'Don't mention obesity': Contradictions and tensions in the UK Change4Life health promotion campaign

Joe Piggin and Jessica Lee

Corresponding author: Joe Piggin, School of Sport, Exercise and Health Sciences, Loughborough University, UK. Email: j.j.piggin@lboro.ac.uk

Abstract

The emphasis on body weight and the terms 'fat', 'overweight' and 'obese' are increasingly political in public health promotion. The UK government's 2009–2011 social marketing campaign, Change4Life explicitly avoids the term 'obesity' and imagery that connotes it, despite the emphasis on obesity in the preceding research, policy and strategy. Using a critical health psychology perspective, this research explores the tensions arising from the omission of 'obesity' in the Change4Life campaign. We argue the justifications for omitting obesity are at times contrary to evidence that informed the campaign. Considerations are offered for the construction of future health promotion campaigns.

Keywords

Change4Life, health promotion, obesity, policy, semiotics

The 'obesity epidemic' is a pre-eminent public health concern in most western states. Public health campaigns have played a significant part in attempting to solve the crisis, and much research has been devoted to examining their impact and effectiveness (Bauman et al., 2006; Kahn et al., 2002; Smith and Bauman, 2004). As such, McGillivray (2005: 125) writes that discourses of wellness have become a particularly powerful influence in advanced western societies. However, these discourses have not gone unchallenged (see Gard and Wright, 2005). Townend (2009) argues health research has narrowly focused on deterministic models to solve the obesity 'problem', and Campos (2004) criticizes a wide variety of obesity research that legitimizes the current 'epidemic'. Rich and Evans (2005: 341) also criticize the dominant health agenda, noting that 'public discourse around obesity is often based on a plethora of scientific evidence around causation and guidelines on prevention [but] … seldom, if ever, does discourse on obesity engage publicly with the moral and ethical dimensions of its position'.

This research is informed by and contributes to a critical health psychology (CHP) perspective. The impetus for a CHP approach is in its political engagement (Murray and Campbell, 2003). CHP 'is concerned with the analysis of social structures and of the social, economic and political issues that produce health, illness, and health care' (Marks, 2004: 79–80). Of interest for the current study are trends which Hepworth (2006) believes are of significant import for critical and mainstream health psychologist alike. These trends include aspects of contemporary western life such as individualism which 'reinforces a focus on modifiable "lifestyle" factors rather than structural determinants of health [and] ... changing relationships between global corporations, governments and affected populations' (Hepworth, 2006: 339). While the current study employed a CHP lens, this is not to exclude other perspectives within clinical, public health and community health psychology (see Marks, 2002). Indeed future analyses might continue to transcend the boundaries between CHP and other forms of health psychology and integrate as Spicer and Chamberlain (1996) suggest.

This article proceeds with the belief that health psychologists, policy makers and health promoters alike require 'knowledge and insight into health policies … to help them gain an understanding of the context in which they find themselves working' (Sykes et al., 2004: 131). With this in mind, and with regard to public health campaigns addressing obesity, we suggest there is a dearth of research into the meaning making that occurs throughout the health research, health policy and health promotion nexus. These production politics of public health campaigns are important, as Bunton (2006) notes that psychology and politics are inseparable. Therefore, our goal here is to understand more about the dynamics and tensions within the production of a public health campaign, with particular focus on the ideas that are favoured, promoted and excluded at different times. By understanding more about these dynamics, policy and marketing efforts might be enhanced. Specifically, the study examines the ideas that contribute to the production of the 2009–2011 Change4Life promotional strategy. We focus on one aspect of the campaign, the removal of signs and symbols of obesity.

The UK Department of Health (DOH) is responsible for the region's government health policy. Similar to other health departments around the world, the Department of Health, through the National Health Service, makes great effort to influence health outcomes of citizens. One way in which this is done is through mass marketing campaigns to eat healthily and be physically active. The most recent of these is Change4Life. Change4Life attempts to 'drive, coax, encourage and support people … [to] eat well, move more and live longer' (DOH, 2009a: 3). Along with £75m devoted to Change4Life from 2009 to 2011, the Change4Life programme includes a wide range of 'partners' to help accomplish its goal. Indeed, the breadth and depth of the Change4Life 'partners' is significant. It includes traditional synergies with organizations such as the British Heart Foundation as well as those without historic links to the Department of Health, such as Nintendo, Pepsico and Halfords. The Department of Health (2009a: 6) describes the campaign as being on 'a scale never previously witnessed'.

The Change4Life programme ostensibly follows the principles of social marketing, a technique popular in contemporary health promotion campaigns. Andreasen (1995: 7) explained social marketing is the 'application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behaviour of target audiences in order to improve their personal welfare'. Lefebvre and Flora (1988: 300–301) wrote that social marketing is 'especially well-suited for the task of translating necessarily complex educational messages and behaviour change techniques into concepts and products that will be received and acted upon by a large segment of the population'. While not doubting the potential of social marketing to contribute to positive social change, this technique of persuasion is potentially problematic, particularly regarding the messages citizens are presented. Grier and Bryant (2005: 325, emphasis added) write that an essential feature of social marketing is a marketer's '*willingness to change the product* to meet consumer preferences'. Further, 'in some cases, *public health professionals must change their recommendations* or modify their programs to provide the benefits consumers value most' (2005: 323, emphasis added). This requirement to 'change' or 'modify' health-related information so it is palatable for consumers is worthy of exploration, particularly since the popular term for this process is 'creative' (eliding any political and problematic aspect).

