. It’s therefore not surprising that those who eat a cereal-based breakfast (including pre-sweetened cereals), tend to have a lower BMI than those who skip breakfast or choose an alternative breakfast option.*

Indeed, Kelloggs (S8) goes on to posit breakfast cereals, including presumably ‘pre-sweetened cereals’ as a solution to obesity: *‘In a time when obesity levels are increasing dramatically breakfast cereals can help play a part in finding a solution to the obesity crisis’*.

Using the same language, the Irish Breakfast Cereal Association (S11) presents the product group it represents as an efficient obesity solution:

*Eating breakfast has been shown to be beneficial for both body and mind... Those who eat a cereal-based breakfast (including pre-sweetened cereals), have a lower BMI than those who skip breakfast or choose an alternative breakfast option. In a time when obesity levels are increasing dramatically breakfast cereals can help play a part in finding a solution to the obesity crisis.* [Emphasis added.]

One way Big Food seeks to disparage the categorisation of certain foods as unhealthy is to linguistically sandwich products which would generally be considered ultra-processed foods, such as sweetened cereals, between products which are viewed as traditional staple foods (and thereby, generally healthy products): ‘*bread, cheese, breakfast cereals, snacks, butter and low fat spreads..*’ (FDII, S9, emphasis added). The intention here appears to be to draw attention away from foods which have been highlighted as major contributors to obesity and which are most heavily marketed as well as to seek to redraw the boundary of healthy products to include items such as breakfast cereals. Ignoring whether some foods can be, or should be, categorised as unhealthy, FDII also make claims that certain foods (such as condiments and spreads), while high in fat, sugar or salt, are only eaten in small quantities and therefore should not be considered as unhealthy. This focus on items such as butter, margarine and ketchup operates as a type of Trojan horse within the debate. By highlighting a number of exceptions of a small number of foods high in fat, sugar or salt which are generally eaten in small quantities, attention is drawn away from the large quantities which many ultra-processed foods are designed to be consumed (such as large, multi-portion cartons of crisps).

FDII continually uses the term ‘discrimination’ in relation to any attempt to categorise foods as healthy/unhealthy: ‘*discrimination is obvious*’ (FDII, S9), ‘*discriminatory against certain foods or categories*’ (FDII, S9), ‘*unfairly discriminate against certain food and drink categories*’ (FDII, S9), and ‘*unacceptable for any food or drink product to be discriminated against as a result of an unscientific model*’ (FDII, S9). Echoing FDII, Nestlé (S1) says ‘*it is unacceptable for any food or drink product to be discriminated against as a result of a too simplistic model which is not fact based*’. Nestlé (S1) rejects any categorisation of foods ‘*in a way that classifies them as “good” or “bad”*’. The company goes further than discrimination to say that the nutrient profiling model amounts to ‘*the ‘failing’ of foods*



*that play an important role in the diets of children’ (S1).* The peppering of the term discrimination throughout Big Food’s documents may represent a form of category politics, where Big Food portrays itself as the victims of an ideologically-driven public health crusade. The term discrimination implies a wrong done to a group (of foods) which implies that the categorisation has an ideological bias.

### **The ‘balanced diet’**

The problem as represented by Big Food is that people are consuming unwisely, without balance, eating too much, too often. FDII (S9) argues that *‘any food or drink can be part of a balanced diet as it is the overall nutritional balance of the diet that is of most importance’* and that *‘it is not individual foods themselves, but how they are consumed that contribute to dietary problems such as obesity’*. All foods should be considered in the context of *‘the relative significance of food as a source of energy and nutrients in the context of a total daily diet’* (Kraft, S7). Big Food continually references this key concept of the ‘balanced diet’. Big Food relies on dietitians (viewed by many as key public health workers) as expert disseminators of the concept of the ‘balanced diet’:

*Most dieticians agree that any food or drink can be part of a balanced diet as it is the overall nutritional balance of the diet that is of most importance, not the composition and nutrient content of an individual food*

(FDII, S9).

This statement creates a genealogy for the ‘balanced diet’ in the public health sector and emphasises that the balanced diet is a health-sanctioned common sense. Echoing the FDII submission, Unilever (S5), Mars Ireland (S6) and Kraft (S7) all argue that *‘the nutritional balance of a diet is the most important factor in determining weight gain, rather than the composition of any food’*. Kelloggs (S8a) point to the long history of the ‘balanced diet’: *‘Decades of nutrition science show that all foods have a place in the diet with balance and moderation, and that exercise, together with a balanced diet, is integral to a healthy lifestyle’*. The Beverage Council of Ireland (S12) says that *‘any food or drink can be part of a balanced diet’*. Perhaps unsurprisingly, the Beverage Council (S12), representatives of the soft drink industry, goes on to burrow a place for soft drinks in their concept of a ‘balanced diet’:

*The UK model [NPM] fails to acknowledge the nutritional balance of a diet is the most important factor in determining weight gain, rather than the composition of any food and therefore approaches the situation in a non-scientific evidence based manner i.e. the restriction on beverages with added sugar.*

Nestlé (S1) draws on the findings of the UK Government's Foresight Report (Butland *et al.*, 2007) developed by public health experts to provide a public health standing for the balanced diet:

*The report presents an obesity system map with energy balance at its centre. Around this, over 100 variables directly or indirectly influence energy balance.*

The term 'balance' feeds into the advanced liberal concepts of the rational consumer, the logical actor and concepts of restraint and civility in behaviour. The confectionary company Ferrero (S14) argue that the balanced diet '*is at the core of a healthy lifestyle*'. Although unmentioned, confectionary appears to have a place within Ferrero's conception of the balanced diet, as '*a balanced diet is not one which simply eliminates certain foods, but is one which can include foods that consumers enjoy eating in the correct portions*' [emphasis added]. FDII (S19) says it is '*of the strong belief that it is the combination of foods eaten, the frequency of consumption and portion size that is important in achieving a balanced diet*'. Elsewhere, FDII undercuts what it defines as the failure of the regulator to use evidence to back up its positions. Here in its own recourse to belief, instead of evidence, or research studies, FDII may be seeking to tap into something that is viewed as common sense in society about food and diets. Big Food relies on the familiar, unexamined way of thinking (Bacchi, 2009) – that all foods can be good for our diet, if eaten in moderation. The 'balanced diet' concept reflects public health discourse encouraging individuals to achieve balance in their lifestyles and for the individual to take responsibility for their '*nutritional balance*' (FDII, S9).

Perhaps seeking to further deflect attention from ultra-processed foods, Big Food emphasises a physical activity/diet binary. The concept of 'energy balance' maintained by exercise is often used in Big Food CSR strategies to shift the focus (and blame) from consumption to exercise (Leone *et al.*, 2015). In Big Food's submissions, physical activity/diet are placed in a linguistic see-saw where they must be balanced, with equal weight and attention given to both – '*the nutritional balance of a diet, combined with physical activity*' (FDII, S9) and '*the important issues of diet, health and physical activity amongst children*' (Kraft, S7). Big Food calls for concern about lack of physical activity to be

placed on a par with obesity concerns. Kraft (S7) argues for a *'broader, multi-stakeholder strategy to address the important issues of diet, health and physical activity amongst children'*. (Note obesity as an area of concern is subsumed into 'issues of diet'.) The physical activity/diet binary draws on something which appears common sense in society, a connection between physical activity and calorie burning. As Kelloggs (S8a) says, it will *'continually look for opportunities to encourage physical activity/exercise in our child-directed communication and initiatives'*. Increasingly, however, the common sense view that physical activity is essential to curbing weight gain is questioned (see, Novak and Brownell, 2012; Malhotra *et al.*, 2015).

### **The nutrient profiling model (NPM)**

There is an ongoing vagueness about the actual foods which Big Food is concerned about in terms of the NPM if it is used to assess which foods can be marketed to children. Despite the fact that Big Food companies primarily produce ultra-processed foods, reference to this category of food is infrequent in the submissions. Reference to brand names/product ranges tends to be limited to the introduction of the companies' submissions when the companies provide a description of their business. For example, in the opening section of their submission, Ferrero (S14) states that *'Our Irish product range includes such household names as Kinder Surprise, Bueno bars, Nutella and Tic Tac (manufactured in Cork)'*. There is almost no reference to their products in the main body of the submissions. There are more specific references to what are often considered 'staple' foods (bread, milk and cheese) than there are to companies' own ultra-processed offerings (chocolate bars, sugary drinks or crisps). This may be because if the companies were to mention their brands and the products they would immediately be judged as 'bad' or 'unhealthy' by most individuals. Burger King (S13), an iconic American fast-food chain, identifies its concern with the NPM that the *'introduction of this model categorises foods as "good" and "bad", failing to acknowledge the fact that it is the combination of foods eaten and the frequency of consumption that is important in achieving a balanced diet'*. Overall, there is a clear silence in the submissions that Big Food's opposition to the NPM may be related to the fact that the majority of the foods which Big Food produce would be categorised as unhealthy. Big Food continually rejects any classification of foods as unhealthy or bad, making the claim that to make any such judgements is to be subjective (with subjectivity portrayed as avoidable and wrong):

*It [the nutrient profiling model to classify foods as healthy/unhealthy] began with a list of foods, subjectively labelled as good and bad and based on that devised a scoring scheme which reflects that assessment. It then validates the scoring system against the original list. This unscientific approach has led to a wide variety of nutritionally valuable products to be classed as unhealthy*

(FDII, S9).

In the quotation above, science is positioned against subjectivity, where the NPM is described as being developed with the intention that products be: *'subjectively labelled as good and bad'* (FDII, S9), therefore the NPM will present *'a decision, not based on science but rather on the preconceived notion that some food categories should not be advertised to children'* (FDII, S19). Nestlé (S1) claims that the NPM *'is selective and arbitrary and not based on available scientific evidence'* and *'perpetuates the myth that individual foods can be objectively described as "healthy" or "unhealthy"'*. Here, Big Food represents science as objective, singular, clearly definable and an accepted concept, while so-called non-science is merely myth. In other sections, where Big Food questions the evidence provided by the regulator, Big Food will intimate that there are different levels of science (sound and 'unsound') - *'sound scientific fact'* (FDII, S9); *'sound scientific evidence'* (Irish Breakfast Cereal Association, S11); *'facts and scientific evidence'* (Nestlé, S1). The implication is that if there is 'sound' science, there must also be 'unsound' science. Big Food continually seeks to undermine the knowledge base for the regulations – the *'veneer of science'* (FDII, S19) in the NPM *'calls into question the robustness of the model'* (FDII, S19) – reducing the marketing proposals to a subjective, ideologically motivated attempt to control business in Ireland.

The NPM is branded as *'selective and arbitrary and not based on available scientific evidence'* (Nestlé, S1) resulting in a system which *'unfairly categorises certain foods as good or bad'* (FDII, S9). The whole purpose of nutrient profiling is to categorise certain foods which are high in fat, sugar and salt as unhealthy and therefore unsuitable for marketing to children. Yet, the possibility of any binary of good/bad (healthy/unhealthy) food is rejected by Big Food as unfair. FDII (S9) does not approve of the simplification of food to its constituent parts, i.e. to make a judgement that a food is unhealthy solely based on the level of sugar, fat or salt it contains: *'it is extremely difficult to establish a science based universal nutrition profiling scheme which compiles a product's complex nutrient composition into a single score and classifies that as a HFSS food, without discriminating against certain foods or categories'*. Indeed, Big Food's use of the term 'nutrient' draws a

linguistic veil over the specific ingredients the NPM and the obesity debate are interested in – sugar, fat and salt. FDII (S19) argues that *‘if the model was fit for use, such discrimination against foods, would not be required’*. The problem as identified by Big Food is that under the NPM, foods are treated differently for their composition, rather than for how they are consumed. However, if the NPM did not distinguish between different foods based on their composition it would have no purpose and therefore would not exist. Coca-Cola (S4) rejects the scientific nature of the NPM, rejecting it as *‘a subjective judgement’* and a *‘narrow snapshot of a product’s nutritional value’* determining *‘the perceived nutritional value of a product’*. Placing quotation marks around the term unhealthy, Coca-Cola (S4) questions the validity of the term unhealthy as a category of description: *‘classifies some foods which can provide important nutrients as ‘unhealthy’*’. In this case, the likely *‘important nutrients’* to which Coca-Cola refer is sugar, a core ingredient of its brand-leader soft drink. Big Food remains relatively silent about the actual nutrient makeup of its products.

Coca-Cola (S4) returns attention to the *‘the combination of food eaten and the frequency and amount consumed’*, which it defines as *‘important to achieving a balanced diet’*. Echoing the advanced liberal consumer choice and avoidance of risk strand, Coca-Cola indicates that over-consumption is the wrong choice and that consumers should be constantly aware of the risks associated with their consumption behaviour to ensure they make the right choices. Silenced in Big Food’s account is the influences on individuals’ choices – whether it be the availability or price of certain products, or marketing which seeks to direct consumers to choose certain products. Big Food appears to argue that it should not have to take responsibility for the products it produces (in terms of having its marketing restricted) because it should not be held responsible for how its products are consumed. Instead, FDII (S9) makes claims for a balanced diet as the solution to obesity: *‘We maintain that it is the nutritional balance of a diet, combined with physical activity, which determines weight gain, rather than the composition of any particular food’*. The resistance to the concept of unhealthy/bad food has a discursive effect on what is understood by a balanced diet. If it is *‘unfair’* to categorise food as *‘good or bad’*, the *‘nutritional balance of a diet’* (FDII, S9) to which FDII refers must be taken to include all types of food, including ultra-processed foods. By rejecting good/bad food, FDII redraws what we might generally understand to be a nutritionally balanced diet such as defined by Ireland’s healthy eating guidelines (Food Safety Authority of Ireland, 2011) (high in whole-grains, vegetables, fruit, etc.). Drawing on advanced liberal discourse of the autonomy of

individuals and the market choices they make, there is no such thing as bad foods, just bad choices.

### **The discursive effect of obesity is not caused by food theme**

In conclusion, representing obesity as not caused by food has a constraining effect on what can be said about childhood obesity, and particularly what might be proposed to address it. Through this theme Big Food emphasises a problem representation of a misguided state attempting to classify foods as unhealthy, while consumers continue to make poor choices and fail to achieve a balanced diet. Thus, Big Food's representation of obesity is that problem lies with the consumption of the product, rather than with the make-up of the product (its composition), or with its marketing (see section 5.2.2.2 below). Big Food seeks to move discussion away from the viewpoint that certain ultra-processed foods – such as sugar sweetened drinks or high fat savoury snacks – play a particular role in weight gain and obesity. Instead, Big Food represents obesity as caused by an *imbalance* in individuals' diets. In claiming that obesity is not caused by food, Big Food relies heavily on the concept of the 'balanced diet'. However, the make-up of Big Food's 'balanced diet' remains ephemeral – it is unclear what would actually make up such a diet. Reading between the lines, Big Food's balanced diet is represented as made up of some (undefined) combination of foods, at some frequency of consumption and in a certain portion size. We might ask, which foods, what frequency, and what size? This may indeed be the logic underpinning the concept of the 'balanced diet' – it does not encourage us to question our own diet because we can fit our foods, our frequency and our portions into our own individual concept of a balanced diet. Big Food also creates a genealogy for the 'balanced diet' by drawing on public health expertise. The responsible consumer must act to achieve balance by making the right choices about their diet. Because a balanced diet exists out there in the ether, it is up to responsible consumers to manage their own risk of an un-balanced diet and choose wisely, without state intervention. A return to a so-called balanced diet implies that the change in eating habits necessary to address childhood obesity is minor, just a re-balancing of something that has tilted slightly off-course. This can act to silence the major changes in Western diets and the consolidation of control of the majority of the food system in a small number of companies in recent decades (see, Vandevijvere *et al.*, 2015). The discursive effect of Big Food's problem representation of the balanced diet is to limit the social analysis which can be produced, primarily in limiting the type of responses to

obesity which are discussed. The representation supports calls to tweak patterns of food consumption in a minor way and impedes commentary about a whole-scale re-examination of the food system.

#### **5.2.2.2. Obesity is not caused by marketing**

Any recommendation to reduce marketing, thereby reducing consumption ‘stands in sharp contrast to the dominant social paradigm of consumerism and the requirements of corporations to serve the demands of their shareholders’ (Jackson *et al.*, 2014: 493). Big Food also represents obesity as not caused by marketing, stating there is ‘*no correlation between the incidence of obesity and the advertising of food products*’ (FDII, S9); ‘*there is no scientific evidence that links the rate of obesity to advertising to children*’ (Coca-Cola, S4); ‘*Industry is not aware of any data which adversely links children’s health with advertising*’ (Beverage Council of Ireland, S12); and ‘*there is no proven link between the incidence of obesity and the advertising of food products*’ (Irish Breakfast Cereal Association, S11). Further, Big Food plays down the impact of marketing on children:

*Of course, advertising does have an effect on food choices, otherwise companies would not advertise. Nevertheless, there is only evidence of a ‘modest direct effect’ on children’s food preferences, consumption and behaviour. In the context of the multitude of factors that determine individual food preferences, consumption and behaviour, advertising is a minor factor*

(Beverage Council of Ireland, S12).

Big Food appears to accept that if there was evidence that the restriction of marketing would lead to a reduction of obesity, regulation would be a viable approach. However, as it argues that marketing is not connected to obesity rates, regulations will fail and should not be introduced.

Big Food questions any direct causal link between marketing and obesity rates – ‘*in other jurisdictions the curtailment of television advertising of food products has had little discernable [sic] impact on childhood obesity rates*’ (FDII, S9). FDII implies that the regulator is expecting that regulation of marketing would quickly see a whole-scale and immediate reduction in obesity rates. However, a direct and immediate causal link between food marketing and obesity rates has not been made by the regulator. Instead the regulation of marketing to children is seen as one, amongst a large range of interventions, required to change the food environment and obesity levels over a long period. In so doing, Big Food is

trying to tear down a claim that no-one is making (i.e. that marketing is the only reason why children are obese):

*Furthermore as shown in the Empirica analysis [research company commissioned by BAI], advertising expenditure on TV reduced by 32% between 2008 and 2010 alone. At the same time, the obesity rates have continued to rise. As a result, FDII feel that that the need for a statutory approach has not been clearly demonstrated*

(FDII, S19).

Big Food does not engage with the more complex position of the regulator that marketing is one element which impacts on food consumption, body weight and eventually obesity and that as the regulator for broadcast media, the BAI is seeking to regulate this one discrete element of the environment, while acknowledging that many other actions must be taken to address childhood obesity. Big Food draws on a cause and effect evidence-based model of governing – if the regulator cannot show the direct impact of marketing regulations on obesity rates then it does not have a valid argument for the introduction of regulations. However, to make its argument FDII (S9) claims that:

*Despite stricter than ever restrictions on television advertisements obesity rates amongst under 18 year olds continue to rise. In Ireland, we have seen the level of advertisement of foods in certain categories fall steadily since 2002.*

This claim itself is not substantiated with evidence; instead it relies on the authority of FDII to validate the statement. Big Food also seeks to move attention away from obesity and towards other discrete ‘nutrition or health problems’ (FDII, S9), such as low calcium intake, which children face. FDII (S9) asks the regulator to answer questions and provide evidence on the impact of marketing on children - ‘What is the age range at which nutritional intake is influenced by food advertising?’ and ‘What nutrition or health problems are evident with this age group? Which of these problems is significantly related to advertising?’

There is a consistent drawing on a narrative of ‘evidence driven outcomes’ (Coca-Cola, S4). Evidence-based policy making is one of the established ways of thinking in advanced liberal society, where decisions should be made on the basis of rational, scientific/economic foundations. Big Food’s reliance on evidence of cause and effect portrays the political rationality of evidence-based policy. Bacchi (2009) argues that in the ‘near hegemonic’ (p.144) evidence-based paradigm ‘the processes of policy-making and research production are depoliticised’ (p.253). Evidence-based policymaking has its roots in evidence-based medicine. In such evidence-based policymaking the ‘grounding assumption’ is that the



problems 'being 'addressed' are readily identifiable and uncontroversial: all we need to do is 'solve' them' (Bacchi, 2010: 9). This connects with advanced liberal discourses which limit the role of government to that of a rational actor making decisions based on cold evidence and to ensuring the conditions for the market to operate. This discourse condemns a so-called nanny state which would make decisions based on subjective values, or biases, without consideration of the interests of Big Food.

### **Regulation of marketing by or with Big Food**

Big Food would prefer a voluntary code on marketing led by industry, or a co-regulatory model between industry and the regulator over the proposed statutory code. In order to lay the ground for industry involvement in regulating marketing, at the same time as rejecting a connection between marketing and obesity, FDI (S9) accepts the need for some changes to marketing practices – *'marketers realise the need to strengthen the codes in light of public health concerns'*. In its approach to ultra-processed food marketing, Big Food seeks to build on and adapt public health discourses of obesity. Big Food draws on selected elements of what public health experts say where these public health statements chime with Big Food's arguments. As will be discussed in section 5.3.2. below, in relation to the subject position of the regulator, at other times Big Food will undermine, or dismiss public health expertise where it is at odds with Big Food's position. In the present context however, examples of Big Food's use of public health statements include Nestlé's (S1) reference to the World Health Organisation's Guiding Principles in seeking to undermine the NPM; Kellogg's (S8) claims that *'nutritionists and dieticians agree on the important role of breakfast cereals in child nutrition, behaviour and performance'*; while the Irish Breakfast Cereal Association (S11) quotes from Irish experts regarding the crucial role of breakfast cereal:

*Professor Mike Gibney - Director of Public Health and Nutrition UCD: "Breakfast cereals make a very significant contribution to the diet"*

*Irish Nutrition and Dietetic Institute (INDI): "Ready to eat breakfast cereals are a good choice for families on the run in the morning. Children who eat cereal have been shown to be less likely to snack during the day and are more likely to have a higher fibre, vitamin and mineral intake than children who don't eat cereal." – INDI Breakfast Fact Sheet*

...

*Dr. Albert Flynn – IUNA: "Our data tells us that 96 % per cent of Irish kids are eating breakfast, this is very good news as breakfast is a low fat meal and it makes a really positive contribution to the daily diet, the problems in the overall daily diet are not coming from breakfast, in fact breakfast is a protection against what is happening elsewhere in the day," - IBCA Breakfast Week 2011.*

Reduction in TV marketing of food to children is described as '*a direct result of industry responsibility and self regulation*' (FDII, S19). FDII (S9) outlines that the industry codes were introduced for '*interested parties to take initiatives to fight obesity in Europe*', thereby directly associating unregulated marketing with obesity. There is a contradiction in Big Food saying that the marketing of food to children has nothing to do with obesity, while also saying that Big Food has demonstrated responsibility in reducing such marketing. This begs the question, if marketing is not related to obesity, why the need for Big Food to exercise this self-proclaimed responsibility?

Coca-Cola (S4) claims that marketing cannot cause obesity because marketing is only conducted in ways that meet with industry-developed and monitored codes from organisations such as UNESDA Soft Drinks Europe, World Federation of Advertisers, International Council of Beverage Associations Codes, Advertising Standards Authority of Ireland. FDII (S9) highlights companies voluntary commitment to the EU Pledge which prevents marketing to children under-12, '*except for products which fulfil specific nutrition criteria based on accepted scientific evidence and/ or applicable national and international dietary guidelines*' and '*no communication related to products in primary schools, except where specifically requested by, or agreed with, the school administration for educational purposes*'. In support of the EU Pledge as '*an example of self regulation in relation to responsible advertising and food*', Ferrero (S14) quotes EU Commissioner for Health and Consumer Policy, John Dalli saying that the EU Pledge is: '*One of the most significant of these [self-regulatory] commitments... Monitoring carried out in 2010 shows that these self-regulation commitments do have an impact*'. In advanced liberal discourse, which favours minimal state intervention in the market, a '*voluntary commitment*' (FDII, S9) by Big Food not to advertise products to children under-12 (with significant caveats), would be seen in a positive light, perhaps as an example of the market regulating itself. Big Food has sought to develop its own nutrient codes to decide what products can be shown to children. Kelloggs (S8a) says it '*further strengthened our commitment to communicating responsibly to children. We adopted the Kellogg Global Nutrient Criteria ("KGNC") to shift the mix of products we advertised globally to children under 12 years old*'. The Big Food codes appear to be quite lax, especially when compared to the regulator's proposals for

Irish broadcasting. For example, Kelloggs (S8a) – in conflict with the child-related ads readers may themselves recall – says it has a ‘*practice of not advertising to preschool age children*’. However, what this commitment to not marketing to children under-6 means in practice is that they will not advertise ‘*where audience composition is 50% or more children under 6 years old*’, thereby allowing marketing to under-6’s in any cases where they are not the majority of the audience. Big Food names a number of voluntary codes but does not show evidence whether these codes have changed marketing practices or whether they have been effective in reducing children’s exposure to ultra-processed products. There is a presumption that the existence of a voluntary industry code is sufficient. Here there is no recourse to the cause and effect test, which Big Food applies to the regulator’s proposals. The voluntary industry codes reflect the advanced liberal consumer choice and avoidance of risk strand which tends towards self-regulation as a means of ensuring a competitive and functioning market. Silenced in the accounts of voluntary industry codes is the evidence about the ineffectiveness of such codes in reducing the exposure and power of marketing to children; vested interests drawing up codes to suit maintenance of current business practices; and that such codes have been used as a means of pre-empting statutory regulation (Harris *et al.*, 2008; Hawkes and Harris, 2011). One form of possible resistance to Big Food’s representation would be to challenge Big Food to show evidence of the effectiveness of their codes (if it exists at all), comparable to the level of evidence they demand of the regulator seeking to introduce statutory regulation. There is potential to think about industry’s codes in a different way, for example that such codes may be an attempt to supersede more effective forms of controls on marketing. Further, an industry code which only restricts marketing to children under-12 and only in instances where children make up 50% or more of an audience may have the discursive effect of limiting what is possible for the state to propose for future regulation. Public health observers argue that statutory regulation would provide a level playing field for all companies to market in accordance with industry-wide rules (Ludwig and Nestle, 2008).

### **The benefits of marketing for the economy**

Marketing – as a mechanism to create desire for products – is an essential part of a consumer society (Jackson *et al.*, 2014). While downplaying the role of Big Food’s marketing in influencing children’s diets and obesity rates, Big Food emphasises two perceived benefits of marketing – public health marketing can encourage healthy

behaviour (an example of the adaptation of public health discourse) and commercial marketing can ensure economic growth and job creation. Big Food exhorts the regulator to consider *'the power of positive advertising'* (FDII, S19) and engage in public health marketing to encourage children to be healthy:

*The benefits of providing audiences with positive information can be a useful method of spreading a message. This is particularly relevant when addressing the multi-faceted issue of obesity where there is a need to educate consumers with the information to enable them to make the appropriate lifestyle choices*

(FDII, S19).

Nestlé (S1) argues for *'a place for positive messaging in this framework, which would educate consumers and provide them with healthy lifestyle advice'*. This representation ties with public health behaviour change discourse which seeks to promote the concept of the healthy consumer, who can be educated out of negative health behaviours.

Further, while rejecting the impact of marketing on obesity rates, Big Food emphasises the importance of marketing for economic growth. FDII (S19) outlines how advertising and economic growth are interlinked, as advertising is *'an important tool for food and drink companies seeking to grow their market share through brand awareness and recognition'* and *'unnecessarily strict controls on advertising will result in some food and drink companies finding their ability to grow curtailed'*. By introducing regulations which according to the Beverage Council of Ireland (S12) *'has not been accepted in its entirety in any other country'*, *'begs the questions as to why Ireland should adopt this model in totality and put Irish industry at a disadvantage'*. The Irish Breakfast Cereal Association (S11) cautions that *'any drastic restrictions to advertising would have serious social, cultural and economic ramifications'*, including *'reduced sales, job cuts, decreased consumer choice, stifled innovation and barriers to competition and market entry are some of the potential repercussions of marketing restrictions'*. Drawing on business expertise, Ferrero (S14) cites management consultancy firm McKinsey & Company's report *'Advertising as an economic growth engine'*. The report's *'statistical-variance models showed that advertising has stimulated, on average, some 15 percent of growth in GDP for the major G20 economies over the past decade'* and concluded that *'business sectors with the highest rates of investment in advertising are those where competition, a recognised driver of growth, is liveliest'*. FDII (S19) employs hyperbole when referring to evidence that the *'the relationship between advertising and the economy has been researched throughout the world and the*

*findings are conclusive and irrefutable*’ but fails to cite or detail this apparent evidence-base. FDII (S19) argues that while they recognise *‘children need to be protected’*, Big Food also needs to be protected from the complex regulatory environment as the *‘proposed rule will directly increase the cost of advertising for all food and drink companies, contributing to a negative environment for job sustainability’*. It is difficult to square the representation of advertising as crucial to economic growth in the food sector with the representation that advertising has no effect on consumption of products.

### **Big Food’s controls on food marketing to children**

Big Food is keen to outline the controls which it places on its own marketing practices. According to Kraft (S7), *‘Kraft Foods’ Marketing to Children Policy is the foundation of our overall commitment to responsible consumer communication’*. The policy includes a commitment not to advertise to under-sixes (*‘a long-standing policy’*) and to only advertise *‘better-for-you products that meet stringent nutritional criteria’* to children between 6 and 11 years old. Unilever (S15) says it *‘does not market or advertise to children under 12, except for products that meet our nutrition criteria’*. Kelloggs (S8a) point to their Global Nutrient Criteria, designed they say to *‘shift the mix of products we advertise globally to children under 12 years old’*. Burger King’s (S13) *‘commitment to the EU Pledge’* means that *‘only products which meet stringent nutrition guidelines are advertised to children under 12’*. Nestlé (S1) *‘recognises the importance of advertising responsibly to all of our consumers. We are committed to responsible consumer communication’*. Nestlé (S1) follows the Nestlé Consumer Communications Principles and the Nestlé Policy on Marketing Communication to Children, *‘which meet high ethical standards’* and are *‘adhered to diligently’*. The Irish Breakfast Cereal Association (S11) commends its member organisations for *‘strict internal codes of practice that go beyond regulatory requirement’*. According to Unilever (S15), the voluntary marketing restrictions introduced by Big Food companies mean there are *‘already high compliance rates and low numbers of complaints and industry has responded to advertising concerns without the need for regulation’*. Big Food says that as TV marketing to children has been reducing, obesity rates have been increasing. Silenced in this account is Big Food’s move from TV marketing to online marketing to children (Cairns, 2013; Tatlow-Golden, 2016). Big Food, aware of the likelihood of the regulation of TV marketing, has redirected marketing spend to other locations, including online, sponsorship and product placement (Freeman *et al.*, 2014).

### **The discursive effect of obesity is not caused by marketing theme**

On the one hand Big Food says that the causes of obesity are complex and multi-factorial (with the implication that Big Food cannot be held responsible) and then at the same time seeks to undercut the regulation of marketing by saying that this singular action (to regulate marketing) will not reduce obesity levels immediately. In undercutting claims about the impact of marketing on obesity, Big Food relies on the concept of evidence-based policy. This concept draws on established ways of thinking in advanced liberal society, where decisions should be made on the basis of rational, scientific/economic foundations. In rejecting the impact of marketing on obesity, Big Food undermines the regulator's reason for regulating. If the regulator cannot show the direct impact of marketing regulations on obesity rates then it does not have a valid argument for the introduction of regulations. The discursive effect of this claim is to close down other imperatives to regulate marketing to children, such as those based on ethical concerns about companies communicating directly with children as consumers. For example, looking at the issue of the impact of commercial advertising and marketing practices on cultural rights in 2014, the United Nations rapporteur in her report (UN, 2014) to the UN General Assembly called for greater control of commercial advertising for all and particular protections for children. A material effect of the argument that evidence of clear effect is required is the implication that the regulator is not in a position to act, the regulator cannot regulate. By focusing on a claimed lack of efficacy for the regulation of marketing to reduce obesity, Big Food also acts to silence other reasons why the regulation of marketing might be appropriate. There are clear contradictions in Big Food's representation of marketing, particularly the attempt to represent that marketing as both crucial to economic growth for the food sector but also as having no effect on the level of consumption of products (and therefore obesity).

#### ***5.2.2.3. Conclusion to how obesity is represented by Big Food***

In conclusion, this first part of the analysis has demonstrated that Big Food uses two major themes in its representation of obesity – obesity is complex and it is not caused by food, nor marketing. These themes represent the problem of obesity to be a certain type of problem – one for individuals' to solve through the enacting of proper consumption. Contradictorily, obesity is both an intractable, complex problem and a problem which

requires limited activity for the state to resolve. Big Food is presented as an ally for the state undertaking discrete activities to temper obesity.

WPR attends to three possible effects of a problem representation: discursive effects which limit what can be thought and said; subjectification effects on how subjects and subjectivities are constituted in discourse; and the lived effects, the impact on life and death (Bacchi, 2009). The analysis presented in section 5.2. – looking at the two main themes which make up Big Food’s discourse – focused attention to the discursive effects of Big Food’s problematisation of childhood obesity. In section 5.3. below, the analysis shifts to look at the subjectification effects of Big Food’s discourse of childhood obesity, through an examination of the subject positions relied on in Big Food’s discourse. While concern about the lived effects of Big Food’s problem representation, particularly in terms of the adverse impacts for certain groups, is what drew me to this field of study, an analysis of these lived effects – the material impact on people, tangible impact on people’s lives – is largely beyond the scope of Big Food’s documents analysed here. However, the implications of this analysis in terms of the effects of discourses on policymaking will be returned to in section 6.3.3. of the concluding chapter.

