


Article

Undisciplining the Science and Religion Discourse on the Holy War on Obesity

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Abstract: Contemporary science and religion discourse (SRD) is a large field encompassing various topics, from creationism against evolution to theological anthropology and artificial intelligence, though historically, what is meant by “science” is Western science, and what is meant by “religion” is usually Christianity. Moreover, SRD has been driven mainly from the North American context. The scope of this paper will thus be more focused on Western science and North American Protestant Evangelical Christianity, which hereafter will be referred to as simply Christianity or religion. In this article, I argue that SRD often arises from conflict or intersections where such interdisciplinary dialogue is needed to better understand the topic. However, this also means that topics that seem to agree between religion and science are not discussed in SRD. It is as if the goal of SRD, consciously or unconsciously, is to attain some consensus. Topics that have achieved consensus are not worth interrogating using the interdisciplinary approach of SRD. In this article, I will raise the topic of the holy war on obesity as a case example. From the medical and scientific perspective, obesity is a significant epidemic and problem. Similarly, Christians also see obesity as a problem that their churches can help by reinforcing the need for self-control as a virtue. The alignment of the two fields leaves this subject primarily out of the radar of the academic SRD. Yet I argue here that this unholy alliance needs to be questioned because locating the solution to obesity simply on willpower to lose weight and battle gluttony is short-sighted at best, misleading perhaps, and harmful at worst. This paper calls for a transdisciplinary approach to the SRD on obesity, emphasizing the need to address the multifaceted nature of the problem, which spans physiology, psychology, sociology, economics, culture, and theology. In overlooking the complexity of the problem with its various intersectionalities, both science and religion in SRD have colonized bodies and health. Inherent within this transdisciplinary approach is the exercise of undisciplining SRD and decolonizing bodies. The concept of “undisciplining” involves re-evaluating the problem beyond mere weight loss, addressing interconnected issues such as food supply, government regulations, capitalism, discrimination, and mental health care. The narrative of gluttony as sin, the war metaphor, and the methodologies employed by both religious and scientific communities need to be deconstructed. In conclusion, recognizing the entangled system in which all are complicit, the paper advocates for a more nuanced and comprehensive approach, free from the constraints of traditional disciplinary boundaries and influenced narratives.



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General Overview and Methodology

I will first present the phenomenon which is called the global war against obesity (Section 1). Many North American Evangelical Protestants largely support it. Though obesity and Christianity should fall within the science and religion discourse (SRD), even quick database searches on key journals in SRD yield fewer than a dozen papers on this topic (Section 2). Focusing predominantly on the SRD field, which historically has revolved around North America and Christianity, I hypothesize that the SRD’s dominant interdisciplinary dialogue model of Ian Barbour tends to dismiss and become less critical whenever

a harmony between science and religion occurs (Section 3). Therefore, I argue in this paper that we, in SRD, need to employ a transdisciplinary approach to examining obesity and Christianity. This approach critiques the current alignment of scientific and religious narratives—particularly in the context of the “holy war on obesity”—and advocates for an “undisciplining” of both fields in order to address the complexities of obesity beyond traditional disciplinary boundaries (Section 4). By moving beyond conventional interdisciplinary methods, I include the research works of Fat Studies scholars, feminist scholars, and other social science scholars whose research is embedded in real-world contexts, engages directly with stakeholders, and promotes activist involvement (Section 5).

The concept of “undisciplining” is central to this methodology, as it challenges inherent biases and assumptions within individual disciplines. I further provide the theoretical framework for undisciplining in a transdisciplinary approach (Section 6). More specifically, in the discourse of the holy war against obesity (Section 7), I underscore the importance of intersectionality in understanding obesity. Instead of reinventing the wheel, I briefly review the works of Fat Studies scholars and social scientists who have demonstrated its interrelations with systemic issues such as racial, gender, and socio-economic discrimination, highlighting biases in healthcare, workplace practices, and societal attitudes. Their works serve as premises that support the argument that the prevailing narratives surrounding obesity—especially those emphasizing individual willpower—are misaligned and overly simplistic. Obesity is influenced by systemic, economic, and cultural factors, and both science and religion have contributed to harmful body colonization through moralistic narratives. Traditional approaches, which rely heavily on weight loss as the solution, are both dangerous and inadequate. They exacerbate stigma and fail to address the multifaceted nature of obesity.

Finally, I encourage others in SRD to contribute to the discourse by highlighting several possible theological explorations (Section 8). We should deconstruct dominant theological narratives, such as framing gluttony as sin, interpreting the body as merely a temple, and employing the metaphor of “war” in discussing obesity. Additionally, I encourage other SRD scholars to incorporate critical perspectives, including feminist and liberation theology, to dismantle these paradigms and expand the scope of the SRD on the holy war against obesity. In summary, by critiquing the “unholy alliance” between science and religion in framing obesity, I propose a transdisciplinary and undisciplined approach as a critical step toward achieving equitable and comprehensive solutions. This methodology allows for a richer, more nuanced understanding of the issue, addressing its systemic roots and moving beyond narrow, reductionist frameworks.

