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LEE F. MONAGHAN

Introduction: A Counter-intuitive Argument

Using Ritzer's (2004) *McDonaldization of Society* thesis as a reference point, and data from a qualitative study of men and weight-related issues, this article contributes sociologically to burgeoning critical obesity studies (e.g. Campos, 2004; Oliver, 2006). This expanding literature critiques the social construction of overweight and obesity as a massive public health crisis by questioning the economics, science, morality and ideology of current obesity epidemic claims (also, see Campos et al., 2006; Gard and Wright, 2005; Rich and Evans, 2005). Hence, it refuses to 'swallow things whole' when presented with the authoritative bio-medical view that most people in Western nations are ill, diseased or at risk because of their weight or fatness (WHO, 1998). Coming with a different set of concerns, Ritzer (2004) offers a Weberian-inspired framework for critiquing rationalized processes and their penetration into ever more spheres of social life. That is, he subjects modern institutions to scrutiny given the degree to which they are organized around principles such as calculability, which lead to routinization, standardization and even irrationality.

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Ritzer (2004) takes the fast-food restaurant as an exemplar of a rationalized organization, though he only briefly mentions obesity. And his critical attention focuses on an industry that allegedly causes much obesity, much in line with 'common-sense' thinking, i.e. 'the attitude of everyday life' (Schutz, 1962) which, in Anglophone culture, is largely fatphobic or sizist comprising prejudice and discrimination towards people who are seen as fat in everyday life (Cooper, 1998; LeBesco, 2004). In short, Ritzer (2004) does not critique the social construction of so-called obesity as a massive problem that must ultimately be corrected at the level of the individual body. Writing about the irrationalities, or unintended consequences, of an efficient organization like McDonald's, Ritzer states: '[t]here is much talk these days of an obesity epidemic (including children) and many observers place a lot of the blame on the fast-food industry, its foods, and its emphasis on "super-sizing" everything' (2004: 145). With this type of account, abstracted, homogenized and objectified 'fat bodies' are passive McDonaldized bodies, the irrational consequence of Western rationalization. That, of course, is a simplified and stigmatizing narrative. It retrospectively denies human agency while reproducing the idea that fatness is a discredited bodily state that should be fixed.

There may be good reasons to be critical of the fast-food industry. However, this article does not draw from Ritzer's (2004) reiteration of common-sense thinking about obesity causation. To do so would itself mean reproducing a simplified, bite-sized and efficient account about health and its determinants alongside sizist stereotypes of fatness and consumption. Nonetheless, Ritzer (2004) will be used as a reference point when empirically exploring the manufacturing of fatness as a correctable problem. That is, when exploring the idea that fatness is an unwanted bodily state that should be remedied. Ritzer (2004) will also be used when considering whether men's bodies, primarily in the context of a slimming club, were actually rationalized in practice, plus possible irrationalities and meaningful resistances to these processes. In so doing, this article presents a counter-intuitive argument, where industries that allegedly cause much obesity, such as McDonald's, are formally compared to organizations in the front line in the war on obesity. First, the idea of McDonaldization, or rationalization, is worth explaining further, alongside some other issues that frame this study in embodied sociology.

The McDonaldization of Society Thesis and Other Embodied Issues

Ritzer (2004: 25) describes his McDonaldization thesis as 'an amplification and extension of Weber's theory of rationalization'. For Weber (1930), processes of

formal rationality are a key feature of the modern Western world. Exemplified by the ideal typical bureaucracy, rationalization comprises organizational and rule-bound procedures for seeking the optimum means to a given end. Ritzer (2004) maintains that these ubiquitous processes are exemplified today in the fast-food restaurant. He summarizes the four basic dimensions of rationalization, and McDonaldization, in the context of 20th-century socio-economic developments. These not only include the creation of the McDonald's chain but also mass-produced housing and scientific management through Taylorism and Fordism. Centrally, the larger process of rationalization includes: efficiency (the ability to perform many simplified tasks quickly and on schedule), calculability (gauging success through large numbers rather than quality), predictability (eliminating surprises) and obviating human judgement (an emphasis upon rules, regulations and controlling structures or technologies). In qualifying his thesis, Ritzer (2004: 19) concedes that 'McDonaldization is not an all-or-nothing process. There are degrees of McDonaldization' and there are also other social processes 'transforming contemporary society'.

Even so, Ritzer (2004) maintains that McDonaldization is important and consequential. And, while rationalization is seductive there are drawbacks – 'the irrationality of rationality' (Ritzer, 2004: 27). A mundane example would be the inefficiencies created by the efficient email system: the speed and minimal effort required to write and send emails often create additional burdens for email recipients. An extremely dehumanizing irrationality, exemplifying the 'dark side' of rationalization, is the Nazi Holocaust, where technically rational means served the ideological, economic and racist ends of a fascist regime. The Holocaust was, of course, a frighteningly efficient form of mass-produced death – the industrialization of genocide – that was only made possible by modernity and rationalized organizational structures (see Bauman, 1989). Much of this derives from Weber's (1930) concerns about the 'iron cage of rationality' which is experienced as confining, controlling and spirit-crushing. Though, in the contemporary West, a more appropriate metaphor would perhaps be the 'velvet' or 'rubber' cage. Ritzer (2004: 213) states that a velvet cage is not seen as threatening, it is 'nirvana', while the bars on a rubber cage can be stretched. Other interpretations of the cage metaphor include the idea that the 'constraining consequences' of modernity compare to a snail's shell that is burdensome but also provides shelter (Smart, 1999: 10). One consequence is that rationalization is likely to be surrounded by ambivalence.

Focusing largely on a mixed-sex commercial slimming organization, this article maintains that the rationalizing principles of the fast-food industry are, somewhat ironically, more or less observable in the contemporary fight against

fat. Constructing fatness as a correctable problem entails calculability, efficiency, predictability and technological control. Because obesity is officially classed as a disease (WHO, 1998), such rationalizing processes are wrapped in velvet and may be *more or less* acceptable in everyday life. This is because they are intended to 'help' people (risky bodies, bodies at risk) pursue their supposed best interests. Here promissory bodywork may seduce, rather than simply trap, people who want to be seen to be socially responsible and self-caring. Approaching Ritzer (2004) from the perspective of embodied sociology – that is, where bodies are the source, location and medium of society (Shilling, 2003) – the following is predicated on the idea that much of what is done to bodies often depends on what bodies do to themselves (Frank, 1991). That means people who are striving to lose or manage weight may be more or less complicit in rationalization: lived bodies are not only amenable to McDonaldized production but also self-reproduction. Through diet and other means, people seek self-improvement, happiness and healthiness, though there may also be irrationalities and meaningful resistances to these multi-directional processes in everyday life.