### **5.3. The subject positions relied upon in Big Food’s discourses of childhood obesity**

This section looks at the subject positions which are relied upon in Big Food’s representation of childhood obesity. Examining Big Food’s discourse of childhood obesity through the lens of subject positions facilitates a deeper analysis of Big Food’s discursive utterances, laying bare what type of subjects Big Food imagines we should be and the power relations which should exist between the subject positions. Attention to the subject positions draws the analysis deeper into the ‘silent coupling of knowledge and power as a means by which we assign people to positions/categories and assign them value/worth...’ (Ball, 2015: 4). This section addresses elements of WPR’s fifth question – what are the (subjectification) effects produced by Big Food’s representation of childhood obesity? This section details the eight subject positions (Table 5.2) which have been identified in Big Food’s representation of childhood obesity. The current analysis is limited to the subject

positions which are apparent in Big Food's discursive practice. It is not possible to attest to how the subjectivities presented by Big Food are taken up, although as has been presented in Chapter 4, similar subject positions are presented in other discursive practice and particularly in the dominant advanced liberal discourse of childhood obesity.

Foucault (1982: 777) set out his field of interest as 'the different modes by which, in our culture, human beings are made subjects'. His interest in how we are 'made' as subjects arose from his diagnosis that in modern society the exercise of power has shifted from past struggles against domination and exploitation to the 'struggle against the forms of subjection – against the submission of subjectivity' (p.782). Foucault (1982: 781) uses the term 'subject' ambiguously by identifying two meanings for the term: 'subject to someone else by control and dependence; and tied to his [sic] own identity by a conscience or self-knowledge'. Echoing this dual meaning, Bacchi's (2009: 15) WPR subjectification effects attend to two elements – the ways that subjects are constituted in discourse *and* the ways that subjectivities are constituted in discourse. Due to the nature of the documents being analysed here (one discursive actor's documents, no media coverage, etc.) this analysis looks at the ways in which subjects – rather than subjectivities – are presented in Big Food's discourse. For clarity the terms 'subject position' and 'subject' are used in the following text to emphasise that what is being discussed here is the *ideal and non-ideal subjects* which Big Food imagines through its discourse, rather than the subjectivities which might be taken up by individuals.

The subject positions identified in Big Food's representation of childhood obesity are a mix of ideal and non-ideal; that is Big Food promotes some subjects and disparages others. Problem representations usually incorporate implications of who is responsible for the particular 'problem' in question (Bacchi, 2009). WPR analysis seeks to identify which groups may benefit from particular problem representations and the subject positions they contain. In shaping truth through the establishment of subject positions, discourses can reduce individuals and groups to categories of subject, so that 'our humanity and our complexity are abridged' (Ball, 2015: 5). Through the operation of dividing practices – where particular groups are set against each other to facilitate governing (Bacchi, 2009; Graham, 2013) – we can further determine what subject positions will be rewarded (such as the responsible child-consumer) and which will be punished (the child-glutton). WPR then seeks to 'take the side of those who are harmed' (Bacchi, 2009: 44) by challenging these negative effects and suggesting other ways of thinking. By examining the subject



positions articulated by Big Food it is possible to examine how the blame/responsibility has been attributed and, more crucially, the possible effects of the attribution. For example, as discussed in the analysis below, Big Food heaps blame on the regulator for failing to assess the problem of childhood obesity ‘correctly’ in a way which undermines the authority of the regulator to regulate in this area. Certain behaviours are also rewarded through discourse (Bacchi, 2009), such as the heralding of the rational, market-based decision-making of the informed, responsible consumer.

**Table 5.2 Subject positions in Big Food’s representation of childhood obesity**

Subjects		Ideal subject position	Non-ideal subject position
1.	Big Food	Responsible corporate citizen	
2.	Regulator		Unscientific and politically motivated
3.	Children	Responsible child-consumer	Child-glutton
4.	Parents	In-control parents	Out-of-control parents
5.	Citizens	Informed, responsible consumers	Irresponsible consumers

### **A note on the subject positions accorded to Big Food and to the regulator by Big Food**

The subject positions imagined for children, parents and consumers in Big Food’s discourse can clearly be identified as ideal (or non-ideal) subjects. By contrast, the subject positions accorded to Big Food (by itself) and to the regulator may be closer to an attempt by Big Food to situate the two potential governors within Big Food’s preferred logic of power relations.

The understanding of government in governmentality as the ‘conduct of conduct’ opens up ‘the examination of self-government or cases in which governor and governed are two aspects of the one actor, whether that actor be a human individual or a collective or corporation’ (Dean, 1999: 19). Government thereby encompasses ‘not only how we exercise authority over others, or how we govern abstract entities such as states and populations, but how we govern ourselves’ (Dean, 1999: 19). In representing itself and the regulator in particular subject positions Big Food is undertaking the ‘art of government’ (Dean, 1999: 28). Thus, Big Food as an actor may problematise its own conduct and subject

position, so that it is better able to govern. Powell (2014) and Powell and Gard (2014) have examined empirical examples of how Big Food, through the delivery of school-based anti-obesity programmes, positioned itself as governor of obesity to conduct the conduct of children. The subject positions Big Food's represents for itself (responsible corporate citizen) and for the regulator (ideological and scientific) appear to show how Big Food positions itself as a governor of obesity within the social relations between the regulator, parents, children and consumers.

### **5.3.1. Big Food – responsible corporate citizen**

Big Food represents itself as a responsible corporate citizen. Big Food ascribes itself *'a central role in Irish society'* as a responsible actor which *'has repeatedly shown its willingness to engage on the important health challenges facing Ireland'* (FDII, S9). Ferrero (S14) refers to itself as a *'responsible business'* which *'takes the issue of advertising to children seriously'*. Rather than denying the 'problem' of obesity, as might be expected 'corporations now market themselves as 'part of the solution'' (Powell, 2014: 227). Wrapping the mantle of corporate responsibility around itself, Big Food describes its companies in terms of business successes, longevity and commitment to Ireland. Mars Ireland (S6) describes itself as *'part of the family owned company Mars, Incorporated, one of the world's leading branded manufacturers'*. With ambition Mars says it is *'guided by our Five Principles: Quality, Responsibility, Mutuality, Efficiency and Freedom'* which *'allows us to make a difference to people and the planet, through our performance'*. Kelloggs (S8a) is self-reverential, quoting its founder W.K. Kellogg, *"we are a company of dedicated people making quality products for a healthier world"*. Nestlé (S1) – probably best known for producing confectionery - is *'a subsidiary of Nestlé SA, the world's foremost nutrition, health and wellness company'*, employing 126 people in Ireland. Ferrero (S14) emphasises it is a *'family business'* while also *'the world's 4th largest confectionery company'*. To underline its corporate citizenship, Big Food sets out its long-standing connection to Ireland. Each company provides detailed information on their employment numbers, capital investment and turnover in Ireland. FDII (S9) also sets out its credentials as a key stakeholder in terms of representativeness as *'the main trade association for the food and drink industry in Ireland'* representing *'over 150 food, drink and non-food grocery manufacturers and suppliers in three main categories: Consumer Foods, Dairy and Meat'*. It goes on to set out the importance of the food and drink sector as *'Ireland's most important indigenous industry with a turnover approaching [€]24 billion'*, directly employing 50,000

and indirectly a further 60,000. Ireland's economic reliance on the food sector compared to other EU countries is emphasised, defined as *'the highest Gross Value Added (GVA) per employee in the EU and one of the highest turnovers per capita'* (FDII, S9). The implication is that Big Food is vital to Ireland and must be allowed to continue to 'contribute' to the economy. Placing the food industry in *'all regions of the country'* (FDII, S9) reflects the advanced liberal view of the market as the centre of human life. Silenced in this narrative of benign Big Food supporting Ireland, are both the role of citizen consumers who buy the products, thereby maintaining jobs, as well as the potential negative impact of continuing growth of the economy on consumption, health and the environment.

Even more than a corporate citizen, Big Food is represented as a responsible corporate citizen. There is a consistent presumption that it is the role of industry to *'play our part'* (Kerry Foods, S3) in addressing social problems, in this case obesity. Big Food *'has a proven track record of this willingness to engage'* (Mars Ireland, S6). Big Food portrays itself as having been ahead of the state in recognising *'the need to strengthen the [marketing] codes in light of public health concerns'* and FDII members *'put in place a number of self regulatory initiatives in recent years which have proven adaptable, efficient and ultimately successful'* (FDII, S9). Now in seeking to introduce marketing regulations, the state is *'fail [ing] to acknowledge the efforts industry has already undertaken in recent years to address this issue [childhood obesity], notably in the context of the increasingly stringent commitments made by the EU Pledge member companies'* (Burger King, S13). At the outset Coca-Cola (S4) says it recognises *'our responsibility'* in terms of marketing, as set down in their *'global Responsible Marketing Policy'*. Coca-Cola (S4) describes its activities as *'proactive'* and *'positive'*. Coca-Cola portrays itself as a careful rule-keeper, *'adhering'* to its marketing policy, *'diligently abides'* by the regulator's current rules and *'subscribes to other voluntary restrictions'* (Coca-Cola, S4). The impression is of a company actively seeking controls on its marketing practices. This impression jars when located in a submission through which Coca-Cola is seeking to stop, or at least dilute a forthcoming marketing regulation.

While representing itself as a responsible corporate citizen, clear limits are placed on the extent of this responsible corporate citizenship. Coca-Cola (S4) defines itself as a welcome and active participant in the current regulatory process. It *'welcomes this initiative'* by the BAI, as well as *'the opportunity to inform the consultation process'*. As responsible corporate citizen, Coca-Cola says it *'completely accept[s] the importance of protecting*

*children*'. However, this willingness to be involved – to be a responsible corporate citizen – is undercut by the subsequent cautioning that *'it is essential that in examining an area such as regulation, that the views of all stakeholders are taken into account in a fair and balanced way'* (Coca-Cola, S4) as if Big Food was the victim of policy decisions. Other Big Food companies also clearly lay out the limits of their responsible corporate citizenship. While Nestlé Ireland (S1) *'recognises the importance of work being carried out globally to reduce the incidence of obesity'*, it will only accept *'a response that is proportionate and that achieves the stated public policy objectives without imposing unnecessary or disproportionate regulatory burdens'*. Kraft (S7) indicates that as a responsible corporate citizen it has recently reformulated DairyLea products to meet the UK regulator's salt reduction target. It warns that that this was *'a significant investment'* and *'not one we could have made if we were not in a position to communicate the change to parents because of restrictive advertising and marketing guidelines'* (Kraft, S7). There is a clear warning that Kraft could not continue to be a responsible corporate citizen if the regulator, in their view, takes an overly stringent approach.

Big Food seeks to show how it has been responsible, primarily in developing voluntary marketing restrictions and developing new, or reformulating existing products. In this way, Big Food seeks to be part of the 'solution' to obesity but also to define what the solution would be. In order to *'play our part in the solution'* (FDII, S9) Big Food argues that instead of seeking statutory regulations, the regulator should be developing *'a co-regulatory approach in which all stakeholders can discuss and agree the appropriate and proportionate measures'* (FDII, S9). FDII (S9) argues that *'facilitating dialogue and engagement with all stakeholders, including experts in the food, broadcasting and advertising industries, in a co-regulatory framework'* would *'achieve their [the BAI's] stated goals in a straightforward and cost effective manner'*. Such a co-regulatory stakeholder's approach is defined as being able to *'monitor the advertising of food and drinks'* (FDII, S9), rather than to reduce the level of marketing. Coca-Cola (S4) says that *'we do not market any products directly to children under 12'*, however what this means *'in practice'* is that Coca-Cola *'do[es] not buy advertising on children's channels or place advertising that directly targets audiences comprised of more than 35% of children under 12'*. In terms of Coca-Cola's efforts to limit online and mobile phone advertising, it continues to do this *'where data is available'* (S4), while at the same time it expects the regulator to have perfect information for any of its proposals. Big Food's actions to introduce voluntary marketing codes are defined as *'evidence of industry proactive and positive initiatives that*

*are aimed at benefiting all stakeholders'* (Coca-Cola, S4). FDII (S19) states that it recognises *'the importance of advertising responsibly to all consumers'* and it supports *'all practical measures that protect children'*.

Reflecting its preference for so-called *'practical measures'*, FDII (S19) says it is *'open to working with the BAI on a co-regulatory model, which could better serve the overall goal of reducing obesity levels'*. Mars Ireland (S6) *'believes in self-regulation and recognises the importance of advertising responsibly to our consumers'* but considers co-regulation *'as a second preference and given that co-regulation is the system in operation in Ireland we believe that the co-regulatory approach can build on the self regulatory initiatives already in place'*. The Beverage Council of Ireland (S12) contrasts *'non-evidence based restrictions or regulations being imposed'* on Big Food to the potential for *'a dialogue of co-regulation'*. It will be to the benefit of the regulator to work with responsible Big Food as *'in working together, we can find the most effective method of achieving the goals of the BAI'* (FDII, S9).

Silenced in this portrayal is the use of voluntary codes to stall statutory regulation and international evidence which shows that voluntary partnership with industry have not improved public health (Stuckler and Nestle, 2012; Elliott, 2015; Swinburn *et al.*, 2015). Big Food's emphasis on co-regulation acts to downgrade the regulator's authority to govern within the confines of the facilitating state. Coca-Cola (S4) contends that the EU Pledge and other voluntary industry marketing codes *'demonstrate the successes of self-regulation'*. Yet, it remains unclear how the existence of these codes of themselves, without evidence of compliance, demonstrate that they are successful. No evidence is given indicating a reduction or an ending of marketing to children. Big Food never seeks to explain how co-regulation could better reduce obesity levels compared to statutory regulation. The benefits of co-regulation are assumed and seem to rest on increased autonomy for Big Food and less cost for the state. Brownell (2012) has argued that by contrast where Big Food is left to regulate itself through voluntary codes, industry has the opportunity – on top of its mandate from shareholders – to sell more products irrespective of their impact on consumers.

Big Food highlights the reformulation (reduction of levels of salt, sugar and fat) of its product range as further evidence of corporate responsibility. Coca-Cola (S4) describes the development of new soft drinks – termed as *'innovation'* – to *'meet the changing needs of consumers'* and *'with the health and wellbeing of consumers in mind'*. Silenced here is the fact that the drive to develop lower sugar products also provides a basis for Coca-Cola to

argue that its products represent a range from high to low sugar, thereby enabling a health-washing<sup>19</sup> of the Coca-Cola brand. Fortification of foods *'with vitamin D as both calcium and vitamin D are important nutrients for bone health'* is also used by Kerry Foods (S3) as an example of Big Food's responsible and voluntary behaviour. FDII (S9) says that the reformulation of foods across many Big Food companies has been *'wide ranging and has happened on a voluntary basis'*. Although, Kraft (S7) indicates that Big Food's commitment to reformulation could quickly disappear if it is not able to advertise reformulated products. It argues that the NPM which *'discriminates against entire categories of foods'* (i.e. those deemed to be unhealthy) will be *'a disincentive to develop reformulated healthier options within such categories if they would not be able to communicate about them'*. Mars Ireland (S6) emphasises the effort it has made to reformulate, the benefits of which could be swept away by the introduction of nutrient profiling, by restricting *'opportunities for manufacturers to highlight the benefits of such alternative choices'*. Mars says it has reduced saturated fat in its chocolate bars by 15% and that this *'breakthrough'* was achieved by investing *'over 10m Euros, worked for over 5 years and committed over 40,000 R&D man hours'*. Despite how *'very proud'* Mars is of *'this achievement'*, the nutrient profiling model *'if applied, would only marginally register these improvements'*. Silenced in this tale of industry effort and regulatory stricture, is that despite the changes Mars has made to products, the products remain high in fat and sugar. As in the case of marketing restrictions, limits to corporate citizenship in terms of reformulation are also strictly imposed. Big Food will reformulate products under heavy caveats where such reformulation is *'technologically possible, safe and acceptable to consumers'* (FDII, S9).

In the submissions analysed here, Big Food consistently presents itself as a public health actor, *'uniquely placed to convey this knowledge and expertise to all stakeholders, in order to help promote healthier diets and lifestyles'* (Irish Breakfast Cereal Association, S11). Big Food draws on established public health experts, including the World Health Organisation, as it positions itself in the role of public health actor. Big Food bestows the *'corporate 'gift' of health education'* (Powell, 2014: 231) on children and consumers and through such activity is repositioned *'as more than merely producers, marketers and sellers of food and drink'* (p.232). Big Food is described as involved in range of activities (ironically, primarily marketing activities) which *'support and promote good nutrition and a healthy lifestyle'*

---

<sup>19</sup> Health-washing is marketing messaging which attempts to portray processed food as wholesome and nutritious.

(Nestlé, S1); *‘encouraging the promotion of healthy lifestyle messages’* (Kraft, S7); *‘depicting appropriate portion sizes and avoiding suggestions of overly sedentary behaviour’* (Kraft, S17); *‘promote positive behaviour change to children, which for us is about making healthy lifestyle choices, including the consumption of a healthy, varied and balanced diet and a more active lifestyle’* (Britvic, S2); and *‘encouraging students to practice healthy eating habits’* (Kelloggs, S8a). In these statements we see Big Food’s strategy to combine two seemingly opposed concepts – ultra-processed food and health. In Big Food’s representation, eating ultra-processed food has become part of the method by which children can achieve and maintain a healthy diet and lifestyle.

Big Food’s marketing is directly presented as part of Big Food’s efforts to ‘educate’ children to eat healthily: *‘Marketing communication activities to children aged 6 to under 12 years is restricted to products with a nutritional profile which helps children achieve a healthy balanced diet’* (Nestlé, S1) [emphasis added] and *‘We market our drinks responsibly and work with partners to promote healthy and active lifestyles’* (Britvic, S2). Going beyond public health education, Big Food is further presented as working to improve nutrition standards. Kraft (S7) has *‘worked with others in the food and beverage industry to improve the nutrition of products that are advertised to children’*. Nestlé (S1) describes itself as a quasi-public health organisation:

*Behind every one of Nestlé’s products is a team of scientists, product developers, nutritionists, consumer insight representatives and regulatory affairs specialists. In order to analyse the nutritional value of all its products, Nestlé has established a rigorous methodology based on public health recommendations and consumer science.*

The Nestlé Nutritional Profiling System *‘sets criteria for public health sensitive nutritional factors’* and has been developed using the recommendations of the World Health Organisation and the US Institute of Medicine. Silenced in the representation of Big Food as public health actor is the way in which such ‘corporate versions of health education’ (Powell, 2014: 235), with a focus on balanced diet and vigorous exercise promote the view that children are solely responsible for their own health, or their own obesity. This constrained advanced liberal narrative of health as an individual commodity diverts attention from Big Food’s influence on children’s diets and facilitates the uncritical use of Big Food material which purports to be public health education material.

### **The discursive effect of the responsible corporate citizen subject position**

Central to governmentality is the interplay between rationalities (ways of thinking) and technologies (the activity of government) (Rose and Miller, 2010). A primary rationality of advanced liberal governing is that the market can provide the solution to all of society's problems. The rationalities which underpin the 'problems' faced by government are acted through technologies. Big Food's self-defined subject position as responsible corporate citizen represents the convergence of the rationality (privileging of private market) and technology of government (privatisation). This concept of the corporate citizen is built on the way in which legal souls are created for companies giving them legal standing as corporate 'persons'. But while a company can claim to be a person in terms of its legal status, it cannot claim to be a citizen in the way a person can (Banarjee, 2008). Powell (2014) identifies the technologies of government utilised by Big Food to govern childhood obesity as partnership working, corporate philanthropy, corporate social responsibility and privatisation. Through these technologies, linked with the rationality of Big Food as a responsible corporate citizen working to solve the problems of society through the market, Big Food re-imagines itself as an expert on and key governor of childhood obesity. Further, the role of the regulator – representing the state – is reduced to passive facilitation of the market-based solutions. Thus, in advanced liberal society 'we are now presented with an image of a caring, socially responsible corporate citizen; a pseudo-health education provider; a quasi-public health agency; a purveyor of healthy products; and, a provider of healthy lives' (Powell, 2014: 235).

Advanced liberal governing redraws the social state as the 'facilitating state', in which the state acts as 'partner and animator rather than provider and manager' (Rose, 2000: 327). Through Big Food's very representation of itself as responsible corporate citizen, it acts to reimagine childhood obesity as a 'social and economic 'problem' that the private sector can provide solutions to' (Powell, 2014: 229). The representation of Big Food as a responsible corporate citizen is a rationality linked with technologies of government (stakeholders working in partnership, co-regulation with industry, etc.) which 'make it possible for corporations, as new authorities and 'experts' on obesity' (Powell, 2014: 229) to act on the conduct of consumers, parents and children and thereby 'govern at a distance' (Rose, 2000: 324). The facilitating state – represented here as the regulator – must work with other groups, such as Big Food, to govern. The governmental technology of privatisation 'autonomises the state for responsibility for, or control of, the private sector' and delegates governing to other actors, such as Big Food, to act as 'an extension of government' (Powell,



2014: 232). Thus in positioning itself as responsible corporate citizen and the regulator as unscientific and politically motivated, Big Food *makes* itself into ‘the solution’ to obesity through the governing of children at a distance.

The responsible corporate citizen subject position links with the personal responsibility strand of advanced liberal discourse. In this strand the corporation (Big Food) is positioned as a responsible (corporate) citizen, managing risks appropriately, thereby negating the need for government intervention. The responsible corporate citizen represents the convergence of advanced liberal rationalities and technologies around obesity which have led to ‘an unexpected policy outcome’ (Powell and Gard, 2014: 2), where Big Food, instead of being blamed for childhood obesity becomes the driver of public health programmes to reduce it. Big Food seeks to show how it has been responsible, primarily in developing voluntary marketing restrictions and developing new, or reformulating existing products. In this way, Big Food seeks to be part of the ‘solution’ to obesity but also to define what the solution would be. The primary discursive effect of this subject position is to present Big Food as a citizen – a good citizen which can be of assistance to the state but which is also, by the ties of citizenship owed, protection by the state. This is contrary to the subject position for citizens who are defined by their consumption (see section 5.3.5. below), rather than bearing rights as citizens.

### **5.3.2. The regulator – unscientific and politically motivated**

Big Food represents the regulator solely in a non-ideal position, unscientific and politically motivated in its approach to the development of marketing regulations. The regulator is portrayed almost as a rogue element, a lone crusader seeking to stridently regulate marketing to children.

The regulator is defined as adopting a model from the UK and then ‘*subjectively*’ conducting a selection process that was ‘*fundamentally flawed*’, ‘*questionable scientifically*’ and ‘*unscientific*’ (FDII, S9). The NPM is opposed by Big Food because it is ‘*out of date and unscientific*’ (Kerry Foods, S16). FDII argues that if the ‘*the BAI use the expertise available to them, through nutritionists, scientists, the advertising, broadcasting and food and drink industries and regulators*’ they will be able to develop an ‘*appropriate and proportionate approach to advertising to children*’ (FDII, S9). As a result of this positioning of the regulator as ideological and unscientific (the problem which must be fixed), the solution is to bring back the regulator to a place of objectivity and evidence. This would be achieved by the

regulator properly engaging with *'nutritionists, scientists, the advertising, broadcasting and food and drink industries'* (FDII, S9). The representation of the regulator as unscientific and politically motivated builds on advanced liberal political rationalities of the over-wielding state, which must be pushed back to enable the market to operate. Big Food relies on a binary of ideology/science, where ideology is misguided and science is objective. This binary reflects a positivist notion of science as representing an underlying truth. Yet, as pointed out by Taylor and Millar (2002: 130) in the related nutrition field of food safety, *'scientific evidence is rarely complete, decisive or unequivocal'*. Taylor and Millar (2002) have argued that the use of science evidence in the development of the EU Food Safety Authority illustrates a new role for science in governing processes. Science is no longer used as an evidence base for state intervention, rather it serves to establish whether a certain product/process is harmful to health and thereby requires individuals to manage their risk. As such, science contributes to the conception of citizens as consumers in a free market. The binary also implies that ideology is in conflict with science; that it is impossible to both have an ideological position and be guided by evidence and that ideology is a block to appropriate, proportionate progress.

Big Food seeks to take apart the foundations of the regulations, saying they are based on *'a non robust review of an out of date and unscientific profiling model'* and a *'non robust and non critical review of one nutrient profiling model'* (FDII, S9). As a result, the regulator's proposal is *'based not on science, but on the political leanings of another jurisdiction'* (FDII, S9). In proposing to use a similar nutrient profiling model to the UK, FDII (S9) accuses the regulator of following *'blindly'* the regulations there. Calling for *'measures to address obesity and related health issues'* to be *'effective, proportionate and based on sound science'* (FDII, S9), FDII's clear implication is that the regulator's proposals will be ineffective, disproportionate and based on a shaky science. FDII refutes what they see as the ideological decision-making of the regulator in terms of introducing the NMP, which it claims: *'clearly is a decision, not based on science but rather on the preconceived notion that some food categories should not be advertised to children'* (FDII, S19). Kelloggs (S8) further claims that the Irish regulator is following what they see as the mistakes of the UK regulator *'that were considered by many as being politically (not scientifically) motivated'*.

Big Food is extremely dismissive of the recommendations made by the regulator's expert group, which form the basis of the regulator's proposal to introduce statutory regulations. Nestlé (S1) questions the basis for the recommendations of the expert working group,

saying the *‘recommendations ... should be made on the basis of facts and scientific evidence’*, thereby implying the recommendations were based on something other than evidence. Big Food’s critique is based on its view that the expert group’s make-up, with *‘no expertise from the food and drink, advertising or broadcasting industries’* has resulted in recommendations which are *‘one-sided’* (Kraft, S7) and the group can only *‘have a view on nutritional matters’* (Kerry Foods, S3). Therefore, the expert group’s recommendations are partial and likely influenced by the ideological leanings of public health. This reflects the ongoing argument within Big Food’s submissions about the value of certain forms of science and of certain types of expertise. Burger King (S13) recommends that the *‘model be reviewed by an independent advisor and have its implementation into the Irish market thoroughly assessed - perhaps by one of the seven professors of Human Nutrition in Ireland’*. FDII (S9, S19) invokes extreme dissatisfaction that the regulator did not use the Irish Universities Nutrition Alliance (IUNA) data as part of their research. Many Big Food companies were partners at stages of the IUNA project.<sup>20</sup> FDII (S9) says it is *‘thoroughly dissatisfied’* the regulator *‘ignored’* this data. Britvic (S2) is *‘concerned’* that the IUNA data, *‘acclaimed for the excellent data and methodology used’*, was not used. The *‘failure to use’* the IUNA data as *‘a basis for an Irish solution is a contradiction in Government policy between the Department of Agriculture and the Department of Health’* [as the Department of Agriculture fund part of IUNA] (FDII, S19). Again, calling into question the approach of the regulator, particularly a reliance on data collected from health-related sources, Kerry Foods (S3) argues that:

*We are very disappointed that the EWG [Expert Working Group] did not seek the input of some of Ireland’s world renowned, eminent Nutrition Scientists, whom we are fortunate to have as members of the IUNA and who contribute to the European Food Safety Authority. By ignoring the €7 million investment of the Department of Agriculture over recent years in these databases, which were devised to inform food and health policy decisions, the EWG has made recommendations without a solid scientific evidence base.*

FDII (S9) describes the recommendations of the regulator’s expert working group as *‘severely diminished’* because the working group did not engage with Big Food’s representatives. Big Food clearly feels it has been excluded from the process – *‘It is disappointing that the industry, or any other stakeholder, has not been given the opportunity to input into an Irish nutrient profiling model’* (Irish Breakfast Cereal

---

<sup>20</sup> The following organisations food organisations are listed as ‘industrial partners’ in IUNA (IUNA, 2001): Kelloggs, Bord Bia, Coca-Cola, Cadburys, Dairy Council for Northern Ireland, Irish Sugar, Kerry Group, Mars Confectionery, Meat and Livestock Commission UK, National Dairy Council, Nestle Ireland, Tesco Ireland and the Irish Business and Employers Confederation (IBEC).

Association, S11) and suggests that *'the BAI use the knowledge available to them, through expert nutritionists, scientists, the advertising, broadcasting and food and drink industries and regulators, to consider an appropriate and proportionate approach to advertising to children'* (Britvic, S2). Kraft (S17) describes how it was involved in the development of regulations in the UK *'both directly and through trade associations'*. It describes Kraft as *'familiar with the details of the debate, the proposed nutrient profile model and are keen to use our experience to help develop the best possible solution for regulation in Ireland'* (Kraft, S17). The Beverage Council of Ireland (S12) also highlights its credentials to be involved in the development of regulations - *'The BCI has gathered a significant amount of research on this matter from national members, additional stakeholders and international experience/best practice'*. By contrast, public health actors argue that the development of recommendations without industry involvement is the best way to develop public health policy (for example see, Moodie *et al.*, 2006; Hawkes, 2011; Swinburn *et al.*, 2011; Brownell, 2012; Stuckler and Nestle, 2012; Freedhoff, 2013; Swinburn *et al.*, 2015). In a trivialising tone, FDII (S9) concludes that the work of the expert group *'can only be viewed as a series of suggestions for further exploration and discussion, rather than an effective roadmap to addressing concerns around advertising food and drinks to children'*. While in other areas, such as in the representation of parents, Big Food draws on public health discourses of individual behaviour change, here we see Big Food's antagonism to public health expertise. Public health is defined as partial and in connecting public health with the position of the regulator; public health becomes tainted with the accusation of being ideological and unscientific.

Big Food strongly critiques the policymaking process undertaken by the regulator. It intimates that the process to develop the recommendations which are now the subject of the public consultation was rushed and ill-conceived – *'it has come to light that the Expert Working Group were not provided time or resources to create an appropriate nutrient profile model for Ireland'* (FDII, S19). To support this criticism, FDII (S19) says that the Food Safety Authority of Ireland (a state agency with considerable food sector involvement<sup>21</sup>) has *'with the benefit of more time and flexibility'* now *'revised its view of the model and its appropriateness for the Irish population'*. FDII (S19) goes on to say that if the regulation was to take more time and use Irish specific data, *'what other flaws could be detected in the*

---

<sup>21</sup> For example the FSAI's Consultative Council currently (August 2015) includes representatives from IBEC and food companies. See [https://www.fsai.ie/about\\_us/consultative\\_council.html](https://www.fsai.ie/about_us/consultative_council.html) (Accessed: 14 August 2015).

*model from an Irish population health perspective?'. With this question hanging in the air FDII (S19) targets a fundamental blow at the credibility of the regulator to regulate in this area, stating:*

*In addition, the appointment of Lynn Stockley, one of the proponents of the Nutrient Profiling model in the UK, to advise the BAI on the appropriateness of the model is a conflict of interests. Given her career history of deep involvement in developing, promoting and defending the UK nutrient profiling model, it is highly unlikely that the nutrition report could be considered independent. It is bad practice that the BAI has failed to appoint an independent advisor to review the model. A more reasonable review process would have been to approach an independent scientist, one of the seven professors of Human Nutrition in Ireland, for example, to review the model and assess it's [sic] feasibility for use in determining the healthfulness of foods. The fact that this was not undertaken and the recruitment of an advocate of a particular model as an advisor, indicates the BAI had a preference for a predetermined outcome.*

The process undertaken by the regulator is represented as '*bad practice*' based on a '*conflict of interests*' through the use of an expert who is portrayed as ideological about the nutrient profiling model, '*developing, promoting and defending*' it. This presentation has significant echoes in Taylor and Millar's (2002: 131) analysis of the development of the EU Food Safety Authority, in which they found that '*within rigid interpretations of positivistic science, which promulgate an ability to provide universal explanation and where the importance of the 'rational' is elevated, there is a tendency to explain uncertainty with reference to either a lack of knowledge, ignorance or the competing views of experts*'. In the dispute about objectivity and expertise, FDII shows a preference for the '*seven professors of Human Nutrition in Ireland*', who worked in IUNA. Big Food's preference for IUNA may be explained by Big Food's own involvement in IUNA, described as '*industrial partners*' (IUNA, 2001) in IUNA material. The appropriateness of Big Food funding of public health and nutrition research is contested by some in the research community (see Gornall, 2015a, 2015b; Gilmore and Capewell, 2016; Nestle, 2016;). The regulator is portrayed as eschewing proper process by a reliance on certain individuals to achieve a '*predetermined outcome*'. This passage amounts to an attack on the credibility both of the regulator and an individual<sup>22</sup> and highlights an underlying antagonism to public health approaches to obesity reduction which rely on the regulation of corporate practices. FDII makes clear here that it views public health advisors as representing a particular vested interest which should not

---

<sup>22</sup> Lynn Stockley is a Senior Researcher in the University of Oxford's British Heart Foundation Centre on Population Approaches for Non-Communicable Disease Prevention in the Nuffield Department of Population Health. See <http://www.ndph.ox.ac.uk/team/bhf-cpnp-1/lynn-stockley> (Accessed: 22 May 2015).

dominate policymaking, while at the same time FDII consistently argues that Big Food has to be involved in all decisions about its sector's own regulation. Big Food argues that nutrition (public health) experts can only adjudicate on one type of evidence and only see one perspective. How does this portrayal of the particularity of the public health interest sit with the perception that Big Food can be impartial and a productive stakeholder? By admitting that groups may at times operate from interest positions, must Big Food not admit its own particular interests?

