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Citation:

Gillborn, S and Rickett, B and Woolhouse, M (2022) "You just feel like you've failed them": A Feminist Relational Discourse Analysis on mothers' voiced accounts of the 'duty to protect' children from fatness. *Feminism and Psychology*, 32 (2). pp. 224-245. ISSN 0959-3535 DOI: <https://doi.org/10.1177/09593535221074802>

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Document Version:

Article (Accepted Version)

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Gillborn, S, Rickett, B., & Woolhouse, M. (2022). "You just feel like you've failed them": A Feminist Relational Discourse Analysis on mothers' voiced accounts of the 'duty to protect' children from fatness. *Feminism and Psychology*. doi.org/ 10.1177/09593535221074802

# A Feminist Relational Discourse Analysis of mothers' voiced accounts of the 'duty to protect' children from fatness and fatphobia

## Abstract

Research has highlighted damaging contradictions in the responsabilisation of mothers over children's health, at once held responsible for tackling 'childhood obesity' while being cautious not to encourage children to become obsessive with their bodies. While research has highlighted discourses of mother blame and elucidated mothers' experiences, less is known about how mothers negotiate discourse in their voiced accounts. Utilising Feminist Relational Discourse Analysis, this study analysed interviews with 12 mothers in England to explore their experiences of a nationally mandated BMI screening programme in schools and explore how discourses shape their voices and stories. In negotiating complex and contradictory discourses of motherhood and fatness, participants expressed a 'duty to protect' their children from both fatphobia and fatness. While tackling the 'obesity epidemic' was framed as a shared moral duty of all parents, mothers felt that the duty to protect children from the harm of fatphobia is a private and personal struggle that they need to endure alone. Negotiating these responsibilities left mothers feeling guilt at their personal 'failure' to protect their children from one or both harms. This analysis calls attention to how dominant discourses impact mothers and serve to personally responsabilise them for the harm caused by state-sanctioned fatphobia.

## Introduction

### *Dominant 'obesity' discourse*

Defined using BMI (Guthman, 2013), fatness is medicalised as 'overweight' or 'obesity', and mainstream 'obesity' research aims to understand causes of 'obesity' and subsequently inform interventions and public health responses. While this research has been challenged for its shortcomings (e.g. Bacon & Aphramor, 2011), discourse of 'obesity' as an inherent danger have become established as 'regimes of truth' (Foucault, 1975/1995) providing the norms to which populations should be adhere to (Foucault, 1963/1989).

Moreover, fatness is regarded as a 'virtual confessor' to irresponsible lifestyles (Murray, 2009) and, particularly in the context of scarcity and inequality (Ayo, 2012; Harrison, 2012), fatness is constructed as an immoral choice (Mulder et al., 2014). With both the USA (Dickman et al., 2017) and UK (Marmot et al., 2020) experiencing periods of extreme inequality and deprivation, discrimination targeted towards fat people, constructed as failing to consume responsibly, is profoundly prevalent. Such discourses are sanctioned within government policy (Gillborn et al., 2020). These discourses do not implicate all fat people equally; discourses position working-class and people of colour as disproportionately 'obese' communities that threaten the nation's health (Herndon, 2005) thereby individualising blame to marginalised groups and shifting blame from socially and politically located inequalities (Boero, 2009).

### *The responsabilisation of mothers*

With the 'healthy body' constructed through moralising discourses (Murray, 2009), an increase in the number of children marked as 'overweight' and 'obese' is increasingly regarded as evidence of a risk to the future economic health of society (Harrison, 2012) and the protection of societal morals and norms (Coveney, 2008). Thereby, in recent years, 'obesity' policy and

research have increasingly targeted children (e.g., Hales et al., 2018), with the actions and influence of mothers, in particular, a frequent target of research and intervention (e.g., Gross et al., 2014; Hughes et al., 2016; Rodgers et al., 2013). For years, feminist research has demonstrated how mothers carry the burden of responsibility for childcare and health, responsabilised for children's various outcomes and their actions interrogated from before conception (Parker & Pausé, 2017; Warin et al., 2012). Governmentality scholars have highlighted this responsabilisation of mothers as a 'biopolitical project' in service to neoliberalism (Parker & Pausé, 2019), emphasising individual responsibility and justifying interventions for 'problem bodies' (Rabinow & Rose, 2006). Therefore, discourses holding mothers responsible for their children's pathologised bodies serve as a biopolitical tool, ensuring mothers govern their own behaviour and that of their children to meet idealised standards of health. Indeed, policy documents related to the implementation of the NCMP construct active engagement in the programme as the moral duty of responsible citizens and good parents (Gillborn et al., 2020).

