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Reconceptualising Judith Butler's theory of 'grievability' in relation to the UK's 'war on obesity': Personal responsibility, biopolitics and disposability

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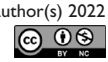

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Abstract

How does Judith Butler's theory of 'grievability' relate to the neoliberal imperative to assume personal responsibility for one's actions? And how can this be conceptualised in relation to a broader biopolitics of disposability that renders some lives dispensable and others worthy of protection? Focusing on the particular case of obesity and the UK government's drive to reduce obesity rates in response to COVID-19, this article shows how conditions that are seen to arise from poor lifestyle 'choices' complicate Butler's articulation of grievability by revealing how state and public investment can coincide with a general consensus of apathy that renders those lives both grievable and ungrievable. By simultaneously straddling the two subject positions, I argue that people living with obesity are often rendered failures within a neoliberal context that equates grievable life with productive life, thus giving way to a new ontology that renders life valuable only when it is not directly harming, or is in the service of, others.

Keywords

biopolitics, health, Judith Butler, neoliberalism, obesity, personal responsibility

Introduction

In neoliberal societies such as the UK, 'nudge' tactics are often implemented by the state to promote positive health behaviours and/or lifestyles that are viewed by public health officials as beneficial for both individual health outcomes and state-funded health institutions (Selinger & Whyte, 2011; Thaler & Sunstein, 2021). By providing citizens with information detailing which choices are 'healthy' and 'unhealthy' without denying access

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to previously sought-after resources the state increases the likelihood of complicity amongst those who might not otherwise consent to living under a 'nanny' state, thus allowing for the possibility of health interventions without labelling them as such. Default trust in the state gives way to what Henry Giroux labels a 'biopolitics of disposability' by emphasising the role that personal responsibility plays in health outcomes (Giroux, 2006b). If the state has generated an awareness of the health risks associated with certain behaviours through 'objective' classifications of which behaviours are 'good' and which are 'bad' and people decide not to follow that advice, they are often deemed to be at fault for their poor health outcomes (Mounk, 2017). This perception of fault indicates a further and more naïve assumption that freedom of choice is available to all in equal measure for those who supposedly live in democratic societies. Additionally, it promotes a more pernicious understanding of 'deservability' that assigns value to some lives above others, a phenomenon that Judith Butler explores in her work on 'grievability'. Grievable lives, Butler argues, are lives that are deemed worthy of mourning after they are lost because they are initially recognised and valued as lives. Conversely, ungrievable lives are those lives 'that cannot be lost, and cannot be destroyed, because they already inhabit a lost and destroyed zone; they are, ontologically, and from the start, already lost and destroyed, which means that when they are destroyed in war, nothing is destroyed' (Butler, 2016, p. xix). Whilst Butler does not explicitly link understandings of grievability to questions of deservedness the relationship between them in neoliberal contexts is clear, as within these contexts one is often viewed as 'undeserving' of public sympathy and/or mourning if one is believed to have caused one's own condition through ill-advised behaviours (Mayes, 2016).

Giroux's understanding of deservability extends beyond the promotion of healthy lifestyles to a recognition of which deaths are particularly worthy of mourning in accordance with their presumed decision to lead a healthy and productive life (Mounk, 2017). When reporting on the unexpected death of a young person abroad, news reporters often cite that person's academic achievements alongside a photograph of them smiling at the camera with a benevolent expression on their face.[1] This photograph serves to reinforce the grievability of their life by emphasising their contribution to the state as productive citizens who, presumably, have made positive lifestyle choices. According to Butler, the emphasis on the grievability of their lives necessitates a de-emphasis of the grievability of others, which both reifies and produces a biopolitics of disposability that applies inherent value to 'productive' citizens and does not apply it those who are deemed less productive. As a result, not only are 'unproductive' citizens understood to matter less, but they are also blamed for their failure to matter because of their presumed decision to make 'bad' choices and lead 'unproductive' lives.