Big Food draws considerably on EU and US policymaking processes. Policies developed at EU-level (for the EU as a whole, although Member States may have their own additional national policies, as the regulator is proposing to introduce in Ireland) and in the US tend to have much lower restrictions on marketing to children. For example, Unilever (S15) argues that the regulator should align themselves with the (less stringent) EU regulations – *'Children are specifically protected under EU regulation and therefore the BAI should align this rule in the Children's Commercial Communication Code with the more appropriate wording in section 8.4.1 of the General Communication Code. Industry is already operating in, and complying with, existing regulation'*. Kraft (S7) refers to recent changes to regulations in the US which included *'a reaffirmation in support for industry self-regulation'* and which reduced the protections for older children *'narrowing the age group targeted and focusing on children aged 2 – 11 instead of up to age 17 as originally proposed. This revised proposal supports the facts that six-year-olds process commercial information very differently from 16-year-olds'*.

The positioning of the regulator as ideological is accompanied by accusations that the regulator has been weak in following developments in the UK: *'that this decision had to be made in the UK shatters any veneer of science associated with this process'* (FDII, S19). The NPM is regularly referred to as *'the UK model'* (FDII, S9), emphasising its foreignness. Reference to Ireland and Irishness are doubled up, emphasising a perceived uniqueness of Irish habits: *'policy decisions made relating to food and health in Ireland for Irish people'* (Kerry Foods, S3) [emphasis added]. FDII (S9) seeks to highlight that *'Ireland has unique eating habits, preferences, nutritional requirements and nutritional deficiencies'* and says that for *'this reason alone, but there are many others, adopting the FSA system [UK NPM] is not acceptable'*. Kerry Foods (S3) argues that the NPM:

*should ideally be developed with Irish experts, who are familiar with Irish dietary habits and, moreover, realise the shortfalls within the Irish diet which*

*need to be addressed. The BAI should call upon such knowledge and expertise to ensure that any regulation it implements is based on Irish data and, thereby directly addressing Irish concerns.* [emphasis added]

The Beverage Council of Ireland (S12) describes the ‘UK model’ as ‘*very generalistic and out-dated*’. The Irish regulator is represented as ‘*blindly*’ ‘*recommending the model of another country*’ by following their UK counterparts, instead of ‘*developing a suitable advertising food and drinks for the Irish children*’ (FDII, S9). FDII appears to be keying into a nationalist seam of discourse in Ireland which would reject the imposition of UK approaches into Irish politics, or in this case into the Irish policy sphere. FDII further keys into a nationalist narrative that categorisation of some Irish foods as unhealthy ‘*sends the wrong signal to our export partners in the rest of Europe and beyond and to consumers*’ (FDII, S19). The biggest global drinks company in the world, Coca-Cola (S4) taps into the specificity of the Irish diet, stating that ‘*our eating habits*’ [emphasis added] differ from those of the UK, urging the regulator to develop a model which would ‘*specifically meet the needs of the Irish market*’. Kraft (S7), one the largest Big Food companies operating and selling many of the same brands products across the globe, argues that ‘*the nutrient profiling model in use in the UK is not appropriate for use in Ireland...*’ FDII (S9) says that introducing the model ‘*serves to undermine the confidence of the food and drink industry in Irish regulators*’. Far from being Irish companies, Oxfam (2013) identified Coca-Cola and Mondelez International (previously Kraft Foods) as two of the ten most powerful Big Food companies in the world<sup>23</sup>, which collectively generate revenues of more than \$1.1bn a day. These Big Food companies are part of an industry valued at \$7 trillion, larger than even the energy sector and representing roughly ten percent of the global economy.

Big Food seeks to carve out a particular status for the food industry in the policymaking process, ‘*given the importance of the food and drink industry to the Irish economy*’, which is ‘*being widely supported as a driver of our economic recovery*’ (FDII, S19). Drawing on the closely inter-related fortunes of the Irish food sector and the fortunes of the Irish economy (see Chapter 1, section 1.4.2.), it argues that the importance of the sector means that any regulation it may face should be ‘*rigorously analysed, based in sound scientific fact and should not diminish the competitiveness and growth potential of the sector*’ (FDII, S19). FDII (S19) contends that the regulator, in the manner which it will introduce an ‘*incorrect*

---

<sup>23</sup> Oxfam (2013) identified 10 of the world’s most powerful food companies as Associated British Foods (ABF), Coca-Cola, Danone, General Mills, Kellogg, Mars, Mondelez International (previously Kraft Foods), Nestlé, PepsiCo and Unilever.

*classification of foods into “good” and “bad”*”, has ignored that the *‘reputational damage to the food and drink industry that this model would introduce is unquantifiable’*. Kerry Foods (S16) argues that the model *‘creates a negative business environment in the Irish market, it also sends the wrong signal to our export partners in the rest of Europe and beyond and to consumers’*. Big Food companies in Ireland are presented as vulnerable, small organisations (despite their transnational parent companies): *‘Irish-based companies are very exposed to any fluctuations in the economic and regulatory environment’* (Beverage Council of Ireland, S12). In creating a different regulatory regime for Irish based companies, FDII (S19) states that the *‘Broadcasting Authority of Ireland has missed the point’*. The ‘point’ of the regulations – as defined by the regulator – is to reduce children’s exposure to the marketing of ultra-processed food and drinks. FDII seeks to introduce a different (likely conflicting) concern – the continued growth of the food and drink sector. While not explicitly stated, it seems clear that FDII does not believe that statutory regulation of marketing to children is compatible with continued growth. Drawing on the food sectors’ *‘importance... to Ireland’s economy’* and the Government commitment to the better regulation policy, FDII states there is *‘an onus on the BAI to approach the review of the Children’s Commercial Communication Code in a sensible manner’* (FDII, S19). In so doing, FDII implies that the regulator (representative of the state) should be accountable to the business sector in its actions. There is a sense of disappointment, that where once Irish regulators engaged with Big Food, they have been locked out of the current policymaking process:

*given that Ireland has better data and a better track record of making scientific, evidence based policy decisions, FDII question why the BAI failed to contact the food and drink industry, advertisers, broadcasters or independent scientists to find a solution to suit Irish requirements*

(FDII, S19).

FDII (S19) argues that the regulator has focused on statutory regulation which is *‘a blunt instrument’* and has *‘failed to adequately answer questions over the necessity, effectiveness and proportionality in deciding to adopt a statutory approach’*. Burger King (S13) says the proposed statutory regulations *‘are unnecessary and fail to acknowledge the efforts industry has already undertaken in recent years to address this issue’*. Instead of engaging with the concept of statutory regulation, FDII continually argues that the regulator could amend the errors of its ways and *‘better achieve its goals’* by *‘working in collaboration with the food, advertising and broadcast industry’* (FDII, S19). Ireland is portrayed as having



been a better policymaker than the UK in the past. Ireland previously came to '*scientific, evidence based policy decisions*' (FDII, S19) when industry was included in deliberations. Big Food conflicts this engagement with industry with the process to develop the NPM in the UK, where systems of public health policymaking (at least in the period under question) may have excluded food industry. It is notable however; that the accounts of those who developed the UK NPM indicate that industry was involved in the assessment of various potential nutrient profiling models (Rayner and Lobstein, 2009).

Tying with the advanced liberal rationality of allowing the market to regulate behaviour and choices, Big Food continually characterises statutory regulation as unnecessary. FDII (S9) points to its perception of statutory regulation as unwieldy, '*a cumbersome approach which cannot be amended to suit the changing requirements at a given time*', placing '*a financial and bureaucratic burden on the consumer*'. Big Food argues that '*self regulation is the best model and is proven to work as evidenced by the latest Irish results from the EU Pledge monitoring of advertising by the independent third party assessor, Accenture*' but would be willing to accept co-regulation (industry working with government) as a '*second preference*' which could '*build on the self regulatory initiatives already in place*' (Mars Ireland, S6). In contrast to statutory regulation, co-regulation (generally, voluntary regulation with industry) is portrayed as having many benefits, '*prompt compliance at no cost to the government/authorities*' is '*familiar to and understood by consumers and industry*' and will be '*adequately supported and funded by industry*' (Nestlé, S1). The '*delicate balance*' between achieving '*stated regulatory objectives without imposing disproportionate regulatory burdens...is best achieved through co-regulation*' (Beverage Council of Ireland, S12). The Chocolate, Confectionery and Biscuit Council of Ireland (S10) exhorts the regulator that '*Instead of bans, watersheds and ineffective restrictions, the best way to reduce the exposure of children to the advertising is the evolving set of co- and self-regulatory codes*'. Such regulation by or with Big Food is presented as resulting in: '*A lower number of advertisements aimed at children; More responsible content of those advertisements; Better trained marketing personnel*' (Chocolate, Confectionery and Biscuit Council of Ireland, S10). To the Irish Breakfast Cereal Association (S11), '*the benefits of co-regulation are obvious*'. Co-regulation is given further credibility by being presented as standard practice, the '*co-regulatory framework*' is '*in line with most EU countries*' (Kerry Foods, S3). Self-regulation and co-regulation '*are recommended by the WHO with effective self and co-regulation seen to enable faster responses*' (Kraft, S17). Silenced in this portrayal of the efficiency of co-regulation is whether co-regulation is effective in changing

marketing practices and in this case would reduce marketing of relevant products. Further silenced is that the WHO may recommend co-regulation as a faster option, precisely because of the Big Food lobbying which impedes the development of statutory regulation. The solution provided by Big Food – co-regulation with industry – addresses Big Food’s problem representation in the obesity area of the interventionist state. The effect of Big Food’s arguments is to position the regulator’s preference for statutory regulation as the opposite of Big Food’s reasonable approach and ultimately as an ideological crusade not embedded in the correct evidence.

There is an underlying assumption throughout Big Food’s submissions that consensus decision-making, where industry partners in the development of policy, is the most effective. FDII point to a *‘proven track record in Ireland of industry, regulators and scientists working together to address health related concerns’* (FDII, S9). Coca-Cola (S4) too states that regulations *‘should only be applied after the opinions and views of all relevant stakeholders operating in a jurisdiction have been taken into account and considered with fairness and balance’*. Despite its critique of borrowing the UK NPM, Big Food points to the development of a partnership approach to food and nutrition policy in the UK through the Public Health Responsibility Deals – *‘Kraft Foods UK are partners in the Public Health Responsibility Deal together with other industry partners, the government and NGOs all of whom have pledged to play their part in improving public health through food, activity and health at work pledges’* (Kraft, S7). The Public Health Responsibility Deals, between the UK Government and Big Food were much critiqued initially for providing a vehicle for Big Food to influence policy-making goals (for example, Gilmore *et al.*, 2011) and more recently for the failure of the Deals to achieve the health and nutrition outcomes which were promised (Knai *et al.*, 2015). Big Food is fulsome in its praise for the Public Health Responsibility Deals and their architect, former UK Minister for Health, Andrew Lansley MP. He is described as stating *‘publicly that voluntary action by industry is quicker and that the Government prefers voluntary action over regulation’* (Kraft, S17). The Responsibility Deals are presented as a shining example of Big Food *‘working alongside NGOs and government on solutions to address public health concerns’* (Kraft, S17). Britvic (S2), a signatory to the Public Health Responsibility Deals, *‘would be happy to be part of a similar multi stakeholder forum in Ireland and as a responsible Company would be committed to working together to ensure that action plans agreed are implemented’*. What is made opaque in this connection between consensus decision-making and effectiveness is that such consensus decision-making may result in a more favourable outcome for Big Food, as it will be involved in

developing the policy approach. In this representation of policymaking there is also a paternalistic element – where business (in this case Big Food) must guide and educate the state (regulator) on how to do things efficiently.

### **The discursive effect of the unscientific and politically motivated regulator subject position**

In summary, Big Food represents the regulator as unscientific and politically motivated. This non-ideal subject, led by '*political leanings*' (FDII, S9), is a force from which Big Food, as responsible corporate citizen, must grapple to protect its business. This positioning undermines the authority of the regulator to take action.

This subject position represents an attempt by Big Food to situate the two potential governors (regulator and Big Food) within Big Food's preferred logic of power relations, where Big Food can dominate. The solution as represented by Big Food, is for it – as responsible corporate citizen - to bring the regulator back to a place of objectivity and evidence. Big Food's representation relies on a binary of ideology/science. Ideology is portrayed as something which only the regulator is influenced by, with Big Food and the market sitting apart from any ideological position. This reflects thinking in advanced liberal societies that we are post-ideology, as there is no alternative to the market. Therefore, the advanced liberal orthodoxy, organising society around the market, is a rational position, rather than evidence of any particular ideological stance. As such, the binary of ideology/science presented through the regulator's subject position is a form of category politics, demonstrating the deployment of certain categories by Big Food for political purposes.

### **5.3.3. Children – responsible child-consumer/child-glutton**

Big Food presents the ideal subject position for children of the responsible child-consumer but also the non-ideal subject position of child-gluttons for those children who fail to comport themselves appropriately. The dominant subject position in advanced liberal and public health discourse is the active child-consumer who is physically active, consumes food 'appropriately' and is not obese. Examining Australian public health literature using WPR, Alexander and Coveney (2013: 361) find that children 'residing outside of this norm ... are alluded to only as a means to suggest their reform'. A similar approach is seen in Big Food

submissions where the primary focus is on the responsible child-consumer, with a side commentary on the failures of the spectre of child-gluttons, as Big Food's discourse positions children who do not meet society's bodily standards. The term 'child-glutton' is meant here as a commentary and a critique on Big Food's attitude to the non-ideal subject position and not as any criticism of children who are judged to be obese (for my reflections on the use of terms see Chapter 6, section 6.4.).

The regulator is proposing that the restrictions on marketing will be based on an understanding of children as all those under-18. Developmental research differs significantly about the age at which children become aware of purpose of marketing (Buckingham, 2009b) and the age threshold has become a particular issue of contention in the regulation of marketing. One of the major focuses of the Big Food submissions is on what is understood as a child, particularly at what age do children have agency and responsibility. This attempt to categorise childhood by age and in so doing to apply a cut-off point is resonant of the people categories (e.g. older people, youth) which form the basis for WPR question 2 (What presuppositions or assumptions underlie this representation of the 'problem'?). The assigning of people categories is a form of governing and facilitates the exercise of dividing practices between groups. Big Food's submissions primarily propose a binary of the children under-12/children over-12 and define different responsibilities for businesses and the state for these two proposed stages of childhood. Both FDII and Coca-Cola undercut the regulator's intention to regulate marketing for all children under-18 by posing it as irrational and not based on the reality of children's agency. Big Food continually draws a key distinction between children under 12 years of age and children over 12 years – *'there are significant differences between a 12 year old and a 17 year old and any regulation must recognise this fact'* (Coca-Cola, S4). Kraft (S7) argues *'it is important to note the clear differentiation of cognitive ability between young, pre-school children and those aged up to the age of 18 years who demonstrate a far more sophisticated ability to understand and process media communications'*. Coca-Cola (S4) says it *'strongly believe(s) that there is a need to put specific measures in place to protect those aged under 12'* but that *'children of different ages also need to be treated differently'*. FDII (S9) states that advertisers believe that *'children under 12 years old deserve special protection and consideration'*. The need for *'more consideration and greater protection'* (Coca-Cola, S4) is in part because *'children are not miniature adults'* (FDII, S9) and *'advertising appropriate for adults might not be appropriate or even deceptive for this age group'* (FDII, S9). However, *'in the case of teenagers'* the argument about the need for

special protection *'does not necessarily hold'* (FDII, S9). Kraft (S7) recognises the *"the sensitive nature of pre-school aged children and their limited ability to distinguish between programme and advertising content"*. FDII (S9) argues that *'treating a 17 year old in the same way as a 7 year old in relation to advertising is not a sensible approach'*. Coca-Cola (S4) states that the *'significant differences between a child of seven and a 17-year old'* mean a system *'which treats the two as the same is not required and... would be the incorrect approach'* (Coca-Cola, S4). While Kraft (S7) underlines that *'six-year-olds process commercial information very differently from 16-year-olds'* and that *'teenagers possess the cognitive abilities to distinguish between commercial and non-commercial messages'*.

The conception of children under-12 as worthy of special or greater protection further draws on the public health obesogenic environment discourse strand which recognises children as an appropriate site of change. Reminiscent of this need to protect children, FDII (S9) says that *'children are not miniature adults'*. Yet, at the same time Big Food argues that older children should be seen as appropriate consumers with a right to see marketing material so that they can make choices in the marketplace. As Kraft Food (S7) attests, *'it is important to note the clear differentiation of cognitive ability between young, pre-school children and those aged up to the age of 18 years who demonstrate a far more sophisticated ability to understand and process media communication'*. Big Food's recognition of the need to protect children (even those under-12) appears to reside on shaky ground. FDII (S9) says it *'recognises the importance of advertising responsibly'* and will support *'all practical measures that protect children'*. This has the discursive effect that marketing is appropriate at some age; it is just a question of identifying that age. This positioning of older children as consumers who should be informed (by the producer) of the 'right' choices builds on the consumer choice strand of advanced liberal discourse. This combination of advanced liberal and public health discourses shows how public health discourse can be drawn on to finesse advanced liberal discourse of childhood obesity, related to personal responsibility, freedom of choice and consumerism. The distinction made between those under-12 and the responsible children of 12-plus reflects a strategy of governing within contemporary advanced liberal societies (Smith, 2012). Responsibilisation and self-regulation have become two dominant ways of thinking inherent in contemporary government (Bacchi, 2009). In advanced liberal societies the governmentality of rule means the 'right to 'choose' is 'a right increasingly accorded to children' (Smith, 2012: 32). It appears that Big Food is drawing on and promoting some of the new conceptions of children and intervention/non-intervention in childhood, which emphasise children's

agency, encouraging children to engage with the world (including in some cases with marketing), rather than intervention to 'protect' children. This promotion of dominant contemporary notions of children's agency by corporations is a possible unintended consequence of the new sociology of childhood which identifies children as 'active interpreters and co-producers of their own lives' (Prout, 2000: 313).

In addition to questioning the definition of a child based on age, Big Food seeks to '*question the definition of children from a nutritional perspective*' (FDII, S9) '*for the very simple reason that both categories of children have different nutritional needs and lifestyle habits*' (Irish Breakfast Cereal Association, S11). The Irish Breakfast Cereal Association (S11) says that while it '*recognises the constitutional age of a child in Ireland as under 18*' it believes '*a degree of nuance is required when considering the nutritional requirements of various subcategories of children*'. FDII (S9) highlights what they see as core deficiencies in Irish children's nutritional intake – '*Irish children only eat 2 of the recommended 3 portions of dairy and teenagers only eat 2 of the recommended 5 portions of dairy a day*'. Kerry Foods (S3) references '*an alarming prevalence of inadequate calcium intakes among Irish children and teenagers*'. Maintaining the category distinction between children of different ages, FDII (S9) states that '*Irish children and teenagers do not meet the dairy food intakes recommendations currently*'. An emphasis on other nutritional concerns draws attention away from obesity – '*Ireland has one of the lowest consumptions of cheese per head in Europe. With one of the lowest consumption rates... any measure that discourages intake of dairy foods in children and teenagers should be considered very seriously given the potential implications*' (Kerry Foods, S3). Speaking in favour of its breakfast cereals, Kelloggs (S8) argues that due to '*missed micro-nutrients*' as a result of children skipping breakfast, '*any measure [such as the proposed marketing restrictions] that would discourage children from consuming breakfast cereals would therefore have a potentially negative impact on vitamin and mineral status for Irish children*'. Childhood is described as '*one of the most critical periods to reduce the risk of osteoporosis later in life*' (FDII, S9). Further, in focusing on dairy intake Big Food silences the regulator's concerns about obesity for concern about osteoporosis, an issue which FDII (S9) says should receive '*greater emphasis on the education and awareness of the problem*'. FDII (S9) also highlights the particularity of Irish children's diets in terms of '*unique eating habits, preferences, nutritional requirements and nutritional deficiencies*'. As a result, the regulator should not introduce the UK regulatory system and rather must '*consider an appropriate, proportionate and scientific approach to developing a suitable advertising food and drinks for the Irish children*' (FDII, S9). The

shifting of attention from obesity to calcium intake moves the debate further into individualised and acceptable risk factors and away from the social and economic conditions in which children live (as Bacchi, 2009 points out, despite its impact on a person's health, living in a slum is unlikely to ever be widely discussed as a risk factor for health).

FDII (S9, S19) bases its alleged nutritional differences and sub-categories of Irish children on the surveys undertaken by IUNA (pre-school, under-5s; children 5-12 years; and teens, 13-17 years). These more specific age-based categories of stage of childhood align with the overall distinction made by Big Food between children under-12 (needing some protection from marketing) and the over-12s. FDII (S9) says that it wishes to subdivide children into categories for the *'very simple reason'* that *'categories of children have different nutritional needs and lifestyle habits'*. As a result of these differences it concludes that a regulation *'that uses average figures for a wide age range and also tries to average the sex differences, is going to be a compromise'* (FDII, S9). This division of children into complex categories and subcategories based on age, lifestyle and habits has echoes of the representation of obesity as complex and multifactorial. FDII (S9) calls on the regulator to answer the following questions – *'What is the age range at which nutritional intake is influenced by food advertising? What nutrition or health problems are evident with this age group? Which of these problems is significantly related to advertising?'*

The Big Food submissions show how the Big Food companies are engaged in attempts to 'educate' children as proper child-consumers:

*We understand that advertising and marketing are powerful tools in influencing preference and behaviour. We therefore take a responsible approach when marketing our products and brands to children. We aim where possible to promote positive behaviour change to children, which for us is about making healthy lifestyle choices, including the consumption of a healthy, varied and balanced diet and a more active lifestyle*

(Britvic, S2).

Once, children were involved in providing (producing) for the family from a young age, now in the Western world, they are marked by their consumption (Piachaud, 2008; Cook, 2012). Big Food's proposes that the regulator introduce co-regulation with industry which would allow marketing to children over-6, or over-12 (the companies differ in their exact recommendations) would enable Big Food to *'to use their resources to promote positive dietary choices'* (Kraft, S7). Its proposal for marketing restrictions would *'ensure a duty of*

*care for communicating with younger age groups while incentivising the development of products with improved nutrition for this audience and encouraging the promotion of healthy lifestyle messages’ (Kraft, S7). At times marketing to children is presented in tandem to marketing to parents – ‘Food product Marketing Communications should support the role of parents and other appropriate adult role models by providing guidance on the nutritional profile of products.’ (Unilever, S5). However, the child-consumer is also presented as an autonomous decision-maker. For example, Kelloggs (S8a) imagines the child-consumer (under-12 years of age) as a mini-adult, capable of consenting to provide their own personal data for marketing purposes:*

*When requesting information from a child 12 years old or under, we will include a disclosure in language understandable by a child as to why we are requesting the information and whether we intend to share the information and how (e.g., "we will use your name and email address to enter you in this sweepstakes and to add you to our mailing list. We will not share this information with anyone or use it for any other purpose."*

Big Food’s marketing is portrayed in a positive light, as the making of responsible child-consumers. Kelloggs (S8a) claims it focuses on *‘offering balanced solutions to health and nutrition issues while encouraging students to practice healthy eating habits’*. The sales drive propelling advertising is made opaque, with the aim of marketing described as helping *‘consumers develop healthy eating patterns’* including *‘educating children on healthy, balanced diets’* (Nestlé, S1). As responsible corporate citizens, Big Food will ensure *‘not to exploit a child’s imagination in a way that can encourage poor dietary habits’* (Unilever, S5). The marketing of breakfast cereals becomes an activity of public health promotion because *‘children who eat breakfast are less likely to be overweight than their counterparts who skip breakfast’* (Kelloggs, S8) (presumably those who did not see cereal advertising).

The spectre of the child-glutton plays at the edges of Big Food’s submissions. The appetite of the child-glutton has been deflected by self-imposed controls on Big Food marketing, such as making no references to *‘potential benefits from the consumption of a product, such as status or popularity with peers, sports success, and intelligence’* and by being careful *‘not to exploit a child’s imagination in a way that can encourage poor dietary habits’* (Unilever, S5). Unilever (S5) pointedly says its marketing will not *‘condone excess consumption’* as if Big Food is trying to control unruly consumers/child-gluttons who will not accept the portion they should eat. The message is that child-gluttons are a small minority and Big Food has found – on its own – successful ways to manage their appetites,



while engaged in its mission to 'educate' responsible child-consumers about healthy lifestyles.

Under the gaze of Big Food, childhood becomes a confusing mess of behaviours and levels of consciousness. In sub-dividing children, there is a sense that Big Food is seeking to pinpoint exactly who are the child-gluttons, where are these 'problem' obese children. Big Food argues that a *'one size fits all approach is inappropriate'* (FDII, S9) given the myriad differences between *'the various subcategories of children'* (Irish Breakfast Cereal Association, S11). Big Food's concern is that restrictions will apply to all children, instead of to the specific problem of child gluttons – *'It's clear that a scheme that uses average figures for a wide age range and also tries to average the sex differences is going to be a compromise'* (Irish Breakfast Cereal Association, S11). If the regulator can identify the child-gluttons, the system of marketing to the majority of children could remain unchanged. Big Food is almost calling on the regulator to identify the individual fat bodies and to call these child-gluttons to account. By seeking to pinpoint those child-gluttons who are irresponsible in their choices, Big Food reduces the problem of obesity to a subset of children, in accordance with advanced liberal discourse and Big Food's representation of obesity as an individual's problem.

### **The discursive effect of the responsible child consumer/child-glutton subject positions**

Drawing on advanced liberal and public health discourses, children are represented as a site of change, to influence health behaviours for later life. Big Food presents the responsible child-consumer as the ideal subject position for children. This subject position reflects the advanced liberal rationality of self-control and self-fulfilment in the market place. Rose (1999) has described how children in advanced liberal society are taught to be responsible for their own thoughts and actions in ways which fuse the advanced liberal goals of responsible consumerism and self-governance. Prout (2000) identifies a tension in current approaches to childhood – individualisation marks children out as autonomous beings with the capacity for action, while simultaneously there are greater practices designed to control and regulate children's behaviour. Thus, the drive towards a rights-based approach to childhood is occurring concurrent with widespread social anxiety about children as 'in danger' from risks in modern society (Moran-Ellis, 2010), including obesity. Children are both at risk and risky, with "out of control' or uncivilized children' (Moran-Ellis,

2010: 198) portrayed in the media and in policy as posing significant threats to society. Hammersley (2016) has also identified how approaches to childhood which emphasise agency and the social construction of childhood, which Big Food draws on in their representation of children, can act to responsibilise children for activities which as adults we may wish guard them against.

The responsible, self-governing child of advanced liberal imagining is directly contrasted by Big Food with the child-glutton who has failed to manage their individualised risk. However, the non-ideal subject position of the child-glutton is only alluded to, described briefly in asides, while the responsible child consumer retains the focus of attention within Big Food's documents. The child-glutton is emblematic of the 'large numbers of the population who refuse to take up the techniques established to govern them' (Bacchi, 2009: 72). There are very few references to obese children in the Big Food submissions. This is a surprising omission given that the regulations were proposed to directly address rising rates of obesity in Irish children. Instead, the child-glutton is an ephemeral child in Big Food's submissions, mentioned only in passing, the emphasis instead being on the responsible child-consumer who is nutritionally deficit in discrete, easily solvable ways. The child-glutton is the opposite of the responsible child-consumer, skipping breakfast to snack later in the day, not eating enough cheese and as a result is lacking in calcium and vitamins. Big Food intimates that it has had to restrict its marketing practices because of the minority of child-gluttons in a sea of responsible child-consumers.

#### **5.3.4. Parents – in- or out-of-control**

In Big Food's representation of childhood obesity, parents are represented in an ideal subject position as seeking to control their children's lifestyles (in-control) but also in a non-ideal subject position as failing in a low-level way to properly do so (out-of-control). In advanced liberal discourse, childhood obesity is often represented as a failure of parents to manage their children's lifestyles (Henderson *et al.*, 2009). Advanced liberal discourse positions children as the responsibility of parents in the private family realm (Purcell, 2010). Drawing on this discourse, FDII (S9) says that '*in general*' it '*believes that parents and carers know what is best for their children*'. This implies that there are some, possibly a sizeable minority of parents, who are irresponsible in ensuring their children receive the best care. Discussing the genesis of the EU Pledge marketing to children, Coca-Cola (S4) says its development '*followed calls by the EU for the food industry to use commercial*

*communications to support parents in making the right diet and lifestyle choices for their children*'. This is an interesting way of describing why marketing restrictions were called for, that Big Food was being asked to provide information about food choices to parents, when what was actually being sought was a reduction in marketing to children. The assumed problem is out-of-control parents not making *'the right diet and lifestyle choices for their children'* (Coca-Cola, S4). According to the Irish Breakfast Cereal Association, *'15% of children in Ireland are still going to school on an empty stomach'* and as a result – of presumably negligent parenting – *'many Irish children are missing out on... essential vitamins and minerals, especially iron'* (Irish Breakfast Cereal Association, S11).

Rose (2000: 337) has shown how control, as a strategy of government in advanced liberal society, has come to be understood in terms of the 'violation of the assumptions of subjectivity – of responsible morality, self-control and self-advancement through legitimate consumption'. Government is 'an intensely moral activity' (Dean, 1999: 19) and parents who are out-of-control are thus judged in moral terms. Some children are represented by Big Food as seeking to bring in-control parents out-of-control. To guard against these children and their immoral desire to consume, Britvic (S2), *'will not engage in any activity that encourages children to 'pester' power their parents or create an undue sense of urgency to purchase products'*, Kelloggs (S8a) *'will not undermine the authority, responsibility or judgment of parents or caregivers in providing valuable guidance to their families'*, while Unilever (S5) will *'include any direct appeal to children to persuade their parents or other adults to buy advertised products for them'*. Kelloggs (S8a) seeks to defend beleaguered parents: *'we will not use words with negative connotations, like "pester" or "nag" to encourage children to put inappropriate pressure on their parents to purchase our products, or which disparage parental choices and decisions'*. Here, Kelloggs hints at the way in which Big Food – if it were not so responsible – could use marketing to undermine parent's control within the family, or indeed *'disparage'* the choices made by parents.

Buying sweets with pocket-money may represent children's first experience as a consumer. Food is likely to be the first product through which children come to learn about the social paradigm of consumerism (Jackson *et al.*, 2014). Parents are designated as a buffer between Big Food and children: *'Ferrero believe that it is preferable to avoid directing advertising to children when they are most likely exposed to commercial communications without parental supervision'* (Ferrero, S14). In recognising the need for parents to be in control, FDII (S9) limits its role to *'provide honest and truthful information in an unbiased*

*way so that they [parents] can make the most informed choice food choices for themselves and their children'. It is necessary to remember that the 'honest and truthful information in an unbiased way' which is referred to is marketing of particular products and brands to encourage their purchase. These advertisements are portrayed as assisting parents in making 'the most informed food choices for themselves and their children' (FDII, S9). Unilever (S5) says marketing is designed to 'support the role of parents and other appropriate adult role models by providing guidance on the nutritional profile of products'. Parents are either responsible and in need of assistance to make 'informed' decisions, or are irresponsible and in need of assistance from Big Food to make the same decisions. At times, Big Food goes further than supporting parents and oversteps into the private familial realm, presenting itself as a pseudo *loco parentis* with a 'duty of care' for children. Kraft Food (S7) presents itself as having a number of duties of care for children – to communicate responsibly, to develop products meeting their nutritional needs and to promote healthy lifestyles:*

*We believe that the development of wider industry standards for the television advertising of food and drink products to children should ensure a duty of care for communicating with younger age groups while incentivising the development of products with improved nutrition for this audience and encouraging the promotion of healthy lifestyle messages [emphasis added].*

Perhaps reflecting increasing controls on marketing to children, Big Food seeks to market its products to children through their parents. The need engage in this circuitous marketing creates concern amongst Big Food about limiting their TV marketing outside the strictest definition of children's programme (for example during cartoons, or when children make up a majority of the audience). Kraft (S17) says it '*firmly believe[s] that restrictions should not apply to family viewing times*', arguing that '*any extension outside children's airtime or restrictions on advertising to parents or guardians would represent a disincentive to reformulate products and restrict our ability to communicate new 'better for you' product options*'.