Mothers' responsibilities when it comes to outcomes related to eating behaviours and weight are often contradictory, encouraged to monitor their children to prevent 'obesity' (e.g., Twarog et al., 2016) while being cautious not to encourage children, particularly daughters, to become obsessive with their bodies and food consumption (Vander Ven & Vander Ven, 2003). Critical scholars have highlighted these damaging contradictions, calling attention to patriarchal cultural norms that construct idealised bodies (Woolhouse & Day, 2015) and position women's and girls' bodies as in constant need of improvement in ways that harm mothers and daughters alike (Walsh & Rinaldi, 2018). Dominant discourses that responsabilise mothers for the harm caused by constructed body ideals shift responsibility to individual mothers (Parker & Pausé, 2019) and obscure the role of government and policy in legitimising fatphobia as a response to 'regimes of truth' about 'obesity' (Gillborn et al., 2020).

Research with children has demonstrated how the NCMP succeeds in reproducing a fear of fatness as an abnormality (Evans & Colls, 2009). In addition, policy documents related to implementing this programme construct active engagement in the programme as the moral duty of responsible citizens and good parents (Gillborn et al., 2020). While research has elucidated parents' opinions of the NCMP (e.g., Gainsbury & Dowling, 2018; Syrad et al., 2015) and the experiences of women responsabilised for their children or future children's health (e.g., McPhail et al., 2016; Parker & Pausé, 2017), it is of value to understand how the women implicated by these discourses negotiate them in their spoken accounts. To this end, the current study utilised Feminist Relational Discourse Analysis (FRDA; Thompson et al., 2018) to analyse both discourse and voice in mothers' accounts of the NCMP. The aims of the study, therefore, were to 1) explore the discourses mothers drew on in their narratives of the NCMP and 2) explore how mothers' voices and stories are shaped by these discourses.

## Method

### *Participants and recruitment*

To explore these aims, the present study utilised semi-structured interviews with 12 women whose children were recently invited to be measured as part of the NCMP. We recruited participants from across the midlands and northern England through posters in community centres, online posts on Facebook and Twitter, and via snowball method. Interested participants were sent a participant information sheet and consent form and invited to an interview. Following each interview, participants were provided with a debrief, thanking them for their time and reminding them of the study's aims and our procedures for data protection. Participants and any additional names mentioned in interviews were given a pseudonym to protect anonymity; similarly, any names of schools or local areas were retracted from the

interview transcripts. The researchers' university ethics committee granted ethical approval for this study.

Twelve interviews were held in total, including face-to-face (n=6), over the phone (n=4), and via Skype video calls (n=2) with women who self-identified their ethnicity in the following ways: "White British" (n=7), "mixed-race: White and Black Caribbean" (n=1), "Black African" (n=1), "Black British" (n=1), "British Indian" (n=1), and one woman who declined to disclose her ethnicity. Participants' children were aged between 4 and 13. While not directly measured, interview transcripts revealed that, participants' children had a range of BMI results from the NCMP, but reported a child who had been marked as 'underweight'. Data on the women's and (if relevant) their partners' occupations were collected, we also used interview transcript data to guide us in identifying class membership (Day et al., 2020).. The representation of women of colour and working-class mothers is below what we would have liked. This may reflect the nature of 'childhood obesity' research; middle-class white women are more likely than working-class women and women of colour to regard children's bodies and food as a site of anxiety, despite dominant constructions of white middle-class families as the ideal site for raising healthy children (Harman & Cappellini, 2015).

### *Analytical approach*

Discourses govern how phenomena can be constructed, studied, and understood (Foucault, 1999/2003) and are fraught with power (Foucault, 1969/2002). Therefore, discourse analytic research facilitates understanding of the contrasting ways of speaking about particular phenomena, how these ways of speaking produce and shape knowledge and truth, and what purposes or interests these constructions serve (Arribas-Aylon & Walkerdine, 2008). However, feminist researchers have highlighted how discourse analysis can be problematic when seeking to understand voices and experiences. First, the voices and stories of individual women are

often lost when focussing on the overarching discourses drawn on in their narratives (Saukko, 2010, as cited in Thompson et al., 2018). Furthermore, postmodern rejections of 'truth' might lead to women's material experiences and disadvantages not being regarded as 'true', which is counter to the goals of feminism (Burman, 1990, cited in Thompson et al., 2018). To this end, Feminist Relational Discourse Analysis (FRDA; Thompson et al., 2018) aims to uncover both structural systems of power *and* the voices of those who often go unheard within them.

The centring of voice within FRDA allows us to understand how spoken accounts of the self are intimately connected to discourse and can provide powerful counter-narratives to dominant ways of understanding (Thompson et al., 2018). Moreover, analysing voice in relation to discourse can assist in understanding how lived experiences are actively structured, mediated, and negotiated within overarching discourses (Saukko, 2010, as cited in Thompson et al., 2018) and allows us to understand how discourses “hit” and “bruise” us (Ahmed, 2017, p. 30, as cited in Thompson et al., 2018).