1. The Global Problem: A War on Obesity

We are entrenched in a culture that has declared a war on obesity. We hear about this not only from magazine articles on how to lose weight as we wait in line at the grocery store but also from serious news articles from reputable sources. Multiple government agencies have declared that there is, or there should be, a war on obesity (O’Hara and Gregg 2012; Rasmussen 2019), and weight-centred public health policies and programs have been launched in multiple countries. In 2001, the U.S. Public Health Service followed the Surgeon General’s “Call to Action to Prevent and Decrease Overweight and Obesity”. The term obesity has replaced the more colloquial word, fat, because obesity is a medical term. Therefore, it has more gravitas and is scientifically backed. This is not only an American problem. In 2003, the New Zealand Ministry of Health launched the Healthy Eating—Healthy Action (Oranga Kai- Oranga Pumau) campaign. Health Canada published its guide to healthy eating and physical activity in 2005. The World Health Organization (WHO) has had a Global Strategy on Diet, Physical Activity, and Health since 2004 (O’Hara and Gregg 2012). The obesity problem, therefore, is a global problem with interesting narrative constructions depending on different national contexts (Saguy et al. 2010). Regardless of country of origin, the narratives regarding this issue have included very alarming words such as “disease”, “epidemic”, “crisis”, and “war” (O’Hara and Gregg 2012).

It is no surprise then that this phenomenon, due to the associated media coverage, has been well noticed by Christians. On top of this, studies have indicated an obesity epidemic among Christians, especially in North America (Cline and Ferraro 2006). In other words, it is not just that the whole population is becoming obese, but that Christians, in particular, are becoming more obese than the general population. A groundbreaking study was undertaken in 2006 by researchers at Purdue. To be more specific, and according to Cline and Ferraro, the heaviest Christians are Baptists, 30% of who are obese. “Baptist” refers to Southern Baptist, North American Baptist, and Fundamentalist Baptist (Cline and Ferraro 2006). The second heaviest group was found to be that of the “Fundamentalist Protestant”, with a 22% obesity rate. Fundamentalist Protestantism includes the Church of Christ, Pentecostal/Assembly of God, and Church of God. In third place, with a 19% obesity rate, is ‘Pietistic Protestant’, which includes Methodist, Christian Church, and African Methodist Episcopal. Catholics follow closely at a 17% obesity rate. At the other end of the spectrum, with a 0.7% obesity rate, is the ‘Other non-Christian’ group, which includes Muslims, Hindus, and Buddhists (Cline and Ferraro 2006). One plausible explanation for this data is church culture itself, which involves events and celebrations surrounding food.

Since then, multiple studies have echoed similar results. In 2012, Northwestern University researchers similarly presented correlation data between obesity and religious involvement in young adults, showing that frequent participants in religious services are more likely to become obese (Feinstein et al. 2012). Why? I can testify from my church experience that going to a restaurant after Bible study on Friday evenings is routine. Sunday brunch after the morning church service is quality family time in which to meet other families. This trend has not changed; a study published this year reveals a significant correlation between religious infrastructure, higher physical inactivity, and obesity (Arena et al. 2024). Furthermore, the clergy has a roughly 35% obesity rate, which is higher than the general U.S. adult population (Eagle et al. 2024). In terms of clerical obesity, there is a complex history of mixed perceptions as to what that implies. There are references even in the Middle Ages associating fat clergy with gluttony and a sinful life of excess (Vigarello 2013). On the other hand, in some other cultures, obese clergy are perceived as blessed by God (Hardin 2015). The truth must be somewhat in between. Obesity cannot be the sole indicator of blessedness, but the positive aspect of obesity in itself perhaps tilts the correlation between obesity and religion in a positive manner.

2. Christians Have Joined in the Effort, Launching a Holy War on Obesity

Now, as Christians, or to be more specific, as North American Protestant Evangelical Christians, are we not ashamed to learn that not only are we also obese, but that we are more obese than the general population? Should we not be better than the general population? This is the call that multiple North American Christian pastors have proclaimed to encourage weight loss and to wage a holy war on obesity. The phrase “holy war on obesity” was coined by Dr. Oz when he discussed a highly popular book written by Rick Warren¹, *The Daniel Plan* (2015), which won the Christian Book of the Year Award (Parasecoli 2015). Warren aligns with numerous others who have written faith-based weight loss books such as Gwen Shamblin’s *Weigh Down Diet* (1997)², T.D. Jakes’ *Lay Aside the Weight* (2000)³, Ted Haggard’s *The Jerusalem Diet* (2005)⁴, Steve Reynolds’ *Bod4God* (2007)⁵, and Geneen Roth’s *Women, Food, and God* (2011)⁶. Since the publishing of *The Daniel Plan*, authors have continued to produce new books promoting faith-based diets, such as Anne-Laure Wynter’s *The Bible Diet* (2021)⁷. Notice that these are all popular books written for the Christian masses. With that said, there is also serious academic work done on the topic because there is ample material for academicians to work on; for example, Kwan has written about Christian weight-loss culture, which traces the long history of such books in contemporary culture (Kwan and Sheikh 2015).

Common themes can be found in these various faith-based weight loss programs. First, there is a romanticization of nature, perhaps even a *prelapsarian* nature, as an anxious

response to rapid modernization and industrialization (Griffith 2004) with a corresponding emphasis on eating fresh fruits and vegetables and organic foods and a phobia of fat and sugar. There is also a tendency to claim that everything is good to eat because God's creation is good (Parasecoli 2015). These two are contradictory. This is indeed Gerber's point that a Christian dieter has a dilemma. The dilemma is that, on the one hand, abundance means God's blessings. In this sense, everything can be eaten and should be good to eat. On the other hand, excess food is not suitable for our health; therefore, moderation must be maintained. Gerber points out that some Christian-based diets oppose the 'good' vs. 'bad' food dichotomy, which is prevalent in secular diets, but promote will-based moderation of consumption to reaffirm that all of God's creation is good (Gerber 2015).

Following up on 'good' and 'bad' foods, faith-based weight loss programs go beyond mere dietary advice by embedding Christian theological concepts into their frameworks. One prominent theological idea these programs adopt is that our bodies are temples of God. This concept is rooted in biblical scripture, particularly 1 Corinthians 6:19–20, which states, "Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore, honor God with your bodies". This passage underscores the importance of caring for one's physical health as an act of reverence and worship towards God. We can care for our physical health by eating 'good' foods, not 'bad' foods.