In neoliberal societies, where productivity is often viewed as the result of hard work and self-determination (Throsby, 2007), individual failure is often seen as a choice-driven response to the opportunities that one has been afforded. If one fails to 'make it' it is because one has not put in the effort required to do so, and minimal state intervention is advised in assisting those who seek to rectify these 'shortcomings' (Mounk, 2017). People living with 'obesity'[2] who seek weight-loss surgery funded by the National Health Service (NHS) are routinely criticised for using tax-payers' money to fund what is perceived to be the outcome of their 'poor lifestyle choices' and 'lack of self-control'

(Smyth, 2014). Had they assumed personal responsibility at an earlier stage, critics argue, they would not require NHS resources to rectify the negative health consequences of those mistakes. In this way, weight loss is framed as an act that demonstrates and, in some cases, determines good citizenship. This narrative of culpability assigns blame to the individual because of a perception of fault, which overlooks the myriad ways in which obesity is often caused by conditions that are largely outside of individual control. Emotional eating as a response to trauma, living in an obesogenic environment that promotes excess food consumption, and being genetically predisposed to 'excess weight' are some of the reasons why those who are most marginalised are particularly vulnerable to developing obesity. Thus, the suggestion that one is personally responsible for one's obesity implies that one is also responsible for the underlying vulnerabilities that caused one's weight gain, an accusation that is naïve at best.

Focusing on the particular case of obesity and the UK government's drive to reduce obesity rates in response to COVID-19, this article will show how conditions that are seen to arise from poor lifestyle 'choices' complicate Butler's articulation of grievability by revealing how state and public investment can coincide with a general consensus of apathy that renders those lives both grievable and ungrievable. I argue that people living with obesity are rendered grievable because efforts are being made to save their lives through the UK government's 'Tackling Obesity' campaign, and ungrievable because they often lack public sympathy for seemingly having brought the condition upon themselves. Those who are unable to follow government health advice because of the numerous structural barriers that prevent them from doing so (i.e. food poverty, insecure housing, etc.) are rendered ungrievable when those barriers are overlooked in favour of the personal responsibility model that renders them entirely at fault for their condition. Moreover, because they are presumed to be responsible for their condition and, by extension, for the health consequences that might arise from it, people living with obesity are often viewed as an unnecessary drain on public resources and, as such, as less worthy of those resources than others who did not 'cause' their health condition (Smyth, 2014). This complicates Butler's articulation of grievability by demonstrating how those who are categorised as 'fat' or living with obesity can be both grievable and ungrievable depending on their capacity to assume personal responsibility for their excess weight. By simultaneously straddling the two subject positions (as both grievable and ungrievable), I argue that people living with obesity are typically rendered failures within a neoliberal context that equates grievable life with productive life, thus giving way to a new ontology that renders life valuable only when it is not directly harming, or is in the service of, others.

Understanding Butler's notion of grievability

In her text *Frames of War: When is Life Grievable?* Judith Butler defines grievable life as life that is deemed worthy of mourning after it is lost. In order to be grievable, she argues, that life has to first be recognised as a life, and that recognition depends on how that life is framed. Using the example of the numerous Palestinian children who have been killed by Israeli soldiers in their pursuit of Hamas (a Palestinian Sunni-Islamist resistance movement), Butler argues that these children's lives were not considered

grievable because they were not thought to be lives in the first place (Butler, 2016, p. xxix). These children, she claims, were viewed as 'human shields' because they protected Hamas from Israeli fire and, as such, were seen by Israeli soldiers to be 'not children at all, but rather bits of armament, military instruments and material, aiding and abetting an assault on Israel' (Butler, 2016, p. xxvi). Viewed as collateral damage in the ongoing fight between Israel and Hamas, these children were reduced to their positionality as 'military instruments' that seemingly protected those who posed a threat to Israel. Their political powerlessness within this conflict meant that their deaths did not matter to those who caused them, and they were consequently viewed as 'instruments', rather than victims, of war.

Through this example Butler shows how the ways in which our bodies are interpreted (in this case as 'military instruments') greatly affects our positionality as subjects and even our chances of survival. She further shows how the disposability of some is inextricably linked to their positionality as politically marginalised subjects, which, in turn, results in their erasure from narratives that centre bodies that *are* grievable as the primary sites of mourning. This erasure, Butler argues, constitutes a form of invisibility, whereby those who are 'unseen' remain so to members of the public because visual depictions of state-sanctioned war efforts purposefully create narratives that render the lives and suffering of the ungrievable unknown. Using media reports of 9/11 as an example, Butler argues that, after these attacks, 'we encountered in the media graphic pictures of those who died, along with their names, their stories, the reaction of their families. Public grieving was dedicated to making these images iconic for the nation, which meant of course that there was considerably less public grieving for non-US nationals, and none at all for illegal workers' (Butler, 2016, p. 38). By tying images that depict those who are grievable to ideas of 'the nation' and how it is imagined, Butler argues that our centring of those who are seen to matter necessitates a de-centring of all the lives that were lost and/or affected by tragedies such as 9/11 that seemingly do not matter. By highlighting the importance of *some*, Butler argues, we diminish the importance of *others*, which often renders the latter invisible within narratives that report large-scale incidents of tragedy and violence.