### *Procedure*

Interviews were transcribed verbatim and analysed using Thompson et al.'s (2018) FRDA guidelines to uncover both structural systems of power (discourse) that shape participants' narratives and the voices within them. FRDA involves two analytical phases that explore how experiences and discourses come together through voice (Thompson et al., 2018). The first phase aids in identifying the broad discourses that participants draw upon, and the second phase traces participants' voices through these discursive patterns.

In phase one, interview recordings were listened to multiples times to build familiarity with the data and note down emerging voices and themes. Transcribed data were then split into 'chunks' and assigned descriptive codes, with similar codes used to generate in-vivo themes and



recurring patterns of meaning within participants' talk. After reviewing and refining themes, we generated six final themes across the 12 interviews, including 'being weighed and measured' and 'responsibilities'. Next, each theme was analysed to understand how they were discursively constructed within the data set by looking at quotes to identify the meaningful sets of statements and assumptions about that theme, which were multiple and contradictory, representing different discourses around that theme (Thompson et al., 2018). For example, concerning the theme 'being weighed and measured', discourses included "measurements are necessary to challenge obesity" and "measurements are harmful to children's health", representing contrasting and contradictory discourses at play around this theme. Finally, an overarching discursive pattern was identified. The as: 'Obesity as harmful' and *Negotiating mothers' responsibility*. Finally, theory and research were consulted to make sense of this discursive pattern, including considering genealogy, power, and subjectification (Arribas-Aylon & Walkerdine, 2008) and consulting research to understand how it functions in broader social, historical, and ideological contexts (Thompson et al., 2018).

The second phase of analysis aimed to analyse emergent voices within discourses. First, 'I Poems' were generated for each participant by collating the quotes from each participant that pertain to each discourse. For example, to generate Stephanie's I Poem for *Negotiating mothers' responsibility*, we looked through Stephanie's interview transcript for chunks that had codes pertaining to this discourse and these were copied, in order, into a separate document. Each statement made in the first person was then underlined, including every "I" statement and accompanying verbs. In addition, statements beginning with "you" were also included here when the participant was arguably discussing their own experiences. These underlined first-person statements were kept and the rest of the data deleted to create an I Poem of each discourse for each participant. These I Poems allow the researcher to more clearly hear and identify each participant's first-person voice concerning the discourses at play, allowing us to

listen to how the participant narrates their own self and experiences (Gilligan et al., 2006, as cited in Thompson et al., 2018).

After creating I Poems, 'contrapuntal voices' were then listened for to identify the contrasting voices and stories in the participants' first-person accounts. Gilligan et al. (2006, as cited in Thompson et al., 2018) state that identifying these voices allows us to recognise the multiple sides of stories being told, aiming to capture the personal in relation to the political. What emerges through this step of analysis is a multi-layered account of individual voices as each participant contemplates the realms of the discourses within which they are situated (Thompson et al., 2018). For example, contrasting voices of both guilt and defiance were often heard within I Poems. Finally, a theoretical account of the analysis was constructed, tying together the findings of the research aims in relation to individuals and considering the functions both personally and politically of the identified discursive negotiations (Thompson et al., 2018).

## Results

Results of data analysis are presented in two subsections, corresponding to the two phases of analysis. First, overarching discursive patterns in participants' talk are outlined using extracts from the data to illustrate how these discursive patterns appeared in participants' talk. Second, participants' emergent voices and extracts from I Poems will be analysed to demonstrate how mothers negotiated these discourses in their stories.

## *Phase 1: Discursive patterns*

### **Obesity as harmful**

The first discursive pattern identified in interviews with mothers relates to dominant representations of ‘overweight’ and ‘obesity’ as harmful to physical health and psychosocial wellbeing; to this end, this discursive pattern constructs weight-monitoring as a valuable tool in harm prevention. Many of the women reproduced constructions of ‘overweight’ and ‘obesity’ as inherently dangerous conditions that warrant governmental tracking and intervention:

*“I do agree to a point that more and more children are obese and, yano, health-wise later on in life it’s gonna be harder for them to get, if they continue on the path that they’re on it will be harder for them, especially medically, just to sort of get over stuff. Obviously, cos if they’re obese now then obviously when they get later in life and they don’t change and they keep getting bigger then...”* (Stephanie, White British)

*“I mean I think it’s a, it’s a touchy subject for a lot of people, isn’t it? I think that it’s quite, erm, it’s quite a tricky one. ... I can see that something needs to be done about childhood obesity, obviously, and obesity generally, and healthy living.”* (Pandora, White British)

*“I think [the NCMP is] useful because, some parents aren’t aware, of like any, not just like overweight but underweight kids [too]. But then, I don’t know, I don’t like classifying kids as like overweight or underweight. But then, at the same time, I think parents need to know in case they’re putting their child at risk.”* (Mirana, mixed-race [White and Black Caribbean])

These extracts reflect the dominant discourses that multiple dangers of ‘obesity’ are a given, framed as a matter of common sense where these ‘grotesque discourses’ are taken as scientific and objective facts (Foucault, 1999/2003). Stephanie draws on assumptions of fat children becoming fat adults while Mirana individualises responsibility for causing and preventing fatness (Boero, 2009). The number of children marked as ‘obese’ is positioned as a measurement of the both the present and future health of society for Stephanie and Pandora. Furthermore, in the case of children, the responsibility for addressing and correcting ‘obesity’ is laid with parents (e.g. Mirana: “*parents need to know in case they’re putting their child at risk*”). Therefore, it follows that this issue warrants governmental tracking through the NCMP, with children positioned as the ‘apocalyptic demography’ (Robertson, 1997) who must be protected to protect the future of social order (Holmer-Nadesan, 2005).