   Williamson (1978) explains that advertising not only sells us things, but it also creates structures of meaning. Therefore, exactly how Change4Life is produced and promoted is worthy of analysis since mass marketing campaigns such as Change4Life attempt to influence citizens' understanding of health. In the case of Change4Life, the decision to

omit 'obesity' is of particular interest, given various states' preoccupation with weight as a marker of health, the amount of government funding and shareholder time allocated to reducing UK obesity levels, the stigma of excess weight and current debate around 'fatness' and 'fitness'. Of course, a moral element is involved in any discussion of obesity research, exemplified by Herndon's research into the meanings of obesity. Herndon (2005: 129) wrote that 'a war against obesity also means a war against fat people'. It is apparent Change4Life is built on a biomedical view of the obesity epidemic and has grown out of the idea that increasing weight in the UK population should be addressed. Therefore the aim of this research is to explore the effects of a campaign that does not mention the very 'problem' it is trying to solve.

Research approach: policy archaeology and semiotic analysis

This research is situated with a growing field of research which examines the meanings about health produced by mass media campaigns (see Lupton, 1999). Lupton (1999: 260) argues that 'mass media portrayals contribute to the creation or reproduction of knowledges about illness and disease, doctors and other medical workers and medical treatments … [and] they work to portray ill people in certain lights'. Here, we analyse public health discourses in terms of 'what they hide and … by this process of obliteration, they allow to emerge' (Foucault, 1970: 137). To do so we employ and blend two analytical frameworks; policy archaeology and narrative semiotic analysis.

First, we used Foucault's (1972) framework of archaeology to consider the dominant ideas included in the policy that informed Change4Life. We focus on those instances when 'scales or guidelines have been displaced … the information system has been modified … [and] the lexicon of signs and their decipherment has been entirely reconstituted' (1972: 37). In order to undertake an archaeological analysis of policy that informed Change4Life, we follow Scheurich's (1997) linkage of archaeology with public policy. He argues, in a similar fashion to Foucault, that 'policy archaeology' posits that social problems are social constructions and critically examines how a social problem is made manifest, nameable and describable. It is clearthat the discourses of health are far more expansive than that discussed solely withinthe Change4Life marketing literature (see McQuarrie, 1989; Rose and Miller, 1992). As such, any archaeological analysis must take into consideration what is *excluded* from mainstream marketing discourse. In particular, we juxtapose the prominence of obesity in the documents that informed Change4Life with its absence in the Change4Life campaign. Two documents were influential, namely *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England* (DOH, 2008a) and the *Consumer Insight* 'market research' document (DOH, 2008b). The dominant discourse and rhetoric from these documents was problematized with the subsequent Change4Life marketing campaign which began in 2009.

Second, semiotic analysis was utilized to analyse the Change4Life campaign. Often referred to as 'the science of signs', semiotics focuses on the construction and interpretation of imagery and rhetoric (De Saussure, 1983/1916; Goldman and Stephen, 1996; McQuarrie and Mick, 1992; Peirce, 1958; Sebeok, 1976). It is common for writers on semiotics to credit the original semiotic analyses to Hippocrates and the identification of physical, viewable symptoms of ill health as representing a particular medical problem. Recently authors have examined the constructed nature of illness (see Brown, 1995; Jutel, 2008). This current study uses semiotic analysis to consider issues of signs of ill health, but rather than searching for possible signs of ill health, we investigate how Change4Life health promoters omit and disguise obesity. In particular, this semiotic analysis follows Macrury's (2009: 43) lead, by examining themes that have been 'omitted or repressed and/or overlayed by other themes'. This lens is particularly useful for analysing marketing literature, since such texts are specifically designed to persuade through creative displays of symbolism, rhetoric and imagery.

To be clear, we assume the Change4Life campaign is not intentionally deceptive. Indeed, we assume health promotion marketers are well intentioned in constructing narratives, at least attempting to avoid 'instantiations of racism and sexism being played out within individual lives' as Herndon (2005: 129) suggests has occurred in recent health campaigns in the USA. However, in order to represent the target market/s of a given marketing plan, graphic designers and marketing managers must re-present a particular population through a variety of rhetorical techniques including metaphor, simile, hyperbole and understatement. As such, citizens or consumers are created in ads through all types of imagery, narrative and sound effects. Marketing presentations usually present an ideal version of reality and semiotic analysis allows researchers to question the promoted meanings. McQuarrie (1989) notes that a semiotic analysis will not cover all the consumer interpretations of a marketing campaign. Indeed such analysis is useful because advertisers do not expect an audience to perceive the structure of a semiotic process (Zhao and Belk, 2008).

More specifically, we adopt a narrative semiotic perspective (Greimas, 1966). This approach problematizes a given narrative by examining how texts argue against each other, how contradictions and inconsistencies are expressed, how generalizations juxtapose with localizations in order to unravel 'the complexities of all dichotomies, binary oppositions and hierarchies' (Grbich, 2007: 178). Such an approach treats the narrative as a whole as a sign system and aims to uncover how components of a narrative operate to convey meaning within a text. While there are various narratives operating within the Change4Life policy and marketing, we select one in particular to consider in relation to the logic of state health messages, namely the narrative of 'reframing' obesity.