Throughout her work Butler discusses grievability in relation to wars between nation states to show how state-sanctioned death is morally excusable to those who do not fully recognise it as death because they are effectively prevented from doing so through the media's framing of those who have died. The deaths of the Palestinian children who were seen as 'shields' by Israeli soldiers, for example, were primarily perceived as necessary in the ongoing pursuit of a larger 'good' (in this case the defeat of Hamas). In this way, their deaths were understood in relation to the need to protect the state. As a domestic concern within the UK, obesity is often treated as a public health concern that needs to be 'treated' and/or 'cured' in order to protect and preserve the state and its life-saving institutions, the most prominent being the NHS (NHS, 2021). Despite evidence citing the numerous ways in which the development of obesity is often outside of individual control because of genetic factors, mental ill health or one's existence within an obesogenic environment, people with obesity continue to be viewed as merely lacking the willpower required to maintain a 'healthy weight' by those who subscribe to the personal responsibility model and advocate for minimal state intervention in personal concerns

(Mayes, 2016). This belief gives rise to the understanding that 'tough love' is needed in order to reduce obesity rates and the additional 'burden' that it poses to state-funded institutions, which often comes in the form of fat shaming people into losing weight by ridiculing them for their size (Rinaldi et al., 2019).[3] Fat shaming is a practice wherein people living in larger bodies are ridiculed and made to feel ashamed because of their body size (Farrell, 2011). This form of shaming often leads to self-destructive behaviours and mental health conditions that increase rates of suicidality, but continues to be perceived by those who practise it as a necessary and justifiable evil because it is understood to be in the public's best interests (Ramesh, 2010).

Whilst I do not wish to suggest that there are direct links between the cases that Butler presents and the connections that I am drawing between fat shaming and suicidality, it is worthwhile to consider the broader point that Butler is making about ungrievable life as collateral damage in the fight for a 'greater good' in relation to current attitudes towards obesity. As a practice that is often viewed as both warranted and justifiable, fat shaming necessitates a prioritisation of the 'greater good' over the individual's mental health (Hagen, 2019). In other words, the individual's mental health is largely viewed as inconsequential in the ongoing 'fight' to preserve the financial health of state-funded institutions like the NHS. In this way, when thinking about the links between fat shaming and suicidality, the individual's life can be viewed as collateral damage in the ongoing fight to preserve *other lives* by protecting the health of the nation. As such, the individual's life is ungrievable to the extent that is unrecognised within the broader context of promoting national interests. This lack of grievability is aided by media depictions of what fat activist and academic Charlotte Cooper labels 'headless fatties' that are shown alongside news reports of the 'obesity epidemic' and serve to dehumanise people who are currently living with obesity by hiding their faces from the public (Cooper, 2007). As previously noted, Butler defines ungrievable lives as 'those that cannot be lost, and cannot be destroyed, because they already inhabit a lost and destroyed zone; they are, ontologically, and from the start, already lost and destroyed, which means that when they are destroyed in war, nothing is destroyed' (Butler, 2016, p. xix). Implicit in this definition is the understanding that ungrieveable lives are characterised by a type of invisibility that renders them unknowable because they are embedded within a monolithic group identity. The Palestinian children that Butler mentions are not recognised as individuals with distinct identities but are rather presented as a group that have been unfairly targeted in order to provide a clear example of injustice. In this way, they are both *hypervisible* to the extent that their group's vulnerability is made known, and *invisible* because they are individually unknowable.