In these programs, sin is a significant topic, particularly the sins of greed and gluttony. These sins are framed in the context of overeating and overconsumption, encouraging Christians to see their dietary habits as moral and spiritual choices rather than merely physical ones. To eat 'good' natural foods is a morally and spiritually good, virtuous decision, while to eat 'bad' processed foods is a vice. Theological discussions within these programs often highlight the virtue of self-control and the importance of honouring God through disciplined, healthy living. It is as if there is a renaissance of asceticism here, where one must exercise *askesis* and practice self-control in terms of eating with the aim of living a holy, ergo healthy life.

Interestingly, the influence of these theological precepts has extended beyond faith-based weight loss books, spilling over into secular diet literature. This crossover suggests that the moral and spiritual dimensions of eating and body care resonate with broader audiences, regardless of religious affiliation. For example, the concept of mindful eating, which emphasizes awareness and intention in eating habits, can be seen as a secular adaptation of the religious practice of gratitude and mindfulness. Similarly, secular diet books commonly use the terms 'good' and 'bad' nutrients.

Adopting dieting theology in secular contexts often involves rebranding these theological ideas in more universal or psychological terms. Concepts like self-care, body positivity, and holistic health can trace their roots to religious teachings about the sanctity of the body and the importance of spiritual and physical well-being. This demonstrates the pervasive and enduring influence of religious thought on contemporary health and wellness narratives. Others have defined this theological narrative of weight loss as "dieting theology" (Contois 2015).

Historically, the relationship between Christianity, particularly American Protestant Christianity, and diet extends back long before the current rise in obesity. Scholars like Griffith have traced the American religious movement's engagement with diet and vegetarianism as far back as the early 19th century (Parasecoli 2015). For instance, in 1821, Reverend William Metcalf published an essay titled "*Abstinence from the Flesh of Animals*", advocating for a vegetarian diet based on the belief that Adam and Eve did not eat meat before the fall. This notion of a prelapsarian diet highlights a theological perspective that views the original diet of humanity as plant-based, reflecting a purer, more sinless state of existence. Vegetarianism was promoted because Adam and Eve supposedly did not eat meat before the fall (Parasecoli 2015). Griffith notes that promoting faith-based dietary practices continued growing throughout the 20th century. The 1950s saw an increase in

diet books and programs rooted in Christian principles, and this trend continued to soar through the 1990s and into the 21st century (Griffith 2004).

I want to highlight from Griffith's studies that there was a significant shift in the public's perception of obesity. Before World War II, obesity was often seen as a sign of affluence and prosperity. However, the industrialization of food production and distribution after the war made food more accessible to people of all socioeconomic classes (Hubert 2005), leading to an increase in obesity rates. This shift in food accessibility changed the cultural narrative around weight, making obesity a widespread health concern rather than a marker of wealth (Vigarello 2013). This has also prompted a renewed interest in diet and health within religious communities. Faith-based diet programs have emerged, integrating theological principles with dietary guidelines and reinforcing the idea that physical health is essential to spiritual well-being.

This historical context, which reveals the shift in public perception of obesity, raises questions about the malleability of weight loss concepts and the enduring engagement of Christianity with physical health. The evolution of dietary practices within American Protestant Christianity reflects broader cultural and societal changes, demonstrating the adaptability of religious teachings to contemporary health issues.

In our contemporary academic setting, we must look beyond Evangelical Protestant Christianity. Gerber has pointed out that up to a decade ago, the number of conference panels at the annual meeting of the American Academy of Religion (AAR) was less than a dozen, starting only in 2006 (Gerber et al. 2015). Within academic circles, there are some notable critical works on the intersection between a fat body and Christianity, such as Isherwood's *Fat Jesus* (Isherwood 2007), Lelwica's *Shameful Bodies* (Lelwica 2017), and Bringle's *God of Thinness* (Bringle 1993). But these are not nearly the majority when compared with popular Christian diet books or mainstream Christian theological work in general. Moreover, their approach usually comes from a feminist perspective, as pointed out more recently by Hannah Bacon (Bacon 2019, 2023). Still, not much has been published by scholars in the field of religion and science (Colbrook 2021), which is interesting because there is a definite intersection between religion and science. However, this is also perfectly understandable because the issue of obesity disproportionately disadvantages women, as I will elaborate further later.

In this paper, I argue that religion and science are forming an unholy alliance in the holy war against obesity. There is a problem with this idealized united front. With regard to religion, I am focusing on Protestant Evangelical Christianity, and here is where we need to undiscipline ourselves. However, to do that, we need to look at what it means to have an interdisciplinary study of religion and science and, more specifically, to have one within the context of Christianity.

3. Overview of RSD in Barbour's Four Models

Though the relationship between religion and science can be traced back to the patristics (Lindberg 1992) and, more prominently, the Middle Ages (Grant 1996), when the words 'religion' and 'science' themselves took on a more modern inflection (Harrison 2015), Ian Barbour usually frames the contemporary discourse on religion and science with his four interaction models (Barbour 2005). More recently, Peters has expanded the four interaction models between religion and science to ten, but the basic building blocks remain the same: conflict, dialogue, integration, and independence (Peters 2018). The complexity of the interaction between religion and science varies depending on the needs of the specific topic being discussed.⁸

The conflict model posits that religion and science are fundamentally at odds, each making mutually exclusive claims about reality. This perspective often emphasizes high-profile historical events such as the Galileo affair or contemporary debates over evolution versus creationism. In the dialogue model, religion and science engage in conversation, acknowledging their distinct methods and domains but finding common ground. The integration perspective seeks to harmonize religious and scientific views into a unified

framework. Lastly, the independence model maintains that religion and science operate in entirely separate realms, each addressing different aspects of the problem. According to this view, they do not overlap or interact significantly, as they answer various questions—religion deals with meaning and purpose, while science focuses on empirical observation and explanation.