FDII (S19) discusses research showing that TV marketing of ultra-processed products has fallen since 2003, which it describes as '*as a direct result of industry responsibility and self regulation*'. At the same time '*the obesity rates have continued to rise*' (FDII, S19). The implicit message is that industry has done their work, what have parents been doing? Coca-

Cola (S4) states that at *'the heart of our [marketing] policy is our belief that it should be parents who choose the food and drink that they believe is right for their children'* [emphasis added]. Parents should be in control, although there is an implication with the use of the word 'should' that actually parents may not be in 'proper' control of their children's eating. Coca-Cola's (S4) willingness to advertise to over-12's and to audiences with less than 35% of children under-12, indicates that while it argues parents should choose what *'is right for their children'*, Coca-Cola wants to be involved in the decision that parents may make [through marketing]. Making parents responsible for their children's eating habits while also supporting the making of decisions about what to eat based on marketing clearly draws on advanced liberal discourse of childhood obesity. Emphasis is placed on parents exercising consumer choice and avoiding risk for their children and the role of Big Food in stimulating consumer demand is veiled.

### **The discursive effect of the in-/out-of-control subject positions**

Through the ideal and non-ideal subject positions accorded to parents, Big Food represents childhood obesity as an issue of personal responsibility located in the family home. The subject positions accorded to parents also designate parents as a buffer between Big Food and children – Big Food can guide parents in the appropriate consumption for their children, but can also communicate to children through their parents. Lupton (1995) has highlighted the ways in which public health practices marginalise certain groups (such as the obese child and their parents) and celebrate the activities of others (the healthy, active family). Through the personal responsibility discourse, obesity takes on a moral character (see Kwan, 2007; Thomson, 2009), where the obesity is 'viewed as a reflection of poor character' (Schwartz and Puhl, 2003: 64). The attention drawn by Big Food to the need for parents to make healthy food choices for their children draws on public health discourses of obesity which focus on parents' role in educating their children about food choices. Thus, Big Food's positioning of parents represents a finessing of advanced liberal discourses of obesity and personal responsibility through a public health discourse which instructs parents and children on the 'right' food to eat and the 'proper' level of physical activity. In so doing, it elides structural factors impacting on what are termed 'choices' and proposes individualised solutions to society-wide problems.

### **5.3.5. Citizens – informed, responsible consumers/irresponsible consumers**

Big Food represents what might be termed ‘citizens’ as the ideal subject type of informed, responsible consumers who wield great power in the food market. A small minority of consumers are represented as non-ideal, irresponsible consumers, needing to be re-educated to make the correct choices. In this way Big Food seeks to produce citizens as ‘particular kinds of subjects through rewarding certain forms of behaviour’ (Bacchi, 2009: 70). Unlike Big Food which is represented as a (corporate) citizen embedded in the community, individual citizens are defined by their consumer status, through their transactions in the marketplace. The subject position of the ‘consumer’ is necessary to enable Big Food’s representation of the problem of obesity to function. The term ‘consumer’ creates individuals as particular types of individuals and incorporates choices, transactions and monetary contracts. Further, education (marketing) can open the eyes of the consumer to the ‘right’ way of consuming. If the individual was constructed as a citizen, the focus would move from education and the responsibilities of the consumer to make the right choices, to the rights and entitlements of citizens protected by the state.

Consumerism is such a part of being subject in consumerist society, that consumption has come to be seen as ‘an essential, unquestioned function within capitalist society’ (Jackson *et al.*, 2014: 494). The informed, responsible consumer is someone who can be shaped by Big Food. Big Food portrays itself as primarily concerned for the consumer, rather than interested in selling more products: *‘As marketers, we enjoy the opportunity to communicate with our consumers, at the same time this brings important responsibilities’* (Kelloggs, S8a). Big Food argues in favour of an approach to marketing which would ensure more *‘informed choices’* (Britvic, S2) (incentives) for consumers, rather than regulations for industry, described as *‘disincentives’* (FDII, S9). Marketing has a particular role in ‘managing’ consumers through the advanced liberal construction of ‘freedom through individual choice’ (Yngfalk, 2015: 1). FDII (S9) argues that the proposed marketing regulations will undermine efforts by Big Food to provide choice and therefore is a system that *‘provides disincentives’*.

In positioning failing consumers as irresponsible, Big Food’s represents obesity as a lifestyle choice made by some individual consumers. Simplistically, irresponsible consumers have made themselves obese, so individuals must change their behaviour to end obesity. This representation clearly moves away from understandings of obesity as societal – where there have been changes in weight across populations – and limits obesity to a problem to

be addressed by the obese individual themselves. In advanced liberal discourse, obesity is portrayed as an individual problem caused by improper lifestyle. Following its reliance on obesity as a complex problem, FDII (S19) also states that *'the solution to the obesity issue lies in a healthy lifestyle consisting of a balanced diet, combined with significant physical activity'*. Big Food's problem representation of obesity – expressed in what should be done about it – is that consumers should return to a responsible lifestyle with a so-called balanced diet and *'significant physical activity'* (FDII, S19). The representation of obesity as lifestyle choice undermines the impact of obesity on individuals themselves (it is 'only' a lifestyle choice) but also places all the agency for change within the gift of the individual themselves (if only they would live a 'responsible' lifestyle, all would be well). The representation implies that while obesity is a *'multi-faceted issue'* (FDII, S19) for society (almost impossible to change), obesity at an individual level should be easy to address (just change your inappropriate lifestyle). This clears the way to blame the individual irresponsible consumer and frees Big Food and all social players from addressing obesity at a societal level. Big Food's representation also undermines the lived experience of obesity for individuals in contemporary society where obesity is often viewed as a moral failure.

By connecting the *'multi-faceted issue of obesity'* with a *'need to educate consumers'* (FDII, S19), obesity becomes a problem of a lack of information for individuals. Big Food's reliance on education as a solution to obesity reflects the behaviour change strand of public health discourse which reduces lifestyle into individual behaviours chosen in isolation from the myriad of influences on how people live. Behavioural change places responsibility in the lap of the individual and in the case of childhood obesity in the lap of the parent. Public health *'education'* will be used to ensure that *'consumers'* make *'appropriate lifestyle choices'* (FDII, S19). The emphasis on balance and physical activity positions FDII's representation of obesity within the health promotion discourse and particularly the behaviour change strand. One of the things left unproblematic in Big Food's representation of obesity as a problem for individual consumers is what other things – beyond education – have an impact on people's lifestyles. The representation of obesity as an individual problem could be disrupted by showing how its basis in 'lifestyle' 'choices', implying that we have a high level of choice about how we live, is disingenuous. In many ways our opportunity to 'choose' how we live is greatly impacted by our social position. These structural influences on how we live are silenced through the focus on lifestyles. A further silence created through the consumer subject positions is what groups – such as Big Food – may gain as a

result of the inappropriate lifestyles of others and therefore that people may be influenced (rather than educated) to engage in so-called lifestyle practices for the advantage of others.

Big Food represents the disparate mass of consumers as holding much greater power than the consolidated Big Food sector. Big Food is portrayed as reacting to consumer demand, rather than playing a role in creating, stimulating or profiting from such demand. There is a presumption that consumers face pure choices in the marketplace that they are free to choose and have access to all the products they may seek. Silenced in this account is the limited nature of the choices available in the marketplace (Klein, 2000; Freund and Martin, 2008), or indeed the imperative to act in the marketplace to affirm your consumer-citizenship, i.e. the requirement to consume something. Yet in Big Food's discourse, consumers are imagined as powerful agents to whom Big Food must bend and accommodate. Informed, responsible consumers are represented as the drivers of changes in the marketplace – *'industry relies on consumer confidence and adapts to societal changes'* (FDII, S9). Marketing is further positioned as adapting as *'markets and societal expectations change'* to *'ensure that it meets consumer demands'* (FDII, S9). Marketing too is in flux due to the vagaries of consumer demand: *'We are constantly reviewing our guidelines to take account of the changing environment and changing consumer needs'* (Kelloggs, S8). Providing consumers with enjoyment is also a concern for Big Food. To Ferrero (S14) the balanced diet *'is not one which simply eliminates certain foods, but is one which can include foods that consumers enjoy eating in the correct portions'*. *'Consumer foods'* is a key concept used by FDII to represent the primarily ultra-processed foods segment. The so-called consumer food division of FDII represents Big Food companies including Coca-Cola, Unilever, Cadbury, Mars Ireland and Kelloggs (FDII, 2011a). The term *'consumer foods'* is more attractive than 'ultra-processed' because it implies that these are foods chosen by consumers and created to meet their desires. This representation of ultra-processed foods as consumer-led, veils Big Food's dominant market share, which enables it to strongly influence (through marketing and availability of their products) consumer demand for cheap-to-manufacture, ultra-processed foods. The concept of consumer-demanded products links with the consumer choice strand of advanced liberal discourse which veils the role of Big Food in stimulating or creating consumer demand and which relies on a concept of 'pure' choices which are made by consumers without any seeming influence of business practices or structural factors.



Big Food represents itself as creating informed, responsible consumers through its marketing and sales. Britvic (S2) *'is committed to acting responsibly in the marketplace'*. To do this they *'provide a broad range of soft drinks that meets people's diverse needs'*. All of the drinks *'can all be enjoyed as part of a balanced diet and lifestyle, and clear nutritional information enables consumer to make informed choices'* (Britvic, S2). Mars (S6) too *'encourages responsible consumption and helps people make informed choices through clear nutritional labelling and responsible marketing practices'*. Kellogg's (S8a) goal *'is to provide consumers of all ages with helpful information to assist them in choosing diets and levels of physical activity that can positively impact their health and well-being'*. Kraft (S7) has *'a long held commitment to promote the health and wellness of our consumers of all ages'*. The Irish Breakfast Cereal Association (S11) says it recognises that *'when addressing the multi-faceted issue of obesity where there is a need to empower consumers with information to enable them to make the appropriate lifestyle choices'*. Big Food relies on the labelling on packs as a mechanism to inform and educate consumers about the consumption patterns which are worthy of citizenship:

*Similarly Kraft Foods fully support the Guideline Daily Amounts (GDA) front of pack labelling which has been approved by the EU commission in lieu of 'traffic light' labelling. The adoption of this labelling scheme provides the consumer with at-a-glance information on the nutritional values of food products and can help to convey the relative significance of food as a source of energy and nutrients in the context of a total daily diet – rather than an approach which excludes entire food groups*

(Kraft, S7).

Silenced in Kraft's narrative was the €1 billion lobbying effort undertaken by Big Food to block the introduction of traffic light labelling in the EU (Corporate Europe Observatory, 2010), in preference for labelling with the Guideline Daily Amounts referenced by Kraft. Public health commentators believe that traffic light labelling (red, yellow and green markings on packs to enable citizens to see whether a product was high in salt, sugar and fat) would be much easier to understand.

Marketing is the primary tool which Big Food uses to inform/educate its consumers. The fact that such informing has the effect of selling products to consumers is left opaque:

*We recognize that a consumer's choice of diet and level of physical activity can impact their general health and well-being and believe we can have a positive influence by encouraging a varied diet, proper eating habits, and physical activity*  
(Kelloggs, S8a).

Instead, marketing is described as a benign activity, serving only to benefit the consumer: *'our commitment to responsibly market our brands and communicate their intrinsic qualities so that our consumers can make informed choices'* (Kelloggs, S8a). Big Food is portrayed as expert in marketing health with particular *'skills and know-how'* such that *'advertising can be a force for good to promote healthy lifestyles'* (Beverage Council of Ireland, S12). Again marketing as a *'force for good'* elides the primary intention of marketing to sell more products. Unsurprisingly, given the important connection which marketing provides, Big Food is very concerned that marketing restrictions to children based on time bands (e.g. 6am to 9pm) could impinge on its marketing to adults. Ferrero (S14) says this *'will restrict the sector's ability to advertise to adults'* with *'a direct impact on business' reasonable ability to advertise'*. Nestlé (S1) argues that time band restrictions *'would have a detrimental and disproportionate effect on placement of advertising in programmes which are not of interest to children'*. The *'imposition of such rules'* would lead to the *'inability of food and beverage companies to market their products to adults'* (Nestlé, S1).

Big Food relies on a binary of education/ignorance in terms of the creation of informed, responsible consumers. FDII (S9) argues that *'the power of positive messaging ... would educate consumers and provide them with healthy lifestyle advice'*. Consumer failure is depicted as the failure of consumers to make proper choices, rather than as a failure of the food producers and supply chain in making healthy food available (Gustafsson *et al.*, 2011). The problem as represented here is that some ignorant consumers are making poor choices. The kind of change which is implied is an education or re-education. Mars Ireland (S6) portrays itself as bringing consumers to enlightenment, through the consumption of its products: *'Mars encourages responsible consumption and helps people make informed choices through clear nutritional labelling and responsible marketing practices'*. Unilever's (S5) marketing communications *'encourage the promotion of healthy, balanced diets'*. Big Food draws on public health discourse and the behaviour change strand to argue in favour of use of positive messaging marketing (interpreted as public advertising promoting public health messages). In this, there is a tacit understanding that it is difficult for consumers to be informed given the current marketing environment. As the need for so-called positive marketing was not taken up by the regulator after the first consultation, in its second submission FDII (S19) *'suggests that the BAI reconsider the power of positive advertising'*. There is an implication of fault lying both with uninformed consumer and with a regulator which is failing to proactively seeking to inform consumers. Further, the use of the term

‘positive advertising’ sets up perhaps a telling but unspoken binary of potentially positive public health marketing and the current ‘negative’ marketing by Big Food. This binary is unexplored in the Big Food submissions. FDII (S9) says that *‘positive messaging can be a useful method of spreading a message’*. This it says is *‘particularly relevant when addressing the multi-faceted issue of obesity where there is a need to empower consumers with information to enable them to make the appropriate lifestyle choices’* (FDII, S9). The problem is represented as a small group of consumers who are not informed correctly about the nature of the market choices they are making. Big Food is not deemed responsible for this lack of perfect information because its marketing is *‘a key driver of consumer demand’* and *‘an important tool for food and drink companies seeking to grow their market share through brand awareness and recognition’* (FDII, S19). It is assumed that the regulator should adopt the role of restoring the equilibrium of the market through correcting an information imbalance.

### **The discursive effect of the informed, responsible consumer/irresponsible consumer subject positions**

In conclusion, Big Food reduces citizens to two types of consumers – the ideal informed, responsible consumer and the non-ideal irresponsible consumer. In advanced liberal rationality, consumers are marked out as individual, active, choice-makers engaged in individualised encounters and interactions. In advanced liberal societies, the activities of governing focus on the ‘government of personal life’ (Rose and Miller, 2010: 298). Each individual citizen is seen as an ‘entrepreneurial individual, endowed with freedom and autonomy’ (Rose and Miller, 2010: 298), who makes decisions in the marketplace to maximise their personal gains. In such a society an individual’s citizenship

is not primarily realized in relation with the state, nor does it involve participation in a uniform public sphere; citizenship, rather, entails active engagement in a diversified and dispersed variety of private, corporate and quasi-corporate practices, of which working and shopping are paradigmatic

(Rose, 2000: 327).

An individual’s interaction with the market, particularly through consumption, becomes the continuous activity to claim proper citizenship. Proper consumer-citizens are informed and responsible in their consumption.

Consumer-citizens are required to be enterprising and self-governing; their health becomes another 'choice' made along the way to becoming their entrepreneurial self. Big Food's representation of consumers echoes advanced liberal obesity discourse promotion of self-governance (Henderson *et al.*, 2009) and a reliance on the subject position of the health 'consumer'. The redistribution of risk from the state and onto individual consumers has made the notion of risk 'a key technology of social control' (Maher *et al.*, 2010b: 235). Lupton (2013: 40) describes the advanced liberal imagining of 'ideal consumer/citizens' who undertake risk and cost/benefit analysis as they make life choices, leaving governments free to promote the free-market. The combination of risk-checking consumer-citizens and the free market means that people can 'continue to consume in a context of an abundance of tempting food but also to limit their consumption enough to demonstrate their capacity for self-discipline' (Lupton, 2013: 40). Big Food's use of the consumer subject position also represents an adaptation and shaping of public health discourse. As described by Mayes (2014: 11), as a result of the bleeding of advanced liberal and public health discourses, 'the food industry operates in an environment where public health and government agencies actively try to cultivate consumers as healthy subjects'. Big Food relies on the redrawing of citizenship where consumer-citizenship is achieved through consumption, rather than citizenship in the traditional sense representing a citizen's legal and social entitlements from the state.

## 5.4 Conclusion

This analysis has found that Big Food's representation of childhood obesity rests on two inter-related understandings of obesity – obesity is complex problem with many causes and obesity is not caused by food, nor by marketing, but by irresponsible consumption by some consumers. This representation of obesity imagines eight subject positions, which are a mix of ideal and non-ideal: Big Food as the responsible corporate citizen; the regulator as unscientific and politically motivated; children as responsible child-consumers or child-gluttons; parents as in- or out-of-control; and citizens as informed, responsible consumers, or irresponsible consumers.

In its representation of childhood obesity, Big Food draws heavily on advanced liberal discourses of obesity, as well as using and adapting public health discourses. The advanced liberal discourse makes the subject position of citizen available for corporations (Big Food)

while individuals are positioned as consumers. The critical public health discourses, including corporate influence, are entirely absent from Big Food's representation of childhood obesity.

Big Food's representation of obesity as a complex, intractable problem, to be solved by many stakeholders, redraws how obesity can be thought about and what will be seen as appropriate methods to reduce childhood obesity. Big Food establishes and repeats a number of key public health concepts, including '*appropriate lifestyles*' and '*balanced diet*' and advanced liberal concepts of '*consumers*' '*evidence*' and '*science*'. Through the continual use of these concepts, Big Food seeks to establish itself as judge and jury for individuals' lifestyles, for appropriate forms of evidence and for the role of the market in individuals' lives. Big Food further represents obesity as a problem which is caused by the unruly consumption of some ignorant consumers and child-gluttons who eschew the rationale of the 'balanced' diet. These subject positions are constructed and made possible through a representation of obesity as a problem which is neither caused by particular types of food, nor by the marketing of such food. The bed-rock of Big Food's representation is an understanding of obesity as a problem for the individual. By seeking to pinpoint those child-gluttons who are irresponsible in their choices, Big Food reduces the problem of obesity to a subset of children and a subset of out-of-control parents, in accordance with advanced liberal discourse. Obesity becomes a lack of self-governance through inappropriate lifestyles, writ large on the individual fat body. Each obese individual is decreed to have failed the advanced liberal test of managing their risks and their responsibilities in the market-place. Tying with the advanced liberal rationality of allowing the market to regulate behaviour and choices, Big Food continually points to statutory regulation (direct state intervention) as unnecessary. The attention drawn by Big Food to the making of informed, healthy food choices also echoes public health discourses of obesity which tend to focus on parents' role in educating their children about food choices. Thus to finesse advanced liberal discourses of obesity and personal responsibility, Big Food draws on public health discourse to instruct parents and children on the 'right' food to eat and the 'proper' level of physical activity. Yet, Big Food also shows significant antagonism towards public health knowledge and expertise. By connecting public health with the position of the regulator; public health expertise becomes tainted with the accusation of being ideological and unscientific. Thus, public health is defined as partial and subjective form of knowledge.

Big Food's discourse of childhood obesity echoes with key silences. Obesity - even the word itself - is forced to the margins of Big Food's submissions. Instead, Big Food is keen to engage on other issues related to obesity, such as the nutrient make-up of foods, or the precise meaning of terminology of *'healthy'* and *'unhealthy'*. It was expected that obesity as a 'lifestyle choice', or an individual problem would feature significantly in Big Food's submissions. However, perhaps as a result of the sidelining of obesity itself, this predicted theme was not particularly apparent in Big Food's submissions. While there were some references to obesity as an individual's lifestyle choice, obesity – where it is discussed – is described in term of its perceived complexity and multi-factorial nature. Further, the obese child – again expected to feature significantly – is largely an absence, alluded to, rather than drawn in Big Food's discourse. Instead, Big Food emphasises the child-consumer who is successful negotiating the market and advanced liberal society.

While this study centres on the single actor of Big Food, it does not presume that Big Food's representations of childhood obesity will 'stick' in the swirling contemporary debate about childhood obesity. Big Food does not have the power to define childhood obesity. Instead, Big Food is engaged – as a powerful player – in the discourse struggle over childhood obesity. The representation of childhood obesity and the subject positions promoted by Big Food reconfigures the policy problem of restricting food marketing to children. The regulator has represented marketing restrictions as a partial salve for childhood obesity. Big Food's representation of childhood obesity, leads to a very different problem representation, that of a misguided state attempting to classify foods as unhealthy, which can only fail to reduce the complex problem of obesity in the face of the ongoing poor choices of child-gluttons who fail to achieve a balanced diet.

## CHAPTER 6: CONCLUSION

### 6.1. Introduction

This study has sought to problematise Big Food's claims to be a partner in public health policymaking. Big Food's documents have been approached as a form of practice in which thinking and governing about obesity could be uncovered. In so doing, this study has sought to confront what has come to be seen as common sense in the discourse of childhood obesity – that obesity is a failure of personal responsibility and that everyone, including Big Food, is an equal in the development of obesity policy. Big Food portrays itself both as zealot policy partner and as intensely dubious about policy responses – such as the BAI regulations – which are proposed by the state. This contradictory approach is typified by the Beverage Council of Ireland (S12) which stated that its members are '*committed to championing a responsible approach to beverage advertising to children*' but that this requires a '*delicate balance*' which does not impose '*disproportionate regulatory burdens*' on responsible Big Food.

This study has demonstrated how Big Food uses discourse to position itself as a responsible policy actor in obesity policymaking. To do this, the study centres on the deeper conceptual contests which frame how obesity policy is made in Ireland from the perspective of Big Food. This study makes a contribution to knowledge by reflecting upon current concerns about how public health policymaking is developed and whose interests are served by current representations of childhood obesity. This study points to the contingency of the dominant advanced liberal truths about childhood obesity, thereby contributing to an opening up of the negotiations and tensions underpinning policy development.

This final chapter reflects on a number of issues: firstly, it revisits the original rationale for and purpose of this study and summarises its main findings. Secondly, the chapter highlights the relevance of this study to wider discussions and debates about public health policymaking in general and the role of Big Food in obesity policymaking in particular. It continues by outlining some of the possible implications for public health policymaking which arise from this study and which may inform further research in the area. Finally, this chapter reflects on the research process itself, highlighting the challenges and benefits I experienced in undertaking this study. This reflection focuses on my dual position as a

public health policyworker, advocating for policy change, and as a critical researcher, questioning the limits of how we think about and act on childhood obesity.

## **6.2. What the study aimed to do and what it found**

The study originated from my desire to investigate the conceptual basis for how childhood obesity is represented in society. It seemed apparent that childhood obesity is conceived of within discursive limits. That is, there are ‘correct’ statements about obesity which are consistently made by a range of discursive actors. All actors, from health ministers to medics to Big Food representatives, premise their comments about obesity with a seemingly prerequisite statement about the importance of personal responsibility. One of the primary reasons why I questioned the consensus around personal responsibility as the cause of obesity (in addition to its effect in blaming often disadvantaged parents and children) was that it appeared to have implications for how Big Food is viewed in relation to obesity policymaking. One of the perceived implications of the dominance of personal responsibility was, with the state’s active engagement, a redrawing of the state’s authority to address obesity and a shifting of the liability for addressing obesity onto individuals. However, in addition to the seeming withdrawal of the state and the undermining of individuals as at fault, dominant discourse appeared to open up a space for Big Food to legitimise authority as a governor of obesity.

Examining Big Food as discursive actors is particularly important given the status of Big Food companies as globalised corporations in contemporary capitalism. International economic policies since the 1980s provided Big Food with the opportunity to ‘become colossal’, with the collective turnover of some individual companies on a level with the gross national products of middle income countries (Monteiro *et al.*, 2013: 26). As a result, Big Food companies have led the world’s transition from traditional, minimally processed to ultra-processed products (Moodie *et al.*, 2013). Three-fourths of food sales worldwide involve processed foods and Big Food holds over a third of this market (Stuckler and Nestle, 2012). Yet, Big Food’s efforts to be involved in the development of childhood obesity policy received little attention or critique from policymakers or public health researchers in Ireland. The neglect of Big Food within the policy landscape and the academic literature was viewed as a significant gap. Big Food’s desire to be a policy partner to reduce obesity seemed in direct conflict with Big Food’s fiduciary duty to achieve the best return for



investors by increasing sales and profits. Yet, this apparent conflict has been disregarded, or conveniently ignored, as governments, including in Ireland, relinquished the state's responsibility to prevent obesity by allowing Big Food to self-regulate (Swinburn *et al.*, 2011; Swinburn *et al.* 2015). Approaching Big Food as a significant actor, this study set out to examine two related issues: how Big Food represents the problem of childhood obesity drawing on advanced liberal discourse and how this representation may be used to position itself as a public health policy actor.

Reflecting this initial concern with the dominant ways of thinking about childhood obesity and the potentially powerful influence of Big Food, the study was designed to examine the discourses of childhood obesity used by Big Food, with a particular attention to how its use of discourse may serve to shape what can be said about childhood obesity. Using WPR analysis as a means to structure the interrogation of this overriding research question, the enquiry examined what type of 'problem' childhood obesity is represented to be by Big Food, with particular attention to the assumptions and silences inherent in its representation. Through a critical examination of the different discourse strands of childhood obesity, this study has considered how Big Food's representation has come about and how it draws on and reshapes obesity discourses. Drawing attention to the contingency of particular discourses, the analysis points to the limits of Big Food's discourses in terms of key silences, as well as pointing to different ways childhood obesity could be thought of. Integral to the political aims of this study, the analysis paid particular attention to the discursive and subjectification effects of Big Food's discourse, with particular emphasis on the harms which may result from Big Food's representation. Finally, the study aimed to open up ways of thinking which could question and disrupt Big Food's representation.

In answering the research question - What discourses of childhood obesity are used by Big Food in Ireland and how do they shape and influence what can be said? - this study has limited itself to the discursive strategies through which Big Food may seek to shape how we think about childhood obesity and Big Food's activities to portray itself as a credible public health policymaker. Therefore, this study is not a study of childhood obesity in its own right. Rather, this study uses a policy moment where an attempt was made to regulate marketing to children as a means of reducing childhood obesity as a vehicle through which to explore Big Food's discursive strategies.

This study contributes to knowledge in three ways. Firstly, it presents original empirical data produced by Big Food, making it the first study examining Big Food in Ireland. Through discourse analysis of Big Food's documents, the study directly reports *how* Big Food produces knowledge and engages in governing. Secondly, in the process of undertaking the research, I developed a three-strand approach to obesity discourses which was tested and critiqued against the literature in Chapter 4. Finally, this study has been explicit about its use of the WPR methodology and provides the tools developed to undertake this analysis for use and adaptation by researchers seeking to undertake similar studies.

### **6.2.1. What the study found**

This study found that Big Food's use of childhood obesity discourse enacts governing, by problematising obesity in a particular way and through the production of individuals/groups as certain types of governable subjects. Big Food draws on advanced liberal and public health discourses to legitimate its position as a policy actor on obesity (even while opposing many of the public health policies directed towards reducing obesity). The interweaving of discourse strands indicates that dominant discourses of obesity enable the state and other discursive actors, such as Big Food, to intervene in how individuals deport themselves in society. This study has shown that Big Food is most engaged with the dominant advanced liberal strand of obesity discourse. Big Food also engages with public health discourse, particularly the public health concepts of environmental and behavioural change where they emphasise the need for individuals to adapt their own behaviour. Big Food actively seeks to shape public health discourse, resisting or ignoring elements of the environmental discourse strand which emphasise changes in food production, food availability, or intensifications in the marketing of ultra-processed food. The critical public health discourses, including corporate influence, as peripheral counter-discourses which fundamentally question advanced liberal discourse, are entirely absent from Big Food's representation of childhood obesity.

The analysis presented here found Big Food's representation of childhood obesity rested on two inter-related understandings of obesity – obesity is a complex problem with many causes and obesity is not caused by food, nor by marketing. Big Food's representation of obesity is further described in terms of 8 ideal and non-ideal subject positions. As Foucault suggests, through the imagining of ideal rational, responsible consumers, we simultaneously imagine the mirror-image non-ideal subjects as irrational and irresponsible. The advanced

liberal discourse Big Food draws on makes the subject position of citizen available for the corporate sector (Big Food) with rights accruing from the state, while individuals are limited to the subject position of consumers who can only achieve status through their consumption. Big Food's representation of obesity as a complex, intractable problem, to be solved by many stakeholders, acts to redraw how obesity can be thought about and what could be seen as appropriate methods to reduce childhood obesity. Big Food further represents obesity as a problem which is caused by the unruly consumption of some irresponsible consumers and child-gluttons who eschew the rationale of the 'balanced' diet. Obesity is imagined as a lack of self-governance through inappropriate lifestyles, writ large on fat bodies. Each obese individual has failed the advanced liberal test of managing their risks and their responsibilities in the marketplace. The attention drawn by Big Food to the making of informed food choices echoes public health discourses of obesity which tend to focus on parents role in educating their children. At the same time, Big Food shows significant antagonism towards public health knowledge and expertise. By connecting public health with the non-ideal ideological position of the regulator; public health expertise is tainted as a partial and subjective form of knowledge.

One of findings of this study is that Big Food does not – as the popular TV representations such as 'Operation Transformation', 'The Biggest Loser', 'Supersize vs Superskinny' and 'Fat Fighters', tend to – express disgust at fat bodies, or decry those who are obese. In fact, in its problematisation of obesity, Big Food primarily operates above the level of individual bodies, preferring to focus on what it argues are the complex and myriad causal factors for obesity. The obese child – again, expected to feature significantly – is largely an absence, alluded to, rather than heavily drawn in Big Food's discourse.

The study found that Big Food is embroiled in the discourse struggle over obesity. Without the authority to control discourse, Big Food acts to reshape and redraw the 'problem' of childhood obesity. Conducting this research from a Foucauldian perspective, concentrating on how power operates through discourse, facilitated an investigation of the strategies Big Food uses to shape the problem of childhood obesity within existing and often competing discourses. The case study used in this study, which concluded in the introduction of marketing regulations, went against the stated position of Big Food that statutory regulations were unnecessary. This clearly shows that Big Food is not a monolith in control of how childhood obesity is problematised, or how it is reacted to in policy terms. Throughout the process of introducing marketing regulations Big Food emerges as a single

discursive actor, which has some successes on the discursive plane, but which in this case is not victorious. This finding, illustrating the un-controllability of discourse by certain interests for a predetermined outcome, is consistent with Foucauldian poststructuralist analysis.

### **6.2.2. Lessons from conducting a WPR analysis**

From the very beginning of this study I knew I wanted to undertake a discourse analysis. As a policyworker I have to react to Big Food's documents and public pronouncements on a regular basis. In these reactions I focus on directly rebutting their arguments. My doctoral study provided an opportunity to move away from a reactive response to a deeper analysis of how Big Food's representation of obesity was structured: what was its basis? What did Big Food ignore? How did it draw on and influence other representations? In so doing, I hoped that I could develop more creative ways of *resisting*, rather than *reacting* to Big Food's representation. Interested in undertaking discourse analysis from a critical perspective, I read a number of the key authors, including Fairclough (1992, 1995, 2003) and Wodak and Meyer (2009). Yet, I remained unclear *how* I would do discourse analysis. Coming across Carol Bacchi's WPR method - on the basis of a recommendation from a recently completed doctoral student - seemed like a gift. (Indeed, I described my introduction to WPR as a 'godsend' in my thesis diary). Working with WPR's six-question approach to analysis, my research question immediately seemed clearer and more purposeful. As I read and reread Bacchi's ever-helpful 2009 guide to WPR I was struck that while WPR entails an analysis of texts, the analysis is not on the micro level of language, as many critical discourse analysts following Fairclough (1992, 1995, 2003) undertake, but rather analyses the text with attention on the likely *effects* of the discourse and how particular problem representations might be subverted or changed. Instead of attending to the minutiae of text, WPR therefore draws attention 'to the work done by a particular policy language' (Gill, 2012: 90). In this way WPR unsettles problem representations so that change can be brought about for those who are harmed (Manning, 2014).

As a policyworker always keen to consider ways to develop my policy practice, I was attracted to WPR's focus on how problem representations are embodied and the real lived effects of problem representations. Yet, I also wanted my doctoral work to be theoretically based - something I feel is missing from my day-to-day work. This desire for theoretical engagement, is experienced by many policyworkers who turn to WPR as a means to draw

on theoretical perspectives to make sense of what they experience in the field (see Coveney and Putland, 2012; Gill, 2012). WPR is recognised by others who have used it as providing 'a very transparent way of understanding a critical approach' (Coveney and Putland, 2012: 73). I was keen that I would attend to Foucault's approach to discourse throughout my study - it was important that I could trace his conception of power/knowledge through my 'doing' of the analysis. One of the major attractions of WPR to me was how it operationalised Foucauldian methods of archaeology and genealogy to trace the emergence of certain ways of thinking and their influence on and for power relations. Further, with WPR's commitment to a political analysis, it felt possible to account for structural differences and different power relations - particularly how power is used to encourage certain types of behaviour (Coveney and Putland, 2012) - within my poststructural analysis.