This study gathered data from a variety of sources. Primarily guiding policies and marketing plans of the Department of Health from 2008 to 2010 were utilized. These included the 2008 document *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England* (DOH, 2008a), the associated *Consumer Insight* research project conducted in 2008 (DOH, 2008b), the Change4Life Marketing Strategy documents (DOH, 2009a) and *Principles and Guidelines for Promotion* (DOH, 2009d). The Change4Life documents provide intricate detail of the tactics of the campaign, from detailed consumer profiles to language guidelines explaining terminology which should be used and which should not. Various Change4Life mass media advertisements were also used. Where appropriate, other rhetoric was considered, including media interviews, academic journal articles, research reports and press releases. Data were analysed by the two authors in line with a narrative semiotic perspective.

Analysis: the display of 'simple' messages

Contemporary advertisement logic suggests consumers should easily comprehend a given advertisement. This is due in part because of the fleeting nature of many advertisements and also because research suggests an average consumer is exposed to around 3000 commercial messages per day, and therefore requires simple messages for ease of comprehension (Petley, 2003). Health promotion academics encourage the use of singular and simple messages, so the campaign will be memorable (see Cavill and Bauman, 2004). Change4Life clearly follows this logic. A DOH spokesperson noted that simplification was an innate part of public communication: 'The very nature of communicating to the public on an issue like obesity means that we have to put complex information in a simple, brief form so everybody can understand it' (*Telegraph*, 2009b). This is echoed in the Change4Life *Principles and Guidelines for Promotion* (DOH, 2009d: 27), which states 'simplicity is at the heart of the Change4Life brand and nowhere is this more evident than in creative execution'. Also, Change4Life's various marketing documents suggests it will communicate 'universal, simple messages' and provide 'simple, practical tips' (DOH, 2009b: 8) communicated through 'a consistent and simple colour palette' (DOH, 2009d: 17), with 'simple hooks like rhyming, 1 – 2 – 3, alliteration, colloquialisms etc' (DOH, 2009d: 26) which contribute to the 'brand identity' of the campaign as 'accessible and fun' (DOH, 2009a: 44).

We suggest there is a disjuncture between this drive for simplicity and obesity, which is most often described as a 'complex problem' (DOH, 2008a; Eikelis, 2007; International Association for the Study of Obesity, 2009; World Health Organization, 2004). With this dominant idea of 'simple' health messages in mind, we next consider how this simplicity is created through the omission of terms, images and the idea of obesity.

Obesity: 'that which must not be *named*'

Obesity is clearly at the forefront of the *Healthy Weight, Healthy Lives* strategy (DOH, 2008a) which aims for England to be 'the first major nation to reverse the rising tide of obesity and overweight in the population' (DOH, 2008a: v). This focus on obesity is clearly prominent as the term 'obese' (and its derivatives) is mentioned 136 times in *Healthy Weight, Healthy Lives* (DOH, 2008a). The subsequent *Consumer Insight* report mentions 'obese' (and its derivatives) 82 times in 71 pages. Throughout both documents, obesity maintains its status as an ominous 'tide … to be reversed' (DOH, 2008b: 3). The *Consumer Insight* report (DOH, 2008b) indicates clearly the underlying logic of *healthy weight* in the subsequent Change4Life campaign:

> The research was carried out to enable interventions to *promote healthy weight* in children and families to be more effectively targeted and delivered. It is intended for use by *obesity/health weight teams* within primary care trusts and local authorities. (DOH, 2008b: 1, emphasis added)

It was ironic then that the *Consumer Insight* report, which had given significant attention to describing, measuring and evaluating *weight*, concluded that 'direct references to "obesity" and "weight" alienate parents' (DOH, 2008b: 59). The subsequent Change4Life marketing strategy explained that Change4Life would 'not talk about obese, overweight or fat people' (DOH, 2009a: 44).

While the various reasons for omitting 'obesity' will be explored further, it is useful to mention some of the public debate when the decision to omit obesity garnered news media attention. Sir Liam Donaldson, the chief medical officer for England defended the omission, saying 'studies have shown that people respond more when they see the consequences, that is that a build up of fat can be dangerous, rather than just the word obese' (*Telegraph*, 2009a). In reply, Matthew Elliott, chief executive of the Taxpayers' Alliance criticized the decision:

> This advertising campaign is money down the drain. A shop wouldn't spend millions on advertising without mentioning the goods they sold, so you'd expect a campaign against obesity to mention obesity. When you're trying to save lives, the problem needs spelling out in capital letters – just like with anti-smoking campaigns. (*Telegraph*, 2009a)

Throughout the Change4Life campaign, all manner of euphemisms are used instead of obesity. One television ad states: 'one day we woke up and realised that 9 out of 10 of our kids would grow up to have *dangerous amounts of fat built up in their bodies*' (DOH, 2009e: 44, emphasis added). Similarly, the *Healthy, Happy Kids Brochure*, produced by Change4Life suggests 'as a result [of unhealthy habits], *we may be eating more than we're burning off*' (DOH, 2009f: 4, emphasis added). This deletion of the term 'obesity' is significant, considering the prior emphasis on the threat of obesity in the *Healthy Weight, Healthy Lives* documents.