While this study does not criticize slimmers, or specific people 'helping' others to lose weight, there is a critical realist argument directed at the social construction of fatness as a massive public and private problem. I would challenge the institutionalized war on obesity and associated weight-centred approach to health: an ethically and scientifically questionable approach which discredits fatness and, given that people are and have bodies, those seen as fat in everyday life. This relates back to critical obesity literature, which is reaching a critical mass (see, for example, volume 3, number 4 of *Social Theory & Health*). It also meshes with other relevant thinking from feminist fat activists, for example, which significantly predates the current wave of studies challenging the obesity discourse (Monaghan, forthcoming a). In line with this critical thinking, I would maintain that the institutionalized attack on fat is really about bodily regulation, morality and other sociological concerns (e.g. individualizing and de-politicizing healthism, the expansion of markets) rather than actually promoting biomedical health in the population. And, for most ordinary people, fat fighting is largely about seeking to display social fitness in a sizist culture, where manufactured intolerance is taken for granted and deemed healthful. Here it could be argued that the contemporary anti-fat campaign capitalizes upon and, to an extent, manufactures the late modern individual's concern to visually display rationality on and through their bodies.

It is worth recognizing that the conventional scientific view that the war on obesity promotes public health is being challenged, even within the primary research field. Indeed, obesity science is equivocal at best (Gard and Wright,

2005) and includes non-conforming evidence on, for example, the fat, fit and healthy (Campos et al., 2006). Also, even if they are willing, most people are unable to achieve a weight that medicine deems 'healthy' and sustain that over time (Campos, 2004). Slimming may be popular but we are still told there is an obesity epidemic (WHO, 1998), with studies of people who reported 'dieting to lose weight, either frequently or infrequently, [putting] on significantly more weight by the end of the research period', even when doing more physical activity (Gard and Wright, 2005: 46–7). If weight-loss is the goal – rather than improved metabolic health from regular exercise independent of weight-loss – then this is a clear irrationality of rationality! Even though understandings from this research might prompt some individuals to reassess their priorities in relation to weight and health (possibly promoting size acceptance or tolerance and a more politicized understanding), under existing social conditions one cannot fault people for personally investing hope in slimming. This is because the immediate alternative for them might be to remain in the social shadows and be discredited further for not being seen to be doing something to 'correct' this widely understood 'problem'. It is also the case that identity is embodied rather than simply in the mind and, within a sizist society, that is incorporated into people's schemes of perception and action, personal fat acceptance is perhaps just as difficult as slimming (Murray, 2005).

Under such conditions, rationalizing processes may therefore be more or less seductive for those battling to lose weight. However, as a double-edged sword that is intended to cut bodies down in size, rationalization also has unintended consequences for people who may or may not be inclined enthusiastically to wield this instrument. (An armamentarium of multi-faceted weapons would perhaps be a better metaphor in this realm of symbolic violence, although, of course, I wish to go beyond militarized medicine.) As will be shown, in and around the slimming club there were irrationalities associated with processes intended to McDonaldize lived bodies. There were also observable ground-level resistances to irrationalities and resistances to particular rationalizing processes. This is understandable because the 'raw materials' of McDonaldization are not only claims or ideas about objectified bodies, which are being questioned within nascent critical obesity studies. These 'materials' are also embodied social agents capable of intersubjectively forming alternative definitions of their corporeal situation. Hence, the following also considers embodied and meaningful resistances to McDonaldization, including what could be called expressed distance. Goffman (1961) explains that expressed distance or 'secondary adjustment' occurs when people fulfil major obligations while allowing some disaffection to be seen. Moreover, there were rationalized resistances, when, for example, men talked

about their metabolic fitness (e.g. blood pressure and cholesterol) and ‘denied injury’ (Sykes and Matza, 1957). This overlaps with arguments offered in critical obesity studies and, because the body is a biological reality, these biomedical criteria are relevant for sociologists of the body, health and illness (Freund, 2006). Of course, there are also other important arguments that could be made – such as affording people dignity, respect and equal life chances – regardless of quantifiable criteria and the possibility of rationalized resistance.

Two last points are worth making before data reporting and analysis. These relate to the research process and the partiality of this article. First, the author and a research associate generated data during nine months ethnography at four mixed-sex weight-loss classes in north-east England (neither of us sought to lose weight). Classes were organized by a commercial slimming club, Sunshine, and run by three consultants: Danny, Sandy and Judy. Names of research sites and contacts are pseudonyms. Research also included 37 in-depth interviews with men, 18 of whom were current or former slimming club members. The interviewees’ mean age was 43 and most men were of white ethnicity and presenting as heterosexual. A range of occupations is represented, though men from the slimming club were mainly from a working-class background. These data were transcribed, indexed and then analysed with the aid of coding software, *Atlas.ti* (Muhr, 1997). An expanded account of the research process, which was funded by the UK’s Economic and Social Research Council, is offered elsewhere (Monaghan, forthcoming a).

Second, exigencies of space mean that this article is partial. Certainly, my treatment of gender and McDonaldization is streamlined. As will be seen, many data foreground weight-related issues among ordinary men, but the social study of masculinities is not of sustained and detailed concern. ‘Bringing in’ men is obviously important because, among other things, social scientific literature on bodyweight mainly focuses upon women (Monaghan, 2005). My main point on masculinities, however, is that there is a need to critique the male-coded war on fat rather than ‘centre’ the perceived shortcomings of modern men who are living through a socially manufactured crisis that is most likely to hurt women and girls (Bordo, 1993; Rich and Evans, 2005). Regarding McDonaldization, this article offers a partial exploration of rationalizing processes, resistances and irrationalities. The reader will probably be able to think of other processes outside slimming clubs, and critical obesity scholars have commented on some of these, albeit without using Ritzer (2004). For example, there is the simplified and efficient calculation called the Body Mass Index (BMI, kg/m^2), which is routinely used by health authorities to classify most adults in Western nations as overweight or obese (WHO, 1998). The lowering of the threshold for what constitutes

'overweight' in 1998 also manufactures fatness as a massive problem, with Oliver (2006: 5) claiming the US public health establishment, rather than McDonald's or Burger King, is 'the most important' source of the 'obesity epidemic'. Another article from this research (Monaghan, forthcoming b) details men's critical understandings of the BMI.

Calculability

According to Ritzer (2004), Western societies are increasingly quantifiable and calculable. This means emphasizing numerical standards, with quantity becoming a surrogate for quality. As discussed below, calculability, which works in tandem with other aspects of rationalization, is a recurrent theme in the socially organized fight against fat. Far from being a scientifically neutral undertaking, calculability is a socially embedded process that was also more or less acceptable and resistible among men contacted during this research, even when taking arms in the war on fat.

Mention was made above to the BMI, which Sunshine reproduced in its handbook but which was largely discounted by male slimmers and consultants. Many other dimensions of calculability were also observed during fieldwork, and these were more often accepted and even embraced. Similar to Stinson's (2001) ethnography of a weight-loss organization in the USA, calculability was recurrent. All members started their weekly session by getting weighed. This preceded the group 'image therapy' session, where members congregated and, under the guidance of the consultant, discussed their quantifiable weight-loss efforts and goals. During these sessions, Sandy mentioned successful slimmers from her classes, and classes from around the country, who had lost a specified amount of weight to the exact half pound. Consultants also reiterated to their classes the importance of calculating their dietary intake when, for example, members lost weight (with weight serving as an efficient and inexpensive proxy for fat). Referring to a new member, who lost 10 pounds within two weeks of joining, Judy told her class: 'If you want results like Jack then you should weigh and measure!'