WPR met my need for theory and action, as it is attuned to both theory and practice, particularly the linkages between the two. As an action-oriented policyworker, who also craves deeper thinking, WPR was attractive in offering both a method for diagnosis (analysis) but also, by focusing on the effects of representations, offering the potential for a prescription for improvement. However, there are clearly limitations to the WPR approach applied in this study. Some of these limitations relate more to the type of texts analysed in this study and others to the system of WPR analysis itself. Firstly, in analysing Big Food submissions, this study bounded itself within Big Food's discourse in a single discursive moment. While I believe this was an appropriate choice for this study, I recognise that in so doing it was not possible to consider how Big Food's representations are taken on by other actors and particularly how they are resisted. Reflecting that Big Food's documents could not illustrate the subjectivities taken up as a result of Big Food's discourse, this study focuses solely on the subject positions presented by Big Food. The development of the BAI regulations garnered considerable media attention and future work could examine the use and reshaping of Big Food's discourse in public discourse. In future research, I would also be keen to combine an analysis of Big Food and public health's representation of obesity. I am conscious that this study - as an essential requirement of doctoral practice - bears the insights of a single researcher. I would welcome hearing other voices and collaborating in discourse analysis in future studies. Further, because of the way I selected my sample, reflecting my desire to keep the analytic focus firmly on Big Food means that issues of intertextuality (how the discursive event draws on previous events) and interdiscursivity (how different genres are articulated together) are less developed (Jorgensen and Phillips,

2002). However, I believe that my attention to the three strands of obesity discourse and to Big Food's use and reshaping of these discourses throughout my undertaking of the analysis provides some sense of how Big Food's documents relate to and link with other texts. Secondly, there are limitations to the WPR approach itself. While allowing for analysis of a wider grouping of documents than was included in this study (for example media reports, government policy papers and press releases), WPR is confined to documentary analysis. This is a strength, in enabling close analysis of deep conceptual logistics, but it does lack emphasis on the interpellation of texts, on how people react to particular representations and subject positions in their daily lives (see Jorgensen and Phillips, 2002).

Finally, the reflexivity required of a WPR researcher also forced me to consider my own subjectivity, particularly how I have internalised current constructions of the obesity 'problem' (see Gill, 2012 on the experience of policyworkers using WPR) and how this subjectivity has impacted on my own writing about obesity. I have come to see myself as a 'located subject' (Gill, 2012: 83), a rational policyworker formed through my work experiences and environment. Recognising my positioning can be the first step towards disrupting it, enabling me to search out other positions, as a reflexive and/or critical policyworker.

I believe this is the first study to use WPR in public health policy analysis in Ireland. It is hoped that its application here could be used as a model for future studies. In this study, I used WPR to question the Big Food's representation of obesity and their positioning as public health actors. Despite Big Food's role in obesity policymaking being something which was *inherently problematic* to me (it seemed obvious that Big Food and public health's interests were not aligned), I knew from my working life that Big Food's role was something that is not widely problematised by the public health community. Having utilised WPR in this study, I believe it offers great potential for use by public health researchers and by policymakers in Ireland to problematise other common sense thinking. In particular, WPR could be used to problematise the solutions which are mostly widely proposed in public health policy. Such 'solutions' often take the form of restrictions and prohibitions, rather than seeking to increase pleasure and enjoyment (see Mayes and Thompson, 2014). By problematising public health's strictures we may come to find less harmful and more effective modes of public health policy.

### 6.3. Links with wider debates about childhood obesity and policymaking processes

As outlined in Chapter 1, section 1.3.1., this study is situated within current debates about the role of Big Food and other corporate actors in public health policymaking. This debate is subject to somewhat contradictory impulses. Some public health commentators who were initially open to working with Big Food now eschew any role for Big Food in policymaking or health promotion activities. While many governments, including in Ireland where a pro-business, pro-privatisation agenda is evident across social policy and there is significant reliance on the food sector for economic growth, appear to be cosying up to Big Food, both to support public health campaigns and to draft policy. Such attempts to work *with* Big Food go against the developing position of the WHO, which has been taking increasingly stronger stance against state partnerships with Big Food. In 2004, the WHO called on states and the ‘private sector’ to take action to address obesity (WHO, 2004). By 2013, reflecting concerns about the impact of industry on public health policy, the WHO called on governments to: ‘Establish conflict of interest measures that include effective safeguards to protect policies from distortion by commercial and vested interests and influence’ (WHO, 2013b). In 2015, the WHO Director (Chan, 2015) made her strongest statement about the role of Big Food marketing, stating that ‘voluntary initiatives are not likely to be sufficient. To be successful, efforts aimed at reducing the marketing of unhealthy foods and beverages need support from regulatory and statutory approaches’. Dr Chan went on to say that there were two ‘red lines’ in terms of WHO engagement with Big Food which could not be crossed – Big Food can have no input into the WHO’s guidance and they ‘cannot participate in the formulation of public health policies’ (Chan, 2015).

Despite the pronouncements of the WHO, recent developments in Ireland and internationally indicate an increasing entanglement of government public health policy with corporate actors. In Ireland, Big Food has made a successful transformation into public health promoter, perhaps best evidenced by how the world’s largest fizzy drink producer has become synonymous with the capital’s public bike scheme now named the ‘Coca-Cola Zero dublinbikes’<sup>24</sup>. The instantly recognisable red, white and black livery of Coca-Cola also adorns bikes in Ireland’s other three major cities, enabling an overt connection between the companies’ products, physical activity and healthy lifestyles. At policy level, Big Food has been invited to input into the development of the ‘National Taskforce on Obesity’

---

<sup>24</sup> <http://www.dublinbikes.ie/> (Accessed 14<sup>th</sup> February 2016.)

(Government of Ireland, 2005) and the public health policy framework, 'Healthy Ireland' (Government of Ireland, 2013); to make presentations to policymaking fora such as the Department of Health's Special Action Group on Obesity; and to be member of policymaking groups such as Department of Health's 2015 working group on a code of practice for food marketing. At the same time as the state engages more closely with Big Food, the industries spanning food, alcohol and tobacco continue to actively oppose many of the stated public health goals of the Irish government, including by: locating large fast food outlets directly beside primary and secondary schools; developing industry-funded alcohol 'education' programmes in schools; sponsoring and heavily branding young children's sports activities and summer camps by ultra-processed food brands; the alcohol industry sponsored nationwide in-pub musical events directly targeting young people; and through the production of lipstick-size, colourful cigarette packaging targeting young women.

### **6.3.1. Regulation of marketing and childhood obesity policy in Ireland**

In the years since the introduction of the BAI regulations in 2013, it has become clear that the regulations represented a relative high point in obesity policymaking from the point of view of those who oppose Big Food being directly involved in setting policy agendas or drafting policy. In developing the BAI regulations, the regulator engaged with Big Food as just one of a number of groups making submissions to a public consultation. Big Food was not afforded an opportunity to input into the drafting of the regulations themselves, but could comment on the developing regulations, as was the case for any interested party or individuals. The final regulations disregarded many of the arguments made by Big Food, both in introducing statutory regulation and in the use of the NPM to determine ultra-processed products. As a result, Ireland now has one of the strongest regulatory regimes for broadcast marketing to children, albeit in an international landscape dominated by weak voluntary, industry-led regulation. Further, as Irish children continue to see significant amounts of ultra-processed food adverts on TV and online, the regulations appear little more than a hollow victory for public health campaigners.

However, the approach to obesity policymaking in Ireland has not continued along this trajectory. Increasingly, we have seen the development much more industry-friendly policymaking structures. A major development in the regulation of food marketing in Ireland, demonstrating an increasingly close relationship between the state and Big Food,



was the September 2015 establishment (Department of Health, 2015) of a Department of Health working group to develop a voluntary code of practice for non-broadcast (i.e. non-TV and radio) food marketing, promotion and sponsorship. The working group contains a large number of industry (food and advertising) representatives<sup>25</sup>, with the only non-state public health member, the NGO Healthy Food for All (HFfA)<sup>26</sup>. Announcing the group the Minister for Health stated (Department of Health, 2015):

All the stakeholders in this group agree on the need to take a collective role in tackling obesity. The food sector is hugely important to Ireland and the Irish economy. The standard and quality of our food is world famous. At the same time, we are only going to reverse the trend in obesity by encouraging more healthy eating by adults and children.

The working group has a very limited remit to establish a *voluntary* marketing code. Through the group Big Food is now directly involved in developing government policy on marketing. The working group thereby marks a move away from statutory regulation – as represented by the BAI code – to voluntary policy commitments developed in partnership with Big Food.

Despite the significant attention given to obesity within policy and media debates in Ireland, there has been limited implementation of obesity policies (see De Brún *et al*, 2012a; De Brún *et al*, 2012b). The majority of the 93 recommendations of the ‘Report of the National Taskforce on Obesity’ (Department of Health and Children, 2005) remain unimplemented in 2016, including recommendations to introduce: a national code of practice for industry sponsorship and funding of activities in schools and local communities; development of national nutrition policy; fiscal policies to support healthy eating, e.g. a tax on sugary drinks; social welfare payments meeting the cost of healthy food; clear food labelling; and ending ultra-processed food and alcohol sponsorship of sports bodies. The Department of Health is expected to publish a new national obesity policy in 2016, delayed from 2015. While the policy remains unpublished it is not possible to comment on the approach it takes to Big Food’s involvement in policymaking. However, it is significant that Big Food representatives, including FDII and the NHF, were invited to the public stakeholder consultation meeting on the policy in Spring 2015 where they had the opportunity to specifically input into the commitments the food sector would be held to

---

<sup>25</sup> Group Membership - Department of Health, Department of Agriculture, Food & the Marine, IBEC, FDII, the Broadcasting Authority of Ireland, the Association of Advertisers in Ireland, the Institute of Advertisers in Ireland, the Food Safety Promotion Board (Safefood), Healthy Food For All, the Food Safety Authority of Ireland, the HSE.

<sup>26</sup> Healthy Food for All was forced to wind-down in April 2016 due to a lack of funding.

within the policy (for an overview of the consultation meeting see Institute of Public Health, 2015). The process to develop the forthcoming obesity policy and the development of a voluntary marketing code *with* Big Food indicates a deepening relationship between policymakers and Big Food in Ireland. This approach, providing for the involvement of *all* stakeholders in Irish policymaking processes, reflects the hegemonic belief that partnership can 'resolve conflicts of interest and produce win-win consensualist policy-making' (O'Donovan, 2008b: 69).

### **6.3.2. Corporations and public health policymaking**

Both internationally and in Ireland, Big Food has positioned itself as a key stakeholder which should be included in public health policymaking on obesity. Relationship building, co-dependency and the enmeshment of government activities has enabled Big Food to polish its claim to be an integral part of developing the solution to obesity. Powell (2014: 226) identifies that these corporate 'solutions' to childhood obesity are 'interconnected with the neoliberal political rationality, strategies of partnerships, philanthropy and privatisation, and the endeavour to shape children as self-responsible, non-obese and healthy consumers'. In Australia – but likely generalisable across Europe and the US - Bastian and Coveney (2013: 169) highlight concerns about the impact of Big Food being seen as a public health actor, particularly in terms of the future direction of policy:

The underlying assumption in this problem representation is that private industry should proactively behave in a socially responsible way to protect the most vulnerable within society. Furthermore there is an underlying assumption that they will voluntarily make changes for the greater good with no motivation or incentive. What is left unproblematic in this representation is that private enterprise's first priority is to increase profits for their shareholders.

Big Food uses public relations and lobbying strategies to promote their 'licence to operate' and resist effective public health measures to reduce consumption of their products (Miller and Harkins, 2010). Companies 'market' themselves to government in attempts to influence the policy agenda (Hastings, 2012) and corporate social responsibility is used to legitimise the power of corporations (Banjaree, 2008). In the face of such corporate strategies there is significant push back internationally against Big Food funding research or establishing organisations to lobby against obesity policies, particularly where this funding conflict of interest is not disclosed or the relationship between Big Food and the lobbying organisations is hidden or opaque. In a recent example, a 2015 investigation by *The New*

*York Times* exposed Coca-Cola's role in the Global Energy Balance Network, which was promoting research to undermine the scientific consensus that sugary drinks play a role in causing obesity. Obscuring its reliance on Coca-Cola funding, the Network operated as a public health NGO and promoted the need for the public to exercise more and worry less about calories.

Big Food's activities as public health promoters in Ireland have predominantly focused on building their association with sports and physical activity, such as through the Gaelic Athletic Association's (GAA) Kellogg's Cúl Camps<sup>27</sup> for children aged 6 to 13; Lucozade Sport acting as the Football Association of Ireland's (FAI) 'official sports drink sponsor'<sup>28</sup>; McDonald's FAI Future Football programme<sup>29</sup> for football clubs, players and coaches at a local level, including McDonald's FAI Future Football Cup Competition for children from 7 to 10 years; and Cadbury's inclusion as one of the Irish Rugby Football Association of Ireland (IRFU)'s main sponsors<sup>30</sup>.

Away from the sports fields, Big Food's attention has also been drawn towards state policy processes. FDII continues to strive for the introduction of a 'Livewell Platform' in Ireland, which it describes as a 'collaborative platform with industry' (FDII, 2012) to address obesity through formal collaboration between food companies and Government. Directly modelled on the UK Responsibility deals, FDII says the partnership approach of the Livewell Platform would provide 'the best way to address issues such as obesity' (FDII, 2011b). FDII argues that 'a collaborative platform with industry', through which all stakeholders work together will 'make a bigger impact in reducing obesity'. While offering this apparent boon for a state failing to address the issues, FDII warns that 'industry [Big Food] is an effective partner but can't operate as a scapegoat' and that government must 'avoid[sic] policies that are not evidence-based and target food companies' (FDII, 2012). To date, the Irish government has resisted attempts to develop a structured partnership to policymaking with Big Food, while continuing the partnership approach of sustained dialogue with the food sector as a crucial 'stakeholder' in policy development. Stakeholder involvement has been a dominant feature of Irish policymaking processes, combined with the associated elision of conflicts of interest. As has been referred to on a number of occasions in this study, the UK Government's Public Health Responsibility Deals tied corporations into the

---

<sup>27</sup> <https://www.kelloggsculcamps.gaa.ie/sponsors/> (Accessed 19 February 2016).

<sup>28</sup> 'FAI Sponsors', <http://www.fai.ie/domestic/fai/sponsors> (Accessed 18 March 2016).

<sup>29</sup> 'McDonald's FAI Future Football 2015', <http://www.fai.ie/domestic/news/mcdonalds-fai-future-football-2015> (Accessed 19 February 2016).

<sup>30</sup> <http://www.irishrugby.ie/irfu/sponsors.php> (Accessed 19 February 2016.)

development, delivery and monitoring of what were once state-led public health policies. In the food deal, responsible for setting public health objectives for food and nutrition policy, Big Food interests outnumbered non-corporate (academics, nongovernmental organisations, public bodies) two-to-one (Fooks *et al.*, 2011). In 2011, an assessment of the progress made under the Responsibility Deals (Hashem *et al.*, 2011: 19) concluded that the pledges was underwhelming. Many food companies were failing to sign up to any pledges, while others were taking credit by signing up to pledges which required little, or no action because the pledge was outside their area of business (for example, a supermarket signing up to a pledge relevant to a café). Thus, while working with Big Food to develop policy is an increasing phenomenon – which gets things done for Big Food by delaying or weakening policy commitments – it is unclear that it achieves the state's apparent goal of improving public health and diets. While Big Food is acting predictably in terms of furthering its interests by entering the public health sphere and seeking to influence policy outcome, we might expect the state - as the protector of public health - to push back Big Food. Instead the state is inviting Big Food into the policy tent. The analysis presented here is designed to make it more difficult for the state to ignore the contradiction in saying it wants to solve problems such as childhood obesity, while at the same time working with - and sometimes it appears *for* - the corporate interest with so much to gain from the *status quo* of the food environment.

Obesity is just one public health policy area in Ireland in which corporate interests are seeking to influence the direction of policy. Recently, the links between corporations and public health policymaking have been partially exposed through new lobbying regulations. For the first time in Ireland, the Regulation of Lobbying Act 2015 introduced a requirement on all those lobbying politicians and high-level public officials to make returns to the Register of Lobbyists. In the first three month period that the lobbying register was operational (September to December 2015), *The Irish Times* (2016) found that Ministers were lobbied 40 times on alcohol issues by a mixture of alcohol companies, sports organisations with alcohol sponsors and PR agencies. Even the pariah tobacco industry has been able to engage on policy at the highest level of the Irish government. In 2013, the Taoiseach and the Ministers for Finance and Justice met with the CEOs of the three large tobacco companies operating in Ireland. This was the first time a Taoiseach had formally met the tobacco industry (*The Irish Times*, 2013) and was considered by the Irish Cancer Society and Irish Heart Foundation (2013) to be in breach of Article 5.3 of the WHO Framework Convention of Tobacco Control (FCTC) which states that countries should

protect public health policymaking from the ‘vested interests of the tobacco industry’<sup>31</sup>. Further, throughout 2014 and 2015, the alcohol industry was vocal in its opposition to the Public Health (Alcohol) Bill which seeks to regulate in-store marketing and to increase the price of the cheapest alcohol, amongst other measures. While the alcohol industry has vehemently opposed the Bill, the government remained committed to working with the industry on the issue of alcohol marketing in public domains. Thus, instead of introducing statutory regulation, the Irish government plans to update the current voluntary codes with the alcohol industry (which have enabled past events such as the GAA’s ‘Guinness All Ireland’ and the IRFU’s ‘Heineken Cup’), thereby allowing the alcohol industry to continue to have influence over this element of public health alcohol policy.

### **6.3.3. Implications of the findings for public health policymaking**

This study, although not a policy study, has ramifications for public health policymaking. In particular, this study indicates that how we think and act on childhood obesity is shaped within discursive struggle, which may benefit particular actors at particular times. This section discusses some of the possible implications for public health policymaking which arise from the study and which may inform further research.

This study sought to contribute to the growing body of research which investigates the impact of corporate practices on health policy, particularly the relationship between corporations and the state in the development of public health policies. Just as social policy cannot be understood without an interrogation of corporate practices, so too must public health research consider the relationship between society and corporations and the public health implications of corporate practices. Increasingly, a group of critical researchers undertaking primarily structuralist studies of tobacco, alcohol and obesity (Nestle, 2002; Jahiel and Babor, 2007; Brownell and Warner, 2009; McDaniel and Malone, 2009; Smith *et al.*, 2010; Gilmore *et al.*, 2011; Gustafsson *et al.*, 2011; Robbins and Nestle, 2011; Brownell, 2012; Hastings, 2012; Lang and Rayner, 2012; Stuckler *et al.*, 2012; Nixon *et al.*, 2015; Herrick, 2016; Ortiz *et al.*, 2016) have attended to the concept of the ‘industrial epidemic’ (Jahiel and Babor, 2007), through which corporate activity may drive or contribute to ill-health. Research suggests that corporate practices can impact on health through: the

---

<sup>31</sup> Article 5.3 of the Framework Convention on Tobacco Control (FCTC) - the WHO’s first global public health treaty – requires all parties to the treaty, including Ireland, to protect public health policies ‘from commercial and other vested interests of the tobacco industry.’ See Article 5.3, FCTC, [http://www.who.int/tobacco/wntd/2012/article\\_5\\_3\\_fctc/en/](http://www.who.int/tobacco/wntd/2012/article_5_3_fctc/en/) (Accessed 14 November 2015).

promotion of products harmful to health; by undermining results of scientific research; and perhaps, most significantly and what is at issue in this study, by shaping discourse and opposing preventative policies and laws which could protect health. This study - undertaken from a poststructuralist perspective via a close examination of the discursive strategies of Big Food - points to the need for public health policymakers and researchers more generally to pay much greater attention to the impact of corporations on how public health issues are framed and responded to through policy. In recent decades, public health research has graduated from biological and deterministic explanations for ill-health, to place a major emphasis on the impact of social determinants on health. This focus on social determinants is important and must continue. However, this study points to the need for ongoing development of public health research in terms of the 'commercial determinants of ill health' (Hastings, 2012: 3). This study has also drawn attention to how the constant conflation of weight and health in dominant discourse has led to public health's almost blinkered focus on obesity, to the neglect of other influences on health, including corporate practices.

The first implication of this study for policymaking is that Big Food's representation of childhood obesity as an individual problem caused by a small number of failing children and their parents draws on and feeds into advanced liberal forms of governing. This study has aimed to show that this representation, which suggests personal responsibility as the salve for obesity, is only possible when childhood obesity is problematised in a particular way. Big Food, with the support of the facilitating state, endeavours 'to administer the lives of others in the light of conceptions of what is good, healthy, normal, virtuous, efficient or profitable' (Rose and Miller, 2010: 273). Emphasis is placed on the rules of responsibilisation, so that the state and Big Food, as governors of obesity, can continue current practices and policies. The public health discourse and practices described here have been shaped by advanced liberal rationality with its primary focus on the market and exhortations to individuals to manage their own risks and take personal responsibility with minimal state intervention (see Ayo, 2012). The consequences for those who fail to conform to advanced liberal governing of the self are very real. Individuals who do not conform to the bodily ideal are at the receiving end of 'public disdain and reproach for being a part of societal problems rather than a part of the solution' (Ayo, 2012: 104) and further, this societal disgust at so-called personal failings is used to support narrow policy options targeted at individuals rather than at structural factors such as health inequalities or poststructural factors such as corporate influence on policy problematisations. This

study has focused on Big Food's problematisation to draw to the surface what groups might be harmed and what groups might benefit from Big Food's representation. The findings indicate that the state can benefit from Big Food's problematisation of obesity. Facilitating Big Food to join the crowded pitch of obesity governors enables the state to claim to be seeking to solve the problem of obesity, without having to examine the state's own role and responsibility for creating the social conditions which lead to obesity, the corporatisation of the food system, or of ill-health more generally.

At present, the public health community in Ireland largely appears to accept Big Food's role in policymaking. There are clear risks in this approach, especially as this study exposes Big Food's self-interest in being involved in policy processes. The findings of this study, combined with recent policy developments in Ireland (see section 6.3.1. above), demonstrate that Big Food's voice is increasingly included in obesity policymaking in Ireland. This study argues that the inclusion of Big Food in public health policymaking reflects advanced liberal forms of governing, where the state wields power in accordance with market rules and through corporate actors; and the increasing emphasis on personal and corporate 'responsibility'. The findings of this study indicate that there are considerable dangers in this approach. The state not only benefits from Big Food's problem representation of obesity as personal responsibility, rather than as social/structural, the state also actively reinforces and shapes the problem representation which absolves the state of its own direct responsibility (for example, see Share and Stain's 2008 critique of the National Taskforce on Obesity). Within advanced liberal governing what could be seen in other modes of governing to be as 'a failure of the state even ..., has come to be seen as a personal failure requiring personal accountability' (Ayo, 2012: 102). Advanced liberal governing with its emphasis on care of the self and regulatory practices imagines all individuals as equally 'capable' of avoiding obesity. While this study has specifically questioned advanced liberal governing in terms of obesity and public health policy, we can identify similar failures of the state in other policy areas, including poverty, unemployment and homelessness, in which social problems are most often conceived of as the result of personal failings.

This study has also drawn attention to the way that public health's understanding of obesity is increasingly embroiled with advanced liberal discourse. Public health particularly draws on advanced liberal concepts of personal responsibility and choice in support of its own focus on individual behaviour change as the solution to public health problems. In

contemporary public health discourse, the state, public health and Big Food all work to 'cultivate consumers as healthy subjects', as 'despite disagreement between the food industry and public health advocates over the food that qualifies as healthy, both entice *homo oeconomicus* towards a subjectivity produced via the norms of the life sciences and population health statistics' (Mayes, 2014: 11). The confluence of public health's and Big Food's discourse is perhaps more worrying given the way in which Big Food has sought to inhabit the public health space as a public health actor. The findings of this study suggest that Big Food's claims to be 'solving' obesity through limited 'public health' education programmes should be challenged. The challenge to Big Food's discourses of obesity presented in this study provides some ammunition to public health to open up alternative ways of representing and acting on obesity (and on health overall), particularly ways to attend to and to challenge the conceptual logics, presuppositions and silences in current representations of obesity, as well as to address the broad structural and corporate factors which impact on health. Based on the findings of this study, I contend that Big Food should not be included in drawing up policies, setting their goals or deciding their limits and that it is inappropriate for Big Food to be accepted as a public health actor. Given the deep conceptual basis on which Big Food has constructed its representation of obesity and the influence of this representation within dominant discourses of obesity, it is apparent that many groups will need to act together to counteract or obstruct the influence of Big Food on public health policymaking. Policymakers and researchers need to become savvy to the discursive strategies that are deployed by Big Food and its attempts to construct itself as a 'public health' actor. Further, public health actors and the state more widely have opened up discursive space for Big Food and have been active in producing discourses that Big Food has drawn upon and influenced for its own advantage. To resist these discursive developments, critical public health workers should come together with possible allies from children's rights organisations, anti-corporate interests, fat studies activists and academics to lay greater claim to the discursive space around obesity, corporate practices and public health and to reject Big Food as a policymaker. Further, as suggested in this study, critical observers could develop different discourses of obesity, such as corporate influence, which could increase attention on the discursive activities of Big Food.

Secondly, the findings of this study indicate that Big Food's representation of obesity may impact on the policy choices used to address obesity. Big Food's problem representation makes certain regulatory measures viable as interventions on obesity. The case study presented here is clearly a case of the problem representation emphasising personal



responsibility over structural influences. The dominant discourse of obesity consistently tells us that it is the poor decisions of the individual (as consumer), rather than the structures created and supported by the state, or the practices (discursive and material) of corporations which have led to the 'problem' of obesity. This study points to the need for those in public health in Ireland who do not currently question Big Food's involvement to understand the impact that including Big Food in policymaking is likely to have on the policy options which are adopted. Big Food's problematisation - drawing on concepts of the rational and autonomous advanced liberal citizen - is harmful to those who are obese by marking them out as 'ignorant' and as 'failing' the advanced liberal test of responsible consumption. If such a problematisation is widely accepted, policies which seek to address individual 'ignorance' through health promotion campaigns and awareness-raising will be preferred over policies which address corporate practices, or which seek to address underlying health and social inequalities. Dominant problematisations can also affect how individuals and particular groups in society understand policy problems and policy solutions. In Australia, Farrell *et al.* (2016) used the WPR questions to undertake focus groups with different social groups to examine possible solutions to obesity. They found that while the personal responsibility/ignorance discourse of obesity dominated amongst socio-economically advantaged groups, most people in the socio-economically disadvantaged groups equated the problem of obesity with food affordability and limited ability to consume food that was known to be healthy. We can surmise that when the problem of obesity is widely understood as thousands of individual failures by obese people, policies will be directed at re-educating obese individuals. At the same time, the inability (wilful or not) of those who due to social privileges enjoy the ability to 'choose' good health to see the social patterning of obesity and the structural inequalities which underpin it, go unchallenged and unaddressed in policy. When obesity is represented as a personal failing of children and families this also privileges certain types of evidence, that is studies which uncover familial rather than structural failings in achieving good nutrition. This study has explored the conceptual logics of Big Food's representation of childhood obesity. As discourses have material effects, it is likely that Big Food's discourses will support calls for and the implementation of policies structured around personal responsibility, thereby institutionalising this particular representation of obesity in public health policymaking. While the current case study (the introduction of statutory marketing regulations) does not vindicate the hegemony of advanced liberal governing, more recent developments in public health practice in Ireland (discussed in section 6.3.1. and 6.3.2.

above) show an increasing drive to make policy with Big Food. This study makes the case for protecting not children - the focus of public health interventions - but instead for protecting the policymaking process from Big Food. As has been demonstrated in this study we as adults may be susceptible to Big Food's representation of obesity as an individual problem caused by poor choices. While undertaking this study I recognised my own vulnerability to dominant discourses of obesity (see section 6.4. below).

Thirdly, this study has drawn attention to the disproportionate focus on obesity in childhood (despite adults having higher rates of obesity). This focus on childhood as a period in which to 'make' good consumers also draws on advanced liberal forms of governing. Further, this study has pointed to how different conceptions of children and childhood can impact on policy outcomes. As demonstrated in this study, public health primarily responds to children as vulnerable and in need of protection, such as through the regulation of marketing. Other approaches to children and childhood, which focus on children's agency and relational engagement with the world, necessitate public health to problematise how it conceives of and intervenes in children's lives. As discussed in Chapter 5, section 5.3.3., there is also the potential for Big Food and other actors to draw on thinking about children as active agents in a way which emphasises children's responsibility for their health and which overshadows the role of corporate practices in influencing children. Public health policymakers should be attuned both to the potential pitfalls of undermining children's agency through protection-based policies and of responsibilising children through policies based on individual choice. Public health could nuance its policy interventions by conceptualising children's capabilities and agency as on a continuum, which shifts and develops. Further, in thinking about how public health responds to children, we might also ask why Big Food is invited to the policymaking table, when parents, children and the general public largely are not so included.

A fourth implication of this study is that public health workers and policymakers should critically question the dominance of obesity as a public health concern and consider whether other public health issues require increased attention. The review and critique of the literature presented in Chapter 4 indicates that childhood obesity has become a source of compulsive attention for the public, for the state, for public health and for Big Food. At the same time, there is limited attention paid to other significant health and nutrition problems, such as food poverty. This is despite the fact that unlike the single digit rates for childhood obesity, food poverty could accurately be described as widespread in Ireland – in

2013, one in eight people were experiencing food poverty (Department of Social Protection, 2014). Dominant discourses of obesity echo with key silences, particularly in relation to social and structural factors which make the so-called healthy 'choice' impossible for so many. The emphasis on care of the self and responsible behaviour further distances those who do not meet the corporeal ideal from the advanced liberal mass. This study has sought to question why contemporary approaches to obesity display an almost myopic focus on addressing the personal responsibility of children and parents. I believe that public health should be concerned to ensure that all members of society have access to healthy, nourishing food. However, echoing Mayes and Thompson (2014), I also believe that public health's gaze should not be on individual food choices, rather our perspective should be widened to structural factors and the corporate influences that are the context for our food choices. Such a wide perspective would incorporate an analysis of how Big Food has made ultra-processed food the only 'choice' available to many of us. All of this is not to say that obesity should not be addressed in policy but that the space given to other, equally or even more significant, health issues should be expanded.

Finally, the findings of this study lead me to conclude that we need to move from the advanced liberal facilitating state, which enables corporations and other groups to govern public health problems via limited representations of the 'problem', and reinvigorate the social state as described by Rose (1996, 2000) and Rose and Miller (2010). While imagining the possible forms a social state for the 21<sup>st</sup> century could take is beyond the scope of this study, the findings of the current study lead me to believe that we must start to consider how the social state could be reconfigured for our times and how we could return to a form of welfare state that preceded the facilitating advanced liberal state. In the facilitating state, the entrepreneurial individual predominates over any other conception of how individuals might or could be governed (Rose and Miller, 2010). It seems to me that advanced liberal governing in public health, which can be undertaken by corporations standing in for the facilitating state, is viable only when we ignore the need for structural change and welfare provision to support all members of society to enjoy their lives. The increasing role of corporations in governing for, and with, the state is particularly concerning given the interests and the nature of corporations. Together the state and Big Food act to emphasise personal and corporate responsibility as policy solutions to obesity. Yet, corporations cannot take over the social obligations of the state because their basic function is always driven by economics. Corporations 'cannot replace governments' because corporation's strategies will 'always be made in the interests of enhancing

shareholder value and return on capital, not social justice or morality' (Banerjee, 2008: 74). There are negative effects of dominant discourses of obesity for people who are obese but also for society more generally, particularly as a result of the individualisation of problems associated with advanced liberal rationality. This individualisation of social problems, inherent in the facilitating state and clearly evident in Big Food's discursive constructions, goes far beyond issues of weight. We need to imagine and move towards another way of governing, towards a social state which would encompass all citizens in an interconnected society built on collective obligations.

In posing questions about the nature of obesity discourse and recommending a wider focus for public health policy, this study points to a number of areas which would benefit from further research. By its nature, the analysis presented here is limited to one discursive actor at one discrete discursive event. This study demonstrates the discursive effects of Big Food's own discourse; however, due to the documents examined here it is not possible to consider how Big Food's discursive strategies impacted on other discursive actors. Childhood obesity discourse is shaped by many other discursive actors and analysis of the interactions of Big Food's discourse with other actors, especially public health, could bring further information about how discourses come to dominate and how they change over time. The analysis of Big Food's discourse is also limited to discursive utterances in the policy sphere. Further research could examine whether Big Food uses similar discursive strategies in other venues, such as in communications with the public. This study represents a moment in time in the ever-shifting discourse of obesity. It is likely that Big Food's own discursive strategies will have moved on since 2011/2 and as an important discursive actor, ongoing analysis of its use of discourse is necessary. More broadly, the implications of this study in terms of the discursive strategies of corporate actors reach beyond obesity and the public health sphere. In our increasingly commercialised world, greater research focus on how corporate interests impact on public health policymaking and on social policy more generally would be very welcome.

#### **6.4. Reflections on the research process**

Bacchi (2015: 133) highlights that researchers are 'located subjects, immersed in particular ways of seeing the world', who thereby need to engage in reflexivity or 'self-problematization'. In this section, I reflect on my experience of undertaking this research

from the dual position of critical researcher, questioning the limits of how we think about and act on childhood obesity and a public health policyworker focused on advocating for public health policies.