Obesity: 'that which must not be *seen*'

The campaign does not only omit the *term* 'obesity'. Visual imagery plays a major part in Change4Life, and no visual manifestations of obesity appear in any visuals displayed. This decision was perhaps informed by the recommendation in the *Consumer Insight* document which states 'images of very overweight or obese children also encourage deselection since the majority of parents with overweight and obese children may be unaware of or sensitive about their children's weight status' (DOH, 2008b: 60). Thus, in line with the removal of the term obesity, imagery of overweight or obese children does not appear in the campaign due to parents' lack of awareness and sensitivities. To illustrate the lengths the marketers go to, in every television advertisement and graphic representation analysed in this research, the shape of various animated humanoids and bodily representations remains constant despite the narrators' references to 'fat built up in the body' (DOH, 2009e, 2009g, 2009h, 2009i, 2009j). For example, in the introductory Change4Life advertisement an 'x-ray' animation of a 'normally proportioned' human body is shown with small white globules (the fat) travelling around and residing inside the body space. However, the physical outline of the character remains static, despite clearly having more fat 'in the body'. Following this the ad cuts to a screen shot of a computer game character, similarly 'normally' proportioned with the ominous warning that it will be 'GAME OVER' (DOH, 2009e).

Such symbolic representation of the human body parallels the euphemism within the narration and written text. For instance, the *Local Supporters Guide* encourages Change4Life spokespeople to 'talk about "fat in the body" rather than "a fat body"' (DOH, 2009c: 4). However, this distinction is never expanded upon or delineated in any detail in the *Local Supporters Guide* (or any other promotional document), and we argue the conflation leaves the audience no wiser about distinguishing between the meaning of 'fat *in* the body' and 'fat bodies'.
The marketing strategy states that 'the logo contains little "people" whose presence gives the identity humanity, but they have no gender, age, ethnicity or *weight status*. They include everyone' (DOH, 2009a: 44, emphasis added). While this is arguably a benevolent tactic by the marketers, the practice of omission can be interpreted another way. By only showing 'normally' proportioned humanoids, and by not showing deviation from this norm, the humanoids comply with standardized symbols of a 'healthy' body shape. Given that body shape is a common (albeit contested) marker of weight and health status, the absence of other body shapes problematically represents a singular depiction of what a 'healthy', ideal, desirable body looks like. In this way, weight status is indeed present in the humanoid figures and serves to further marginalize the seeming majority of the population who do not fit this ideal.

The contradictions of omission

The omission of 'obesity' from Change4Life marketing material is significant. In order to contextualize the omission within its socio-cultural and socio-political landscape, we now compare and contrast the stated reasons for omission with various elements of the Government's *Healthy Lives* documentation and marketing strategy. By focusing on the contradictory nature of claims about health promotion and obesity within the policy documents and marketing literature, we can begin to understand the difficulties in talking about, and offering solutions to the 'problem'.

Within the main Change4Life marketing strategy document, three reasons were offered for not including the term obesity in the campaign. First, the marketing strategy stated the 'decision not to use the word "obesity" sparked some comment. "Obesity" was not used because the campaign is for all of us, not those who are already obese' (DOH, 2009a: 45). However, in various preceding documents, the rationale offered for the campaign in the first place was precisely because *everyone* is at risk:

> Change4Life is a society-wide movement that encourages everyone to make changes to their diet and activity levels in order to reverse the growing trend of obesity and obesity related illnesses. At the broadest level, our target audience is everyone in England, as everyone is potentially at risk. (DOH, 2009d: 5)

That is, tackling obesity is apparently important because *everyone* is at risk, and yet the term is not used in the health promotion because *everyone* is at risk (not just currently obese people). Such contradictory statements are indeed problematic. Further, the insinuation that including the term obesity in Change4Life would be relevant only for 'those who are already obese' is an overly simplistic view of the expected response of citizens, obese or otherwise, to health promotion, particularly considering no evidence is offered to support this claim.

Second, the marketing strategy states that 'even among the already obese (and parents of obese children), ability to judge weight status is low, making it likely that many families will ignore a message about obesity as "not for them"'

(DOH, 2009a: 45). Putting aside for a moment the assumption that one can indeed make a judgement of their health or the health of their children based on weight, one might conclude from this reason that it is pertinent to improve citizens' abilities to understand critically issues around body shape and health. Research cited in the *Consumer Insight* document suggests that body weight/shape is indeed an indicator of health status and that parents should be (but are not) able to judge their children's health based on their weight/shape:

> Parents do not associate themselves or their families with the terminology of 'being obese' or 'being fat'

> parents … did not appear to know that their children had a problem

> parents often refused to acknowledge that their children were overweight, even when told so by a health professional

> awareness of the health risks associated with being overweight or obese was limited. (DOH, 2008b: 11–13)

While the generalization of parents is itself problematic (as is the seemingly omnipresent need to judge children in this way), we focus here on the pedagogical implication stemming from these claims. One might argue that all of the above reasons would indicate an urgent need to educate parents, and not least to encourage a critical perspective on the relationship between body weight and health. There is an apparent incongruence then between the well-documented lack of understanding among parents and the decision cited in the subsequent strategy that 'will seek to "reframe" the issue of obesity' (DOH, 2008b: 8). We believe that Change4Life has a strong potential to educate the general public on critical obesity discourses to begin to eradicate the stigma around obesity. In its present contradictory form, the campaign does not even attempt to address this.

Third, the absence of obesity is defended by the Change4Life campaigners who write 'while to us, obesity is a clinical diagnosis, parents told us that they considered the term an insult and would not use it (or allow their children to use it). The use of the word thus creates disengagement' (DOH, 2009a: 45). Here we can appreciate the tension between medically framed terminology about the problem and the necessity for persuasive marketing. With regard to the clinical aspect, a similar statement is made in a Change4Life marketing document which explains that 'the movement consists of real people and so uses real people speak, not medical dictionary terminology' (DOH, 2009d). We argue that the colloquial ubiquity of the term obesity is not an overly clinical term. For example, a BBC website news item about the launch of the campaign (British Broadcasting Corporation, 2009) used the term 'obesity' or derivatives of it 12 times. Hence, the term's ubiquity impinges on the reasons for its removal.