All slimmers were advised to adopt a calculative orientation to diet or at least 'keep an eye on the little things that add up'. This is because diet was assumed to manifest itself in the McDonaldized body; that is, a body controlled by calculability which may otherwise signify an 'inappropriate' relationship with food (the obese, fast-food indulging and 'out-of-control' body in common-sense McDonaldized accounts). The slimming club handbook, which all members received and were advised to read when first joining, listed numeric values for specified quantities of food and drink as calculated by a dietician. These values

were also continually updated and revised, allegedly in response to the changing content and availability of foods on the market. This quantitative information was posted on the organization's website and communicated to members in class.

In recognizing that there are degrees of McDonaldisation (Ritzer, 2004), it is worth flagging that Sunshine's dietary approach to weight-loss was not only about numbers but also macro-nutritional content. Permitted items were basically divided according to protein or carbohydrate content (colour coded respectively as red and green), with slimmers focusing on one or another particular food group on any particular day. This so-called 'healthy-eating' or 'food optimizing plan' was intended to replace a sustained focus on calories or 'points', as was the case with a rival weight-loss organization, Fat Fighters. Hence, Sunshine's system comprised calculability, but it was wrapped in velvet and presented as more simple and efficient than another (more economically successful) weight-loss programme. Tim said this informed his decision to join Sunshine rather than Fat Fighters: 'My wife's been on Fat Fighter things and it's a point system. It didn't really appeal to me, that counting every morsel I put in me mouth' (Interview 26).

Even so, calculative rationality ran through Sunshine's 'plan' like words through a stick of rock. Members did not count 'points' but they were advised to count 'syns', which were allocated to energy-dense items. Again, these numbers were listed in the club handbook. Experienced members had little difficulty citing and calculating 'syn' values from memory. As can be seen with Richie, this was related to feasibility talk, which was intended to minimize feelings of deprivation:

A guy has up to 15 syns a day. So does a woman but women tend to stick to 10 syns. What syns are: they're simply foods with fat in them, saturated or whatever. So if you ate too much of them it would prevent you from losing weight because it's basically the unhealthy part so to speak. That's what I class it as. But it means for myself, for example – I'm a chocoholic – I can have a two-fingered Kit Kat and a packet of Quaver crisps every day of the week and that's less than my 15 syns. That would be about 13½ to 14 syns. Now I have 15 syns a day. So if I was a drinker at the end of the [working] week I have 75 syns. I can go to the pub and have 75 syns' worth of drink; 70 syns is a bottle of vodka. (Interview 29)

Following Judy's previous comment on Jack's 10-pound weight-loss, consultants also advised members to weigh and measure foodstuffs. This advice ostensibly had variable significance for members, depending on their dieting careers and weight-loss success. Consultants often explicitly directed their recommendations to new members and established members encountering difficulties. However, this was inclusive: it was common for those regularly attending classes to either gain weight or not lose as much weight as anticipated, representing a continual source of personal disappointment and frustration (also discussed below). Faced with this, Sandy publicly advised her congregation: 'If your weight-loss is a bit

dodgy you may have to get the kitchen measuring scales and jug out and do a sheet listing what you've eaten.' These utensils were also offered as prizes during a weekly raffle, alongside digital pedometers, thereby furthering calculable efforts to rationalize the fleshy body and bodywork.

Calculability was unavoidable but consultants conceded: 'Nobody sticks to the plan 100 percent.' This public admission from Judy was obviously framed by organizational imperatives and the continual search for profits. Referring to continuously weighing food, rather than counting syns, and in rejecting the idea that theirs was a temporary 'fad' diet, Judy advised her group: 'This is a lifelong commitment and it just wouldn't be normal to weigh your food all the time.' Thus, flexibility, or a more 'relaxed' approach, was 'allowed' and even encouraged by consultants who also had direct personal experience of the vicissitudes of slimming. Similar to their shared orientation to the BMI, this could be typified as a 'rubber' or 'velvet cage' rather than an 'iron cage', with the intention of 'ameliorating some of the problems associated with McDonaldization' (Ritzer, 2004: 215). However, bars were still present and even Sunshine's velvet-covered 'syn' system was impractical and restrictive in contexts of everyday life.

During image therapy, members complained that counting syns was particularly problematic in restaurants and during other 'food-oriented' social occasions. In contrast to the privatized and individualized pattern of McDonaldized consumption, where 'syn' counters had more direct personal control over their dietary intake, these events rendered departures from rationalized consumption practically unavoidable. The flipside of rational quantification was that occasions for pleasant conviviality and commensalism (e.g. wedding receptions and Bank holidays) became unwelcome barriers to weight-loss that had to be 'got through' by dedicated slimmers. And, for Tim, relinquishing control when invited to have a meal at a friend's home meant that afterwards he felt 'guilty as sin because I have been good for so many weeks' (Interview 26). Though, as indicated above by Richie, creative accounting and planning enabled some to look forward to social events that revolved around food and alcohol: a rationalized approach to pleasure. Events included parties and drinking practices that are risky from a public health perspective but compatible with slimming. (This perhaps gives the lie to the notion that slimming is 'really' about biomedical health.) Al told me he would plan ahead and 'save' his weekly syns for house parties where he could drink up to three bottles of wine – with one bottle equalling 25 syns (Interview 24).

Clearly, then, Sunshine's so-called 'healthy-eating plan' was not free from the irrationalities of calculative rationality. Also, somewhat confusingly, syn values were contingent. They varied depending on whether items were consumed on 'green' or 'red' days. Some complained about this during interviewing, and also

about what amounted to the contradictions between a weight-loss diet and a healthy diet. Doug, who had recently quit the club, said: 'I could never get my head around the syns part of it. To me if it was good for you, you ate it. If it was bad for you, you didn't' (Interview 17). Others, like Dom, admitted: 'It took me about five or six months to actually get my head around the book and actually follow the plan, but I'm 90 percent there you know' (Interview 21). Even Bernard, who was called Sandy's 'star pupil' by a female slimmer, said during interviewing (but not publicly during image therapy) that he considered the system complex. He said, 'Ninety percent of people didn't understand the plan' (Interview 22) and attributed many people's limited success or failure to this.

Finally, calculability informed various challenges to McDonaldization – the rationalization of resistance. Thus, some men resisted the attribution of health risks and problems to their 'excess' weight. They 'denied injury' (Sykes and Matza, 1957) by citing quantifiable biomedical criteria while still seeking to lose weight, given their expressed wish to 'fit in' socially. That included Dom, a slimmer, who lost about 7 stone then suffered a heart attack. Still weighing over 20 stone, Dom publicly agreed with Sandy in class that if he had not already lost a significant amount of weight then he would probably be dead. However, Dom told me a week later outside the club that he did not think his weight caused his heart problems, adding that his friend died of a heart attack yet weighed just 10½ stone. Dom added that, after his mother died of heart failure, all of his family underwent medical tests and he had the lowest cholesterol despite being the heaviest. Furthermore, he said his blood pressure increased after he lost several stone, which he found perplexing. Dom thought his hypertension was related to the stresses of moving to his current place of residence, where his young children were bullied on account of his weight and where teenage boys smeared excrement on his car-door handles. I visited Dom at his home. At least a third of the houses on this council estate were boarded up and awaiting demolition. While I could not confirm Dom's reported metabolic health (calculations such as blood pressure) I would not treat his account simply as a 'sad tale'. To do so would be to give consent, through silence, to larger iniquitous structures (Porter, 1993) which work on and through socially located bodies. Aphramor (2005), in reviewing scientific literature in relation to what is known about physiological responses to stress and its relation to social inequality, casts a highly politicized light on Dom's words (and, see Freund, 2006). It is also worth adding that Dom smoked 'at least 20 plus a day' for the past 30 years, and there is evidence that smoking is much more hazardous to health than obesity (cf. Campos, 2004; Ernsberger and Haskew, 1987). Smoking is also related to experiences of social inequality (Graham, 1993), yet such experiences are often ignored within the personally and politically disappointing war on fat.