As a policyworker I am actively seeking to shape discourses of childhood obesity. Yet, the daily grind does not allow time for critical questioning of why public health advocates pursue certain policies over others, or highlight certain features of obesity. The problem-questioning paradigm at the heart of this study has problematised my own day-to-day work advocating for specific policy changes to influence the shape of public health policy in Ireland. The experience of undertaking this research, closely and critically examining discourses – and particularly the public health discourse in which I primarily work – decentred my previous relatively uncritical engagement with public health concepts and approach to obesity. While the heart of advocacy/lobbying is to tell a clear and persuasive story in pursuit of a policy goal, the undertaking of the discourse analysis required the destabilising of meanings and motivations. The constant tussles over meaning which my analysis brought to the fore, paired with the complexity of the discourse struggle over obesity in evidence through the blending of different discourse strands, necessarily led me to lose confidence in many of the concrete anti-obesity proposals or programmes I advocate for in my job. More positively, the constant exposure to the impact of language, of the assumptions we draw on, the way we position different subjects, the potential effects of the tropes we rely on and the silences we ignore, has led me to become much more conscious of my own use of language in my advocacy work. This tension between the complexity of discourse and the desire to achieve concrete policy change to support people live healthy lives remains unresolved and will likely be a marker of my career as it continues.

During this study I have been aware of my changing attitude to the ‘problem’ of obesity; specifically whether, or why, I view childhood obesity as a problem at all. Coming to this work from a public health perspective, I perhaps unthinkingly accepted that childhood obesity was a major problem in current society, necessitating its dominance of public health policy debate and its exposure in the media. Yet, even at the beginning I was not concerned to try to ‘fix’ the obese child – as much public health research has been – rather I was immediately drawn to the contradiction I saw in Big Food being presented and accepted as a valid partner in obesity policymaking. Within this study itself, I found it difficult to communicate a seeming contradiction – that while childhood obesity is not as

big (in number terms) of a problem as the obesity epidemic rhetoric encourages us to believe, I simultaneously felt it was problematic that Big Food sought to have a major role in developing obesity policy. At times, I also became concerned that in using a policy case study which was framed as a means to reduce childhood obesity and in critiquing how Big Food was reacting to that policy, this study could be interpreted as adding to the weight of commentary which marks obesity out as the *primary* public health issue of our time. I understand my deep discomfort with Big Food's attempts to be a policymaker in relation to my concern about the role of corporations in influencing policymaking more generally, particularly where their involvement is not open to public scrutiny. My attention was drawn to corporate influence on obesity specifically because I was working in the area and experienced significant uneasiness that policymakers seemed willing to accommodate to the views of the very interest group, Big Food, which profits most from the phenomenon it claims to want to solve. Thus, my interest in this study has always been in obesity as a case study in terms of what it can tell us about how our contemporary society is governed and particularly the interplay in governing between the state and corporate interests.

One of the major problems I encountered in undertaking this study was that I found it difficult to find my 'home' in the literature. This is likely the reason why the literature review presented in Chapter 4 became a critique of each discourse strand, rather than a straight account of each. While reading the literature, it was clear to me that I wanted to be part of the counter-culture of critical obesity researchers. I did not want to be seen as public health researcher who dealt uncritically with the problem of obesity, particularly by accepting it as a solveable 'problem' at face value. While critical researchers' critiques of obesity as an epidemic and of dominant obesity discourse as a means of control rang very true to me, in my role as policyworker I wanted the critical literature to look beyond diagnosing the effects of obesity discourse to suggest a way forward. In particular, I longed for direction on how to correct the overwhelming emphasis on obesity in public health policy while still retaining the authority for the making of public health policies which would be in the interest of and for the benefit of citizens. Through the use of WPR I was conscious about paying attention to effects of representations. As a result I did not feel comfortable – as many critical public health researchers do – to bracket the material impacts of the obesity discourse on individuals. When critical researchers rejected obesity as a health concern, I felt they were both ignoring the effects of physically being obese on people who do not wish to be so and were also potentially facilitating Big Food to elude any

blame for the commercialisation of the food system, the commercialisation of our dinner tables and of our food desires. I came to my own understanding about the concept of obesity which combined my material concerns for the possible health impacts for people who were obese (and the stigma and mental impacts in a world where obesity is morally judged) and my social concern about the use of obesity to govern the population. I felt there was a failure in the critical literature to address the effect of changes in the food system or on the interests who benefitted, rather than were harmed. Further, in engaging with the critical literature (for example, Gard and Wright, 2005; Monaghan, 2006, 2013; Gard, 2013; Lupton, 2013, 2014), which for progressive intentions primarily focuses on the harmful effect of dominant obesity discourses on individuals, my specific interest in Big Food was unsatiated. The proposal made for a critical discourse of corporate influence in Chapter 4, section 4.3.3.4.) represents an attempt to include a deeper seam of corporate critique within critical obesity research.

As I engaged with WPR, I became conscious of the need to attend to the discourses I was producing in my analysis as text. For example, I struggled with the terms I should use to describe the non-ideal subject positions in Big Food's discourse. In particular, I was concerned about the use of the term 'child-glutton' to describe the non-ideal subject position for children. In using this term, I did not want to cause any harm to children, but at the same time I wanted to use a language which highlighted how disparaging Big Food was about this non-ideal subject position. In the end, I continued with this shorthand term but hope that it is clear that the negativity inherent in it is directed towards Big Food, rather than towards any children.

Bacchi (2005: 205) argues that as we cannot stand outside discourse, the goal for the reflexive researcher is to find ways 'to position oneself differently in relation to existing discourses, which are multiple and contradictory'. In this way one can identify the subject positions discourse offers and attempt to use them selectively. As a policyworker, moonlighting as a doctoral student, I experienced unease in my working life as a result of what I was learning from my studies. At public health events or government consultations on obesity, when I attempted to contest public health's reliance on personal responsibility as *the* explanation for obesity, when I drew attention to the actual rates of obesity (rather than the preferred public health conflation of overweight and obesity), or when I challenged the inclusion of Big Food in policy fora, I felt isolated. Attempting to speak (my) truth to power; I was a pariah among my public health colleagues. It felt as though I was

breaking two unspoken rules of current public health policymaking - in drawing attention to structural issues, rather than behavioural issues and in questioning public health's apathy to, or acceptance of, Big Food's public health role. Ball's (2015) paper on the refusal of neoliberal subjectivity has been very useful in helping me to place my critique in terms of a form of truth-telling. Ball (2015: 14) specifically points to the impact of rejecting advanced liberal subjectivity in a work context, when 'established and perhaps cherished professional skills and judgements are made unreliable'. Drawing on Foucault, Ball's truth-teller is a subject who speaks frankly in defiance of dominant discourses and whose speech aims not for *the truth* but for 'refusal and critique, a confrontation of the normative with the ethical – a challenge to the normalising truths of the grey sciences' (Ball, 2015: 11). In the self-appointed role of truth-teller, I am seeking to disrupt the accepted 'truth' by showing there are many truths and that obesity as advanced liberal problem is open to contest and re-imagining. My attempt at truth-telling is partial, as it can only ever be, but recognising that I have placed myself in this position - and learning to deal with the discomfort which arises as a result - has been the most significant personal impact of undertaking this study.

One of the other difficulties I experienced in undertaking this study was the steady recognition of the heavy influence of advanced liberal obesity discourse in my own thinking. I came to recognise how easy it was, even momentarily, to fall into blaming obese people for their size. While the focus of my critique was directed at Big Food, at times I had to consciously resist the impulse to judge individuals, including myself, for not meeting the contemporary corporeal ideal. Even as I critically analysed Big Food's documents, there were times when I felt pulled into the rhetoric of responsibility and choice as logical and 'correct'. Guthman (2009) has written about her experiences of teaching a college course on the politics of obesity, examining social and political constructions of obesity. She found students unusually 'unusually discomfited' (Guthman, 2009: 1110) by the course. On reflection she considers that their reaction reflects how just closely the students were invested in the self-care of their corporeal bodies as advanced liberal subjects. I recognise myself in these students because I initially found it difficult to break down and examine my own response to dominant obesity discourse. This advanced liberal impulse within and without to lay the blame for obesity at each individual's appetite is one of the main reasons I believe this study needed to have a Foucauldian approach to discourse, rather than an approach which approached the topic as a two-sided contest between corporate and citizens' interests. The Foucauldian approach to analysis was illustrative in terms of the conflicting 'truths' of obesity which we can all hold simultaneously and how my own



discursive understandings are constantly in flux. While this is a discomforting idea – especially for an outcome-focused policyworker – it is an important lesson in terms of the contingency of any understanding and also allows for optimism about the potential for policy-questioning to open up new ways of thinking about childhood obesity and about corporate practices.

## 6.5. Conclusion

At a time when Big Food is welcomed into the development of obesity policy it is important to understand how Big Food operates as a discursive actor and the potential effects of its problematisation of obesity on policy outcomes. Ultimately, I believe that citizens generally accept a role for corporations in policymaking. This is a circumscribed role, where a group such as Big Food, which makes money from sales related to a particular policy area, would be involved in the technical discussions about how a new regulation of their practices might be introduced. However, as this study shows, Big Food is seeking a much deeper influence on the overall approach to obesity policymaking. Rather than seeking to advise policymakers who are pursuing a particular policy, Big Food is seeking to *become* a public health policymaker. This study has exposed the individualising discourse used and shaped by Big Food. This individualised approach to obesity – with responsibility heaped on parents and on children as consumers – will be given further weight if we allow Big Food to dominate policymaking.

This study has taken a political approach to analyse obesity discourse, seeking to move away from studies of personal responsibility for obesity, which ‘do little but offer cover to an industry seeking to downplay its own responsibility’ (Robbins and Nestle, 2011: 145). This analysis has sought to examine how Big Food constructs the ‘problem’ of childhood obesity because problematisations in policies are ‘central to governing process’ (Bacchi, 2009: xii). Problematisations simplify the ‘problem’, emphasising some aspects (in this case personal responsibility) and silencing others (the corporate practices of Big Food). In the case study analysed here, Big Food sought to represent obesity in a way which reconfigured the policy of restricting food marketing to children. While the regulator represented marketing restrictions as a partial salve for childhood obesity, Big Food’s representation of childhood obesity, led to a very different problem representation - that of a misguided state attempting to classify foods as unhealthy, which can only fail to reduce the complex

problem of obesity in the face of the ongoing poor choices of child-gluttons who fail to achieve a balanced diet.

Through an examination of Big Food's discursive strategies in support of their claim to be a legitimate public health actor which can work to reduce obesity with, or on behalf of the state, this study has problematised Big Food's appetite for policymaking. This study has also questioned society's obsession with obesity and the 'government of girth' (Coveney, 2008). It is hoped that this study can contribute to the growing momentum in critical public health research to shift analytic attention away from the behaviour of individuals to the practices of corporations.

## References

- Adshead, M., Kirby, P. and Millar, M. (2008a) 'Ireland as a model of success: contesting the Irish state' in Adshead, M., Kirby, P. and Millar, M (eds.) *Contesting the state - lessons from the Irish case*. Manchester: Manchester University Press, pp. 1-24.
- Adshead, M., Kirby, P. and Millar, M. (2008b) 'Conclusions' in Adshead, M., Kirby, P. and Millar, M (eds.) *Contesting the state - lessons from the Irish case*. Manchester: Manchester University Press, pp.186-96.
- Agger, B. (1991) 'Critical Theory, Poststructuralism, Postmodernism: Their Sociological Relevance'. *Annual review of Sociology*, 17, 105-131.
- Alexander, S. and Coveney, J. (2013) 'A critical discourse analysis of Canadian and Australian public health recommendations promoting physical activity to children'. *Health Sociology Review*, 22 (4), 353-364.
- Allen, K. (2012) 'The model pupil who faked the test: Social Policy in the Irish crisis'. *Critical Social Policy*, 32 (3), 422-439.
- Alvarez, R. (2005) 'Taking a critical linguistic turn: using critical discourse analysis for the study of information systems' in D. Howcraft and E. Trauth (eds.) *Handbook of Critical Information Systems - research, theory and application*. Cheltenham: Edward Elgar Publishing, pp. 104-119.
- Aston, M., Price, S., Kirk, S.F.L. and Penney, T. (2011) 'More than meets the eye. Feminist poststructuralism as a lens towards understanding obesity'. *Journal of Advanced Nursing*, 1187-1194.
- Atkinson, P. and Coffey, A. (2011) 'Analysing Documentary Realities' in D. Silverman (ed.) *Qualitative Research. 3rd Edition*, London: Sage, pp.77-92.
- Ayo, N. (2012) 'Understanding health promotion in a neoliberal climate and the making of health conscious citizens'. *Critical Public Health*, 22 (1), 99-105.
- Baarts, C. (2009) 'Stuck in the middle: research ethics caught between science and politics'. *Qualitative Research*, 9 (4), 423- 439.
- Bacchi, C. (2015a) 'The Turn to Problematization: Political Implications of Contrasting Interpretive and Poststructural Adaptations'. *Open Journal of Political Science*, 5, 1-12.
- Bacchi, C. (2015b) 'Problematizations in Alcohol Policy: WHO's "Alcohol Problems"'. *Contemporary Drug Problems*, 42(2), 130-47.

Bacchi, C. (2012) 'Why Study Problematizations? Making Politics Visible'. *Open Journal of Political Science*, 2 (1), 1-8.

Bacchi, C. (2010) 'Foucault, policy and rule: challenging the problem-solving paradigm'. *Feminist Research Centre in Aalborg (FREIA) Working Paper, No. 74*.  
<http://freia.ihis.aau.dk/Publikationer+og+skriftserie/Skriftserie0907-2179> (Accessed: 17 May 2013).

Bacchi, C. (2009) *Analysing Policy: what's the problem represented to be?* Adelaide: Pearson.

Bacchi, C. (2005) 'Discourse, Discourse Everywhere: Subject "Agency" in Feminist Discourse Methodology'. *Nordic Journal of Women's Studies*, 13(3), 198-209.

Bacchi, C. (2000) 'Policy as Discourse: what does it mean? where does it get us?' *Discourse: studies in the cultural politics of education*, 21 (1), 45-57.

Bacchi, C. and Bonham, J. (2014) 'Reclaiming discursive practices as an analytic focus: Political implications'. *Foucault Studies*, 17, 173-192.

BAI (2013) 'Children's Commercial Communications Code'. Available at:  
<http://www.bai.ie/en/codes-standards/#al-block-5> (Accessed 22 June 2016).

BAI (2012) *BAI Signals new rules to govern advertising of food and drink in children's advertising* [Press Release] 12 October. Available at: <http://iapi.ie/blog/2012/10/bai-signals-new-rules-to-govern-advertising-of-food-and-drink-in-childrens-advertising/> (Accessed: 19 October 2015).

BAI (2011a) *BAI launches consultation on Draft General and Children's Commercial Communications Codes* [Press Release] 30 March, Available at: <http://www.bai.ie/?p=2281> (Accessed: 8 August 2012).

BAI (2011b) *BAI receives 227 submissions to consultation on Children's Advertising Code Review* [Press Release] 3 November. Available at: <http://www.bai.ie/?p=1680> (Accessed: 8 August 2012).

BAI Expert Working Group (2010) 'Health and Nutrition of Children Living in Ireland – Implications and Recommendations for the Broadcasting Authority of Ireland's review of the Children's Commercial Communications Code – A Report of an Expert Working Group'. Dublin: BAI.

Ball, S. (2015) 'Subjectivity as a site of struggle: refusing neoliberalism?' *British Journal of Sociology of Education*, DOI: 10.1080/01425692.2015.1044072.

Banerjee, S. (2008) 'Corporate Social Responsibility: The good, the bad and the ugly'. *Critical Sociology*, 34 (1), 51-79.

Barkay, T. (2011) 'When business and community meet: a case study of Coca-Cola'. *Critical Sociology*, 39(2), 277-293.

Bastian, A. and Coveney, J. (2013) 'The responsabilisation of food security: What is the problem represented to be?' *Health Sociology Review*, 22(2), 162-173.

Becker, H.S. (1967) 'Whose side are we on?' *Social Problems*, 14 (3), 239-247.

Bell, K., Salmon, A. and McNaughton, D. (2011) 'Editorial – Alcohol, tobacco, obesity and the new public health'. *Critical Public Health*, 21 (1), 1-8.

Becker, H.S. (1967) 'Whose side are we on?' *Social Problems*, 14 (3), 239-247.

Bes-Rostrollo, M., Schulze, M., Ruiz-Canela, M. and Martinez-Gonzalez, M. (2013) 'Financial Conflicts of Interest and Reporting Bias Regarding the Association between Sugar-Sweetened Beverages and Weight Gain: A Systematic Review of Systematic Reviews'. *PLOS Medicine*, 10 (12), e1001578.

Bonfiglioli, C., Smith, B., King, L., Chapman, S. and Holding, S. (2007) 'Choice and voice: obesity debates in television news'. *Medical Journal of Australia*, 187 (8), 442-445.

Brady, J., Gringas, J. and Aphramor, L. (2013) 'Theorizing health at every size as a relational-cultural endeavour'. *Critical Public Health*, 23 (3), 345-55.

Bragg, S. and Buckingham, D. (2013) 'Global concerns, local negotiations and moral selves'. *Feminist Media Studies*, 13(4), 643-659.

Bragg, S., Buckingham, D., Russell, R. and Willett, R. (2011) 'Too much, too soon? Children, 'sexualization' and consumer culture'. *Sex Education*, 11(3), 279-292.

British Heart Foundation and the Children's Food Campaign (2012) *The 21<sup>st</sup> century gingerbread house – how companies are marketing junk food to children online*. London: BHF.

British Medical Association (2015) 'Food for thought: promoting healthy diets among children and young people'. London: British Medical Association.

Brownell, K. (2012) 'Thinking forward: The Quicksand of Appeasing the Food Industry'. *PLOS Medicine*, 9 (7), e1001254.

Brownell, K., Kersh, R., Ludwig, D., Post, R., Puhl, R., Schwartz, M. and Willett, W. (2010) 'Personal responsibility and obesity: a constructive approach to a controversial issue'. *Health Affairs*, 29 (3), 379-387.

Brownell, K. D. & Warner, K. E. (2009) 'The Perils of Ignoring History: Big Tobacco Played Dirty and Millions Died. How Similar Is Big Food?' *Milbank Quarterly*, 87, 259-294.

Buckingham, D. (2011) *The Material Child: growing up in consumer culture*. Cambridge: Polity Press.

Buckingham, D. (2009a) 'The appliance of science: the role of evidence in the making of regulatory policy on children and food advertising in the UK'. *International Journal of Cultural Policy*, 15(2), 201-15.

Buckingham, D. (2009b) 'Beyond the competent consumer: the role of media literacy in the making of regulatory policy on children and food advertising in the UK' *International Journal of Cultural Policy*, 15(2), 217-30.

Buckingham, D. (2007) 'Childhood in the age of global media'. *Children's Geographies*, 5(1-2), 43-54.

Butland, B., Jebb, S., Kopelman, P., McPherson, K., Thomas, S. Mardell, J. and Parry, V. (2007) *Foresight Tackling Obesity: Future Choices*. London: The Stationery Office. 2<sup>nd</sup> Edition.

Butler, S. (2015) 'Ireland's Public Health (Alcohol) Bill: Policy Window or Political Sop?'. *Contemporary Drug Problems*. 42(2), 106-17.

Butler, S. (2009) 'Obstacles to the Implementation of an Integrated National Alcohol Policy in Ireland: Nannies, Neo-Liberals and Joined-Up Government'. *Journal of Social Policy*, 38 (2), 343-359.

Cairns, G. (2013) 'Evolutions in food marketing, quantifying the impact, and policy implications'. *Appetite*, 62, 194-7.

Cairns, G., Angus, K., Hastings, G. and Caraher, M. (2013) 'Systematic reviews of the evidence on the nature, extent and effects of food marketing to children. A retrospective summary'. *Appetite*, 62, 209-15.

Cairns, G., Angus, K. and Hastings, G. (2009) *The extent, nature and effects of food promotion to children: a review of the evidence to December 2008*. Geneva: World Health Organisation.

Callahan, D. and Jennings, B. (2002) 'Ethics and public health: forging a strong relationship'. *American Journal of Public Health*, 92 (2), 169-176.

Canella, D., Levy, R., Martins, A., Claro, R., Moubarac, J.C., Baraldi, L., Cannon, G. and Monteiro, C. (2014) 'Ultra-Processed Food Products and Obesity in Brazilian Households (2008–2009)'. *PLOS One*, 9(3), e92752, 1- 6.

Caraher, M. and Coveney, J. (2003) 'Public health nutrition and food policy'. *Public Health Nutrition*, 7(5), 591–598.

Carney, C. and Maître, B. for Department of Social Protection (2012) *Constructing a Food Poverty Indicator for Ireland, Technical Paper*. Dublin: Department of Social Protection.

Cawley, J. (2011) 'The Economics of Obesity' in John Cawley (ed.) (2011) *The Oxford Handbook of the Social Science of Obesity*. New York: Oxford University Press, p. 120-137.

Coveney, J. and Putland, C. (2012) 'Answering Bacchi: A conversation about the work and impact of Carol Bacchi in teaching, research and practice in public health' in Bletsas, A. and Beasley, C. (eds.) *Engaging with Carol Bacchi strategic interventions and exchanges*. Adelaide: University of Adelaide Press, pp. 71-8.

Department of Social Protection (2014) *Social Inclusion Monitor 2013*. Dublin: Department of Social Protection.

Chan, M. (2015) 'WHO Director-General opening remarks', *Third meeting of the Commission on Ending Childhood Obesity*. Hong Kong, 22<sup>nd</sup> June. Available at: <http://www.who.int/dg/speeches/2015/commission-child-obesity-meeting/en/> (Accessed: 25 June 2015).

Chan, M. (2013) 'WHO Director-General opening address', *8th Global Conference on Health*. Helsinki, 10<sup>th</sup> June. Available at: [http://www.who.int/dg/speeches/2013/health\\_promotion\\_20130610/en/](http://www.who.int/dg/speeches/2013/health_promotion_20130610/en/) (Accessed: 5 November 2015).

Chandon, P. and Wansink, B. (2012) 'Does food marketing need to make us fat? A review and solutions'. *Nutrition Reviews*, 70(10), 571-93).

Clarke, J. (2004) 'Dissolving the Public Realm? The Logics and Limits of Neo-Liberalism'. *Social Policy*, 33 (1), 27-48.

Clifford, D., Hill, S. and Collin, J. (2013) 'Seeking out 'easy targets'? Tobacco companies, health inequalities and public policy'. *Tobacco Control*, doi:10.1136/tobaccocontrol-2013-051050, 1-5.

Collin, J. and Hill, S. (2013) 'Corporate involvement in public health policy is being obscured'. *British Medical Journal*, 346, doi: <http://dx.doi.org/10.1136/bmj.f3429>.

Cook, D. (2012) 'Pricing the priceless child: a wonderful problematic'. *Journal of the History of Childhood and Youth*, 5 (3), 468-73.

Corporate Europe Observatory (2010) 'A red light for consumer information'. [Online article]. Available at: <http://corporateeurope.org/sites/default/files/sites/default/files/files/article/ceo-food-labelling.pdf> (Accessed: 14 August 2015).

Corrigan, P. (1997) *The Sociology of Consumption*. London: Sage.

- Cotoi, C. (2011) 'Neoliberalism: a Foucauldian Perspective'. *International Review of Social Research*. 1(2), 109-24.
- Coveney, J. (2008) 'The government of girth'. *Health Sociology Review*, 17:2, 199-213.
- Crossley, N. (2004) 'Fat is a Sociological Issue: Obesity Rates in Late Modern, 'Body-Conscious' Societies. *Social Theory & Health*, 2, 222-253.
- Curtis, P., James, A. and Ellis, K. (2010) 'Children's snacking, children's food: food moralities and family life'. *Children's Geographies*, 8 (3), 291-302.
- Dean, M. (2012) 'Free economy, strong state' in Cahill, D., Edwards, L. and Stilwell, F. (eds.) *Neoliberalism – beyond the free market*. Cheltenham: Edward Elgar Publishing Limited, pp. 69-89.
- Dean, M. (1999) *Governmentality – power and rule in modern society*. London: Sage.
- De Brún, A., McCarthy, M., McKenzie, K., McGloin, A. (2012a) "Fat is your fault". Gatekeepers to health, attributions of responsibility and the portrayal of gender in the Irish media representation of obesity'. *Appetite*, 62, 17-26.
- De Brún, A., McKenzie, K., McCarthy, M. and McGloin, A. (2012b) 'The Emergence and Portrayal of Obesity in The Irish Times: Content Analysis of Obesity Coverage, 1997–2009'. *Health Communication*, 27 (4), 389-398.
- Delpuech, F., Maire, B., Monnier, E. and Holdsworth, M. (2009) *Globesity – a planet out of control?* London: Earthscan.
- Department of Health (2015) *Varadkar announces development of Code of Practice for food marketing, promotion and sponsorship* [Press Release] 1 October. Available at: <http://health.gov.ie/blog/uncategorized/varadkar-announces-development-of-code-of-practice-for-food-marketing-promotion-and-sponsorship/> (Accessed: 12 February 2016).
- Department of Health (2014) *Annual Report 2013*. Dublin: Department of Health.
- Department of Health and Children (2009) *Report of the Intersectoral Group on the implementation of the recommendations of the national taskforce on obesity*. Dublin: The Stationery Office.
- Devine, D. (2008) 'Children at the Margins? Changing Constructions of Childhood in Contemporary Ireland' in Allison James and Adrian L. James (eds.) *European Childhoods*. Basingstoke: Palgrave Macmillan. 82- 104.
- Dickson, D. (2015) 'Re:living the body mass index: How A Lacanian autoethnography can inform public health practice'. *Critical Public Health*, 25 (4), 474-487.



Dorfman, L., Cheyne, A., Friedman, L., Wadud, A. and Gottlieb, M. (2012) 'Soda and Tobacco Industry Corporate Social Responsibility Campaigns: How Do They Compare?' *PLOS Medicine*, 9 (6), e1001241, 1-7.

Edwards, L., Cahill, D. and Stilwell, F. (2012) 'Introduction: understanding neoliberalism beyond the free market' in Cahill, D., Edwards, L. and Stilwell, F. (eds.) *Neoliberalism – beyond the free market*. Cheltenham: Edward Elgar Publishing Limited, pp. 1-14.

Elliott, C. (2015) '“Big Food” and “gamified” products: promotion, packaging, and the promise of fun'. *Critical Public Health*, 25(3), 348-360.

ESRI and TCD (2009) 'Growing Up in Ireland - National Longitudinal Study of Children, Key Findings: 9 year olds. No. 4 The Health of 9-year olds'. Dublin: Department of Children and Youth Affairs.

Evans, B. (2010) 'Anticipating fatness: childhood, affect and the pre-emptive “war on obesity”'. *Transactions*, 35, 21-38.

Evans and Colls (2009) 'Measuring Fatness, Governing Bodies: The Spatialities of the Body Mass Index(BMI) in Anti-Obesity Politics'. *Antipode*, 41, 1051-1083.

Evans, J., Davies, B. and Rich, E. (2008) 'The class and cultural functions of obesity discourse: our latter day child saving movement'. *International Studies in the Sociology of Education*, 18 (2), 117-132.

Farnsworth, K. and Holden, C. (2006) 'The Business-Social Policy Nexus: Corporate Power and Corporate Inputs into Social Policy'. *Journal of Social Policy*, 35(3), 473-94.

Fairclough, N. (2003) *Analysing Discourse Textual Analysis for Social Research*. London: Routledge.

Fairclough, N. (1995) *Critical Discourse Analysis - the critical study of language*. Essex: Longman.

Fairclough, N. (1992) *Discourse and Social Change*. Cambridge: Polity Press.

Farrell, L., Warin, M., Moore, V. and Street, J. (2016) 'Socio-economic divergence in public opinions about preventive obesity regulations: Is the purpose to “make some things cheaper, more affordable” or to “help them get over their own ignorance”?' *Social Science & Medicine*, 154, 1-8.

FDII (2016) 'A Growing Ireland - policy priorities of the food and drink sector 2016'. Dublin: FDII. Available at: [http://www.fdie.ie/Sectors/FDII/FDII.nsf/vPages/Publications~a-growing-ireland---policy-priorities-2016/\\$file/A%20Growing%20Ireland%20-%20FDII%20Policy%20Priorities%202016.pdf](http://www.fdie.ie/Sectors/FDII/FDII.nsf/vPages/Publications~a-growing-ireland---policy-priorities-2016/$file/A%20Growing%20Ireland%20-%20FDII%20Policy%20Priorities%202016.pdf) (Accessed 11 October 2016).

FDII (2012) *Presentation to Joint Oireachtas Committee on Health and Children* [Word Document]. Available at: <http://www.oireachtas.ie/parliament/media/committees/healthandchildren/J64-JOC-submission.doc> (Accessed: 11 December 2015).

FDII (2011a) *Consumer Foods: feeding the recovery, a report by the Consumer Foods Council FDII*. [Report] Available at: [http://www.fdie.ie/Sectors/FDII/FDII.nsf/vPages/News\\_and\\_Events~Press\\_release\\_archive~new-report-on-how-food-sector-can-drive-recovery/\\$file/FDII%20Consumer%20Foods%20Report%202011.pdf](http://www.fdie.ie/Sectors/FDII/FDII.nsf/vPages/News_and_Events~Press_release_archive~new-report-on-how-food-sector-can-drive-recovery/$file/FDII%20Consumer%20Foods%20Report%202011.pdf) (Accessed: 12 June 2015).

FDII (2011b) *Ireland can learn from UK's new Responsibility Deal* [Press release]. Available at: [http://fdie.ie/Sectors/FDII/FDII.nsf/vPages/News\\_and\\_Events~Press\\_releases\\_archive~ireland-can-learn-from-uk's-new-responsibility-deal?OpenDocument](http://fdie.ie/Sectors/FDII/FDII.nsf/vPages/News_and_Events~Press_releases_archive~ireland-can-learn-from-uk's-new-responsibility-deal?OpenDocument) (Accessed: 22 March 2012).

FDII (2009) 'Enabling Healthier Lifestyles'. Dublin: FDII. Available at: <http://www.ibec.ie/Sectors/FDII/FDII.nsf/vPages/Publications~enabling-healthier-lifestyles!OpenDocument&Click> (Accessed: 5 November 2015).

Ferlie, E., McGivern, G. and FitzGerald, L. (2012) 'A new mode of organizing in health care? Governmentality and manage networks in cancer services in England'. *Social Science and Medicine*, 74, 340-7.

Field, P. and Gauld, R. (2011) 'How do Vested Interests Maintain Outdated Policy? The Case of Food Marketing to New Zealand Children', *The Open Health Services and Policy Journal*, 4, 30-8.

Finnegan, R. (2006) 'Using documents' in R. Sapsford and V. Jupp (eds.) *Data Collection and Analysis*, London: Sage, pp. 138-151.

Fitzgerald, S. and McGarry, K. (2016) 'Problematizing Prostitution in Law and Policy in the Republic of Ireland: A Case for Reframing'. *Social & Legal Studies*, 25(3), 289-309.

Fletcher, I. (2014) 'Defining an epidemic: the body mass index in British and US obesity research 1960-2000'. *Sociology of Health & Illness*, 36 (3), 338-353.

Flew, T. (2014) 'Six theories of neoliberalism'. *Thesis Eleven*, 122 (1), 49 – 71.

Flew, T. (2012) 'Michel Foucault's *The Birth of Biopolitics* and contemporary neo-liberalism debates'. *Thesis Eleven*, 108 (1), 44-65.

Food Safety Authority of Ireland (2011) *Healthy Eating and Active Living for Adults, Teenagers and Children over 5 years* [Booklet]. Available at: [https://www.fsai.ie/science\\_and\\_health/healthy\\_eating.html](https://www.fsai.ie/science_and_health/healthy_eating.html) (Accessed: 6 May 2015).

Fooks, G., Gilmore, A., Smith, K., Collin, J., Holden, C. and Lee, K. (2011) 'Corporate Social Responsibility and Access to Policy Élites: An Analysis of Tobacco Industry Documents'. *PLOS Medicine*, 8(8), e1001076, 1-1.

Forbes (2015) 'Analysis of the Kraft-Heinz Merger'. 30 March. Available at: <http://www.forbes.com/sites/greatspeculations/2015/03/30/analysis-of-the-kraft-heinz-merger/#4b5224194eda> (Accessed 14 October 2016).

Foucault, M. (1997) *Ethics – subjectivity and truth*. The essential works of Michel Foucault 1954-1984. Rainbow, P. (ed.). Hurley, R. and others (trans.). New York: The New York Press.

Foucault, M. (1991) Alan Sheridan (translator) *Discipline and Punish – the birth of the prison*. London: Penguin.

Foucault, M. (1991) 'Questions of method' in Burchell, G., Gordon, C. and Miller, P. (eds.) *The Foucault Effect*. Chicago: The University of Chicago Press, pp. 73-86.

Foucault, M. (1985) *The Use of Pleasure - Volume 2 of The History of Sexuality*. Hurley, R. (trans.). New York: Random House.

Foucault, M. (1982) 'The Subject and Power'. *Critical Inquiry*, 8 (4), 777-795.