While there are various claims throughout the Change4Life policy about the societal meaning(s) of obesity, we dwell here on one in particular, as it demonstrates the problematic manner in which obesity is presented in the Change4Life campaign. In a section of the *Consumer Insight* entitled 'Attitudes to health, weight and parenting', obesity is portrayed in a vastly different way than the previous other reasons for excluding obesity:

> Many families are putting their health at risk through their high intake of unhealthy food and lack of physical activity. While parents are prepared to acknowledge that childhood obesity is a problem in the general population – TNS [research consultants] found that 80 per cent of respondents agreed that obesity was a problem for children in the UK – awareness and perception of personal risk are very low. (DOH, 2008b: 11)

Here it is apparent that parents (or at least 80 per cent of them) have an awareness of obesity in an epidemiological sense. This statistic can be contrasted with another explanation from the same document:

> Labelling children as 'overweight' was seen [by parents] as unfair and potentially damaging. Priority cluster parents were reluctant to evaluate their children on the basis of their weight, or even to discuss the issue with them … some parents believe that weighing a child is an over-simplification that doesn't allow for individual rates of maturation and factors such as 'puppy fat'. Parents also worried that their children would be labelled as overweight or obese at an early age, putting them at risk of emotional damage, eating disorders and bullying. (DOH, 2008b: 12)

We suggest that this logic played a powerful part in the omission of obesity from the campaign. Considering the parents' knowledge and concerns, we argue the practice of omitting obesity is antithetical to the intended outcomes of the campaign. Indeed, proposed tactics to address the knowledge gap in the three priority clusters include 'increase knowledge … increase understanding of risks of current lifestyle … and encourage recognition of problem' (DOH, 2008b: 42). It is difficult then to consider how one might increase knowledge, understanding and recognition of obesity without using the term obesity.

While this contradiction does illustrate the lack of linearity between the policy documents and the marketing communications, we do not necessarily advocate a reconciling of the marketing strategy to fit with the policy. Rather, we problematize the policy and research that informed Change4Life. We suggest that avoiding medical terminology because a percentage of parents consider the term insulting should be reconsidered. If indeed the term 'obesity' is widely considered an insult, we suggest that an organization with the legitimate authority of the Department of Health might be particularly powerful in reframing the perception of obesity in a step towards eradicating the related stigma

which has clearly not been achieved by deleting it entirely from the health campaign. To the contrary, the result, as has been discussed earlier in the analysis is a campaign so filled with euphemistic terms and imagery that it is reasonable to assume that parents will continue to view the term 'obese' as insulting.

Finally, and perhaps most problematically, a serious ethical conundrum is apparent when the Change4Life marketers write 'while to us, obesity is a clinical diagnosis, parents told us that they considered the term an insult and would not use it (or allow their children to use it)' (DOH, 2009a: 45). If indeed the vast majority of parents do find the term obesity offensive, it is concerning that the Change4Life campaigners continue to use the term because it is 'clinical'. Therefore we ask, is it fair for health promoters to use the term 'obesity' when weighing, measuring and defining adults and children if it is offensive for the very targets of their measurements? Is it acceptable for clinicians to use the term obesity 'out of earshot' of those who find it offensive? This gap between obesity as a 'legitimate' clinical term and as an offensive term requires further consideration. Of course, state health marketing campaigners go to significant lengths to ensure they do not cause offence through stereotypes. While such policies and marketing efforts aim to act positively against oppression and discrimination, we suggest that the tactic of omitting and euphemizing obesity merely perpetuates the stigma that campaign attempts to halt.

Discussion

This article problematized a number of contradictions and tensions in the 'reframing' of obesity during the Change4Life campaign, thus allowing an opportunity to interrogate the wider presumptions of the 'war on obesity'. The policy agenda surrounding Change4Life manifested in obesity being rendered invisible. We argue that contradictions and conundrums within the Change4Life policy documents and marketing material require reconsideration. In particular, we suggest that despite removing reference to obesity from Change4Life, the programme remains built on an obesity agenda, by virtue of the significant health policy and obesity research that informed the campaign. With this in mind, as the target audience's knowledge and understanding of weight and health was apparently lacking, we query the desire to eradicate entirely signs denoting and connoting obesity where a possibility existed to increase public knowledge on critical obesity discourses. We also suggest a moral element continues to surround obesity, which remains unchallenged through the Change4Life marketing campaign. Of course, government health agencies must negotiate and navigate various modes of communication with regard to health issues. However, not discussing aspects of the very problem which is the focus of the campaign is inherently problematic.