In line with the discourses (re)produced in NCMP materials and documents (Gillborn et al., 2020), fatness was reproduced as detrimental to social elements of individuals’ lives:

*“Bullying as well... People that are obese, like, are given a hard time, really given a hard time, and sometimes some of these people have health conditions which make them obese so, you know, they’re not at fault. But I think that we really look down on, as a society we do look down on people, and you know, that’s something that a child may have to put up with in the future.”* (Sonika, British Indian)

*“For me, as a parent, I quite agree with [the programme] that it’s a good thing, especially for the children, ... they really need to get to have a normal healthy weight. .. Then they can even have confidence and trust in themselves, like love themselves, learn to appreciate themselves, you know. [If children are overweight] that confidence might not be there, and may even lead to ... [it] might make some of them to have low self-esteem, like not really appreciating themselves.”* (Rayowa, Black African)

In the above extracts, both weight stigma as expressed by others and as felt by oneself are seen as inevitable responses to fatness; it follows, then, that a 'healthy weight' will protect children's mental and physical health. It is worth mentioning that both Sonika and Rayowa's children had recently been marked as 'normal weight' through the NCMP; therefore, while they reflect on issues that fat children may face, they do not necessarily do so from a position of concern for their own children.

These extracts echo discourses of fatness (re)produced through government policy that position successful weight loss as a harm prevention measure to avoid bullying or low self-esteem (Gillborn et al., 2020). To this end, avoiding social fatphobia by successfully conforming to normalised standards of health is necessary and achieved via the NCMP and while fatphobia as a reasonable and typical response to abnormal bodies. Sonika also draws on binary constructions of the 'deserving' versus the 'undeserving' fat, not dissimilar to those of the undeserving poor (Himmelfarb, 1992). In both constructions, fatness is framed as an abnormality whether caused by illness or personal failure; but, for those whose fatness is seen as within their control, fatphobia is positioned as an inevitable response.

In constructing fatness as the cause of issues related to body image, self-esteem, and self-confidence, the discourse reproduced in these extracts frames weight-monitoring as essential towards protecting children from this stigma. Individualising blame in this way obscures the harm caused by pathologising discourses of fatness granted legitimacy through public health campaigns (Catling & Malson, 2012) and interventions, including the NCMP (Evans & Colls, 2009). Indeed, government policy positions 'normal weight' as a method of protection from bullying and low self-esteem, establishing this as an 'expert knowledge' (Gillborn et al., 2020) that is evidently drawn on by mothers making sense of the programme.

## **Negotiating mothers' responsibility**

The second discursive pattern identified in women's talk around the NCMP was related to motherhood and mothers' responsibilities, duty and desire to protect their children from from weight-monitoring and weight talk :

*"We have a big thing in this house that we don't talk about weight and things in any negative way at all. You just are who you are, if that makes sense. So, weight, and being weighed, and dieting, and anything like that is pretty much not ever gonna happen in this house. ... I just don't think it's a good environment if you keep talking about putting [them] on a diet and so on. It just leads to very negative body image."* (Julia, White British)

*"I didn't want to talk about weight with [my children] particularly, so the scales, we haven't got scales at home... .. I don't want them to be thinking about their weight, I don't want them to worry about it, d'ya know what I mean? So, I didn't talk to them about the [NCMP] results. I didn't even say 'oh there's a letter from the school', I just didn't really talk with them about it at all."* (Pandora, White British)

These extracts resist weight-monitoring as the most effective intervention (Gillborn et al., 2020) by re-presenting it as harmful and to be kept out of the family home and out of children's ;thoughts' and 'worries'. This represents contradiction and complexity; while many mothers drew on dominant discourses to frame the measurement programme in general as reasonable and potentially helpful, in the context of their own children's wellbeing, mothers constructed themselves as responsible for reducing any harm associate with it:

*"I'm always on a diet. I'm very, very careful never ever to mention that in front of Imogen. ... If I was that way inclined, I could be really, really strict, only giving her*

*certain things, but then I think that could promote her trying to steal it and trying to get things cos she's not allowed it... that could lead to her always being on a diet and always thinking she can only eat certain things or, again, binge eating on things because she doesn't think that she's allowed it.” (Shannon, White British)*