Efficiency

Using a large collaged British roadmap as a prop, and citing Bernard as an example of somebody on the 'fast track' to weight-loss, Sandy told her group it's possible to 'eat your way slim' by following the plan 100 percent. However, they could also take a 'scenic route' and lose weight more slowly. She added that the club 'gives' members the tools to take whatever route they preferred. Sandy added, in a light-hearted tone, that if they take the scenic route they may also go for a swim in the sea, meaning their weight-loss journey could be as relaxed as they wanted it to be. Stan quipped to those who were sat nearby, 'I've been deep sea-diving.' Another man joked, 'I've been on a detour to the Caribbean!' (LM's field diary)

Efficiency entails searching for the optimum means to a given end. For fast-food industries, efficiency comprises streamlined work operations, simplified products and putting customers to work (Ritzer, 2004: 43–65). As indicated above and discussed further below, efficiencies were more or less identifiable within and around Sunshine alongside resistances and irrationalities.

Ritzer (2004: 49) briefly describes the seductive efficiencies of the 'diet industry', referring to low-calorie food that is often pre-prepared, freeze-dried and microwaveable. These mass-produced items are often sold in supermarkets, with some leading slimming organizations producing these branded items. However, Sunshine did not manufacture these. In constructing a sense of superiority in a highly competitive market, female consultants told me such items offered little satiety, were nutritionally suspect and expensive. In short, these women talked up the irrationalities of efficient rationality in order to distance Sunshine from these foods. Danny adopted a different stance. He favoured ready meals, produced by Fat Fighters. He often told his group about various frozen foods that were on special offer at local supermarkets, along with scripted commentary on their syn value. This was a no-fuss or McDonaldized approach to food preparation, though other men did talk about taking time to prepare food for themselves and their families and their chef-like abilities.

Ritzer (2004) also mentions bestseller diet books that promise efficiencies in time and effort. Bernard purchased cookery books from Sunshine. However, although Bernard was an efficient slimmer, he stressed the importance of variety not efficiency with regard to food. It should also be noted that these books were not presented as 'dieting' aides given the organizational rhetoric about food optimizing, with 'quick fix' diets defined as unsustainable and counter-productive. This view, often shared within and outside slimming clubs, and given forceful expression within critical obesity literature (Aphramor, 2005; Campos, 2004), is a further example of the irrationality of rationality. Interestingly, this was anticipated, countered and turned to productive ends by consultants. In short, awareness of this irrationality meant that consultants underscored the need for ongoing commitment to the slimming club.

Even so, efficiency talk, if not actual efficiency, was recurrent. Sandy enthusiastically told members about the possibility of speedy weight-loss. During interviewing, male slimmers also mentioned 'speed foods' that reportedly accelerated weight-loss (e.g. pulses, strawberries and mushrooms). Promised efficiency was also crystallized in Sunshine's literature. After describing the plan as 'a lifestyle, not a life sentence', Sandy shown me promotional pamphlets with glossy pictures of appetizing meals and said: 'That's our Success Express plan. It's the fastest way to lose weight.' Thus, even though Sunshine customers were offered the 'option' of taking the 'scenic route', the commonly expressed goal was to lose weight quickly. Efficiency was the ideal and was publicly commended and rewarded, with the 'slimmer of the week' receiving a basket of fruit, which other members, not the slimming club, supplied at the consultant's request.

Of course, material bodies are not infinitely malleable and may be highly intransigent. Edgley's (2006: 236) polemic on consumer narratives, and the management of postmodern corporeity, states 'aberrant flesh still resists'. Certainly, so-called 'big losers' like Bernard consistently lost weight and enjoyed slimming, similar to some women interviewed by Germov and Williams (1996). However, slimming is typically a long and frustrating process. Even with commitment and regular attendance, the common discrepancy between effort and reward at Sunshine provided the conditions of possibility for moments of ironic comedic laughter among members. Correspondingly, the idea of efficiency was a narrative resource, especially among consultants, for 'talking up' the possibility of successfully losing weight, promoting hope and 'selling' the plan. This sometimes included talk about the physicality of men's typically larger bodies, as voiced by Danny. He explained to my slim research associate that men usually lose weight more quickly than women because men are physically larger. Such talk, sustained in the face of contrary evidence, was obviously homogenizing and treated men as an undifferentiated mass.

McDonaldized efficiency, or speedy results, may have been the ideal. Nonetheless, some male slimmers warned others about rapid weight-loss, which could occur with Sunshine's plan (especially during the first few weeks). According to their cautionary tales, which implicitly rendered inefficient slimming more acceptable to those struggling to lose weight, increased efficiency equalled increased risk. Stinson (2001: 142) notes that such talk helps to make irrational situations understandable, while critical obesity literature makes the point that these bodily practices are physiologically risky (Campos, 2004; Ernsberger and Haskew, 1987):

Several men were chatting among themselves. Following news about Dom's recent heart attack, Ernie said that Dom did not 'feel well' after losing weight. Ernie then talked about what he considered the massive and worrying dangers of dramatic weight-loss and 'crash' diets: 'It's

dangerous, I don't agree with it. In fact I was reading a book on it, and you need to lose it gradually. Your heart and kidneys lose fat and they need to stabilise, along with your muscles. And it takes time. Now, Dom, he lost 22 pounds in his first week here.' Al, who was listening to this, openly agreed. (LM's field diary)

Efficiency also manifested itself in other ways: namely, the organization of classes. At Danny's club, members wishing to bypass the usual queue for the scales and then quickly leave, were efficiently processed through 'express checking'. However, most slimmers queued to get weighed. Sunshine deliberately manufactured the queue. Paul, a team manager and member of Sandy's class, told me that Sunshine's success depended on mutual support among members. The queue was planned because it provided an opportunity for members to congregate and share weight-loss ideas. That, of course, served to streamline the organization's work operations, with members acting as co-consultants. In addition, it is worth observing that, in order to get weighed, members slowly proceeded past a series of staffed desks (mainly staffed voluntarily by members) displaying weight-loss merchandise that members could, and often did, buy. This also relates to Bryman's (1999) ideas on 'Disneyization' and the 'dedifferentiation of consumption', i.e. visitors to one sphere must go through another, which helps to increase profits. This obviously provides fuel for a larger machine that constructs fatness as a correctable problem.

Other features of the slimming class complicated the idea of McDonaldized efficiency. Unlike the McDonald's drive-thru, the group therapy session held after the weigh-in was not intended to be time efficient. Many members welcomed this. At £4.25 per session, they wanted 'to get the most' for their money. Yet, as with McDonald's burgers, value for money was illusory. The ingredients constituting this commoditized experience cost very little for slimming clubs. This experience included a sense of 'collective effervescence' (Shilling, 2003), or ritually derived energy, which emerged during bodily co-presence in morally significant space. However, this experience was not palatable for all. Some members, whom I observed tapering their last few visits to Judy's class by leaving immediately after being weighed, said the sessions were too long. Doug, who had recently stopped attending, along with his wife, said: 'I find that particular slimming club goes on far too long. You shouldn't have to sit there for an hour. I mean, I've been getting home late. And we've both said that's enough. You know? It's, it's barmy' (Interview 17).