This conceptualisation is mirrored in the experiences of people living with obesity who feel simultaneously hypervisible because of the ways in which their bodies are publicly read as 'different', and invisible because of how people read their bodies and draw conclusions about their personhood from that reading without any further engagement with them. As noted by Jeannine Gailey in her study of (hyper)visibility and 'fat' bodies,[4] '[f]at women are hyper invisible in that their needs, desires and lives are grossly overlooked, yet at the same time they are hyper visible because their bodies literally take up more physical space than other bodies and they are the target of a disproportionate amount of critical judgement' (Gailey, 2014, pp. 7–8). Throughout much of her work,

Butler discusses the importance of framing when establishing visibility. The extent to which a person or a group of people are made visible, she argues, is determined by the ways in which they are framed, particularly when that framing is made known and widely disseminated across different platforms. An analysis of this framing is necessary when establishing which lives are deemed grievable and which are not. A person with obesity who is seen exercising might be viewed as grieveable because of the assumption that they are taking responsibility for their condition by actively trying to lose weight, whereas another person with obesity might be viewed as ungrievable if they are seen buying unhealthy food in a supermarket. Using the example of embedded reporting, a practice that involves a collaborative effort between the photographer and the state in determining what should be photographed and later shown to the public in war zones, Butler shows how both parties are able to shape and modify the 'truth' that viewers see by controlling what they are able to see. In this way, these war photographs function as a form of propaganda.

By claiming that embedded reporting represents an 'unprecedented collaboration' that ultimately gives the public access to a parochial representation of what is actually happening on a day-to-day basis, Butler argues that this practice is both unethical and unhelpful (Butler, 2005). Because we are unable to see what lies beyond the photograph's frame we cannot critically evaluate the war or the scene of violence that is being shown to us, which, in turn, means that we cannot accurately form an opinion on the legitimacy of the state's actions. When discussing media depictions of the 'obesity epidemic' numerous fat activists use similar rhetoric to describe what they perceive as an attempt to purposefully mislead the public into believing that 'fat' people are lazy, unmotivated and at fault for their condition (Cooper, 2016; Hagen, 2019). By framing 'fat' people in this way, they often accuse media outlets of perpetuating stigmas and encouraging forms of shaming that can lead to increased rates of suicidality amongst those people (Cooper, 2016). The dehumanisation of 'fat' bodies that these images supposedly suggest contributes to, and ultimately shapes, a narrative that views 'fat' people as non-human and, therefore, as ungrievable.

How does Butler's notion of grievability relate to the neoliberal imperative to assume personal responsibility for one's actions? Do grievable lives become ungrievable when a person or a group of people are believed to have acted in a manner that warrants their immateriality? In other words, do the conditions of a person's grievability depend upon their willingness and/or ability to adopt principles and characteristics that make them 'worthy' of mourning? Whilst Butler does not offer any definitive answers to these questions it is clear through her articulation of what constitutes a griveable life that it is first necessary to consider that life as relatable in some degree to one's own or one's experiences. In order to sympathise with a person or a group of people, Butler infers, one must first humanise them by recognising the ways in which their lives are comparable to one's own or to the lives of other people that one already knows. It follows, then, that one might intentionally or unintentionally judge that life in question by the standards and expectations that one sets for oneself or for those others. When it comes to excess weight, if the person who is judging is of a 'healthy weight' and they actively maintain their weight by exercising regularly and maintaining a nutritious diet, people living with excess weight are often viewed as simply lacking in self-control or as being lazy (Brown

& Baker, 2013). Moreover, arguments about genetic predispositions towards excess weight or socio-economic drivers of obesity are often dismissed as 'excuses' that are made in order to condone poor lifestyle choices and behaviours (Adams, 2010). This dismissal overlooks the myriad ways in which class, and the opportunities that coincide with belonging to a privileged class, influence the degree to which certain weight-maintenance strategies are available in the UK (Warin & Zivkovic, 2019). Whilst Butler's work does not explicitly address grievability in relation to personal responsibility and health, she draws a tentative connection between them in her articulation of public responses to the AIDS crisis in the 1980s and early 1990s:

> One of the reasons that lives lost through AIDS were difficult to grieve in the US, and why there was such an important activism centring on public mourning . . . is that it seemed that homosexuality was in this culture, not a real love, and gay lives were not as visible and real as others, and so their deaths, especially their deaths from a stigmatised disease remained, at first, unspeakable and unmournable . . . it follows that these lives are devalued, lost before they are lost, unworthy of public grief. (Reddy & Butler, 2004, p. 120)