*“You kind of scrutinise everything you do with them ... But then you think to yourself, I can't [talk to daughters about their NCMP results] cos I'm gonna give them a body complex. I'm making it worse because I'm now saying to them that [their weight] is an issue, and it's not. ... And then over the years you see stuff happen with them and they get their own body complex issues .. and then you think back, 'well, did I do that? Did I, did I trigger that?' Because I got these letters and then I tried to stop you from eating that and that, [or] I tried to fatten you sort of, d'ya know what I mean?” (Stephanie, White British)*

The above extracts challenge the efficacy of weight-monitoring while drawing on a dominant discourse of mothers' actions as highly influential in daughters' eating behaviours and body insecurities (Vander Ven & Vander Ven, 2003; Woolhouse & Day, 2015). Through this discourse, strictness and leniency with food and eating are seen at opposite ends of a spectrum of mothers' behaviour, within which mothers must achieve the right balance to avoid causing harm to their children. Therefore, monitoring children becomes a process of ensuring children do not become fat (Stephanie: *“I got these [NCMP result] letters and then I tried to stop you from eating that and that”*) while also protecting them from body image issues that might accompany the pathologisation of their bodies (Shannon: *“I could be really, really strict... [but] that could lead to her always being on a diet”*). This balancing act represents a 'calibrated femininity' (Cairns & Johnston, 2015), a process of continual adjustment to meet an idealised

standard of the 'good mother' who appears knowledgeable and adequately health-conscious but not overly obsessive and controlling.

In addition, while both extracts position mothers' actions as influential in their children's development of obsessive monitoring or 'body complexes', Shannon positions mothers' complicated relationships with dieting as an inheritance they may pass onto their daughters. While Shannon acknowledges the heritable nature of body management, saying she is cautious to hide diet talk away from her daughter, the discourse reproduced in this extract individualises blame towards mothers as those who have passed down such 'weight concerns' at the expense of recognising how fatphobia operates in ways that harm mothers and daughters alike. For instance, Walsh and Rinaldi (2018, p. 98) have highlighted how fatphobia “manifest[s] in and on women’s bodies, and [is] enacted through everyday interactions within both maternal relationships and wider social contexts affecting mother and daughter, women old and young”.

Interestingly, through mothers' negotiations of these two discursive patterns, there are oppositional responsabilising constructions of preventing 'obesity' as a social responsibility shared by all mothers (Mirana: “*parents need to know in case they’re putting their child at risk*”), while protecting children from the harm of weight talk and stigma is a private responsibility that mothers must attend to alone (Julia: “*We have a big thing in this house that we don’t talk about weight*”; Pandora: “*I don’t want to get into conversations with them about weight*”). Therefore, weight interventions are considered important insofar as preventing or tackling ‘obesity’, yet they hold considerable potential for harm through the confirmation of children’s bodies as pathological. With these conflicting responsibilities and discursive patterns highlighted, the next stage of analysis seeks to situate mothers’ voices within these patterns and understand how they negotiate these in their spoken accounts.



## *Phase 2: Voices and I Poems*

### **Voices: The duty to protect**

Having outlined the discursive patterns emerging from women's talk about the NCMP, the following phase of data analysis involved listening to women's talk and identifying tones and contrapuntal voices in their stories (Thompson et al., 2018) to demonstrate how women's experiences are shaped in multiple, often conflicting ways within the realms of available discourses. As will be demonstrated below, many of the participants' voices were marked by contrasting tones of defiance, confidence, frustration, and guilt. The main narrative pattern to emerge in the women's talk was 'the duty to protect' their children, both from the dangers of 'obesity' itself and the stigmatisation of bodies. Below, I Poem extracts will be presented concerning each discursive pattern to explore how participants negotiated these discourses (Thompson et al., 2018).

### **I Poems: Obesity as a harmful? Or danger?**

The first discursive pattern represented 'overweight' and 'obesity' as harmful to both physical health and psychosocial wellbeing therefore weight-monitoring as a valuable harm prevention. As the I Poems below demonstrate, women voiced the impact of this discursive pattern in complex ways:

#### I Poem: Karen

I can see how they're trying to use that idea of reward,  
But if you're like I am, it kind of pushes you into this monitoring thing,  
That I just think is really not very healthy.  
It feels like almost a turning on its head of what I felt like when they were babies.  
I think in that first two weeks, when I were in and out of hospital,

They sort of started me on this path where I were quite rigidly measuring and checking and worrying.

I found myself just getting really like all consumed by it.

I looked back after my maternity leave and thought, oh my god,

I spent my whole maternity leave worrying about whether she'd put on a pound or not this week.

I feel a bit like I'm back there now, the way I'm monitoring Adam again,

Cos I just thought, God, yet again I'm back to that position of,

If I hadn't had that letter, I wouldn't be worrying at all about his weight, he's perfectly fine.