Slimming classes, and the slimming experience more generally, were nonetheless organized in a way that was efficient for the organization. This relates to bodily labour or 'putting customers to work' (Ritzer, 2004: 61), which was intended to streamline fleshy bodies but which was actually about streamlining

work operations for a money-making business. This is an important aspect of McDonaldization and is the last theme discussed here in relation to efficiency.

Putting customers to work enables the fast-food industry to achieve efficiencies and this process was unashamedly put in motion at the slimming club. Just as McDonald's customers have to undertake much of the work that is done by employees in a traditional restaurant (e.g. placing a food order, taking it to the table, disposing of the waste), the slimming clubs sought to put bodies to work albeit under a collective ethos that stressed mutual 'support'. Thus, 'big losers', at the invitation of their consultant, played a leading role in manufacturing fatness as a correctable problem. Sandy would sometimes get regular members, like Bernard and Al, to head the image therapy as part of an interactive question-and-answer session. For them, this unpaid labour was a source of satisfaction. It was defined as an opportunity to 'help' others and 'give something back' to an organization that was 'helping them' to lose a significant amount of weight. Other slimmers, forming the so-called 'social team' (Sandy had 38 members on this team), also provided free labour. This work not only included staffing stalls, which Al did most weeks, but also backstage administrative support and greeting new prospective members. This labour was necessary in Sandy's classes, which sometimes attracted up to 80 people per session. Similar to McDonald's customers, loyalty was as much emotional as rational (Ritzer, 2004).

In sum, rather than an all-or-nothing process, efficiency or talk of efficiency was more or less observable but also resistible at this mixed-sex slimming club. Instances ranged from promoting fast-track weight-loss to the very organization of the class, wherein fatness was reproduced as a problem to be corrected by members through bodywork. Efficiency was also intertwined in complex and contradictory ways with other aspects of McDonaldization, such as predictability.

Predictability

Predictability 'involves an emphasis on, for example, discipline, systematization, and routines so that things are the same from one time or place to another' (Ritzer, 2004: 105). Predictability is part of the socially organized fight against fat. However, while fast-food processing is highly predictable, the McDonaldization of men's bodies during this study was less uniform. Consider two extracts. The first is from an interview with Bernard who, using Sunshine's online resources, systematically rationalized his body and achieved more or less predictable weight-loss. The second field extract recounts a conversation with Ernie, who regularly attended Sandy's class but was unable to predict his weight-loss or, rather, whether he would lose weight at a predicted rate of about two pounds per week:

I go online and put in each week my weight. And I've used that as a motivator, because it also gives you an estimated date when you reach your target weight. So it's something to work towards. And if you have a poor week you see that date drifting away in the distance. And if you have a good week you see it coming closer. So it's a good tool that. (Interview 22)

I asked Ernie, who was queuing to get weighed, if he could predict his weight-loss. Ernie said that he could 'really stick to the plan' during the week and 'do well' with his eating but just lose half a pound rather than the anticipated 2 pounds. He joked and said that in such circumstances 'my bottom lip quivers', meaning he wanted to cry. However, Ernie reasoned that slow weight-loss was healthier, reiterating a comment he made the previous week about how losing weight too quickly is a 'shock to the system'. (LM's field diary)

As with Ernie, predictability thus included predictably slow weight-loss, a case of rationalized inefficiency, even when attempting to discipline his body. Predictability also included accepting the likelihood of a plateau at some point during the meandering weight-loss journey which, as stressed by consultants, could be remedied through ongoing discipline and commitment.

Other aspects of predictability were centrally organized and observed in the delivery of the class. Danny said about his training as a consultant: 'the training is exactly the same so whenever you walk into any slimming class it should always be the same' (Interview 18). According to Ritzer (2004: 102–4), McDonaldization is often attractive because things become reassuringly the same. He states that fast-food restaurants, similar to the predictable shopping mall, *aim* to offer safe, pleasant environments devoid of nasty surprises. The same could be said about slimming classes, though the overt aim of predictable pleasantness had a covert dark side.

In all the classes researched, there was a standardized focus on the positive. This was the common organizational response to members' often-fraught and frustrating efforts consistently and efficiently to lose weight. As well as the usual motivational talk from consultants, and what one man called 'happy clappy' rituals (i.e. receiving a round of applause when losing weight), there were awards (e.g. shiny stickers) and catchphrases that were more often intended for women (e.g. 'little pickers have big knickers'). Here fatphobia and sizism, which could also be highly infantilizing, worked in tandem with sexism and the predictable yet covertly oppressive message that some bodies are less acceptable than others. Of course, all of this was coated with artificial sweetener or, to use Ritzer's (2004) metaphor, the iron cage of rationality was wrapped in velvet. This was also evidenced in the classes' decorative style. All had posters on their walls. These featured 'success' stories (members who had lost a lot of weight, but not necessarily maintained this, as reported in local newspapers), graphs showing some members' weight-loss over time and other motivational paraphernalia that conveyed the message that the system was infallible.

According to Sunshine's centralized, corporately produced, script those following the plan could expect predictable weight-loss. This was intended to be reassuring and rational. In a fatphobic society, fee-paying slimmers wanted to know they would lose weight. During the induction session at Judy's class, she assured new arrivals that if they followed the plan 'properly' during their first week: 'I guarantee you'll lose weight. If you don't, you'll get your money back. [As an aside] You'll be the first in 36 years to get your money back though.' This was a standard sales pitch. Danny reiterated this to new members in his class. While new members often lost 'big numbers' during their first week, there were exceptions. Also, as with Ernie and plenty of other members, the expected loss of one to two pounds per week thereafter did not always materialize. Weight gain was also common. A predictable consequence was that there was a high rate of attrition. Defaulting members also seldom responded to Sunshine's standard 'support letter', which, in Sandy's larger class, was handled by her admin social support team.