As a disease that was (and often still is) culturally linked to a politics of morality that considers homosexuality an inherently sinful 'way of life', AIDS has historically been understood as a condition that one develops after one chooses to have gay sex, with many going as far as to suggest that it acts as a form of punishment for those who engage in this behaviour (Cohen, 1999). Moreover, because it is often perceived as a disease that is avoidable if one practises safe sex, those who develop AIDS are often believed to have acted irresponsibly. As a result, they are routinely understood to be at fault for their condition (Cohen, 1999). According to Butler, because AIDS was culturally linked to homosexuality in the 1980s and early 1990s, those who died from it were not viewed as 'real' or 'visible' because homosexual relationships were often not seen to reflect 'real love'. Consequently, their lives were understood as being unworthy of public grief, which gave rise to different forms of activism that sought to challenge the dearth of public mourning. Because those who were dying from AIDS were understood to have had a choice to act 'responsibly' but seemingly chose to act 'irresponsibly' public sympathy was largely absent and their lives were deemed ungrievable. In a similar way, people living with obesity are often believed to have chosen to act irresponsibly by engaging in poor lifestyles and behaviours that caused them to develop their condition, which has meant that their lives are often viewed as ungrievable.

This notion is contested by fat activists who oppose the use of medical language when it comes to discussing people living in larger bodies and who view 'fat' as a bodily marker that is similar to eye colour, hair colour or skin colour (Cooper, 2016; Hagen, 2019). For many fat activists, the poor health outcomes that people living in larger bodies experience can be attributed to discriminatory practices that encourage open disdain and stigma against 'fat' people, which can lead to healthcare avoidance and self-neglect (Drury & Louis, 2002; Lee & Pausé, 2016). In this way, the recent politicisation of 'fat' as a mobilising term to address weight-related stigma and weight-bias from the perspective of people who are living in larger bodies can be seen as a direct response to the pathologisation of 'excess weight' (Cooper, 2016). Evidence suggesting that people living with obesity are

significantly more likely to suffer from adverse health effects and premature death because of COVID-19 has prompted the UK government to strengthen its commitment to reducing obesity rates through traditional government nudge tactics (Department of Health & Social Care, 2020c). At the time of writing, those tactics include the banning of advertisements for unhealthy foods on television before 9 p.m., and encouraging supermarkets to remove junk food from the end of aisles and check-out areas (Department of Health & Social Care, 2020a). They also include introducing a free digital weight-loss application to 'motivate people to make healthier choices' by following a 12-week weight-loss plan and introducing legislation that requires 'large out-of-home sector businesses, including restaurants, cafes and takeaways with more than 250 employees, to provide calorie labels on the food they sell' (Department of Health & Social Care, 2020c). After he contracted COVID-19 and was hospitalised, UK prime minister Boris Johnson attributed his need for intensive care to his excess weight, stating that at that time he was 'way overweight' and that he was now committed to losing weight in order to improve his overall health (Donnelly, 2020). In a video taken to launch the UK government's 'Tackling Obesity' campaign, Johnson outlines how he begins his day with a run with his dog before reminding viewers that gym memberships can be substituted for free mobile applications and YouTube exercise videos. He goes on to state that the 'Tackling Obesity' campaign does not seek to 'nanny' people who are living with excess weight, but rather endeavours to assist people who are struggling to lose weight in a way that is mindful of their particular needs and limitations (Donnelly, 2020). In this way, Johnson frames the campaign as one that considers individual needs when it comes to weight loss without telling people how they should lose weight, a framing that is directly undermined by his advocation that everyone who is living with obesity can and should lose weight by engaging in free forms of exercise and undertaking healthy eating practices.