In this I Poem, Karen draws on a dominant discourse of 'obesity' intervention in sympathising with some of the programme's methods that aim to use reward as a motivation for engaging children in 'health behaviours'. However, telling a story of her own weight-monitoring experience after giving birth to her daughter Emma, she speaks anxiously about how this constant monitoring 'consumed' her, expressing frustration that the worry she experienced occupied so much of her maternity leave. Karen narrated this experience as a personal battle that consumed much of her life at the time, drawing on a counter-discourse of these interventions as harmful and expressing resentment at the impact this intervention had on her. Reflecting on the NCMP as feeling like 'a turning on its head' of what she went through with her children's rigid weight-monitoring, Karen conveys sadness and frustration that her son Adam's 'overweight' result has made her feel pressured to monitor his weight closely. Therefore, this extract demonstrates how the dominant discourse of fatness has 'hit' and 'bruised' Karen, as she expresses her feeling of being "back to that position" that she describes as all-consuming and anxiety-inducing.

Towards the end, Karen speaks with an irritated yet humoured tone, laughing as she asserts that Adam is 'perfectly fine' but expressing that his 'overweight' result letter has led her back to these concerns about needing to monitor him. Karen's anxious and concerned response is

shaped by the pathologising discourse of 'obesity as harmful'. Karen's doubt is arguably related to the dominant discursive position of the state as holding the only rational, 'objective truth' about children's health in opposition to the emotional and irrational judgements of the public (Cook et al., 2004). Karen does not reproduce this discourse of the state's authority on health uncritically; she parodies it, using humour whilst also expressing concern over what it means for her son's health. Therefore, this I Poem sheds light on both the pervasiveness of these dominant discourses of fatness and responsibility and how these discourses produce conflict with anxious, frustrated voiced accounts.

### I Poem: Mirana

I don't like classifying kids as, like, overweight or underweight.  
But then, at the same time,  
I think parents need to know in case they're putting their child at risk.

When I were younger, and just being overweight,  
I had to go see a dietician and be weighed like every month,  
And if I'd not lost weight,  
I could tell that the dietician were, like, telling my mum and dad off.  
But then, I were always sat there, so I felt like they were telling me off as well.  
I think, now,  
I'm like, almost anxious about getting into that position with my kids.

I think I've got my own issues with it,  
So soon as she were like labelled nearly overweight, I were like, 'woah',  
I don't want her to be like I was.

Mirana talks about the practicality and complexities of weight-monitoring as a tool in the 'fight against obesity'. Multiple, conflicting discourses shape her voice here on the use of weight-monitoring. First, Mirana understands weight-monitoring as as a formof harm reduction, . bluntly asserting that monitoring is essential so that all parents, who might otherwise be

ignorant therefore a responsibility shared by all parents. However, Mirana feels conflicted; she uncomfortably conveys her concern with the potential consequences of labelling children as 'overweight' or 'underweight', drawing on a counter-discourse of weight-monitoring as also potentially harmful. Later, she laughs as she reflects in a defeated tone on her own unhelpful and painful experience of regular weight-monitoring.

Mirana speaks of her desire to protect her daughter characterised by two conflicting concerns, both related to ensuring that her daughter achieves a 'healthy weight'; first, to protect her daughter from the painful experiences she had as a child marked as 'overweight', and second, from the health risks associated with 'obesity' in the first place. She counters dominant discourses of the efficacy of weight-monitoring by instead anxiously framing this as having been harmful and unhelpful in her own experience while also experiencing these dominant constructions as a potentially protecting children from harm. Mirana narrates her duty to protect her children from harm, both in the form of fatness itself and the social consequences of living in a fat body; she positions the prevention of 'obesity' as a responsibility she shares with other parents, while the fear that her daughter will experience weight stigma is an anxiety that she faces alone.

### **I Poems: Negotiating mothers' responsibility**

The second discursive pattern identified related to motherhood and mothers' responsibility for protecting their children from harm, be that in the form of fatness or fatphobia. In the below I Poems, we demonstrate how women negotiated and positioned themselves within this discourse in their voiced accounts.

#### **I Poem: Pandora**

It did make me think, maybe, should I be restricting her diet in some way?

I don't feel like I really need to up her activity levels in any way,  
But then I was thinking,  
Do I need to maybe monitor her portion size?

I just don't really want to talk about it at all with her.  
I don't buy magazines and things that have body image.  
I just don't buy them, and I won't have them in the house.  
I'm not really that bothered about it,  
I just don't really want that kind of, that influence on her, at all.

I was thinking, actually,  
I'm pretty confident with how she is and her general health,  
So why would I start hassling her about what she's eating?