Several men discursively amplified the predictability of inefficiency, difficulty and 'failure'. Their words served as a resource for displaying their own commitment and character in the face of insurmountable odds. Even irrationalities associated with slimming were put to situationally rational and rationalizing ends. Difficulties included not only reaching one's target weight but also maintaining it (also, see Stinson, 2001: 109). As with Gareth's talk, reproduced below, physiological understandings were offered as an 'excuse-account' (Scott and Lyman, 1968) for predictable failure. Of course, there were many reasons why these men, who may have otherwise been fit and healthy, still sought to lose weight and, in the process, helped sustain industries that construct fatness as a correctable problem. Besides being stigmatized, there was the anticipation that their 'excess' weight could cause future health problems. However, and in contrast to Ernie's cautionary tale about Dom's experiences, Gareth did not mention how common irrationalities associated with slimming, such as weight fluctuation, may amplify risk (Campos, 2004):

I talked with Gareth. Struggling to get below 18 stone, he said he also thought it was difficult to maintain weight-loss. He thought this especially difficult for those losing a lot of weight: 'Take Bernard. If he went on holiday he could put 2 stone on dead easy. Your fat cells are just sitting there waiting for you to take in food containing fat and when you do they soak it up.' Gareth explained that the body has 'brown fat cells' which are there to protect the body from famine: 'You have to get to your target weight and stay there for about three years for your body to say "right, we can shut these down now" otherwise you balloon straight up again with a little extra food.' Gareth thought that of the 'thousands of people who come through the door, only a few get to their target weight and stay there'. (LM's field diary)

Metaphorically speaking, this was a revolving door. Although attrition was high, some former members, like Ronald, returned. This did not mean he escaped ongoing disappointment:

Ronald was disappointed. He didn't lose any weight after re-joining the club last week. Sandy asked the group if they had any tips for him before quipping, 'Last week one of our members said they should have petrol stations where they fill up for you so you don't have to go inside the shop and face a load of temptation.' Ronald stressed that he could resist temptation: 'I mean, we have a vending machine with chocolate at work and I just walk straight past it.' Johnny, his friend and colleague, confirmed this: 'Yeah, I can vouch for that. He even turns down biscuits.' Ronald complained: 'I expected to lose. It's not fair.' Sandy, trying to make light of this, asked Ronald whether he wanted to hit Liz, who weighed him. Liz interjected with advice on getting through the day without succumbing to the temptation of food. However, Ronald reiterated: 'But I haven't been eating that much food!' Sandy, sensing his obvious agitation, said: 'Right, let's get off his case. Everybody give him a big clap!' (LM's field diary)

Because the numbers on the scales were not as anticipated, and this was not accompanied by a confession of 'syns' consumed and some form of 'remedial work' (Goffman, 1971), there were doubts about Ronald's honesty. Sandy often reframed this with other members during image therapy: 'I'm not calling anybody a liar, not at all. But most slimmers have amnesia. They forget what they had. Honesty is the best policy when trying to lose weight.' Although softening the blow, the message was clear: members, not the predictable system, were at fault. Yet, at other times, Sandy offered accounts that confounded simple predictability (e.g. 'Different bodies burn off energy differently, everybody is unique'). Importantly, such words were offered when supporting organizational imperatives; for instance, encouraging members to personally tailor the plan to their own needs and expectations rather than expecting the club to do it for them.

In sum, predictability and talk of predictability were evidenced at the slimming club. Predictability largely fitted with the social logic and practices of a profit-making organization that promised, but seldom delivered, the valued end product: streamlined bodies. And, while there were irrationalities relative to other aspects of McDonaldization, such as predictably slow weight-loss, and predictable disappointment and attrition, even these could be turned to productive ends by current slimmers who were seeking to maintain their commitment to McDonaldizing processes.

Technological Control

Technology is intertwined with the social construction of fatness as a correctable problem. This element of rationalization, according to Ritzer (2004: 15), entails exerting control over people as a counterfoil to human unpredictability. Here McDonaldized bodies become cyborg bodies.

For some men, non-human technology *facilitated* rather than *replaced* their efforts to lose weight. For example, Information Technologies (IT) – that is, online facilities – were noted above in relation to calculability and predictability. People using Sunshine's IT facilities, such as Bernard, still continuously worked

on their bodies as part of a reflexive project of the self. Hence, human control was not relinquished to technology. Yet, while consultants often recommended the club's online resources, this aspect of technological rationalization was not necessarily time efficient. During image therapy, those in Danny's class discussed in detail a cumbersome way of calculating online the syn value of Fat Fighter's foods. Even so, when slimmers debated this esoteric resource they presented themselves as being *seen* to be doing something. That may have been personally and transiently therapeutic for individuals, but it also reproduced the unacceptability of fatness and continued fatphobia. Such is the irrationality of slimming, where people who in all likelihood would not reach and sustain their target weight, exercised and complied with fat hatred.

There were other slimming club technologies, besides IT or the actual dietary plan itself. The central piece of rationalizing hardware, saturated with ambivalence, was the digital weighing scales. Sunshine's scales were capable of weighing the heaviest of members. That was important for Dom, who weighed about 33 stone when he first joined. According to Ruppel Shell (2003: 40), early 20th-century diet books described the weighing scales as a "materialized conscience" that weighed not only bodies, but worthiness'. This measurement of worthiness continues with feelings of embarrassment and shame being a corollary for some men. Dom told me that when he first learned his weight at Sunshine, 'the floor could've opened up and swallowed me up. I was in two minds whether to go back or not' (Interview 21).

Dom was not an isolated case. Other men also reported a problematic relationship with the weighing scales. Paul talked about his experiences using his home scales. To provide additional context, Paul peaked at 21 stone before regularly attending Sandy's club with his wife, Liz. Paul had since lost 8 stone, but maintaining most of this loss was a daily struggle that was not helped by 'compulsively' going on the scales. After giving the scales to Sandy, Paul said he followed the club's recommendation of only being weighed once a week at the club. Surrendering the scales had symbolic as well as emotional significance. It reasserted the centrality of the organization in weighing unpredictable bodies, on the premise that members may feel 'down' about their daily weight fluctuation and regain weight through 'comfort eating':

I am what's known as a compulsive scale hopper. Because I am terrified of getting to the stage I was before, and it's a real, real fear. I do not want to get that big again. So unbeknown to me, what I've been doing is [I've] been very, very compulsively getting on the scales two and three times a day. So much [so that] . . . it was hindering me at maintaining. And I started to gain, because I was so intent on keeping these scales happy. I was falling back into my old habits of being depressed. So I was eating. So yesterday we wrapped our scales up and gave them to Sandy. We haven't got a set of scales now. And that was a big milestone. (Interview 23)

Such talk gives empirical expression to critical theoretical commentary on McDonaldization. Following Ritzer, but also Heidegger on technology as destiny and Simmel on the tyrannizing effects of objective culture, Weinstein and Weinstein (1999: 63) discuss how people may feel 'oppressed' and 'humiliated' by technology but also 'appeal to technology for salvation'.

Biomedical technology, which again is obviously not a concern specific to the slimming club ethnography, should also be mentioned. Biomedicine promises individualized technological 'fixes' for the 'problem' of obesity. The biomedical conception of human bodies, drawing from a mechanical metaphor, provides fertile ground for the colonization and control of humans by non-human technology. Of course, medicine also has iatrogenic consequences (Illich, 1975), that is, medicine may do more harm than good. The remainder of this section briefly notes the promises and problems of bariatric surgery: a technology which, according to recent research, is much riskier than originally thought, especially for men and older patients (Flum et al., 2005).