Interdisciplinary studies, such as religion and science, arose because neither field alone can sufficiently explain complex problems. Whenever conflict arises between the different disciplines, the independence model is often used to avoid conflict or simply to agree or disagree. This is not an ideal solution for interdisciplinary study. The perfect solution is some form of integration arising from an honest dialogue between the two disciplines.

First, there is a *theoretical* purpose of engaging in dialogue. Engaging in dialogue between religion and science provides a platform for honest and critical analysis of the intersections between the two disciplines. This dialogue can lead to the refinement of Christian doctrine by integrating scientific discoveries that enhance theological understanding. For instance, discussions on cosmology and evolution can enrich interpretations of creation narratives, leading to a deeper and more nuanced faith incorporating contemporary scientific knowledge. This refinement process helps ensure that religious beliefs remain relevant and intellectually robust in the face of ongoing scientific advancements.

Second, dialogue can attain a practical purpose. Dialogue between religion and science can also be instrumental in addressing social and scientific issues within communities. By collaborating, religious and scientific leaders can leverage their combined expertise to tackle challenges such as public health crises, environmental conservation, and ethical dilemmas in biotechnology.

In many discourses, the ultimate hope in fostering dialogue between religion and science is to achieve some form of integration, or at least a harmonious coexistence. This aspiration encourages both sides to engage constructively, rather than retreating into their respective silos, as seen in the independence framework. When dialogue is pursued to find common ground, it often leads to a meta picture—a broader, more comprehensive understanding that transcends the limitations of each individual perspective.

However, as I argue in this article through the example of the holy war on obesity, this hope for integration can sometimes make participants hesitant to be critical, especially when an apparent harmony has already been established. This reluctance to challenge the status quo can create an illusion of conflict resolution without fully addressing underlying tensions. Nonetheless, when dialogue is genuinely successful, it not only bridges gaps between religion and science but also produces a richer, more integrated view of reality which will also generate better practical solutions.

4. Is the Religion Science Discourse (SRD) Interdisciplinary?

In this section, I want to take a step back and provide some working definitions for assessing SRD and determining my approach for the rest of the article. Looking at the various terms of disciplinarity, it is essential to provide a brief overview of the terms multidisciplinarity, interdisciplinarity, and transdisciplinarity. Dictionary inputs into the terms reveal that there is ambiguity to the terms multidisciplinarity, interdisciplinarity, and transdisciplinarity. Scholars tend to use them interchangeably. Moreover, these are relatively new terms that were not found in the Shorter Oxford Dictionary of 1944. The terms multidisciplinarity and interdisciplinarity started appearing in dictionaries in the 1970's (Choi and Pak 2006). Transdisciplinarity had been used in 1970, though usually in specific contexts, such as at the Organisation for Economic Cooperation and Development (OECD) (Lawrence 2023). In terms of popularity, multidisciplinarity and interdisciplinarity are the most common terms used in public health journal articles, while transdisciplinarity is the least common term (Sell et al. 2022). In this article, I will provide my own working definitions and descriptions of the three terms to avoid confusion.

Disciplinarity is defined here as a discourse or branch of knowledge. It is characterized by a unique set of methodologies, paradigms, and terminologies that define the discourse

of that discipline. Each methodology defines its standards for what constitutes valid data collection, analysis, and knowledge generation.

Interdisciplinarity is defined as two disciplines in dialogue, where both disciplines attempt to find overlaps and distinctions. Comparison and contrast lead to a certain degree of synthesis, though it could also be an agreement to disagree on specific points. This approach encourages active collaboration, where scholars from different fields engage deeply with each other's methodologies, theories, and perspectives.

The dialogue model of SRD is often interpreted as an interdisciplinary study. The first sentence of Zygon's author guidelines states that Zygon is an interdisciplinary journal.⁹ The Graduate Theological Union's web description of the journal *Theology and Science* also states that it publishes scholarly articles from the "interdisciplinary field of theology and science".¹⁰ The Religion and Nature website states that the *Journal for the Study of Religion, Nature, and Culture* has an "interdisciplinary range and diverse subject matter".¹¹ Unfortunately, quick searches of the databases of the three aforementioned journals show that they publish fewer than ten articles on the topic of obesity and religion.

Multidisciplinarity is defined as multiple disciplines analysing a particular phenomenon with their respective methodologies without much engagement with other disciplines. It is merely an attempt to examine a problem from different perspectives from each discipline. Each discipline works in parallel, providing separate insights that collectively contribute to a broader understanding of the problem. I want to note here that multidisciplinarity is often applied to projects involving more than two disciplines, while those involving only two disciplines use the term interdisciplinary (Carpenter 1995; Leathard 1994).

In this article, I will not let the number of disciplines be the determining factor in identifying SRD as merely interdisciplinary simply because SRD involves two disciplines only: religion and science. There have been multiple occasions where SRD involves multidisciplinary work, especially when the engagement model is that of independence. Each field produces its own point of view on the topic in order to elucidate a specific phenomenon better, but there is not much interaction between science and religion per se.

Transdisciplinarity represents a progressive and integrative approach to research and problem solving that extends beyond the confines of traditional disciplinary boundaries. Unlike disciplinarity, multidisciplinarity, or interdisciplinarity, transdisciplinarity seeks to merge methodologies and knowledge from various fields into a novel discipline embedded in real-world, non-academic settings, such as communities and forms of activism. This approach not only involves multiple disciplines but transcends them, creating new ways of understanding and addressing complex issues (Leathard 1994). For our purposes, let me further elaborate on three features of transdisciplinarity.