In this I Poem extract, Pandora talks about her responsibility for her daughter's health and wellbeing. Pandora expresses doubt over her actions as a mother, with her daughter's 'overweight' result leading her to wonder whether she should restrict her diet or 'up her activity levels'. Pandora draws here on a discourse of mothers as the guards of their children's bodies, speaking in a pensive and thoughtful tone in considering whether her actions are the cause of her daughter's weight. She reproduces this discourse of mothers' responsibility with reluctance and doubt. This extract potentially, then, demonstrates the power of dominant discourses, with Pandora at first treating her daughter's result with an authority that leads her to question whether she should alter her behaviour as a mother to 'correct' her daughter's body.

Later in this extract, Pandora talks about her desire not to discuss weight and dieting with her daughter for fear of it 'becoming an issue' that might then cause harm. Pandora here negotiates her two responsibilities to protect, first, her daughter's body image, and second, her physical health as measured and defined through BMI. Pandora negotiates these two responsibilities in ways that position them as potentially incompatible, therefore 'hitting' Pandora in a way that causes her discomfort and doubt and indecision. Pandora goes on to express confidence in her

daughter's general health, more assertively resisting the dominant discourse of her responsibility as a mother to intervene and, 'hassle' her daughter about her diet. Pandora's story is therefore shaped by multiple contrasting discourses that she negotiates between in her experience and response to her daughter's weight-monitoring. When she draws on more dominant narratives, she does not do this straightforwardly and instead does so in a voice that is withheld, doubtful, and concerned.

### I Poem: Stephanie

I were devastated.

I just thought, Jesus, what have I done?

You're the parent,

You're the mum and you're with them,

And you think you've harmed them.

You think you've done them some damage.

Over the years you see stuff happen with them and they get their own body complex issues,

And then you think back, well, did I do that?

Did I trigger that?

You think you've put them in harm's way.

You're there to protect them,

And you feel like you've done them wrong.

Even though you know that what you've done is right, it's just the way they are,

You're still, you're devastated.

You just feel like you've failed them.

Although Stephanie often speaks in the second person, she is arguably speaking of her own experience. She speaks of mothers' duty to protect their children from harm, with a sense of obligation demonstrated directly through notions of 'the mum' as a child's 'safety net', her job

being 'to protect them'. Stephanie speaks in a tired and defeated voice and tries to temper her 'failure' to protect her children with assertions that she has done her best as a mother and that her children's bodies are "just the way they are", resisting dominant discourses of 'obesity' as caused by poor weight management.

Stephanie's story sheds light on the consequences and impact of the discourse of mothers' responsibility to protect their children from 'harmful obesity'. In Stephanie's story, to meet the idealised standard of a 'good mother', she negotiates the responsibility to ensure her daughters conform to normalised standards of health while simultaneously avoiding harmful body pathologizing. This I Poem extract demonstrates how the discourse of mothers' responsibility has hurt Stephanie as a mother and caused conflict and feelings of failure, despite her voiced confidence that "what [she has] done is right. Stephanie grapples to hold the unenviable weight of being personally responsible for both her daughters' BMI results and the 'body complex issues' they have experienced following their participation in the NCMP, expressing guilt and devastation in her assertion that she has failed to protect her children.

## Conclusion

This study utilised FRDA (Thompson et al., 2018) to situate women's voices within discursive patterns. The study aimed to understand how discourses shape voiced accounts and how participants actively locate and relocate themselves within discursive realms. We identified two discursive patterns in women's talk, related to 1) 'obesity as harmful' and 2) mothers' responsibilities to protect their children from harm. While some participants expressed doubt over the meaning associated with BMI results, they often conceptualised these as objectively true, with 'overweight' or 'obese' constructed as causes for concern over their children's health

and their success as mothers judged by how well they protected their children from harm. This arguably demonstrates how such 'regimes of truth' (Foucault, 1975/1995) prevented them from being resisted straightforwardly and without consequence on them as mothers. These 'expert knowledges' are crucial to governmentality; while resistance to these knowledges may result in accusations of being an 'obesity denier' (e.g., Katz, 2015), the reproduction of these discourses serves to encourage mothers' conformity to constructed state-sanctioned norms of health, knowing that failure to conform to this governmentality leaves them ostracised as bad mothers and irresponsible citizens.

Women actively located and relocated themselves within the realms of the available discourses, constructing themselves at times as both 'good' and 'bad' mothers while negotiating between contrasting discourses. While mothers at times resisted the construction of a 'bad mother' who had failed to protect her children from fatness, many also drew upon dominant discourses of 'obesity' and blame, which 'hit and bruised' them profoundly. These contrasting positions correspond to the contradictions in dominant discourses of mothers' roles in 'obesity' and 'disordered eating'. Firstly, 'obesity' is positioned as an epidemic that harms everyone in society through the strain it purportedly places on already-struggling services (Dame-Griff, 2019), with mothers having a duty to prevent this (Boero, 2009; Gillborn et al., 2020). On the other hand, mothers were aware that such damaging constructions of fatness (Catling & Malson, 2012; Evans & Colls, 2009) may result in children experiencing issues with body image and 'disordered eating', yet these issues are positioned as abnormalities resulting from individual pathologies or faulty mother-child interactions (Woolhouse & Day, 2015). To this end, a combination of these discourses holds that mothers' efforts to protect their children from one harm may expose them to another.