By improving one's overall health through weight loss, Johnson argues, one not only acts in one's own interests but also protects the NHS by reducing the possibility of requiring treatment in intensive care if one contracts COVID-19. This sentiment is echoed in a policy paper that was published by the government shortly afterwards, which states that '[i]f all people who are overweight or living with obesity in the population lost just 2.5kg (one-third of a stone), it could save the NHS £105 million over the next 5 years. Going into this winter, you can play your part to protect the NHS and save lives' (Department of Health & Social Care, 2020b). Both statements demonstrate a continued commitment to the ideological notion of personal responsibility without any form of governmental accountability or enquiry into systemic issues that increase obesity rates and are within the government's remit of control. Despite the persistence of systemic inequalities and structural barriers that make it significantly harder for some to lose weight than others (Edmiston, 2018), the government chooses to continue to promote the message that in order to achieve weight loss people need only change their behaviours towards food and exercise. This message also signals an emphasis on individual productivity through weight loss as a means through which to achieve a national good, in this case by protecting the NHS. By losing weight for oneself, this message suggests, one also benefits others and, more importantly, one 'plays one's part' in the UK's ongoing battle against COVID-19. In this way, weight loss is framed as both a tenet and a condition of good citizenship.

It is important to note that framing weight loss in relation to patriotic understandings of what it means to be a 'good citizen' is not a new concept. With the introduction of neoliberalism in the 1980s came a renewed interest in protecting state-funded institutions like the NHS by framing one's decision to take personal responsibility for one's health as a 'civic duty' and a moral obligation (Patterson & Johnston, 2012). In this way, neoliberalism as a concept that originated as an economic theory advocating minimal state intervention in a free-market economy has simultaneously acted as a form of governance that champions personal responsibility and individual accountability when it comes to matters concerning health, wellbeing and health behaviours (Harvey, 2020; Mayes, 2016). As noted by B. J. Brown and Sally Baker in their work on health, policy and individual responsibility, '[w]hilst once neoliberalism might have been about economics and premised on an ethos of "small government" and liberalised opportunities for entrepreneurs and investors, it has more recently come to embrace desired modes of conduct in enterprising, self-responsible citizens' (Brown & Baker, 2013).

Following 9/11, excess weight was framed in the US by many as an issue of national security, as it prevented numerous potential recruits from passing the initial fitness tests required to join the armed forces (Lelwica, 2017, p. 118). With COVID-19 this sentiment has been framed as a matter of national urgency in the UK due to public awareness about the unprecedented strain that the NHS is under after years of underfunding and a lack of resources to deal with increasing numbers of people requiring hospitalisation. The government's continued emphasis on personal responsibility, coupled with a national sympathy towards, and fervent desire to support and protect, the NHS, risks further shaming marginalised people who are living with obesity and who are unable to assume personal responsibility for their excess weight because of their inability to choose healthy options. Moreover, because of the unlikelihood of them becoming 'good' or 'productive' citizens by supporting the NHS through weight loss, they risk being rendered failures within a discursive framework that overlooks systemic inequalities and accuses those who refer to them when discussing their struggles in losing weight as simply 'making excuses' (Schrecker & Bambra, 2015).

Although their reasons for developing obesity are often dismissed as attempts to excuse poor behaviour, those who struggle with their weight would be deemed grievable in accordance with Butler's definition of the term because of the government's commitment to minimising their risk of death after contracting COVID-19 by encouraging them to lose weight.[5] However, the UK government's continued reluctance to implement strategies that practically assist people who are socio-economically disadvantaged and struggling to lose weight suggests that those who are *unable* to help themselves are deemed less valuable than those who *are* able to. In other words, this strategy addresses the needs of those who have the time and the resources to eat a healthy diet and take up regular forms of exercise and fails to address the needs of those who do not, and in this way renders the former worthier of investment. However, because claims that socio-economic disadvantage negatively affects one's ability to lose weight are often dismissed as 'making excuses' for poor behaviour, those who support the 'Tackling Obesity' initiative often view that advice as applicable to all and, thus, as non-discriminatory.

The personal responsibility narrative serves as a divider between grievable and ungrievable life, adding further nuance to Butler's assertion that determining grievability

is a matter of determining political visibility. As a social demographic, those who are living with obesity are visible, but only those who are able to assume personal responsibility for their weight loss are deemed worthy of government action. Because the struggles of those who are systemically disadvantaged are lost within a narrative that equates failing to assume personal responsibility with laziness and 'excuse making', their inability to lose weight is perceived as a choice to ignore government advice and continue to endanger their own lives and the lives of others rather than as their only survival option. As a result, their grievability is diminished by the perception that they are culpable for their increased risk of death.