Bariatric surgery is typically performed on people who, according to the WHO's (1998: 9) criteria, are categorized as 'obese class III' ($BMI \geq 40 \text{ kg/m}^2$). The International Diabetes Institute (2000) identifies surgery as a possibility for those with a $BMI \geq 30 \text{ kg/m}^2$, who are defined as 'severely obese', while Oliver (2006: 56) states that some bariatric surgeons will operate on people with a BMI of 32: for example, somebody who is 5 ft 10 inches and weighs just under 16 stone (223 pounds). Bariatric surgery is a McDonaldized intervention, since the goal is to permanently control somebody's appetite, behaviour and digestion so that weight-loss becomes much more likely and sustainable. If human unpredictability is the major obstacle to certain, predictable and efficient weight-loss, then surgery is a rationalized response that is intended to control the recipient's ability to eat what and when they desire. Mennell's (1991) Eliasian discussion on the 'civilizing of appetite' provides social historical context to what could be called the technological rationalization of appetite. This intervention seems rational if 'obesity is soon to become the leading cause of death' in nations such as the USA and '[c]ase series demonstrate that bariatric surgery can be performed with a low rate of perioperative mortality (0.5%)' (Flum et al., 2005: 1903). However, epidemiology does not support the claim that obesity per se is a major cause of death (Campos, 2004), and until recently perioperative mortality rates were unknown for high-risk patients and the community at large (Flum et al., 2005: 1903).

Nobody interviewed for this research had received bariatric surgery. However, Jason's sister-in-law underwent this and experienced problems. Jason did not elaborate, but he felt other people's faith in biomedicine was not well founded:

'People see surgical teams and health interventions as the Holy Grail, the saving' (Interview 32). Roy had faith and he was awaiting bariatric surgery on the NHS. This former slimming club member had previously lost 11 stone but regained it and weighed about 28 stone when I interviewed him (he had previously received an abdominoplasty on the NHS, which entails removing loose skin from the stomach after dramatic weight-loss). Roy considered himself 'fit for the size of us' but, in line with anticipatory medicine (predicted health problems) and pragmatic considerations, he hoped to gain longevity and mobility by losing weight and keeping it off. Roy's concern to 'do the right thing' corresponded with recent fatherhood and his demonstration of social fitness, a situationally appropriate display of gendered selfhood. Importantly, Roy had to demonstrate to clinicians his worthiness for bariatric surgery by losing weight over six consecutive months with the help of a dietician. Replacing human with non-human technology, at least for some bodies processed by Britain's publicly funded NHS, is dependent upon the ability to exert self-control.

Roy's decision was situationally rational for him relative to what he described as a low-risk operation: a position mediated through his interactions with clinicians at a time when clinical certainty about low risk was not medically justified. However, there were resistances and, to employ rationalized criteria, these seem reasonable given Flum et al.'s (2005) research. This study among 16,155 patients reported that men had a 7.5 percent mortality rate within the first year of surgery with this figure rising to 11.1 percent for those aged 65 years or older. That said, even before Flum et al.'s (2005) research, concerns about weight-loss surgery emerged from 'below', from fat activists. Although fat activists are often very large and conceivably have the most to gain from surgery, they have offered eloquent and convincing arguments online when warning others about iatrogenesis (resisting technological rationalization through IT). Contrary to Ritzer's depiction of the Internet as dehumanizing, which has been critiqued by others (Bender and Poggi, 1999: 36), virtual communities may actually help forge alternative and more positive definitions that resist the dehumanizing anti-fat campaign (Monaghan, 2005).

Resisting surgery is not only an organized political response from activists. Andy, who weighed about 18 stone and recently rejoined Sunshine after a previous failed attempt, dismissed surgical weight-loss interventions. His words captured the mood of most respondents, though other men also emphasized the importance of the work ethic (Weber, 1930), that is, of personally achieving weight-loss in line with the religious underpinnings of the rationalized health movement:

I don't think any man alive would go through that. No. I tell a lie. There's some that have it really bad that are stuck, that are 40 stone, that type. But the average person, average man, over-weight man in Britain, would not go to the extent of having that done. (Interview 25)

That included male slimmers who would be medically classed as morbidly obese but who, like Roy, nonetheless endorsed cosmetic surgery to remove loose skin associated with substantial yet personally achieved weight-loss. Endorsing human over non-human technological control over diet, rather than rejecting surgery *per se*, fitted with the meanings, practices and interests promoted in slimming clubs. After all, these organizations profit from a behavioural 'solution' to 'the obesity problem'. Rejecting bariatric surgery also fitted well with the current position of successful slimmers and others who were risk averse. Before becoming a slimmer and weighing 26 stone, Bernard toyed with the idea of surgery after seeing 'something on the tele about a guy who'd had his stomach stapled' but he subsequently rejected this technology after losing a significant amount of weight through diet. Presenting himself as a sage adviser for imagined others, Bernard emphasized the importance of a healthy lifestyle, then remarked: 'I don't think these things [surgery and pharmaceuticals] should be for anybody' (Interview 22). For Dom, procedures surrounding the operation were considered dangerous, alongside other 'after effects' that were explained to him when he enquired at the hospital. After talking about a 10 percent mortality risk from anaesthesia, Dom reflected on the possibility of post-operative infections, then laughed 'Oh, we'll give that a miss then' (Interview 21).

Other larger men, like Joe who was not from the slimming club, also resisted weight-loss surgery. Joe was not averse to the idea of slimming given the hopes and expectations of significant others: he had previously tried losing weight after his mother 'bullied' him to try the drug Orlistat, which, as ironically discussed by Oliver (2006: 51), could be considered more of a cosmetic intervention and is 'no different than eyeliner except for the flatulence'. Joe learnt this first hand, experiencing faecal incontinence in public. He quickly stopped taking this other technological 'fix' saying 'It was the worst thing I ever done.' With regard to weight-loss surgery, he stated the following with reference to people who are made to feel unacceptable because of the social meanings encircling their weight. Here Joe not only resisted technology by invoking the 'natural', he also rejected McDonaldized efficiency while adding that reduced meal sizes equalled reduced quality of life for people who cannot be assumed to be unhealthy because of their size:

This is where they staple your stomach. Nah. Like I said to the doctor, 'If I want to do it, I'm going to do it.' The natural way. The way it should be done. Not all this quick fix thing. Because, at the end of the day, if it's a quick fix it's going to have a reverse effect, I think. I

mean this thing where they put a band on your stomach to reduce your stomach. I mean, it's a case of, what's your quality of life like after you've had it? You know what I mean? And it's, it's, nah. . . . I seen one on MTV, *I Want a New Life* or something like that. And it was some girl that they done. And yeah, the results, fantastic. But you think to yourself that she's now got to go through the rest of her life eating minute little things. And she's not going to enjoy herself. She was one of these people who [says] 'I'm not happy because I'm overweight. I'm depressed.' She's one of these people who were walking around with her head down. But, I mean, you've got to accept yourself for what you are. Some people are big, some people are small. Some people have got ginger hair. You know what I mean? You are what you are. And you've got to accept yourself for what you are. And I mean, yeah, in some situations it is very unhealthy for people. But I'm sure that's not the case for everybody. (Interview 5)

In sum, while technology plays a recurrent and at times irrational role in McDonaldizing fatness as a fixable problem, its meanings were also subject to reinterpretation and resistance. While, for many male slimmers, rationalization was pursued through self-directed and less physically invasive technology – namely, the slimming plan, the effects of which were routinely measured through the weighing scales – for other big men, such as Roy who had abandoned slimming, bariatric surgery was seductive in a context of anticipatory medicine. Yet resistance was still strong among men outside slimming clubs, as evidenced by Joe, who, like Roy, was one of my biggest contacts and would be medically labelled morbidly obese.