The most striking narrative pattern present throughout the women's accounts and through both discourses was 'the duty to protect' children from the harm of fatness itself and the social and psychosocial consequences of fatphobia. These responsibilities were constructed in opposing ways. First, drawing on dominant discourses of 'obesity' (Gillborn et al., 2020), mothers constructed the 'fight against obesity' as the shared moral duty of all parents in the wider community's interests. On the other hand, fatphobia was regarded as an inevitable cog in the system that fat people should expect to experience due to their non-conformity to normalised constructions of health. Therefore, mothers constructed their responsibility to deal with the fatphobia their children may experience as a private and personal battle that they must deal with alone. Unlike fatness or 'obesity', fatphobia was not constructed as a social and community issue requiring cooperation from others in society to tackle. To this end, mothers voiced guilt and anxiety in their narratives of the fatphobia they wished, but sometimes felt unable, to protect their children from.

Successfully protecting children from both of these harms – fatness and fatphobia – was often positioned as unachievable and mothers told of the pain inflicted by trying to manage the weight of these expectations. Mothers were aware that children might regard sudden lifestyle changes, in-line with the programme's advice, as confirmation that their bodies are problematic; thereby, efforts to protect children from the 'dangers of obesity' contradict the duty to protect children from the harm of fatphobia. Conversely, encouraging children to appreciate their bodies, which have been constructed as pathological through government policy, places them as an irresponsible citizen and bad mother. In addition, due to the dominance of pathologising 'obesity' discourse, attempts to resist this at times left mothers in fear for their children's present and future health. While the reproduction of these discourses in government policy serves to encourage conformity to constructed health norms, negotiating between these opposing responsibilities leaves mothers vulnerable to being constructed as

forever failing. I Poem analysis draws acute attention to concern, guilt, and devastation at their purported failure to protect their children from one or both of these harms.

Though the current study analysed discourse and voice concerning a UK Government policy, policies and interventions built on these assumptions about fatness have been rolled out in schools elsewhere (e.g. Vander Schee & Boyle, 2010) and the discourses reflected here are now drawn upon globally (e.g. Abou-Rizk & Rail, 2015). To this end, the harm of these discourses stretches beyond the UK, and well beyond the single programme investigated in this study. Our participants' narratives add to the body of prior research indicating that weight-monitoring and the discourses legitimised through such policies produce fatphobic attitudes, lower willingness to celebrate body diversity (Frederick et al., 2016), and have the potential to harm children's self-image and wellbeing (Catling & Malson, 2012; Evans & Colls, 2009). Furthermore, the current research calls attention to how these discourses hurt mothers and injure their perceived ability to mother. These consequences work against a goal for healthier families.

It is essential to recognise the assumptions at play in the reproduction of these discourses. Achieving a 'healthy' BMI is constructed as achievable if individuals successfully follow state health guidance (Gillborn et al., 2020). This expectation does not reflect the reality of the complex relationships between bodies and health (Gard & Wright, 2005; Guthman, 2009), yet women are discursively positioned as bad mothers and irresponsible citizens (Crawford, 2006; Halse, 2009) when their children fail to conform to this expectation.

Mothers are harmed *by* sexist and individualising systems, as Walsh and Rinaldi (2018, p. 97) argue, "fat shaming can be inscribed upon the mother's body in ways that become a daughter's inheritance". In addition, discourses responsabilising mothers for the reproduction of these harmful ideas facilitate further governance and control under the guise of protecting

the nation's health while state-sanctioned programmes that legitimise these harmful discourses go unchallenged.

The guilt experienced by mothers as a result of these discourses serves as a strategy of governmentality, reinforcing self-governance and conformity to normalised body ideals and constructions of 'good motherhood' and responsible citizenship (Parker & Pausé, 2019) by keeping mothers in a state of fear about their children's health. Many of the mothers in this research drew upon these discourses of mother blame and individual responsibility in their narratives, positioning themselves as failing, fearful and guilty subjects. These voiced and the interventions that foster it are not conducive to improving children's physical health but do hold real implications for the wellbeing of mothers and children and their relationships with each other. The maintenance and reproduction of these pathologising discourses are likely to continue to harm children's body image (Catling & Malson, 2012; Evans & Colls, 2009), while these harms are constructed as the responsibility of mothers to prevent or ameliorate.

If the health and wellbeing of children is a public health priority, policy and programmes such as the NCMP that pathologise bodies and responsabilise mothers for the harm of fatphobia should be scrapped. Indeed, fatphobia is a systemic and structural harm; challenging this requires wider interrogation of the knowledges privileged in our understandings and the motivations, wider concerns, and desired outcomes of government interventions.

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