We suggest the decision to omit the term 'obesity' in part because *some* parents voiced a dislike for the term, should be re-evaluated, in favour of a campaign that offers parents a critical perspective on the relationship between weight and health. Further, we suggest that the 'simple' communication logic which also clearly contributed to the exclusion of obesity should be reconsidered with respect to the constitution of the UK National Health Service, which states that employees 'should aim to be open with patients, their families, carers or representatives' (National Health Service, 2010: 108). Of course we assume the Change4Life marketers are well intentioned in their marketing strategy and are likely to be what Balint (1957) refers to as forward-looking clinicians wanting to provide more patient-centred care. However, with concerns that exist around the ongoing stigma related to obesity, we suggest the omission of the term and imagery connoting obesity stifles understanding and acceptance of the diversity of body weight in a population. Altering public perceptions, particularly with regard to social stigma around health issues such as obesity is an important role of the National Health Service. To be clear, we are not advocating the naming and shaming of overweight or obese children, nor are we suggesting that 'obesity' must be a central focus of health promotion campaigns. As critical health researchers, we do acknowledge the detrimental consequences that stigmatization can have on both children and adults. However, we argue that favouring 'friendly' health campaigns that explicitly avoid addressing a lack of knowledge and critical understanding about the relationship between weight and health is questionable.

Thomson (2007: 1) argues that obese bodies are 'particularly maligned under the current tyranny of slenderness in which discussions of obesity in mainstream media are laden with the discourse of personal responsibility'. We contend here that while the Change4Life campaign is well intentioned, omitting obesity inadvertently perpetuates the negative associations between obesity and personal responsibility, health and morality (see Gard and Wright, 2005). Rather than omitting and disguising obesity, there was potential in the Change4Life campaign to discuss it, examine it, question it and reframe it. By doing so there may have been room for a partial liberation from this tyranny of slenderness. In discussing terms and ideas, rather than omitting them, citizens might have seen what Foucault (1972: 54) refers to as a 'loosening of the embrace … of words'. Other labels, such as those surrounding mental health, disability, sexuality and ethnicity are at different times contested over their appropriateness. We suggest that changing a well-ingrained term such as 'obesity' within health promotion vernacular should only be undertaken if there is widespread support for it. Further, we note the logic of maintaining the term obesity in research documents is not feasible if the purported distain for the term is as widespread as suggested.

While not the core focus of analysis in this article, it is worth mentioning that throughout both the research preceding Change4Life and the campaign itself, two risks were presented; the *risk of becoming overweight or obese*, and the *risk*

of medical conditions stemming from being overweight or obese. We suggest that these two risks are expressed throughout the campaign in a way that they come to hold the same meaning – that the risk of overweight or obesity is equivalent to the risk of developing various medical conditions mentioned. This conflation may be due to the guiding principle of 'simple' communications and a commonplace narrative that being overweight or obese is inherently unhealthy. This is problematic since recent research suggests the health risks between overweight and obesity vary significantly (see Flegal et al., 2007). Therefore, we believe there is scope for further investigation that considers the rationale for research that *explicitly focuses upon* obesity informing health promotion campaigns that *explicitly exclude* obesity. Change4Life is nearly wholly informed by research that considers obesity (and overweight) as problems to be solved through physical activity and diet. Perhaps there is a case to remove 'obesity' not only from marketing, but also from a focus of medical research into population health, though not because it is offensive or not understood by parents. If health can be improved through increasing physical activity and altering dietary habits and *without* changing weight status (see Lee et al., 1999; Miller and Dunstan, 2004), then the underlying logic of a campaign legitimized and informed by weight measures should also be questioned.

The article illustrates that the implementation of public health campaigns is not an unproblematic, linear process. An area worthy of examination therefore is how health marketers negotiate between the logic of marketing (in this case the need to convey friendly, fun messages), with the obligation to provide medically specific information. Considering large scale health campaigns receive significant funding, and since marketing decisions have significant implications for public comprehension of an issue, we suggest the link between the research that informs health marketing campaigns and the campaigns themselves requires further investigation. Therefore, there is room to extend Bloom and Novelli's (1981) questions about the barriers to concept transfer in social marketing. Rather than asking only how concepts are transferred from policy documents to marketing campaigns, future studies might ask what is negotiable when presenting medical information to a public audience? What is non-negotiable? While evidence-based knowledge is clearly a popular discourse in health promotion (see Sykes et al., 2004), what evidence informs health promotion campaigns, and which evidence is excluded? Further, how are these decisions made? What are the power dynamics between the policy writers and marketing managers who construct health campaigns? Investigating these aspects would allow for more understanding about the dynamics of health promotion implementation.

Postscript

Three points are worthy of note regarding the ongoing debate about Change4life. First, in the early months of 2010, and outside the original timeframe from this research, a Change4Life television advertisement targeting middle aged men included a male humanoid with a 'spare tyre' (ostensibly body fat) around his waist. This was the only manifestation of body fat, and we suggest it indicates the difficulty of communicating with this demographic (middle aged men) *without* explicitly denoting an increase in weight and change in body shape.

Second, the debate over what to call people with large amounts of fat continued in July 2010 when Anne Milton, the newly appointed UK public health minister, told a BBC interviewer the term 'fat' was more likely to motivate people into losing weight (Triggle, 2010). Milton was quoted as saying 'If I look in the mirror and think I am obese I think I am less worried [than] if I think I am fat.' While Milton stressed she was speaking in a personal capacity (not as the Minster for Health) other newspapers reported her comments without this caveat. The article continued and featured the opinions of Professor Steve Field, of the Royal College of GPs, and Professor Lindsey Davies, president of the UK Faculty of Public Health, voicing their opinions. Aside from the potential conflation between the health minister's personal beliefs about how best to motivate people to lose weight and an 'official' public health policy statement, it is interesting that the argument was framed in terms of using 'worrying' words to motivate people to change. These shifts in presentation and debates over terminology are illustrative of the ongoing (re)articulation and redefinitions of meanings about body fat.