Foucault, M. (1980) 'Body/Power' in Colin Gordon (ed.) *Power/Knowledge Selected Interviews and Other Writings 1972-1977*. London: The Harvester Press, pp. 55-62.

Foucault, M. (1980) 'Two Lectures' in Colin Gordon (ed.) *Power/Knowledge Selected Interviews and Other Writings 1972-1977*. London: The Harvester Press, pp. 78-108.

Foucault, M. (1980) 'Truth and Power' in Colin Gordon (ed.) *Power/Knowledge Selected Interviews and Other Writings 1972-1977*. London: The Harvester Press, pp. 109-33.

Foucault, M. (1977) *Language, counter-memory, practice: selected essays and interviews*. In Bouchard, D. (ed.), Bouchard, D. and Simon, S. (trans.). Ithaca, New York: Cornell University Press.

Fox, N.J. (1997) 'Is there life after Foucault? Texts, frames and differends' in Alan Peterson and Robin Bunton (eds.) *Foucault, Health and Medicine*. London: Routledge. 31-50.

Fraser, S., Maher, J. and Wright, J. (2010) 'Between bodies and collectivities: Articulating the action of emotion in obesity epidemic discourse'. *Social Theory & Health*, 8 (2), 192-209.

Freedhoff, Y. (2013) 'The food industry is neither friend, nor foe, nor partner'. *Obesity Reviews*, 15, 6-8.

Freeman, B., Kelly, B., Baur, L., Chapman, K., Chapman, S., Gill, T. and King, L. (2014) 'Digital Junk: Food and Beverage Marketing on Facebook'. *American Journal of Public Health*, 104 (12), e56- 64.

Freund, P. and Martin, G. (2008) 'Fast Cars/Fast Foods: Hyperconsumption and its Health and Environmental Consequences'. *Social Theory & Health*, 6, 309-322.

Freudenberg, N. and Galea, S. (2008) 'The Impact of Corporate Practices on Health: Implications for Health Policy'. *Journal of Public Health Policy*, 29, 86-104.

Galbraith-Emami, S. and Lobstein, T. (2013) 'The impact of initiatives to limit the advertising of food and beverage products to children: a systematic review'. *Obesity Reviews*, 14, 960-74.

Gard, M. (2013) 'Disagreement, not misrecognition: A reply to Monaghan'. *Social Theory & Health*, 11 (1), 106-115.

Gard, M. and Wright, J. (2005) *The Obesity Epidemic – science morality and ideology*. London: Routledge.

Gill, Z. (2012) 'Located subjects: The daily lives of policy workers' in Bletsas, A. and Beasley, C. (eds.) *Engaging with Carol Bacchi strategic interventions and exchanges*. Adelaide: University of Adelaide Press, pp. 79-94.

Gilman, S.L. (2008) *Fat a cultural history of obesity*. Cambridge: Polity Press.

Gilmore, A. and Capewell, S. (2016) 'Should we welcome food industry funding of public health research?' *British Medical Journal*, doi: 10.1136/bmj.i2161, p.1-3.

Gilmore, A., Savell, E. and Collin, J. (2011) 'Public health, corporations and the New Responsibility Deal: promoting partnerships with vectors of disease?' *Public Health* 33 (1), 2-4.

Gornall, J. (2015a) 'Sugar: spinning a web of influence', *British Medical Journal*, doi: 10.1136/bmj.h231.

Gornall, J. (2015b) 'Sugar's web of influence 2: biasing the science'. *British Medical Journal*, h215 doi: 10.1136/bmj.h215.

Government of Ireland (2014) *Better Outcomes Brighter Futures – the national policy framework for children and young people*. Dublin: The Stationery Office.

Government of Ireland (2013) *Healthy Ireland – a framework for improved health and wellbeing 2013-2025*. Dublin: The Stationery Office.

Government of Ireland (2009) Broadcasting Act, 2009. Available at:  
<http://www.irishstatutebook.ie/eli/2009/act/18/enacted/en/html?q=broadcasting+act>  
(Accessed 26 June 2016).

Government of Ireland (2007) 'Programme for Government 2007 – 2012'. Dublin: The Stationery Office.

Government of Ireland (2005) *The Report of the National Taskforce on Obesity*. Dublin: The Stationery Office.

Graham, J. (2013) 'Framing People as the Problem: The Effects of Problem Definition in 'Brian's Law' on People with Mental Illness'. *McMaster University Medical Journal*, 10(1), 36-38.

Graham, L. (2005) 'Discourse analysis and the critical use of Foucault'. Paper presented at Australian Association for Research in Education, 2005 Annual Conference, Sydney.

Greco, M. (2009) 'Thinking beyond Polemics: Approaching the Health Society Through Foucault'. *Österreichische Zeitschrift für Soziologie*, 2, 13-27.

Green Party (2007) 'Manifesto 2007 – it's time'.  
<http://issuu.com/irishmanifestos/docs/green-party-ge-2007/1?e=0> (Accessed: 9 March 2016).

Grix, J. (2002) 'Introducing students to the generic terminology of social research'. *Politics*, 22 (3), 175-186.

Growing up in Ireland Study (2011) *Overweight and Obesity among 9-year olds*. Dublin: Department of Children and Youth Affairs.

Guenther, K.M. (2009) 'The politics of names: rethinking the methodological and ethical significance of naming people, organizations, and places'. *Qualitative Research* 2009 9(4), 411-421.

Guthman, J. (2013) 'Fatuous measures: the artifactual construction of the obesity epidemic'. *Critical Public Health*, 23 (3), 263-73.

Guthman, J. and DuPuis, M. (2006) 'Embodying neoliberalism: economy, culture, and the politics of fat'. *Environment and Planning*, 24, 427-448.

Gustafsson, U., Wills, W. and Draper, A. (2011) 'Editorial: Food and public health: contemporary issues and future directions'. *Critical Public Health*, 21 (4), 385 – 393.

Hall, S (2001) 'Foucault: Power, Knowledge and Discourse' in Margaret Wetherell, Stephanie Taylor and Simeon J. Yates (eds.) *Discourse Theory and Practice a Reader*. London: Sage. 72-81.

Hammersley, M. (2016) 'Childhood Studies: A sustainable paradigm?' *Childhood*, 1-15. DOI: 10.1177/0907568216631399.

Hammersley, M. (1995) *The Politics of Social Research*. London: Sage.

Harris, J., Sarda, V., Schwartz, M., and Brownell, K. (2013) 'Redefining "child-directed advertising" to reduce unhealthy television food advertising'. *American Journal of Preventive Medicine*, 44(4), 358-64

Harris, J., LoDolce, M. and Schwartz, M. (2015) 'Encouraging big food to do the right thing for children's health: a case study on using research to improve marketing of sugary cereals'. *Critical Public Health*, 25(3), 320-332.

Harris, J., Pomeranz, J., Lobstein, T. and Brownell, K. (2009) 'A Crisis in the Marketplace: How Food Marketing Contributes to Childhood Obesity and What Can Be Done'. *Annual Review of Public Health*, 30, 211-25.

Harrison, E. (2012) 'The body economic: The case of 'childhood obesity''. *Feminism & Psychology*, 22 (3), 324-343.

Hashem, K., Haigh, C. and Powell, C. (2011) 'The Irresponsibility Deal? Why the Government's Responsibility Deal is better for the food industry than public health'. London: Children's Food Campaign.

Hastings, G. (2013) *The Marketing Matrix - how the corporation gets its power and how we can reclaim it*. London: Routledge.

Hastings, G. (2012) 'Why corporate power is a public health priority' *British Medical Journal*, 345 (7871), 26-29.

Hastings, G., McDermott, L., Angus, K., Stead, M. and Thomson, S. (2007) 'The extent, nature and effects of food promotion to children: a review of the evidence – technical paper prepared for the World Health Organisation'. Geneva: WHO.

Hastings, G., Stead, M. and McDermott, L. (2004) 'From the billboard to the school canteen: How food promotion influences children'. *Education Review*, 17(2), 17-23.

Hastings, G., Stead, M., McDermott, L., Forsyth, A., MacKintosh, A.M., Rayner, M., Godfrey, C., Caraher, M. and Angus, K. (2003) *Review of Research on the Effects of Food Promotion to Children*. Glasgow: Centre for Social Marketing, University of Strathclyde.

Hawkes, C. (2011) 'Public health sector and food industry interaction: it's time to clarify the term 'partnership' and be honest about underlying interests'. *European Journal of Public Health*, 21 (4), 400-3.

- Hawkes, C. (2007) 'Regulating Food Marketing to Young People Worldwide: Trends and Policy Drivers'. *American Journal of Public Health*, 97 (11), 1962-1973.
- Hawkes, C. and Harris, J. (2011) 'An analysis of the content of food industry pledges on marketing to children'. *Public Health Nutrition*, 14 (8), 1403-1414.
- Hawkes, C., Lobstein, T. and the Polmark Consortium (2011) 'Regulating the commercial promotion of food to children: a survey of actions worldwide'. *International Journal of Paediatric Obesity*, 6, 83-94.
- Henderson, J., Coveney, J., Ward, P. And Taylor, A. (2009) 'Governing childhood obesity: Framing regulation of fast food advertising in Australian print media'. *Social Science & Medicine*, 69, 1402-1408.
- Herdin, T. (2012) 'Deconstructing typologies: Overcoming the limitations of the binary opposition paradigm'. *The International Communication Gazette*, 74(7), 603-18.
- Herrick, C. (2016) 'Alcohol, ideological schisms and a science of corporate behaviours on health'. *Critical Public Health*, 26(1), 14-23.
- Herrick, C. (2009) 'Shifting blame/selling health: corporate social responsibility in the age of obesity'. *Sociology of Health & Illness*, 31, 51-65.
- Hodgins, M., Millar, M. and Barry, M. (2006) "... it's all the same no matter how much fruit or vegetables or fresh air we get": Traveller women's perceptions of illness causation and health inequalities'. *Social Science & Medicine*, 62, 1978-1990.
- Holden, C. and Lee, K. (2009) 'Corporate power and social policy: the political economy of the transnational tobacco companies'. *Global Social Policy*, 9(3), 328-54.
- Hope, A. (2014) 'Schoolchildren, governmentality and national e-safety policy discourse'. *Discourse: Studies in the Cultural Politics of Education*, 36(3), 343-53.
- IBEC (no date) 'Ireland's industry - a profile'. Dublin: IBEC.
- Igumbor, E., Sanders, D., Puoane, T., Tsolekile, L., Schwarz, C., Purdy, C., Swart, R., Durão, S. and Hawkes, C. (2012) "Big Food", the consumer food environment, health and the policy response in South Africa'. *PLOS Medicine*, 9(7), e1001253.
- Institute of Public Health in Ireland (2015) 'Consultation on the development of an Obesity Policy and Action Plan for Ireland. A report developed for the Department of Health by the Institute of Public Health in Ireland'. Dublin: Stationery Office.
- Institute of Public Health (2012) *Proposed Sugar Sweetened Drinks Tax: Health Impact Assessment Technical Report*. Dublin: Institute of Public Health.

Irish Cancer Society and Irish Heart Foundation (2013) *Charities' shock at Taoiseach's tobacco meeting* [Press Release] 23 May. Available at: <http://www.cancer.ie/content/charities%E2%80%99shock-taoiseach%E2%80%99s-tobacco-meeting#sthash.jWwisJGp.dpbs> (Accessed: 19 February 2016).

Irish Heart Foundation (no date) *The marketing of unhealthy foods to children - 75% of Irish parents support ban on advertising of unhealthy foods to children up to 9pm*. Available at: [http://www.irishheart.ie/iopen24/marketing-unhealthy-foods-children-t-38\\_1319\\_263.html](http://www.irishheart.ie/iopen24/marketing-unhealthy-foods-children-t-38_1319_263.html) (Accessed: 19 October 2015).

Irish Heart Foundation, webpage, no date. Available at: [http://www.irishheart.ie/iopen24/marketing-unhealthy-foods-children-t-38\\_1319\\_263.html](http://www.irishheart.ie/iopen24/marketing-unhealthy-foods-children-t-38_1319_263.html). (Accessed 4 May 2016).

IUNA (2001) 'North/South Ireland Food Consumption Survey'. Dublin: Food Safety Promotion Board. Available at: <http://www.iuna.net/docs/NSIFCSummary.pdf> (Accessed: 14 August 2015).

Jackson, M., Harrison, P., Swinburn, B. and Lawrence, M. (2014) 'Unhealthy food, integrated marketing communication and power: a critical analysis'. *Critical Public Health*, 24 (4), 489-505.

Jahiel, R. and Babor, T. (2007) 'Industrial epidemics, public health advocacy and the alcohol industry: lessons from other fields'. *Addiction*, 102, 1335-1339.

James, W.P. (2008) 'The fundamental drivers of the obesity epidemic'. *Obesity Review*, 9 (1), 6-13.

Jenk, C. (2005) *Childhood*. London: Routledge.

Jenkin, G. L., Signal, L. & Thomson, G. (2011) 'Framing obesity: the framing contest between industry and public health at the New Zealand inquiry into obesity'. *Obesity Reviews*, 12, 1022-1030.

Jorgensen, M. and Phillips, L.J. (2002) *Discourse Analysis as Theory and Method*. London: Sage.

Jupp, V. (2005) 'Documents and Critical Research' in R. Sapsford and V. Jupp (eds.) *Data Collection and Analysis*, London: Sage, pp.272-89.

Kass, N. (2001) 'An ethics framework for public health'. *American Journal of Public Health*, 91 (11), 1776-1782.

Keane, E., Kearney, P., Perry, I., Kelleher, C. and Harrington, J. (2014) 'Trends and prevalence of overweight and obesity in primary school aged children in the Republic of



Ireland from 2002-2012: a systematic review'. *BMC Public Health*, 14 (974), <http://www.biomedcentral.com/1471-2458/14/974>.

Kenny, E. (2015) 'Speech by the Taoiseach Mr. Enda Kenny T.D., at the IFA AGM Dinner, Red Cow Hotel, Dublin 22'. Dublin, 2015.  
[http://www.taoiseach.gov.ie/eng/News/Taoiseach's Speeches/Speech by the Taoiseach Mr Enda Kenny T D at the IFA AGM Dinner Red Cow Hotel Dublin 22.html](http://www.taoiseach.gov.ie/eng/News/Taoiseach's_Speeches/Speech_by_the_Taoiseach_Mr_Enda_Kenny_T_D_at_the_IFA_AGM_Dinner_Red_Cow_Hotel_Dublin_22.html)  
(Accessed 15 October 2016).

Kenny, E. (2011) 'Speech by the Taoiseach, Mr. Enda Kenny, T.D., at the Bord Bia "Pathways for Growth" – Food and Drink Summit'. Dublin, 27 May. Available at:  
[http://www.bordbia.ie/industry/events/SpeakerPresentations/2011/PathwaysForGrowthReviewOutlookMay2011/Pathways%20for%20Growth,%20Food%20and%20Drink%20Summit%20\(Presentation%20text\)-%20Taoiseach,%20Mr%20Enda%20Kenny,%20TD.pdf](http://www.bordbia.ie/industry/events/SpeakerPresentations/2011/PathwaysForGrowthReviewOutlookMay2011/Pathways%20for%20Growth,%20Food%20and%20Drink%20Summit%20(Presentation%20text)-%20Taoiseach,%20Mr%20Enda%20Kenny,%20TD.pdf)  
(Accessed 15 October 2016).

Kersh, Rogan and Morone, James (2011) 'Obesity politics and policy', in John Cawley (ed.) (2011) *The Oxford Handbook of the Social Science of Obesity*. New York: Oxford University Press, p. 158-172.

Kim, S.H. and Willis, L.A. (2007) 'Talking about Obesity: News Framing of Who Is Responsible for Causing and Fixing the Problem.' *Journal Health Community*, 12 (4):359-76.

King, L., Hebden, L., Grunseit, A., Kelly, B., Chapman, K. and Venugopal, K. (2011) 'Industry self regulation of television food advertising: Responsible or responsive?' *International Journal of Paediatric Obesity*, 6, e390–e398

Kirby, P. and Murphy, M. (2010) 'Globalisation and Models of State: Debates and Evidence from Ireland'. *New Political Economy*, 16 (1), 19-39.

Klieman, S., Ng, S. and Popkin, B. (2012) 'Drinking to our health: can beverage companies cut calories while maintaining profits?'. *Obesity Reviews*, 13, 258-74.

Klein, N. (2000, 2001) *No Logo*. London: Flamingo.

Kluge, S. (2000) 'Empirically Grounded Construction of Types and Typologies in Qualitative Social Research'. *Forum: Qualitative Social Research*, 1(1), XX- XX.

Knai, C., Petticrew, M., Durand, M., Eastmure, E., James, L., Mehrotra, A., Scott, C. and Mays, N. (2015) 'Has a public-private partnership resulted in action on healthier diets in England? An analysis of the Public Health Responsibility Deal food pledges'. *Food Policy*, 54, 1-10.

Koplan, J. P. & Brownell, K. D. (2010) 'Response of the Food and Beverage Industry to the Obesity Threat'. *JAMA: Journal of the American Medical Association*, 304, 1487-1488.

- Kwan, S. (2009) 'Framing the Fat Body: Contested Meanings between Government, Activists, and Industry'. *Sociological Inquiry*, 79, 25-50.
- Lancaster, K., Duke, K. and Ritter, A. (2015) 'Producing the 'problem of drugs': A cross national-comparison of 'recovery' discourse in two Australian and British reports'. *International Journal of Drug Policy*, 26, 617-625.
- Landon, J. (2013) 'Gaps and weaknesses in controls on food and drink marketing to children in the UK'. *Appetite*, 62, 187-9.
- Lang, T. and Rayner, G. (2012) 'Ecological public health: the 21st century's big idea?' *British Medical Journal*, 345, e5466, doi: 10.1136/bmj.e5466, 1-5.
- Lang, T. and Rayner, G. (2007) 'Overcoming policy cacophony on obesity: an ecological public health framework for policy makers'. *Obesity Reviews*, 8 (Suppl. 1), 165-181.
- Lawrence, R. G. (2004) 'Framing Obesity: The Evolution of News Discourse on a Public Health Issue'. *Harvard International Journal of Press/Politics*, 9, 56-75.
- Layte, R. and McCrory, C. (2011) *Growing Up in Ireland – National Longitudinal Study of Children - Overweight and Obesity among 9-year Olds*. Dublin: The Stationery Office.
- Layte, R. and Turner, M. (2013) 'Does Pregnancy Offer Us a Chance to Reduce Obesity in Ireland?' *ESRI Research Bulletin*, 2 (4).
- LeBesco, K. (2011) 'Neoliberalism, public health, and the moral perils of fatness'. *Critical Public Health*, 21 (2), 153-164.
- Leahy, S., Nolan, A. O'Connell, J. and Kenny, R.A. (2014) *Obesity in an Ageing Society – implications for health, physical function and health service utilisation*. Dublin: The Irish Longitudinal Study on Ageing, Trinity College Dublin.
- Lemke, T. (2002) 'Foucault, Governmentality, and Critique'. *Rethinking Marxism*, 14(3), 49-64.
- Lemke, T. (2001) 'The birth of bio-politics': Michel Foucault's lecture at the *Collège de France* on neo-liberal governmentality'. *Economy and Society*, 30 (2), 190-207.
- Leone, L., Ling, T., Baldassarre, L., Barnett, L., Capranica, L. and Pesce, C. (2015) 'Corporate responsibility for childhood physical activity promotion in the UK'. *Health Promotion International*, doi: 10.1093/heapro/dav051, 1-14.
- Lewin, A., Lindstrom, L. and Nestle, M. (2006) 'Food Industry Promises to Address Childhood Obesity: Preliminary Evaluation'. *Journal of Public Health Policy*, 27, 327-348.

Liebling, A. (2001) 'Whose side are we on? Theory, practice and allegiances in prisons research'. *British Journal of Criminology*, 41, 472-484.

Light, D. W. (2001a) 'Comparative institutional response to economic policy managed competition and governmentality'. *Social Science and Medicine*, 52, 1151-1166.

Light, D.W. (2001b) 'Managed competition, governmentality and institutional response in the United Kingdom'. *Social Science and Medicine*, 52, 1167-1181.

Linn, S. and Novosat, C. (2008) Calories for sale: food marketing to children in the twenty-first century'. *Annals of the American Academy of Political and Social Science*, 615, 133-155.

Lister, R. (2010) *Understanding Theories and Concepts in Social Policy*. Bristol: Policy Press.

Lobstein, T., Jackson-Leach, R., Moodie, M., Hall, K., Gortmaker, S., Swinburn, B., James, W., Wang, Y. and McPherson, K. (2015) 'Child and adolescent obesity: part of a bigger picture'. *The Lancet*, 385, 2510-20.

Lobstein, T. (2006) 'Commentary on "Food, the law and public health"'. *Public Health*, 120 (Suppl. 1), 40-1.

Lobstein, T. and Dobb, S. (2005) 'Evidence of a possible link between obesogenic food advertising and child overweight'. *Obesity Reviews*, 6, 203-208.

Lobstein, T., Baur, L. and Uauy, R. (2004) 'Obesity in children and young people: a crisis in public health'. *Obesity Reviews*, 5 (Suppl.1), 4-85.

Ludwig, D. and Nestle, M. (2008) 'Can the food industry play a constructive role in the obesity epidemic?' *Journal of the American Medical Association*, 15 (300), 1808-11.

Lupton, D. (2014) 'How do you measure up? Assumptions about 'Obesity' and health-related behaviours and beliefs in two Australian 'obesity' prevention campaigns'. *Fat Studies*, 3(1), 32-44.

Lupton (2013) *Fat*. London: Routledge.

Lupton, D. (1996) *Food, the body and the self*. London: Sage.

Lupton, D. (1995) *The imperative of health – public health and the regulated body*. London: Sage.

MacGregor, G., Feng, H. and Pombo-Rodrigues, S. (2015) 'Food and the responsibility deal: how the salt reduction strategy was derailed'. *British Medical Journal*, BMJ 2015;350:h1936 doi:10.1136/bmj.h1936.

- Maher, J.M., Fraser, S. and Lindsay, J. (2010a) 'Between provisioning and consuming?: Children, mothers and 'childhood obesity'. *Health Sociological Review*, 19 (3), 304- 316.
- Maher, J., Fraser, S. and Wright, J. (2010b) 'Framing the mother: childhood obesity, maternal responsibility and care'. *Journal of Gender Studies*, 19 (3), 233-247.
- Malhotra, A., Noakes, T. and Phinney, S. (2015) 'It is time to bust the myth of physical inactivity and obesity: you cannot outrun a bad diet'. *British Journal of Sports Medicine*, doi:10.1136/bjsports-2015-094911.
- Malpass, A., Barnett, C., Clarke, N. and Cloke, P. (2007) 'Problematizing choice: responsible consumers and sceptical citizens' in Mark Bevir and Frank Trentmann (eds.) *Governance, Consumers and Citizens: Agency and Resistance in Contemporary Politics*. Basingstoke: Palgrave MacMillan. 231-256.
- Manning, S. (2014) 'Parents, policy and playcentre: developing a critical research proposal' in Rath, J. and Mutch, C. (eds.) *Emerging Critical Scholarship in Education: Navigating the Doctoral Journey*. Newcastle upon Tyne: Cambridge Scholars Publishing, pp. 44-57.
- Mansfield, L. and Rich, E. (2013) 'Public health pedagogy, border crossings and physical activity at every size'. *Critical Public Health*, 23 (3), 356-370.
- Mayall, B. (2000) 'The sociology of childhood in relation to children's rights'. *The International Journal of Children's Rights*, 8, 243-259.
- Mayall, B. (1998) 'Towards a sociology of child health'. *Sociology of Health & Illness*, 20 (3), 269-88.
- Mayes, C. (2014) 'Governing through choice: Food labels and the confluence of food industry and public health discourse to create 'healthy consumers''. *Social Theory & Health*, 1-2. doi:10.1057/sth.2014.12.
- Mayes, C. and Thompson, D. (2014) 'Is Nutritional Advocacy Morally Indigestible? A Critical Analysis of the Scientific and Ethical Implications of 'Healthy' Food Choice Discourse in Liberal Societies. *Public Health Ethics*, 7(2), 158-69.
- McCambridge, J., Kypri, K., Drummond, C. and Strang, J. (2014) 'Alcohol Harm Reduction: Corporate Capture of a Key Concept'. *PLOS Medicine*, 11 (12), e1001767.
- McDermott, L. (2007) 'A Governmental Analysis of Children "at Risk" in a World of Physical Inactivity and Obesity Epidemics'. *Sociology of Sport Journal*, 24, 302-324.
- McDaniel, P. and Malone, R. (2009) 'The role of corporate credibility in legitimizing disease promotion'. *American Journal of Public Health*, 99(3), 452- 461.
- McDonalds corporate website, [www.mcdonalds.ie](http://www.mcdonalds.ie). (Accessed: 8 February 2012.)

- McDonough, T. and Dundon, T. (2010) 'Thatcherism delayed? The Irish crisis and the paradox of social partnership'. *Industrial Relations Journal*, 41(6), 544-62.
- McGregor, S. (2001) 'Neoliberalism and health care'. *International Journal of Consumer Studies*, 25 (2), 82-89.
- McNaughton, D. (2011) 'From the womb to the tomb: obesity and maternal responsibility'. *Critical Public Health*, 21 (2), 179-190.
- McPhail, D. (2013) 'Resisting biopedagogies of obesity in a problem population: understandings of healthy eating and healthy weight in a Newfoundland and Labrador community'. *Critical Public Health*, 23 (3), 289-303.
- Meade, R. and O'Donovan, O. (2002) 'Editorial introduction: Corporatism and the ongoing debate about the relationship between the state and community development'. *Community Development Journal*, 37(1), 1-9.
- Mikkelsen, B.E. (2005) 'Declining role of governments in promoting healthy eating: time to rethink the role of the food industry?' *Scandinavian Journal of Nutrition*, 49 (3), 128-131.
- Millar, M. (2008) 'Social inclusion and the welfare state: who cares?' in Adshead, M., Kirby, P. and Millar, M (eds.) *Contesting the state - lessons from the Irish case*. Manchester: Manchester University Press, pp. 100-19.
- Miller, D and Harkins, C. (2010) 'Corporate strategy, corporate capture: Food and alcohol industry lobbying and public health'. *Critical Social Policy*, 30 (4), 564-589.
- Miller, T. (2014) 'Foucault, Marx, Neoliberalism: Unveiling Undercover Boss' in James D. Faubion (ed.) *Foucault Now – current perspectives in Foucault Studies*. Cambridge: Polity Press. 188- 202.
- Miller, T. (2010) 'How the media biopoliticized neoliberalism: or, Foucault meets Marx'. *Revista Galaxia*, 20, 22-31.
- Miller, T. (2009) 'Michel Foucault and the critique of sport' in Carrington, B. and McDonald, I. (eds.) *Marxism, Cultural Studies and Sport*. London: Routledge, pp. 181-94.
- Mills, S. (2003) *Michel Foucault*. London: Routledge.
- Monaghan, L. (2013) 'Extending the obesity debate, repudiating misrecognition: Politicising fatness and health (practice)'. *Social Theory & Health*, 11 (1), 81-105.
- Monaghan, L. (2006) 'Weighty Words: Expanding and Embodying the Accounts Framework'. *Social Theory & Health*, 4, 128-167.

- Monaghan, L. (2005) 'Discussion Piece: A Critical Take on the Obesity Debate'. *Social Theory & Health*, 3, 302-314.
- Monaghan, L., Colls, R. and Evans, B. (2013) 'Obesity discourse and fat politics: research, critique and interventions'. *Critical Public Health*, 23 (3), 249-262.
- Monaghan, L., Hollands, R. and Pritchard, G. (2010) 'Obesity Epidemic Entrepreneurs: Types, Practices and Interests'. *Body & Society*, 16 (2), 37-71.
- Monaghan, L. and Malson, H. (2013) 'It's worse for women and girls': negotiating embodied masculinities through weight-related talk'. *Critical Public Health*, 23 (3), 304-19.
- Monteiro, C., Moubarac, J.C., Cannon, S., Ng, W., and Popkin, B. (2013) 'Ultra-processed products are becoming dominant in the global food system'. *Obesity Reviews*, 14(2), 21-28.
- Monteiro, C.A. (2010) 'The big issue is ultra-processing'. *Journal of the World Public Health Nutrition Association*, 1(6), 237-269.
- Monteiro, C.A., Levy, R.B., Claro, R.M., Ribeiro deCastro, I.R. and Cannon, G. (2010) 'A new classification of foods based on the extent and purpose of their processing'. *Cad Saude Publica* 26, 2039-2049.
- Moodie, R., Stuckler, D., Monteiro, C., Sheron, N., Thamarangsi, T., Lincoln, P. and Casswell, S. (2013) 'Profit and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries'. *The Lancet*, 381 (9867), 670-679.
- Moodie, R., Swinburn, B., Richardson, J. and Somaini, B. (2006) 'Childhood obesity – a sign of commercial success, but a market failure'. *International Journal of Paediatric Obesity*, 1(3), 133-138.
- Moran-Ellis, J. (2010) 'Reflections on the Sociology of Childhood in the UK'. *Current Sociology*, 58 (2), 186-205.
- Moreira, P. Galastri Baraldi, L., Moubarac, J.C., Monteiro, C.A., Newton, A., Capewell, S. and O'Flaherty, M. (2015) 'Comparing Different Policy Scenarios to Reduce the Consumption of Ultra-Processed Foods in UK: Impact on Cardiovascular Disease Mortality Using a Modelling Approach'. *PLOS One*, 10(2): e0118353. doi:10.1371/journal.pone.0118353.
- Moubarac, J.C., Bortoletto Martins, A.P., Claro, R.M., Levy, R.B., Cannon, G. and Monteiro, C. (2012) 'Consumption of ultra-processed foods and likely impact on human health. Evidence from Canada'. *Public Health Nutrition*, 16(12), 2240-2248
- Murphy, M. (2012) 'Careless to careful activation – making activation work for women'. Dublin: National Women's Council of Ireland.

National Audit Office (NAO) (UK) (2012) *Memorandum for the Committee of Public Accounts – An update on the government’s approach to tackling obesity*. The Stationery Office: London.

Nestle, M. (2016) ‘Corporate funding of food and nutrition research – science or marketing?’ *JAMA Internal Medicine*, 176(1), 13-4.

Nestle, M. (2002) *Food Politics: How the Food Industry Influences Nutrition and Health*. Berkeley: University of California Press.

Nettleton, S. (2006) *The sociology of health and illness*. Cambridge: Polity Press. 2<sup>nd</sup> ed.

Nettleton, S. (1997) ‘Governing the risky self – how to become healthy, wealthy and wise’ in Alan Peterson and Robin Bunton (eds.) *Foucault, Health and Medicine*. London: Routledge. 207-222

NHF (2012) *Education Key to Tackling Increasing Childhood Obesity Issue, Enable Adults to Set the Example for Children* [Press Release]. Available at: [http://www.nutritionandhealth.ie/Sectors/NHF/NHF.nsf/vPages/Media\\_and\\_Publications~Press\\_Releases~nhf-seminar-2012-obesity-where-do-we-stand-and-where-do-we-go-from-here?OpenDocument](http://www.nutritionandhealth.ie/Sectors/NHF/NHF.nsf/vPages/Media_and_Publications~Press_Releases~nhf-seminar-2012-obesity-where-do-we-stand-and-where-do-we-go-from-here?OpenDocument) (Accessed: 21 August 2015).

NHF (2011) *Nutrition & Health Foundation and Chef Kevin Dundon call on students to revise diets and lifestyle habits* [Press Release]. Available at: [http://www.nutritionandhealth.ie/Sectors/NHF/NHF.nsf/vPages/Media\\_and\\_Publications~Press\\_Releases~eat-smart-week-2011-call-on-students-to-revise-diets-and-lifestyle-habits?OpenDocument](http://www.nutritionandhealth.ie/Sectors/NHF/NHF.nsf/vPages/Media_and_Publications~Press_Releases~eat-smart-week-2011-call-on-students-to-revise-diets-and-lifestyle-habits?OpenDocument), (Accessed: 21 August 2015).

Nixon, L., Mejia, P., Cheyne, A. and Dorfman, L. (2015) ‘Big Soda’s long shadow: news coverage of local proposals to tax sugar-sweetened beverages in Richmond, El Monte and Telluride’. *Critical Public Health*, 25:3, 333-347.

Novak, N. and Brownell, K. (2012) ‘Role of Policy and Government in the Obesity Epidemic’. *Circulation*, 126, 2345-52.

O’Brien, E. (2016) ‘Human Trafficking Heroes and Villains: Representing the Problem in Anti-Trafficking Awareness Campaigns’. *Social & Legal Studies*, 25(2), 205-24.

O’Donovan, O. (2009) ‘Pharmaceuticals, progress and psychiatric contention in early 21st century Ireland’ in Ging, D., Cronin, M. and Kirby, P. (eds.) *Transforming Ireland: Challenges, Critiques, Resources*. Manchester: Manchester University Press, pp. 139-156.