First, there is an aspect of transcending the substituent disciplines, which makes them transdisciplinary (Flinterman et al. 2001; Rosenfield 1992). In transdisciplinary research, the boundaries between different methodologies become fluid, allowing for the creation of new, hybrid methods that draw from the strengths of multiple disciplines. This merging of boundaries facilitates innovative approaches that are better suited to addressing complex, real-world problems.

Second, a defining characteristic of transdisciplinarity is its embeddedness in real-world contexts. Transdisciplinary projects often occur within communities and involve direct engagement with stakeholders, such as residents, policymakers, and activists. This practical, hands-on approach ensures that the research is grounded in the lived experiences of those affected by the issues being studied and that the solutions developed are relevant and applicable in real-life settings.

Third, transdisciplinary research often aligns with forms of activism, as it seeks to address pressing social and environmental challenges through collaborative and action-oriented approaches. Activism within a transdisciplinary framework is not just about advocacy; it involves the active participation of researchers in efforts to bring about positive change. This can include engaging in policy advocacy, community organizing, and other

forms of social action to address systemic issues. This activism aspect of transdisciplinarity is crucial in assessing the holy war on obesity within a transdisciplinary SRD because I will be drawing on many studies from critical Fat Studies discourse, which is closely intertwined with fat activism.

5. SRD on the Holy War on Fat as a Transdisciplinary Study

Having defined the working definitions of disciplinarity, interdisciplinarity, multidisciplinary, and transdisciplinarity, I argue that the SRD on the “holy war on obesity” needs to be assessed with a transdisciplinary approach. This is due to the multifaceted nature of the obesity crisis, which demands insights from a broad range of fields and the integration of these insights into a cohesive and practical framework. Obesity is a complex global problem influenced by many factors, including biology, psychology, sociology, economics, culture, and theology.

Joshua Reeves has said that religion and science are not monoliths (Reeves 2018). Reeves correctly points out that multiple disciplines are under the umbrella of “science” and “religion;” therefore, we need to engage specific subdisciplines in SRD. However, I argue that we need to go further and claim that we cannot simply go narrower by comparing the theological understanding of gluttony with the neuroscience of appetite control. Narrowing things down could help, but for complex problems, such as poverty, climate change, and, in our case, obesity, this will not work. We need to adopt a broader perspective that considers the interplay of various factors, including biological factors (i.e., genetics, metabolism, physiological systems of hunger and satiety), psychological factors (i.e., emotional and cognitive aspects of eating behaviour, including stress, depression, and body image), sociocultural factors (i.e., cultural attitudes towards foods, societal norms, and the impact of marketing and media), economic factors (i.e., access to healthy food, economic disparities, and the influence of the food industry), and theological factors (i.e., religious teachings on body care, and ethical considerations of consumption of food).

Likewise, we cannot simply resort to a science-engaged theology (Perry 2023), where one adopts scientific facts as sources for theological constructions. This is merely an undisciplining of the contents for theological construction, leaving much of the methodology of theological construction unmodified. Moreover, we tend to retreat into the ivory tower of theoretical academic theology when we construct our beautiful cathedral of systematic theology. The transdisciplinary study goes against this very tendency because of its goals: to solve real-world problems instead of theoretical puzzles, to solve complex problems, to create comprehensive theory-based hypotheses for research, and to develop proposed solutions that can be implemented in the real world in solving those real and complex problems (Sell et al. 2022).

6. How Does Undisciplining Take Place in Multiple Disciplinary Studies?

Having elucidated the working definitions and arguing for a transdisciplinary approach to the SRD on the holy war against obesity, I will first take a step back to demonstrate how undisciplining is crucial in any multidisciplinary study. Moreover, I will clarify the ways in which undisciplining takes shape. For Graff, to undiscipline, a particular field arises simultaneously with the act of performing an interdisciplinary study. He tends to blur the distinction between interdisciplinary and transdisciplinary while acknowledging that scholars in many fields use the terms with overlapping meanings (Graff 2015). For our purposes, I will sharpen what I mean by undisciplining, even though I agree with Graff that undisciplinarity (if that could be a word) and interdisciplinarity are two sides of the same coin.

a. Undisciplining within a single discipline due to the progress of knowledge

Within individual disciplines, undisciplining occurs as the body of knowledge expands and evolves. This involves questioning and re-evaluating established theories, methods, and assumptions. For instance, in theology, new interpretations of ancient texts or the incorporation of contemporary ethical considerations can challenge traditional doctrines.

Similarly, in science, breakthroughs in research can lead to paradigm shifts that redefine the boundaries of the field. This internal undisciplining fosters innovation and adaptation, ensuring that disciplines remain dynamic and responsive to new information.

b. Undisciplining in interdisciplinary work due to dialogue

Interdisciplinary work inherently involves undisciplining, necessitating dialogue and integration between different fields. Through interdisciplinary collaboration, scholars are forced to undiscipline certain aspects, contents, and methodologies of their discipline due to conversations with scholars from other disciplines. Furthermore, this dialogue can lead to the creation of new theories that are more suited to addressing complex problems.

c. Undisciplining in transdisciplinary work due to multiple methodologies and situatedness

Transdisciplinary work takes undisciplining a step further than other multidisciplinary works because transdisciplinary work has a transcending aspect. The undisciplining happens not only in each participating discipline incorporated into the transdisciplinary project but also because of the interaction with the participants, the activists, the field, and the context of the problem itself. The embeddedness of transdisciplinary work in activism breaks down the walls of academic discourses in more practical and, therefore, more real ways. In the context of SRD on the holy war of obesity, this means that the works of fat activists and the feelings of fat people will push against theoretical frameworks that do not describe their situation. For example, telling an obese person that they lack the willpower to eat less will not work because everyone who is fat knows that it is not that simple.