Third, in December 2010 the newly elected UK government, comprising a coalition between the Conservative party and the Liberal Democrat party introduced a new public health policy, called *Healthy Lives, Healthy People* (UK Government, 2010). The policy proclaims to be a 'radical shift' (Lansley, 2010: 2) in the way public health is addressed, and emphasizes the dominant political rhetoric of 'the Big Society' (UK Government, 2010: 4), described in the document as the building of community capacity. Consistent with libertarian paternalism (Thaler and Sunstein, 2003), the document explains that 'the Government will aim to use the least intrusive approach necessary to achieve the desired [health] effect' (UK Government, 2010: 30), and articulates this further suggesting that the future health policy will be 'nudging people in the right direction rather than banning or significantly restricting their choices' (2010: 30). While there are no specific details regarding how obesity will be framed in future marketing campaigns, *Healthy Lives, Healthy People* intends to 'develop' (2010: 7), 'build on' (2010: 35) and 'broaden' (2010: 35) the 'popular Change4Life brand' (2010: 38). The Government's 'key document' on obesity is due for release in 2011.

Competing Interests
None declared.

References

Andreasen AR (1995) *Marketing Social Change: Changing Behavior to Promote Health, Social Development, and the Environment*. USA: Lyon Falls Turin Book.

Balint M (1957) *The Doctor, His Patient, and the Illness*. New York: International Universities Press.

Bauman A, Phongsavan P, Schoeppe S and Owen N (2006) Physical activity measurement – a primer for health promotion. *International Journal of Health Promotion and Education* 13(2): 92–103.

Bloom PN and Novelli WD (1981) Problems and challenges in social marketing. *Journal of Marketing* 45(2): 79–88.

British Broadcasting Corporation (2009) *Government Targets Obesity Rates*. 2 January. Available at: http://news.bbc.co.uk/1/hi/health/7791820.stm.

Brown DA (1995) Naming and framing: The social construction of diagnosis and illness. *Journal of Health and Social Behaviour* 35: 34–52.

Bunton R (2006) Critical health psychology: Julie Hepworth. *Journal of Health Psychology* 11(3): 343–345.

Campos PF (2004) *The Obesity Myth: Why America's Obsession with Weight Is Hazardous to Your Health*. New York: Penguin Group.

Cavill N and Bauman A (2004) Changing the way people think about health-enhancing physical activity: Do mass media campaigns have a role? *Journal of Sport Sciences* 22(8): 771–790.

De Saussure F (1983/1916) *Course in General Linguistics*. London: Duckworth.

Eikelis N (2007) Neurobiology of obesity. In: Bagchi D, Preuss HG (eds) *Obesity: Epidemiology, Pathophysiology and Prevention*. USA: CRC Press, 81–92.

Flegal KM, Graubard GI, Williamson DF and Gail MH (2007) Cause-specific excess deaths associated with underweight, overweight, and obesity. *Journal of the American Medical Association* 298(1): 2028–2037.

Foucault M (1970) *The Order of Things: An Archaeology of the Human Sciences*. London: Tavistock.

Foucault M (1972) *The Archaeology of Knowledge*. United Kingdom: Routledge.

Gard M and Wright J (2005) *The Obesity Epidemic: Science, Morality and Ideology*. Great Britain: Routledge.

Goldman R and Stephen P (1996) *Sign Wars: The Cluttered Landscape of Advertising*. New York: Guilford.

Grbich C (2007) *Qualitative Data Analysis: An Introduction*. London: SAGE.

Greimas AJ (1966) *Structural Semantics: An Attempt at a Method*. Trans. McDowell D, Schleifer R and Velie A. Lincoln, NE: University of Nebraska Press.

Grier S and Bryant CA (2005) Social marketing in public health. *Annual Review of Public Health* 26: 319–339.

Hepworth J (2006) The emergence of critical health psychology: Can it contribute to promoting public health? *Journal of Health Psychology* 11(3): 331–341.

Herndon AM (2005) Collateral damage from friendly fire? Race, nation, class and the 'war against obesity'. *Social Semiotics* 15(2): 127–140.

International Association for the Study of Obesity (2009) *PHAPO Causal Web*. Available at: http://www.iotf.org/groups/phapo/causalweb.htm.

Jutel A (2008) Doctor's orders: Diagnosis, medicalisation and the exploitation of anti-fat stigma. In: Wright J, Harwood V (eds) *Biopolitics and the 'Obesity Epidemic': Governing Bodies*. New York: Routledge, 60–77.

Kahn EB, Ramsey LT, Brownson RC, et al. (2002) The effectiveness of interventions to increase physical activity: A systematic review. *American Journal of Preventative Medicine* 22(4S): 73–107.

Lansley A (2010) Foreword. In: Secretary of State for Health *Healthy Lives, Healthy People: Our Strategy for Public Health in England*. London: UK Government, 2–3.

Lee CD, Blair SN and Jackson A (1999) Cardiorespiratory fitness, body composition, and all-cause mortality and cardiovascular disease mortality in men. *American Journal of Clinical Nutrition* 69(3): 373–380.

Lefebvre RC and Flora JA (1988) Social marketing and public health intervention. *Health Education Quarterly* 15(3): 299–315.

Lupton D (1999) Editorial: Health, illness and medicine in the media. *health:* 3(3): 259–262.

Macrury I (2009) *Advertising*. New York: Routledge.

Marks DF (2002) Freedom, power and responsibility: Contrasting approaches to health psychology. *Journal of Health Psychology* 7(1): 5–19.