O’Donovan, O. (2008a) ‘Introduction’ in O’Donovan, O. and Glavanis-Grantham, K. (eds.) *Power, Politics and Pharmaceuticals. Drug Regulation in Ireland in the Global Context*. Cork: Cork University Press, pp. 1-9.

- O'Donovan, O. (2008b) 'The emergence of pharmaceutical drug regulation for competition aka profit in Ireland' in O'Donovan, O. and Glavanis-Grantham (eds.) *Power, Politics and Pharmaceuticals. Drug Regulation in Ireland in the Global Context*. Cork: Cork University Press, pp. 61-81.
- O'Donovan, O. (2000) Re-theorizing the interactive state: reflections on a popular participatory initiative in Ireland'. *Community Development Journal*, 35(3), 224-32.
- O'Donovan, O. and Casey, D. (1995) 'Converting patients into consumers: consumerism and the Charter of Rights for Hospital Patients. *Irish Journal of Sociology*, 5, 43-66.
- Ofcom (2007) 'Television advertising of food and drink products to children. Final Statement'. Available at: [http://stakeholders.ofcom.org.uk/binaries/consultations/foodads\\_new/statement/statement.pdf](http://stakeholders.ofcom.org.uk/binaries/consultations/foodads_new/statement/statement.pdf) (Accessed: 19 March 2016).
- O'Neill, J.L., McCarthy, S.N., Burke, S.J., Hannon, E.M., Kiely, M., Flynn, A., Flynn, M.A.T. and Gibney, M.J. (2007) 'Prevalence of overweight and obesity in Irish school children, using four different definitions'. *European Journal of Clinical Nutrition*, 61, 743-51.
- Orbach, S. (2005) 'There is a public health crisis – its not fat on the body but fat in the mind and the fat of profits'. *The Epidemiology of Overweight and Obesity*, 67-9.
- Ortiz, S., Zimmerman, F. and Adler Jr., G. (2016) 'Increasing public support for food-industry related, obesity prevention policies: The role of a taste-engineering frame and contextualized values'. *Social Science & Medicine*, 156, 142-53.
- O'Reilly, C. and Sixsmith, J. (2012) 'From Theory to Policy: Reducing Harms Associated with the Weight-Centred Health Paradigm'. *Fat Studies*, 1 (1), 97-113.
- Osborne, T. (1997) 'Of health and statecraft' in Alan Peterson and Robin Bunton (eds.) *Foucault, Health and Medicine*. London: Routledge. 174-188
- Oxfam (2013) 'Behind the Brands - food justice and the 'Big 10' food and beverage companies'. Oxfam briefing paper 166. Available at: <https://www.oxfam.org/sites/www.oxfam.org/files/bp166-behind-the-brands-260213-en.pdf> (Accessed 14 October 2016).
- Patterson, M. and Johnston, J. (2012) 'Theorizing the obesity epidemic: Health crisis, moral panic and emerging hybrids'. *Social Theory & Health*, 10 (3), 265-291.
- Pereira, R. (2014) 'Using Critical Policy Analysis in Occupational Science Research: Exploring Bacchi's Methodology'. *Journal of Occupational Science*, 21(4), 389-402.
- Petersen, A. (1997) 'Risk, governance and the new public health' in Alan Peterson and Robin Bunton (eds.) *Foucault, Health and Medicine*. London: Routledge. 189-206.



- Perry, I.J., Whelton, H., Harrington, J. and Cousins, B. (2009) 'The heights and weights of Irish children from the post-war era to the Celtic tiger'. *Journal of Epidemiology and Community Health*, 63, 262-4.
- Piachaud, D. (2008) 'Freedom to be a Child: Commercial Pressures on Children'. *Social Policy & Society*, 7 (4), 445-56.
- Pienaar, K. and Savic, M. (2016) 'Producing alcohol and other drugs as a policy 'problem': A critical analysis of South Africa's 'National Drug Master Plan' (2013–2017)'. *International Journal of Drug Policy*, 30, 35-42.
- Porter, C.M. (2012) 'Choice: what we mean by it, and what it means for preventing childhood obesity'. *Public Health Nutrition*, 16 (1), 123-129.
- Powell, D. (2014) 'Childhood obesity, corporate philanthropy and the creeping privatisation of health education'. *Critical Public Health*, 24 (2), 226-238.
- Powell, D. and Gard, M. (2014) 'The governmentality of childhood obesity: Coca-Cola, public health and primary schools'. *Discourse: Studies in the Cultural Politics of Education*, DOI: 10.1080/01596306.2014.905045.
- Purcell, M. (2010) 'Raising healthy children: Moral and political responsibility for childhood obesity'. *Journal of Public Health Policy*, 31 (4), 433-446.
- Prout, A. (2000) 'Children's Participation: Control and Self-realisation in British Late Modernity'. *Children & Society*, 14, 304-15.
- Rail, G., Holmes, D. and Murray, S.J. (2010) 'The politics of evidence on 'domestic terrorists': Obesity discourses and their effects'. *Social Theory & Health*, 8 (3), 259-279.
- Raine, K., Lobstein, T., Landon, J., Potvin Kent, M., Pellerin, S., Caulfield, T., Finegood, D., Mongeau, L., Neary, N. and Spence, J. (2013) 'Restricting marketing to children: Consensus on policy interventions to address obesity'. *Journal of Public Health Policy*, 1-15.
- Raphael, D. (2011) 'A discourse analysis of the social determinants of health'. *Critical Public Health*, 21(2), 221-236.
- Rayner, M. and Lobstein, T. (2009) *The UK Ofcom Nutrient Profiling Model – defining 'healthy' and 'unhealthy' food and drinks for TV advertising to children* [Report] Available at: <http://www.ndph.ox.ac.uk/bhfcnp/about/publications-and-reports/group-reports/uk-ofcom-nutrient-profile-model.pdf> (Accessed: 21May 2015).
- Red C (2011) *Food Advertising research on behalf of the Irish heart Foundation; Children's Rights Alliance; National Youth Council of Ireland* [Report] Available at: [http://www.irishheart.ie/iopen24/marketing-unhealthy-foods-children-t-38\\_263.html](http://www.irishheart.ie/iopen24/marketing-unhealthy-foods-children-t-38_263.html) (Accessed: 19 March 2016).

- Rich, E. (2010) 'Obesity assemblages and surveillance in schools'. *International Journal of Qualitative Studies in Education*, 23 (7), 803-821.
- Rich, E. and Evans, J. (2005) 'Fat Ethics – The Obesity Discourse and Body Politics'. *Social Theory & Health*, 3, 341- 358.
- Robbins, A. and Nestle, M. (2011) 'Obesity as collateral damage: A call for papers on the Obesity Epidemic'. *Journal of Public Health Policy*, 32, 143-5.
- Rose, G. (1992) *The Strategy of Preventative Medicine*. Oxford: Oxford University Press.
- Rose, N. (2001) 'The politics of life itself'. *Theory, Culture & Society*, 18 (6), 1-30.
- Rose, N. (2000) 'Government and Control'. *British Journal of Criminology*, 40, 321-339.
- Rose, N. (1999) *Governing the Soul: The Shaping of the Private Self*. 2nd ed. London: Free Association Books.
- Rose, N. (1996) 'The death of the social? Refiguring the territory of government'. *Economy and Society*, 25 (3), 327-356.
- Rose, N. and Miller, P. (2010) 'Political power beyond the State: problematics of government'. *British Journal of Sociology*, 271-303.
- Rouse, J. (2005) 'Power/knowledge' in Gary Gutting (ed.) *The Cambridge Companion to Foucault*. 2nd ed. Cambridge: Cambridge University Press. 95- 121.
- Royal College of Paediatrics and Child Health (UK) (April 2012) *Position statement – Childhood obesity* [Report] Available at: <http://www.rcpch.ac.uk/system/files/protected/page/obesitypositionstatement.pdf> (Accessed: 2 August 2014).
- Royal College of Physicians of Ireland (2014) 'The race we don't want to win – tackling Ireland's obesity epidemic'. Dublin: RCPI.
- Ryan, K. (2014) 'Childhood, biosocial power and the 'Anthropological Machine': life as a governable process?' *Critical Horizons*, 15(3), 266-283.
- Ryan, K. (2010) 'Governing the future: citizenship as technology, empowerment as technique'. *Critical Sociology*, 37(6), 763-778.
- Sacks, G., Mialon, M., Vandevijvere, S., Trevena, H., Snowdon, W., Crino, M. and Swinburn, B. (2015) 'Comparison of food industry policies and commitments on marketing to children and product (re)formulation in Australia, New Zealand and Fiji'. *Critical Public Health*, 25:3, 299-319.

Saguy, A.C. and Almeling, R. (2008) 'Fat in the Fire? Science, the News Media, and the "Obesity Epidemic"'. *Sociological Forum*, 23 (1), 53-83.

Saguy, A. C. and Campos, Paul (2011) 'Medical and Social Science Debates over Body Weight' in John Cawley (ed.) (2011) *The Oxford Handbook of the Social Science of Obesity*. New York: Oxford University Press, p. 572-583.

Sapsford, R. (2005) 'Discourse Research' in R. Sapsford and V. Jupp (eds.) *Data Collection and Analysis*, London: Sage, pp. 260-271.

Sarantakas, S. (2005) *Social Research*. Basingstoke: Palgrave Macmillan.

Schwartz, M. and Brownell, K. (2007) 'Actions necessary to prevent childhood obesity: creating the climate for change'. *Journal of law, medicine and ethics*, Spring, 78- 89.

Schwartz, M. and Puhl, R. (2003) 'Childhood obesity: a societal problem to solve'. *Obesity Reviews*, 4, 57-71.

Schartz, M. and Ustjanauskas, A. (2012) 'Food Marketing to Youth: Current Threats and Opportunities'. *Childhood Obesity*, 8 (2), 85-88.

Seear, K. and Fraser, S. (2014) 'The addict as victim: Producing the 'problem' of addiction in Australian victims of crime compensation laws'. *International Journal of Drug Policy*, 25, 826-835.

Share, M. & Strain, M. (2008) 'Making schools and young people responsible: a critical analysis of Ireland's obesity strategy'. *Health & Social Care in the Community*, 16, 234-243.

Sharma, L., Teret, S. and Brownell, K. (2010) 'The Food Industry and Self-Regulation: Standards to Promote Success and to Avoid Public Health Failures'. *American Journal of Public Health*. 100 (10), 240- 246).

Silva Canella, D., Levy, R.B., Bortoletto Martins, A.P., Claro, R.M., Moubarac, J.C., Galastri Baraldi, L., Cannon, G. and Monteiro, C.A. (2014) 'Ultra-Processed Food Products and Obesity in Brazilian Households (2008–2009)'. *PLOS ONE*, 9 (3), e92752.  
doi:10.1371/journal.pone.0092752

Silverman, D. (2010) *Doing Qualitative Research*. London: Sage.

Simon, M. (2013) 'A guide to food industry front groups'. Center for Food Safety, Available at: [http://www.centerforfoodsafety.org/files/cfs\\_front\\_groups\\_79234.pdf](http://www.centerforfoodsafety.org/files/cfs_front_groups_79234.pdf) (Accessed: 14 August 2015).

Skinner, A.C. and Foster, E.M. (2013) 'Systems Science and Childhood Obesity: A Systematic Review and New Directions'. *Journal of Obesity*, <http://dx.doi.org/10.1155/2013/129193>.

SLÁN (2008) *SLAN 2007: Survey of Lifestyle, Attitudes & Nutrition in Ireland*. Dublin: Department of Health.

Smith, K. (2012) 'Producing governable subjects: Images of childhood old and new'. *Childhood*, 19 (1), 24-37.

Smith, K., Fooks, G., Collin, J., Weishaar, H., Mandal, S. and Gilmore, A. (2010) "'Working the system" – British American Tobacco's Influence on the European Union Treaty and Its Implications for Policy: An Analysis of Internal Tobacco Industry Documents'. *PLOS Medicine*, 7 (1), e1000202, 1-17.

Snape, D. and Spencer, L. (2003) 'The foundation of qualitative research' in J. Ritchie and J. Lewis (eds.) *Qualitative Research Practice: A Guide for Social Science Students and Researchers*, London: Sage, pp.1-23.

Spicker, P. (2007) 'The ethics of policy research'. *Evidence & Policy*, 3 (1), 99-118.

Springer, S. (2012) 'Neoliberalism as discourse: between Foucauldian political economy and Marxian poststructuralism'. *Critical Discourse Studies*, 9 (2), 133-47.

Stenvoll, D. and Svensson, P. (2011) 'Contestable contexts: the transparent anchoring of contextualization in text-as-data'. *Qualitative Research*, 11 (5), 570-586.

Stuckler, D., McKee, M., Ebrahim, S. and Basu, S. (2012) 'Manufacturing Epidemics: The Role of Global Producers in Increased Consumption of Unhealthy Commodities Including Processed Foods, Alcohol, and Tobacco'. *PLOS Medicine*, 9(6), e1001235, 1-8.

Stuckler, D. and Nestle, M. (2012) 'Big Food, Food Systems, and Global Health'. *PLOS Medicine*, 9 (6) e1001242.

Swinburn, B., Kraak, V., Rutter, H., Vandevijvere, S., Lobstein, T., Sacks, G., Gomes, F., Marsh, T. and Magnusson, R. (2015) 'Strengthening the accountability systems to create healthy food environments and reduce global obesity'. *The Lancet*, 385 (9986), 2534–2545.

Swinburn, B., Sacks, G., Hall, K., McPherson, K., Finegood, D., Moodie, M. and Gortmaker, S. (2011) 'The global obesity pandemic: shaped by global drivers and local environments'. *The Lancet*, 378, 804-14.

Tatlow-Golden, M. (2016) *Who's feeding the kids online - digital food marketing to children in Ireland*. Dublin: Irish Heart Foundation.

Taylor, G. and Millar, M. (2004) 'The politics of food regulation and reform in Ireland'. *Public Administration*, 82(3), 585-603.

Taylor, G. and Millar, M. (2002) "The Appliance of Science": The Politics of Reform and European Food Regulation and Reform'. *Public Policy and Administration*, 17 (2), 125-146.

The Coca-Cola Company (2011) Our position on obesity – including well-being facts.

[Report] Available at: <http://assets.coca-colacompany.com/9b/62/c661da674cc690db3ccad9195639/obesity-position-statement.pdf> (Accessed: 30 October 2015).

The Irish Longitudinal Study on Ageing (2011) *Fifty Plus in Ireland 2011*. Dublin: Trinity College Dublin.

*The Irish Times* (2016) 'Ministers lobbied 40 times in three months on alcohol issues', 26 January. Available at: <http://www.irishtimes.com/news/health/ministers-lobbied-40-times-in-three-months-on-alcohol-issues-1.2510232> (Accessed: 19 February 2016).

*The Irish Times* (2013) 'Taoiseach holds formal talks with tobacco industry', 23 May. Available at: <http://www.irishtimes.com/news/taoiseach-holds-formal-talks-with-tobacco-industry-1.1403487> (Accessed: 19 February 2016).

*TheJournal.ie* (2015) *Kraft and Heinz are merging to make a giant company with lots of food like this*, 25 March. Available at: <http://businessetc.thejournal.ie/kraft-heinz-merger-2012794-Mar2015/> (Accessed 27<sup>th</sup> March 2015).

*The New York Times*, (2015) *Coca-Cola Funds Scientists Who Shift Blame for Obesity Away From Bad Diets*, 9 August. Available at: [http://well.blogs.nytimes.com/2015/08/09/coca-cola-funds-scientists-who-shift-blame-for-obesity-away-from-bad-diets/?\\_r=0](http://well.blogs.nytimes.com/2015/08/09/coca-cola-funds-scientists-who-shift-blame-for-obesity-away-from-bad-diets/?_r=0) (Accessed 23 February 2016).

Thomson, D. (2009) 'Big Food and the Body Politics of Personal Responsibility'. *Southern Communication Journal*, 74 (1), 2-17.

Titscher, S., Meyer, M., Wodak, R. & Vetter, E. (2000) *Methods of Text and Discourse Analysis*. London: Sage.

Torr, R. (2008) 'Theoretical perspectives as ideal-types: typologies as means not ends'. *Social Epistemology*, 22(2), 145-164.

Townend, L. (2009) 'The moralizing of obesity: A new name for an old sin?' *Critical Social Policy*, 29 (2), 171-190.

Tracy, S. J. (2010) 'Qualitative Quality: Eight "Big-Tent" Criteria for Excellent Qualitative Research'. *Qualitative Inquiry*, 16, 837-851.

UK Cabinet office [Webpage] <http://www.cabinetoffice.gov.uk/behavioural-insights-team>. (Accessed: 6 February 2012).

UK Department of Health (2011) 'Nutrient Profiling Technical Guidance'. Available at: <http://www.dh.gov.uk/publications> (Accessed 2 March 2012).

United Nations (2014) *UN expert in cultural rights calls for greater scrutiny and control of commercial advertising* [Press Release]. Available at: <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=15229&LangID=E> (Accessed: 19 May 2015).

United Nations General Assembly (2011) *Political declaration of the High-level meeting of the General assembly on the prevention and control of non-Communicable Diseases*. New York: UN.

Vander Schee, C. (2009). 'Fruit, vegetables, fatness and Foucault: governing students and their families through school health policy'. *Journal of Education Policy*, 24 (5), 557-574.

Wandel, T. (2001) 'The Power of Discourse: Michel Foucault and Critical Theory'. *Cultural Values*, 5 (3), 368 – 382.

Vandevijvere, S., Chow, C., Hall, K., Umali, E. and Swinburn, B. (2015) 'Increased food energy supply as a major driver of the obesity epidemic: a global analysis'. *Bulletin of the World Health Organisation*, 93(7), 446–456.

Veitch, K. (2010) 'The Government of Health Care and the Politics of Patient Empowerment: New Labour and the NHS Reform Agenda in England'. *Law & Policy*, 32 (3), 313- 331.

Voigt, K., Nicholls, S.G. and Williams, G. (2014) *Childhood obesity – ethical and policy issues*. New York: Oxford University Press.

Warin, M. (2011) 'Foucault's progeny: Jamie Oliver and the art of governing obesity'. *Social Theory and Health*, 9, 24-40.

Williams, G. (2008) 'Responsibility as Virtue'. *Ethical Theory and Moral Practice*, 11 (4), 455-470.

Williams, S. and Nestle, M (2015) "Big Food": taking a critical perspective on a global public health problem'. *Critical Public Health*, 25:3, 245-247.

Winson, A. (2004) 'Bringing political economy into the debate on the obesity epidemic'. *Agriculture and Human Values*, 21, 299-312.

Wodak, R. and Meyer, M. (2009) 'Theoretical and methodological aspects of Foucauldian critical discourse analysis and dispositive analysis' in Ruth Wodak and Michael Meyer (eds.) *Methods of Critical Discourse Analysis 2<sup>nd</sup> Edition*, London: Sage. 34-61.

WHO Childhood Obesity Surveillance Initiative (2014) *The Childhood Obesity Surveillance Initiative (COSI) in the Republic of Ireland: Findings from 2008, 2010 and 2012*. Dublin: Health Service Executive.

World Health Organisation (2013a) *Marketing of food high in fat, salt and sugar to children: update 2012-13*. Denmark: WHO Europe.

World Health Organisation (2013b) 'Helsinki Statement on Health in All Policies'. [Report]  
Available at:  
[http://www.who.int/healthpromotion/conferences/8gchp/8gchp\\_helsinki\\_statement.pdf](http://www.who.int/healthpromotion/conferences/8gchp/8gchp_helsinki_statement.pdf)  
(Accessed: 26 February 2016.)

World Health Organization (2010) 'Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children'. Geneva: WHO.

World Health Organisation (2004) *Global Strategy on Diet, Physical Activity and Health*. Geneva: WHO.

World Health Organisation (2003) *Diet, nutrition and the prevention of chronic diseases*. Technical Report Series, 916. Geneva: WHO.

Wrbouschek, M. (2009) 'Discourse analysis and social critique'. *Psychology and Society*, 2 (1), 36-44.

Yates, S. and Hiles, D. (2010) 'Towards a "Critical Ontology of Ourselves"? Foucault, Subjectivity and Discourse Analysis'. *Theory & Psychology*, 20(1), 52-75.

Yngfalk, C. (2015) 'Bio-politicizing consumption: neo-liberal consumerism and disembodiment in the food marketplace'. *Consumption Markets & Culture*, DOI: 10.1080/10253866.2015.1102725.

Zivkovic, T., Warin, M., Davies, M. and Moore, V. (2010) 'In the name of the child. The gendered politics of childhood obesity'. *Journal of Sociology*, 46 (4), 375-392.

Zufferey, C. (2014) 'Questioning Representations of Homelessness in the Australian Print Media'. *Australian Social Work*, 67(4), 525-536.

## **Appendices**



## Appendix 1: Analysis sheet for WPR questions

WPR Question	To examine	Thesis Question
<b>1. What's the 'problem' represented to be in a specific policy?</b>	Read the problem from the policy proposal.	What's the 'problem' of childhood obesity represented to be in the submissions of Big Food?
<ul style="list-style-type: none"> <li>• "What is assumed to be the 'problem'?" (Bacchi, 2009: 263).</li> <li>• Problem representation (PR) - 'the kind of change implied in a policy proposal' (Bacchi, 2009: xi).</li> <li>• WPR does not consider policies as sitting outside the policy process, waiting to be 'fixed' – instead "working backwards" from concrete proposals to reveal what is represented to be the 'problem' within these proposals' (Bacchi, 2009: 3).</li> </ul>		
<b>2. What presuppositions or assumptions underlie this representation of the 'problem'?</b>	<p>Foucauldian archaeology of conceptual logics and political rationalities.</p> <p>Binaries, key concepts and categories.</p>	What presuppositions or assumptions underline this representation of childhood obesity?
<ul style="list-style-type: none"> <li>• Which meanings and presuppositions are necessary for this representation 264 of the 'problem' to make sense or to be coherent?' (Bacchi, 2009: 263-4).</li> <li>• '...make visible the multiple and overlapping forms of rule (political rationalities) enshrined in selected programs, projects or legislation...' (Bacchi, 2009: 140).</li> <li>• conceptual logics that underpin specific problem representations</li> <li>• '... type of assumptions, of familiar notions, of established, unexamined ways of thinking the accepted practices are based' (Foucault, 1994: 456) [quoted in Bacchi, 2009: xv].</li> <li>• Binaries - irresponsibility/responsibility.</li> <li>• Key concepts (and meaning given to them)/ words – balance/healthy /Irish diet /prevention (to imply that there is something inherently bad in the individuals which must be overcome)</li> <li>• Categories (types / measurements) – parents/children</li> <li>• Category politics – '... some people profit from the visions of reality they offer... I try to capture this aspect of the uses of discourse in my notion of category politics, which refers to the deployment of categories for political purposes' (Bacchi, 2000: 53).</li> </ul>		
<b>3. How has this representation of the 'problem' come about?</b>	Foucauldian genealogy of the practices and processes leading to dominance of problem representation.	How has Big Food's representation of childhood obesity come about?
<ul style="list-style-type: none"> <li>• 'How has this representation of the 'problem' come to prominence?' (Bacchi, 2009: 263-4).</li> <li>• Assess the conditions that allow a particular PR to take shape and dominate.</li> <li>• Origins – history – mechanisms</li> </ul>		

<b>4. What is left unproblematic in this problem representation? What are the silences? Can the 'problem' be thought about differently?</b>	Limits in the problem representation. Cross cultural comparisons and changes in problem representation over time.	What is left unproblematic in this representation of childhood obesity? Where are the silences? Can childhood obesity be thought about differently?
<ul style="list-style-type: none"> <li>• '... what does this representation of the 'problem' take for granted and leave unquestioned?' (Bacchi, 2009: 263-4).</li> <li>• Silences – profitability of companies, social inequalities</li> <li>• Ambiguities</li> <li>• Possible different ways of thinking</li> </ul>		
<b>5. What effects are produced by this representation of the problem?</b>	Discursive effects, subjectification effects and lived effects.	What subject positions are produced by Big Food's representation of childhood obesity?
<ul style="list-style-type: none"> <li>• Subject positions in Big Food's discourse</li> <li>• '...the implications that flow from the specific ways of representing the 'problem'...' (Bacchi, 2009: 140).</li> <li>• 'Since identified problem representations play such a significant role in how we are governed, we also get the opportunity to consider <i>more precisely</i> how they affect our lives and the lives of others (Q5), how they influence who we are and our views of others (Q5)' (Bacchi, 2009: 263-4).</li> <li>• Subjectification effects (setting groups in opposition – dividing practices – apportioning of responsibility) – the 'health consumer' means people's expectations come to be those of consumers, rather than citizens.</li> <li>• Effects – forms of harm experience by different groups</li> <li>• 'How does the attribution of responsibility for the 'problem' affect those so targeted and the perceptions of the rest of the community about who is to 'blame'? (Bacchi, 2009: 18).</li> <li>• [Discursive effects (limits on the social analysis which can be produced)]</li> <li>• [Lived effects (material effects, direct effect on lives).]</li> </ul>		
<b>6. How/where is this representation of the 'problem' produced, disseminated and defended? How could it be questioned, disrupted and replaced?</b>	Possibility of resistance and discursive potential for re-problematisation.	How/where is Big Food's representation of childhood obesity produced, disseminated and defended? How could it be questioned, disrupted and replaced?
<ul style="list-style-type: none"> <li>• '... who supports these problem representations, and how they could be challenged, if we are unhappy with them' (Bacchi, 2009: 263-4).</li> <li>• Identify forms of resistance</li> <li>• How does the PR reach audiences and achieve legitimacy?</li> <li>• What individuals have access to the discourse?</li> <li>• How is the discourse institutionalised?</li> <li>• The role of media in disseminating PR.</li> </ul>		

## Appendix 2: Analysis sheet for discourse strands

### 1. Advanced Liberal

**The (ir)responsible child-consumer**

*Big Food likely to accept and use*

- Responsible, consumers who manage their own risks (including risk of obesity) with minimal intervention from government
- Redraw the role of government in terms of the market
- There is no such thing as bad foods, just bad choices'
- Valorise corporations

<b>Personal responsibility</b>	<ul style="list-style-type: none"> <li>○ Problem for the individual</li> <li>○ Responsible child</li> <li>○ Individual fat body</li> <li>○ Commit to a healthy lifestyle</li> <li>○ No bad foods</li> <li>○ Nanny state</li> <li>○ Economic-rational actor</li> <li>○ (Im)moral character of obesity</li> <li>○ Blaming mothers</li> </ul>
<b>Consumer choice &amp; avoidance of risk</b>	<ul style="list-style-type: none"> <li>○ Risk and responsabilisation</li> <li>○ Self-governance</li> <li>○ 'Right' choices</li> <li>○ Choice</li> <li>○ Consumer</li> <li>○ Consumer choice</li> <li>○ Market worth</li> <li>○ 'Pure' choices</li> <li>○ Veils the role of Big Food in creating consumer demand</li> <li>○ Self-regulation</li> <li>○ Choice as responsibility</li> <li>○ Physical activity is the 'right' choice/ over-eating (over-consumption) the 'wrong' choice</li> </ul>

### 2. Public health

**Parental ignorance and irresponsibility**

*Big Food likely to adapt and use*

- Focuses on parents, blaming them for failing to educate their children about good food choices
- Seeks to move beyond childhood obesity as a personal responsibility to a focus on environmental factors, but it remains wedded to individual behaviour change
- Finessing advanced liberal discourses of childhood obesity, related to personal responsibility, freedom of choice and consumerism, public health falls into instructing children on the 'right' food to eat and the 'proper' level of physical activity

<b>Behaviour change</b>	<ul style="list-style-type: none"> <li>○ 'Healthy consumer'</li> <li>○ Reduce lifestyle into individual behaviours chosen in isolation</li> <li>○ Responsibility of individual children and their parents</li> </ul>
<b>'Obesogenic' environment</b>	<ul style="list-style-type: none"> <li>○ Obesity epidemic</li> <li>○ Environmental diagnosis</li> <li>○ 'Healthy choices'</li> <li>○ Focus on children as appropriate site of change</li> <li>○ 'Toxic environment'</li> <li>○ Ignoring structural factors</li> <li>○ Individual solutions to societal problems</li> </ul>

### 3. Critical public health

#### The facilitating state

#### *Big Food likely to ignore or reject*

- Critique of state governmentality through which the state divests itself of responsibility for the conditions in which citizens live
- Call for socio-economic/structural change
- Obesity as socially-constructed
- Reject obesity = ill-health

<b><i>Social change</i></b>	<ul style="list-style-type: none"> <li>○ Government domination and self-regulation</li> <li>○ Surveillance and control</li> <li>○ Unequal power relations</li> <li>○ Obesity epidemic as moral campaign</li> <li>○ Focus on children as biopolitical future-proofing</li> <li>○ Structural factors</li> <li>○ Highlight health inequalities</li> </ul>
<b><i>Health at Every Size/Fat Studies</i></b>	<ul style="list-style-type: none"> <li>○ Fat-as-freedom</li> <li>○ Healthy fat</li> </ul>
<b><i>Corporate influence</i></b>	<ul style="list-style-type: none"> <li>○ Gluttonous, gargantuan Big Food</li> <li>○ Capitalist culture</li> <li>○ Hyperconsumption</li> <li>○ Profit</li> <li>○ Maximising sales</li> </ul>

## Appendix 3: Guide for extraction from sample documents

1. Representation of obesity	
Obesity is complex and multifactorial	<ul style="list-style-type: none"> <li>• Complexity</li> <li>• Stakeholders</li> </ul>
Obesity is not caused by food	<ul style="list-style-type: none"> <li>• Healthy/unhealthy</li> <li>• Complexity of food</li> <li>• Discrimination of foods</li> <li>• Categorisation of food</li> <li>• Balanced diet</li> <li>• Naming of products and brands</li> <li>• Nutrients/composition of food</li> </ul>
Obesity is not caused by marketing	<ul style="list-style-type: none"> <li>• Marketing</li> <li>• Industry regulation of marketing</li> <li>• Benefits of marketing</li> </ul>
2. Subject positions	
Responsible corporate citizen	<ul style="list-style-type: none"> <li>• Credentials</li> <li>• Self-regulation/co-regulation</li> <li>• Limits of corporate citizenship</li> <li>• Reformulation</li> <li>• Stakeholders</li> </ul>
Unscientific and politically motivated regulator	<ul style="list-style-type: none"> <li>• Science</li> <li>• Public health data</li> <li>• Policy process</li> <li>• Irishness</li> <li>• Big Food as stakeholders</li> <li>• Statutory regulation</li> </ul>
Responsible child-consumer / Child-glutton	<ul style="list-style-type: none"> <li>• Definition of children/complexity of children</li> <li>• Children as a site of change</li> <li>• Diets of children</li> </ul>
In control parents Out of control parents	<ul style="list-style-type: none"> <li>• Big Food helping parents</li> <li>• Behaviour change</li> </ul>
Informed, responsible consumers / Irresponsible consumers	<ul style="list-style-type: none"> <li>• Consumers</li> <li>• Consumer demand</li> <li>• Education/ignorance</li> </ul>

## Appendix 4: Assessment of whether a food organisation represented the four attributes of Big Food used in this study

Possible Big Food organisation	Four attributes of 'Big Food'				Defined as Big Food Included in sample
	1. Concentrated market power	2. Sell ultra-processed products	3. Products - potentially negative health effects	4 Adversarial to public health policies	
	<i>Tick if applicable<sup>32</sup></i>				
Agriaware					
Beverage Council of Ireland	✓	✓	✓	✓	✓
Britvic Ireland	✓	✓	✓	✓	✓
Burger King	✓	✓	✓	✓	✓
Cashel Blue & Crozier Blue Cheeses			✓		
Chocolate, Confectionary and Biscuit Council of Ireland	✓	✓	✓	✓	✓
Dairy Council UK					
Durrus Cheese			✓		
Ferrero UK and Ireland	✓	✓	✓	✓	✓
Food and Drink Industry Ireland	✓	✓	✓	✓	✓
Glanbia	✓	✓	✓	✓	✓
Gubbeen Farmhouse Products, Ltd.			✓		
International Dairy Federation			✓	✓	
Irish Apple Growers Association					
Irish Breakfast Cereal Association	✓	✓	✓	✓	✓
Irish Cooperative Organisation Society					
Irish Creamery Milk Suppliers Association			✓		
Irish Dairy Board			✓	✓	
Irish Dairy Industries Association			✓		
Irish Farmers' Association			✓	✓	
Irish Farmhouse Cheesemakers Association			✓		
Kelloggs	✓	✓	✓	✓	✓
Kerry Foods	✓	✓	✓	✓	✓
Kraft Foods Ireland	✓	✓	✓	✓	✓

<sup>32</sup> Decisions based on reading submissions made by each organisation. Further information about the organisation and its products was sought via organisations' websites and reports.

Macra Na Feirme					
Mars Ireland	✓	✓	✓	✓	✓
National Dairy Council			✓	✓	
Nestle Ireland	✓	✓	✓	✓	✓
Sheridans Cheesemongers			✓		
The Coca-Cola Company	✓	✓	✓	✓	✓
The Irish Dairy Industries Association			✓		
Unilever	✓	✓	✓	✓	
Wexford Creamery			✓		