Conceptualising grievability in relation to a biopolitics of disposability

In his study of the devastating effects of Hurricane Katrina on those who were most affected by it, Henry Giroux argues that the lack of necessary provisions for those most in need, coupled with a general lack of empathy or compassion from heads of state, resulted in an international exposure of existing inequalities that spurred the disproportionate effects that it had on those who have been left out of the neoliberal order, most notably poor African-Americans (Giroux, 2006a). Giroux describes their plight in relation to what he deems a biopolitics of disposability, whereby those who are most marginalised and dependent on government assistance are rendered invisible within a political ethos that stresses a need for small government, self-reliance and personal responsibility. He states:

> The central commitment of the new hyper-neoliberalism is now organised around the best way to remove or make invisible those individuals and groups who are either seen as a drain or stand in the way of market freedoms, free trade, consumerism and the neoconservative dream of an American empire. This is what I call the *new biopolitics of disposability*: the poor, especially people of colour, not only have to fend for themselves in the face of life's tragedies but are also supposed to do it without being seen by the dominant society. Excommunicated from the sphere of human concern, they have been rendered invisible, utterly disposable, and heir to that army of socially homeless that allegedly no longer existed in color-blind America. (Giroux, 2006a, p. 175)

According to Giroux, those who are poor and reliant on state support are rendered disposable by those in power who not only fail to recognise the myriad ways in which 'hyper-neoliberalism' has rendered them vulnerable, but who also fail to recognise them as human lives at all. Their invisibility, he argues, is predicated on an idealistic conception of the US that positions it as a colour-blind society that no longer has a problem with racism. In a similar way to how Butler conceptualises grievable life, Giroux's articulation of the disposability of the predominantly poor and black population that were disproportionately affected by Hurricane Katrina shows how their disposability is predicated on their invisibility, rendering them valueless within a political economy that reveres 'market freedoms, free trade, consumerism and the neoconservative dream of an American empire' above human life. In other words, they are disposable because they are

reliant on the state in a system wherein that dependency is at odds with a neoliberal framework that stresses the need for financial independence and self-sufficiency in order to live a grievable life. Embedded within this framework is an assumption of freedom and choice that is presumed to apply to all who live in the US (Mounk, 2017). Those who viewed the most affected victims of Hurricane Katrina as 'irresponsible' for not leaving their homes when advised to do so by state and government officials commonly cited freedom of choice in their discussions of the disaster's aftermath, without considering *who* was free to choose to leave. Many of those who remained in their homes did so because they did not have access to transportation and/or were unable to afford to stay in hotel accommodation, thus rendering their decision to stay their only option (Giroux, 2006b).

For people living with obesity, critics commonly cite the presumption that those who are living with this condition *choose* to do so by eating too much and exercising too little (LeBesco, 2004). This, they argue, not only affects the health of the individual but also has broader consequences for the health of the nation because of the additional burden that it poses to state-funded healthcare systems. Because it is culturally viewed as a condition that is closely tied to individual lifestyles and behavioural choices, obesity is often seen as the embodied result of excess consumption, rendering the person living with it greedy and lacking in self-control (Saguy, 2013). In 2019 UK journalist Michael Buerk was criticised for an article that he wrote in *Radio Times* where he claimed that people living with obesity should be free to make the poor lifestyle 'choices' that cause it, and suggested that we view people who die prematurely from obesity-related conditions in a positive way, as by doing so they inadvertently contribute to 'the fight against demographic imbalance, overpopulation and climate change' (Binding, 2019). Although this article was written in a way that suggests a somewhat satirical approach to the topic, its underlying message of minimal state involvement in matters whereby individuals have seemingly chosen not to take personal responsibility for their health speaks to a broader understanding amongst those on the political-right that those who are unwell or who die prematurely because of factors that are directly attributable to their lifestyle deserve their fate (Brown & Baker, 2013).[6]

As previously noted, this argument conveys a limited understanding of the myriad ways in which systemic inequalities prevent many from accessing the privileges that others have, including the ability to purchase and prepare nutritious foods and exercise on a regular basis (Schrecker & Bambra, 2015). However, it is useful in analysing the relationship between personal responsibility, disposability and grievability as it reveals their interdependency. In order to be considered grievable in neoliberal economies that attribute value to people who are deemed 'productive', one must assume personal responsibility for one's behaviour and actions. By assuming responsibility through productive action, one shows oneself to be worthy of mourning through the understanding that one has done one's best to avoid ill health. If one fails to do that, regardless of whether or not one is actually capable of doing so, one is rendered invisible and, consequently, disposable within a system that advocates minimal state involvement in the personal lives of its citizens. In this way, people living with obesity are only rendered grievable when they assume personal responsibility for their weight loss and actively follow weight loss advice. Those who cannot follow that advice are rendered 'unproductive' and, therefore, disposable in a political economy that fails to recognise systemic inequalities.