d. Undisciplining in structure, methodology, and content

Undisciplining can occur at multiple levels within and between disciplines. First, traditional hierarchical structures within disciplines can be reformed structurally to encourage more collaborative and egalitarian forms of knowledge production. For example, transdisciplinary research teams might include scientists, theologians, community leaders, and policymakers working together as equals. Second, methodological undisciplining involves adopting flexible and integrative research methods that draw from multiple disciplines. This might include mixed-methods research, participatory action research, or other innovative approaches that combine qualitative and quantitative techniques. Third, the content of disciplinary knowledge can also be undisciplined by incorporating diverse perspectives and addressing a more comprehensive range of issues. For instance, theological discussions on obesity should integrate scientific findings on nutrition and health, while scientific research on obesity should consider ethical and spiritual dimensions.

7. Undisciplining the ‘War on Obesity’ by Looking at the Multiple, Intersectional Ties

The “war on obesity” is a multifaceted issue that intersects with various forms of discrimination and systemic biases. This complexity underscores the need for a nuanced understanding and approach to addressing obesity, considering the broader social, economic, and cultural contexts in which it exists. Here, I explore several critical problems associated with the war on obesity, emphasizing the intersectionality of discrimination and other contributing factors to undiscipline the narrative of the war on obesity, which focuses simply on self-control and weight loss.

a. Intersectionality with racial discrimination

The issue of obesity is deeply intertwined with racial discrimination. Research shows that the rates of reported racial discrimination are comparable to the rates of reported weight discrimination in the US, affecting 5% of men and 10% of women. This parallel highlights how individuals from marginalized racial groups often face compounded biases, where their race and weight both contribute to discriminatory experiences. This intersectionality exacerbates their challenges in accessing healthcare, employment opportunities, and social acceptance (Puhl et al. 2008; Puhl 2022). Ethnic minorities and indigenous communities are disproportionately affected by obesity and related health issues. These groups often

face systemic barriers to accessing quality healthcare and nutritious food and may also encounter cultural biases and discrimination. Addressing obesity within these communities requires culturally sensitive approaches that respect and incorporate their unique traditions and experiences (Gerend et al. 2022; Kim and Noyori-Corbett 2024).

But even worse, one is discouraged from being openly racist, while in many cultures, it is perfectly acceptable to comment on someone's obesity as an acceptable conversation greeting. "Hi, how are you? You look like you've gained some weight" is a common greeting in church settings and in other public or family gatherings.

b. Intersectionality with the socioeconomic status of the individual and the state

Obesity is also closely linked to socioeconomic status. Individuals from lower-income backgrounds often have limited access to healthy foods, safe exercise environments, and healthcare services. Economic disparities indicate that people experiencing poverty have less access to nutritious food and cannot afford to buy healthier foods (Sisk et al. 2023). Food sources with questionable nutrient contents, such as fast food, which are high in sugar, salt, and preservatives, allow for the transportation, packaging, and prolonged shelf-life of such foods (Montiel et al. 2013; Zhang et al. 2015). Food distribution indicates that fast foods are more readily available than fresh fruits and vegetables in many areas (Sisk et al. 2023).

Economic issues are also tied up in this problem (Cote et al. 2024), we need to look at not only the food side of the equation but also the exercise side of the equation (Mokari-Yamchi et al. 2024). Unfortunately, with the prevalence of weight stigma, many are discouraged from joining physical activity and weight management programs (Sheynblyum et al. 2024). Developed countries like the US and China suffer from overnutrition, yet there is mostly an overabundance of fast food available for people experiencing poverty (Alhashemi et al. 2022; Kaczynski et al. 2024; Wang et al. 2021). People from developing countries were undernourished in the past, and now they are biologically retaining every possible nutrient. The rate of obesity is increasing in developing countries because they are under a lot of pressure to modernize their countries and family structures (Chakraborty and Das 2016; Chen et al. 2023; Growth 2013; Slighting et al. 2024) which involves higher inactivity in front of computers to be more productive. Increased screen time has been correlated with obesity (Gao et al. 2024; Li et al. 2024b). The infrastructure modifications associated with the transportation of cars and public transport, elevators, and escalators mean that people walk less while, ironically, having more access to food compared with those in rural areas (Bai et al. 2024; Doberti Herrera et al. 2024). Urbanization correlates with reduced physical activity (Boakye et al. 2023; Fong et al. 2019), which could lead to obesity (Alfadda and Masood 2019; Du et al. 2022; Klatka et al. 2020; Pirgon and Aslan 2015). However, the results are further compounded and confounded by other factors such as ethnicity and education level (Hales et al. 2018). The increasing speed of deliveries also reduces the number of trips people make to go shopping, as things can be purchased on the computer (Delisle Nystrom et al. 2019).

This economic disadvantage is compounded by the stigma associated with obesity, leading to further marginalization and discrimination. As a result, efforts to address obesity must also tackle the broader issues of poverty and economic inequality (Schiff et al. 2024; Sisk et al. 2023). This problem is definitely highlighted in developed countries, but we cannot ignore the fact that people in developing countries also have this problem. The intersectionality between obesity and poverty is highly complex and not always dependent on the country's overall economic status.

c. Intersectionality with discrimination of women and children

Women face unique challenges related to obesity, often experiencing higher rates of weight discrimination than men. This bias intersects with gender discrimination, affecting women's self-esteem, mental health, and opportunities in both personal and professional spheres. A study published in the *New England Journal of Medicine* shows that, while fat men are 11% less likely to be married, fat women are 20% less likely to be married.