Conclusion: Resisting McDonaldized Accounts and Processes

Medicalized fatness is often considered the irrational consequence of Western rationalization. The common narrative is that developed nations are awash with convenience foods that are making everyone 'fat'. Despite the critical edge to his work, Ritzer (2004) draws from this picture when discussing the irrationality of rationality. Such reasoning is itself McDonaldized because it is simplified, efficient and seductive. It is also sociologically unfulfilling and questionable. This type of account reproduces the pejorative (stigmatizing) status of 'obesity' while retrospectively denying human agency. Rather than reiterating such thinking, this article critically explored the process of manufacturing fatness as a correctable problem and what that might mean among men in everyday life. Calculability, efficiency, predictability and technological control are the central organizing principles of the fast-food industry (Ritzer, 2004), and the above explored the degree to which these work around, on and through men's bodies as part of the current war on fat.

Using the slimming club ethnography as the main point of reference leads me to the following conclusion: there are many observable, but not universally

accepted and effective, efforts to McDonaldize men's bodies. Certainly, rationalization was a recurrent theme. Whether referring to the weighing and measuring of bodies and foodstuffs or biomedical technologies proposing an efficient means of bypassing human unpredictability, rationalizing principles were observable. It may seem counter-intuitive to draw a formal sociological comparison between an industry that allegedly causes much obesity and those seeking to ameliorate it, but, in using qualitative data and the idea of McDonaldization as a reference point, this comparison is justified. McDonaldizing processes are perhaps unsurprising in commercial slimming clubs that promise efficient, rationalized solutions to a public and private problem. Counting 'syns', using online computer facilities and promoting 'fast-track' weight-loss, in turn, all reproduce the pejorative status of fatness as well as the ideology of individual responsibility. However, the slimming club was a critical case for considering the degree to which men's bodies were McDonaldized in practice. Such a consideration is necessary because objectified bodies are also embodied subjects, capable of resistances and forging alternative definitions of the situation. Interestingly, it was found that even in the slimming club, attempts to uniformly rationalize men's bodies and bodily practices were confounded. Even in this engine of anti-fat sentiment and sensibility, people were not passive McDonaldized dopes, just as their bodies could not be standardized like the Big Mac.

Amidst observable and generalized rationalization, there were subtle variations, complexities and resistances. Rationalization and resistance were multi-dimensional and uneven processes, even within a specific fat-fighting organization like Sunshine. To be sure, many slimmers embraced rationalization; weight-loss can be a panacea of sorts in a world where 'the obese' are stigmatized as irrational and out of control. The slimming club could be considered a potentially revitalizing cult, promising salvation and rebirth within the broader secular religion of health. However, some observations, which render McDonaldizing processes contestable and (un)intentionally resistible, included: the common rejection of the BMI; dismissing 'quick fix' or 'crash' diets (while nonetheless following a modified diet that sometimes resulted in massive and quick weight-loss); limited success in losing weight, or maintaining weight-loss, despite proclaimed intentions and sanctions; eschewing streamlined slimming products, such as ready meals; and rejecting biomedical technologies that promise to make weight-loss much easier. Of course, even resistances like these, which, somewhat paradoxically, may have made aspects of rationalization more palatable, were often shaped and constrained by the organizational imperatives of an industry rationally seeking profits. For example, slimming consultants were unlikely to promote bariatric surgery when the economics and ideology of their organization revolved around

behavioural change. Slimming clubs also risked alienating and discouraging men if they followed or rigidly imposed the BMI, hardly a wise business move!

This article not only explored rationalizing processes and resistances, or attempts to ameliorate some of the worst features of McDonaldisation. Reference was also made to irrationalities, the unintended consequences of rationalization. The focus on irrationalities tallies with critical obesity studies and also fits with the concerns of sociology, which has a tradition of interrogating the cold, dark side of Western rationalization. Irrationalities associated with efforts to McDonaldisize men's bodies ranged from turning commensality into a guilt-laden obstacle to the reduced quality of life that some men attributed to bariatric surgery. Other irrationalities included: viewing foodstuffs in numerical terms rather than as a source of nutrition or pleasure; the compatibility of a 'healthy-eating plan' and slimming with practices that would otherwise be considered risky (e.g. in relation to alcohol); perpetuating an oversimplified or misleading picture of what determines health; feeling ill when rapidly losing weight; gaining weight despite investments in time, energy and money in becoming slimmer; and so on.

Given the above, it is hardly surprising that there was a high rate of attrition among slimmers, who experienced frustration and disappointment when struggling weekly to lose weight and keep it off. Within the larger society it is often acknowledged that 'diets do not work' and, even when weight-loss diets are wrapped in velvet and repackaged under a different name, achieved slimness often remains a Holy Grail. Even so, it is a highly valued goal that literally millions of women and men repeatedly strive to achieve, regardless of the resources needed to do that and possible risks to the physical and social body. This sacrificial action, although critically viewed here as an irrationality of rationality, makes sense for individuals seeking to avoid social censure for their fatness. However, an argument running through this study is that the institutionalized war on obesity is highly questionable. This article finishes with some brief reflections on the political seductions but also irrationality of government-endorsed fat fighting. This is important because the state, in conjunction with biomedicine, authoritatively endorses and reproduces the Western cultural fear and loathing of fatness. Hence, it authoritatively legitimates a larger symbolic universe where commercial enterprises, such as slimming clubs, capitalize upon fat hatred.

From the vantage of government officials and policy makers, the war on obesity is understandably seductive. Material bodies, unlike persistent social structures, are immediately visible, concrete and tangible. The class habitus may manifest itself in people's embodied dispositions, comportment and style, but it is more 'scientific' and apparently more neutral to hierarchically grade, label and ultimately discriminate against people according to body mass. Although finite

and ephemeral, the material body has tangibility and variable currency in a somatic society where major personal and political problems are expressed on and through bodies (Turner, 1996). This economy of the body is not only financially profitable but politically expedient for various 'stakeholders' committed to tackling obesity. Stated crudely, the orthodox medicalized view is such: many people, and especially the increasing numbers of obese people from lower socio-economic groups, are in poor health because of their fatness. And, if they are not ill and/or dying, they can expect to be so in the not too distant future. One of the irrational consequences of being blinded by fat in this way is that it legitimates and perpetuates a society where many people are dissatisfied with their bodies, are blamed for 'their' problems and are willing to pursue individualized 'solutions' that may be physiologically, if not emotionally, detrimental. A degree of body-authorship, control and healthfulness may be experienced by the few who successfully lose weight and keep it off (even while perhaps remaining at a BMI that medicine classes as 'excessive'), but such is the exception rather than the rule. And, in the process, public and private efforts to streamline bodies reproduce fat phobia and obfuscate larger social determinants of health. Fat activists are challenging anti-fat prejudice, and academics are also critically engaging the dominant narrative. This thinking is reaching a critical mass and is having at least some impact on broader thinking and practice (Saguy and Riley, 2005). However, at present it is perhaps too optimistic to expect a different approach within the larger society. This is not only about profits and the apparent efficiency of McDonaldized accounts and processes. It is also about socially accepted prejudice, manufactured or massively amplified intolerance, vested quasi-religious interests, emotional investments and hopes. Yet, as observed during this research, there is some space for resistance or at least ambivalence and expressed distance in anti-fat times. That, of course, is mediated by social structural concerns, deserving of more sustained consideration, such as gender and the embodied meanings of sexed bodies in everyday life.

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