Conclusion

This article has demonstrated how a reconceptualisation of Butler's notion of grievability in relation to the UK government's 'war on obesity' renders people living with obesity both grievable and ungrievable in accordance with their (in)ability to follow state-mandated weight loss advice. By implementing a personal responsibility framework, those who view people living with obesity as merely lacking in will-power and self-control fail to acknowledge the myriad ways in which advice to 'eat less and move more' fails to address the practical needs and limitations of the most vulnerable segments of the population. The personal responsibility model that dismisses those needs and limitations as 'excuses' that attempt to explain away 'poor behaviour' disregards the struggles of those who face structural and systemic barriers that are beyond their control. As a result, they are rendered invisible within a discursive framework that promotes personal responsibility as a choice that one can (and should) make in order to stay healthy. This complicates Butler's concept of grievability by demonstrating how those who are socially categorised under the same label (in this case as 'fat' or as living with obesity) can be both grievable and ungrievable depending on their capacity to assume personal responsibility for their excess weight. Additionally, it arguably imposes a middle-class dietary norm that presumes that everyone would choose to eat healthily and exercise more frequently if given the opportunity to do so (Kirkland, 2011).

As a global health crisis that has created unprecedented levels of fear, concern and death, COVID-19 has shed light on the pervasiveness of existing levels of inequality in the UK and has reinforced a national drive to support state-funded institutions like the NHS that millions of people depend on for their survival. Those living with obesity are under increased pressure to lose weight to improve both their own health and the health of others. As a strategy that is intended to prevent the NHS from overcapacity and financial collapse, the 'Tackling Obesity' campaign presents weight loss as an urgent response to COVID-19 and clearly outlines individual actions that people living with excess weight should take to 'help out' in the national fight against the spread of the disease. However, national lockdowns, coupled with rising unemployment rates and a significant increase in welfare dependency means that the possibility of exercising more and eating healthy foods that are often significantly higher in price is now more difficult than ever (Elliot, 2020). Future research should consider the impact that the 'Tackling Obesity' campaign will have on the mental health of those who want to lose weight but cannot do so by following government advice, particularly as it relates to increased levels of stigmatisation within communities that fail to accept their limitations.

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Notes

1. A clear example of this can be seen in the reporting of the death of Alana Cutland, an undergraduate student at the University of Cambridge who fell from an aeroplane in 2019 during a research visit to Madagascar. See: www.bbc.co.uk/news/uk-england-beds-bucks-herts-49257769 (accessed 28 September 2020).
2. Terms such as 'living with obesity' and 'excess weight' have been widely criticised by self-identified 'fat activists' who view these medicalised terms as attempts to pathologise a non-medical issue, and by patient advocacy groups who view them as inherently shaming and/or stigmatising. In this article I have used the terms 'excess weight', 'obesity', 'fat' and 'living in larger bodies' interchangeably in accordance with the viewpoint that I am examining to reflect the diversity of these perspectives. I fully acknowledge the difficulty in finding a conclusive term that represents and respects all viewpoints. For further information see: Cooper (2016) and Mulderrig (2019).
3. Research shows that this is, in fact, counter-productive, as encouraging feelings of body shame in people living with obesity often leads to an increase in emotionally-driven behaviours and conditions that cause weight gain, i.e. binge eating disorder.
4. Gailey uses the term 'fat' in her work to recognise efforts that fat and body positive activists have made to reclaim this term.
5. Research has shown that living with obesity increases one's risk of death from COVID-19 by 48%. For further information see: www.theguardian.com/world/2020/aug/26/obesity-increases-risk-of-covid-19-death-by-48-study-finds (accessed 27 September 2020).
6. This argument is currently used by advocates of the privatised US healthcare system who oppose paying higher premiums because others are unable to afford private healthcare.

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