The ones who get married tend to have less family household income by a third when compared with married thin women's families (Bradford et al. 2024; Herndon and American Council of Learned Societies 2014). Fat women are a third less likely to receive tactile medical exams such as breast exams and pap smears, while they are no less likely to obtain mammograms, which indicates some reluctance of medical professionals to touch fat women (Rothblum et al. 2009). This is worsened by fat women canceling medical appointments precisely because they know they have to get on the scale (Olson et al. 1994).

Children and young people who are overweight or obese are frequently subjected to bullying and discrimination, which can have lasting impacts on their mental and physical health. These experiences can lead to social isolation, decreased academic performance, and long-term psychological issues. Addressing obesity in this demographic requires creating supportive environments that promote healthy behaviours without stigmatizing individuals (Boswell et al. 2024; Cerolini et al. 2024; Gordon et al. 2023). Yet, public school meal nutrients have been correlated with poor nutrition and may contribute to obesity. However, it is not trivial to pass legislation that promotes good nutrition (Johnson et al. 2024).

d. Intersectionality with discrimination of the LGBT community

Members of the LGBT community also face unique challenges related to obesity. Discrimination based on sexual orientation or gender identity can intersect with weight bias, leading to compounded negative experiences. Addressing obesity within this community requires an inclusive approach that acknowledges and addresses these overlapping forms of discrimination (Agenor et al. 2022; Gordon et al. 2023).

One also cannot generalize that all members of the LGBT community are predisposed to obesity and weight stigma equally. Studies have revealed that lesbians are more obese than heterosexual women and homosexual women, indicating that weight discrimination against women by men also plays a role in queer relationships and communities (Pyle and Loewy 2020). Moreover, communities of overweight gay men, or "gay bears", have formed with the aim of forming a contrast against the more mainstream gay men who tend to be more in shape. Not only are "bears" discriminated against, but their male admirers are also shunned (Pyle and Loewy 2020). This is further complicated by perceptions of masculinity in identifying a transgender man to be more masculine if he is overweight, thus finding his obesity to be a more comfortable flesh to be in to be accepted as a man (Bergman 2020). These complex relations between different members of the queer community further question church missions that are open to queer persons. A church that is supposedly 'open' to queer persons yet promotes a 'healthy lifestyle' through dieting and weight loss would inadvertently be discouraging to overweight queer persons.

e. Intersectionality with scientific incomplete narratives

The scientific discourse around obesity has evolved, often perpetuating stigma and misinformation. Early narratives focused on personal responsibility and willpower, ignoring the complex interplay of genetic, environmental, and social factors. There is a scientific lack of clarity in the terms, yet there is a scientific consensus on the dangers of obesity. BMI is not the best tool, yet it is still useful as a blunt tool and is preferable to having no tool at all. However, we must be aware that, as a blunt tool, recommendations based on BMI must be nuanced. Some have pointed out that, of the measured body fat percentage and BMI in children, body fat accounted for 35% of the variation in BMI, but height could account for 30% of the variance, which means that taller children are more likely to be classified as overweight or obese under the BMI paradigm (Ernsberger 2012; Garn et al. 1983). The definition of overweight and obese has evolved. In 1998, a BMI of more than 27 was considered overweight, and a BMI of 175 pounds (79 kg) for a 5'10" woman was considered obese. In 2013, the American Medical Association classified obesity as a disease. In 2019, the WHO defined BMI above 25 to be overweight instead of 27 (Flegal 2023; Flegal 2022). Medical recommendations, from gaining weight to losing weight, also changed in the early 20th century (Flegal 2022). The abundance of food in America in the late 19th century delighted immigrants. The immigration of Latin Americans and other foreigners also made American

women want to distinguish themselves by being taller and leaner, which is considered healthier (Forth and Carden-Coyne 2005).

Scientists must also realize that weight cycling is a serious problem. It is as if physicians tell patients to lose weight after being given all the information about the ill effects of obesity, hoping that patients will successfully lose weight. The fact is that over half of people who are able to lose weight regain all that weight back within 5 years (Hall and Kahan 2018), and other studies have indicated that, given enough time, all the weight will be regained (Mann et al. 2007; Sumithran et al. 2011). This is not counting the number of people who have failed to lose weight or who, out of despair, never even tried to lose weight. Weight loss and weight stigma have been associated with various eating disorders (Patton et al. 1999; Patton et al. 2003). Weight cycling also has detrimental side effects (Lebron et al. 2024; Tan et al. 2023; Winn et al. 2022) and physicians need to take this into account more when working with patients rather than simply telling them to lose weight (Alexander et al. 2011; Li et al. 2024a). Ironically, if a drug had the same relapse rate of over 90%, scientists and physicians would stop administering that drug and choose or develop a better drug. Yet, physicians and scientists have yet to stop recommending weight loss. One can argue that weight cycling is still better than continuous uncontrolled weight gain, but some data have shown that weight cycling causes an overall increased weight gain compared with those who do not even try to lose weight (Dulloo et al. 2012; Rhee 2017). Given the confounding publications on this issue and the highly unsuccessful rate of weight loss programs, medical professionals need to expand their view of the patient to their overall living conditions and background as opposed to just fixating on telling them to lose weight.

There are now more sophisticated methods that are being employed to measure body composition, mostly in sports, such as air-displacement plethysmography (ADP), deuterium-oxide dilution (D₂O), dual-energy X-ray absorptiometry (DXA), underwater-weighing (UWW), 3D-optical (3DO) imaging, bioelectrical impedance (BIA), and criterion 6-compartment model (6CM), which accounts for variance in hydration (Cataldi et al. 2024). These new methods are oftentimes more accurate than the simpler bioimpedance measurement (B et al. 2024) of body water content and the caliper (Hoffmann et al. 2022) measurement of skin fold thickness to measure fat.