Marks DF (2004) Rights to health, freedom from illness: A life and death matter. In: Murray M (ed.) *Critical Health Psychology*. London: Palgrave, 61–82.

McGillivray D (2005) Fitter, happier, more productive: Governing working bodies through wellness. *Culture and Organization* 11(2): 125–138.

McQuarrie EF (1989) Advertising resonance: A semiological perspective. *Interpretive Consumer Research* 19(2): 97–114.

McQuarrie EF and Mick DG (1992) On resonance: A critical pluralistic inquiry into advertising rhetoric. *Journal of Consumer Research* 19(3): 180–197.

Miller YD and Dunstan DW (2004) The effectiveness of physical activity interventions for the treatment of overweight and obesity and type 2 diabetes. *Journal of Science and Medicine in Sport* 7(1): 52–59.

Murray M and Campbell C (2003) Beyond the sidelines: Towards a more politically engaged health psychology. *Health Psychology Update* 12(3): 12–17.

National Health Service (2010) *The NHS Constitution for England*. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093419.

Peirce CS (1958) *Collected Papers: Volume V. Pragmatism and Pragmaticism*. Cambridge, MA: Harvard University Press.

Petley J (2003) *Advertising*. Great Britain: Hodder Wayland.

Rich E and Evans J (2005) Fat ethics: The obesity discourse and body politics. *Social Theory and Health* 3(4): 341–358.

Rose N and Miller P (1992) Political power beyond the State: Problematics of government. *British Journal of Sociology* 43(2): 173–205.

Scheurich J (1997) *Research Method in the Postmodern*. Great Britain: Falmer Press.

Sebeok TA (1976) *Contributions to the Doctrine of Signs*. Bloomington, IN: Indiana University Press.

Smith B and Bauman A (2004) Physical environments. In: Kerr J, Weitkunat R, and Moretti M (eds) *ABC of Behavior Change: A Guide to Successful Disease Prevention and Health Promotion*. Edinburgh: Elsevier, 139–152.

Spicer J and Chamberlain K (1996) Developing psychosocial theory in health psychology: Problems and prospects. *Journal of Health Psychology* 1(2): 161–171.

Sykes CM, Willig C and Marks DF (2004) Discourses in the European Commission's 1996–2000 Health Promotion Programme. *Journal of Health Psychology* 9(1): 131–141.

Telegraph (2009a) Anti-obesity ads don't mention the word obese. *Telegraph*, 1 January. Available at: http://www.telegraph.co.uk/health/4060328/Anti-obesity-adverts-dont-mention-the-word-obese.html.

Telegraph (2009b) Obesity campaign to be changed. *Telegraph*. 13 January. Available at: http://www.telegraph.co.uk/health/healthnews/4229738/Obesity-campaign-to-be-changed-due-to-bullying-charge.html.

Thaler RH and Sunstein CR (2003) Behavioural economics, public policy and paternalism. *American Economic Review* 93(2): 175–179.

Thomson DM (2007) Spectacular decapitations: The body politics of shaming fat with personal responsibility. Paper presented at the annual meeting of the NCA 93rd Annual Convention, TBA, Chicago, IL, 15 November. Available at: http://www.allacademic.com/meta/p191218_index.html.

Townend L (2009) The moralizing of obesity: A new name for an old sin? *Critical Social Policy* 29(2): 171–190.

Triggle N (2010) *NHS Should Use Term Fat Instead of Obese, Says Minister*. Available at: http://www.bbc.co.uk/news/uk-10789553.

UK Department of Health (DOH) (2008a) *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England*. London: UK Department of Health.

UK Department of Health (DOH) (2008b) *Healthy Weight, Healthy Lives: Consumer Insight Summary*. London: UK Department of Health.

UK Department of Health (DOH) (2009a) *Change4Life Marketing Strategy*. London: UK Department of Health.

UK Department of Health (DOH) (2009b) *Change4Life Language Guidelines*. London: UK Department of Health.

UK Department of Health (DOH) (2009c) *Change4Life Local Supporters Guide*. London: UK Department of Health.

UK Department of Health (DOH) (2009d) *Change4Life Principles and Guidelines for Promotion*. London: UK Department of Health.

UK Department of Health (DOH) (2009e) *What's It All About? Change4Life Advertisement*. London: UK Department of Health.

UK Department of Health (DOH) (2009f) *Change4Life Healthy, Happy Kids Brochure*. London: UK Department of Health.

UK Department of Health (DOH) (2009g) *Snack Swapper, Change4Life Advertisement*. London: UK Department of Health.

UK Department of Health (DOH) (2009h) *60 Active Minutes, Change4Life Advertisement*. London: UK Department of Health.

UK Department of Health (DOH) (2009i) *Me Size Meals, Change4Life Advertisement*. London: UK Department of Health.

UK Department of Health (DOH) (2009j) *How Are the Kids? Change4Life Advertisement*. London: UK Department of Health.

UK Government (2010) *Healthy Lives, Healthy People: Our strategy for Public Health in England*. London: UK Government.

Williamson J (1978) *Decoding Advertisements: Ideology and Meaning in Advertising*. London: Boyars.

World Health Organization (2004) *Obesity: Preventing and Managing the Global Epidemic*. Singapore: World Health Organization.

Zhao X and Belk RW (2008) Politicizing consumer culture: Advertising's appropriation of political ideology in China's social transition. *Journal of Consumer Behaviour* 35(2): 231–244.