More recent approaches recognize obesity as a multifaceted health issue that exists beyond the BMI, though stigma persists. Ensuring accurate and compassionate communication about obesity reduces stigma and promotes effective interventions (Kirk et al. 2022). Shaming and stigmatization can deter individuals from participating in obesity studies, hindering research and the development of effective interventions. This issue is exacerbated by social media, where individuals may face public scrutiny and harassment. Creating a supportive and non-judgmental research environment is essential for encouraging participation and advancing our understanding of obesity (Bedrosova et al. 2023; Kaminski et al. 2024). Body shaming leads to fatphobia and has been responsible for various eating disorders such as anorexia and bulimia (Durso and Latner 2008; Larson 2021).

f. Intersectionality with poor education

Education plays a critical role in shaping health behaviours and outcomes. Individuals with lower levels of education may lack knowledge about nutrition, exercise, and health, making them more vulnerable to obesity. Cultural change for convenience is also a great factor, pushing us to be more efficient with time, desiring instant foods that can be readily made within minutes. Addressing this issue requires comprehensive educational initiatives that promote health literacy and empower individuals to make informed choices (Broccoli et al. 2020; Christian et al. 2023; Ogden et al. 2018). The proposed solution often involves educating the public about nutritional and calorie mathematics, yet this is not necessarily effective for several reasons. First, simply knowing what nutrition and calorie intake one should consume in a day does not necessarily translate to practical reality due to variations and inconsistencies in nutrition information labelling and language (Draper et al. 2013). Second, food nutrition labelling is problematic and has been deemed deceptive (Lai Yeung Wai-ling 2004; Negowetti et al. 2022).

g. Intersectionality with poor work hiring and assessment

Weight-based discrimination in the workplace affects hiring, promotion, and assessment processes (Giel et al. 2010). Yet laws against weight-based discrimination are very rare compared with other forms of discrimination, such as gender, age, sexual orientation, and ethnicity (Hilbert et al. 2017; Latner et al. 2013; Pomeranz and Puhl 2013; Puhl et al. 2015). There are only a few exceptions; certain cities in the US have implemented weight anti-discrimination laws: San Francisco; Santa Cruz; Madison; Washington, D.C.; and Michigan (O'Hara and Gregg 2012). However, more needs to be done legally to protect fat people because the problem is so pervasive that, as O'Hara and Gregg have argued, the war on obesity means a war on fat people, one which has been correlated to violations of at least a dozen articles in the International Bill of Human Rights as promulgated by the United Nations General Assembly in 1948 (O'Hara and Gregg 2012).

8. What Does This Undisciplining Look Like in Facing the Complex Obesity Problem Within the SRD?

First, undisciplining the problem itself is crucial. In some sense, both “science” and “religion” within the SRD have participated in the colonization of bodies. Thus, undisciplining SRD involves decolonizing our fat bodies and health. We need to consider all of the intersectionalities above to have a glimpse of the complexity of the problem and the factors behind obesity, which are often ignored in policymaking (Olsen et al. 2009) (i.e., the US government still highly subsidizes corn syrups, which causes high sugar content in American foods). In other words, this means that the problem is not just weight gain per se and that the goal should not be weight loss per se. The weight is just a readout of the systemic injustices and economic imbalances that take place. The main target is not weight loss but rather a long list of other problems: food nutrients and food supply, government regulations, the macroeconomics of capitalism, racial discrimination, gender discrimination, work discrimination, and mental healthcare, among others.

Second, undisciplining the meaning of gluttony as sin is, therefore, necessary. This can be found in numerous publications where the obesity problem is framed within a narrative of morality or the lack thereof (Blackburn and Stathi 2019; Iacobucci 2019; Mulder et al. 2015; Owen-Smith et al. 2018). Disconnecting gluttony from fat is essential because, in the ancient world, one does not have to be fat to be gluttonous, and vice versa. The historical development of fatness and gluttony needs to be explored further in the ancient texts so that not only do we understand better the cultural Zeitgeist that we are in with regards to hate against obesity but also to understand better the sin of gluttony in a more expansive manner, one that goes beyond just overeating. Susan Hill explores this work in *Eating to Excess*, where she demonstrates that gluttony is associated with food in so far as it means taking food that does not belong to oneself, thus depriving those in need. With the abundance of food access today, we need to look at the original intention of the concept of gluttony. Gluttony should be understood in the context of living in excess at the expense of others. Gluttony in the patristics' writings was associated with food consumption that was against the norm in their social setting. It was not about the amount of food consumed but rather the improper or disobedient use of food consumed. Therefore, it would not have made sense for the ancients to be able to identify gluttony through one's body shape; it would be visible only through one's behaviour and actions in specific contexts (i.e., a classic example of gluttony in the patristics writings was the consumption of the forbidden fruit by Adam and Eve in the garden of Eden).

Third, undisciplining the structure of the solution, which is the narrative of war. This narrative of war makes SRD complicit in, and even promotes, the colonization of bodies. The structure of the solution needs to be undisciplined and decolonized because this is not a war. A war presumes that there is a right side and a wrong target. A war presumes that the enemy needs to be subdued, which means fat bodies are to be colonized. In reality, we are all complicit in an entangled system, and there is no wrong side, bad target, or body to be colonized. Similarly, there is no one target, no one magic bullet that can be deployed

to solve this. Unfortunately, the lack of nuance and understanding of the complexity of the problem leads to a war not on obesity but on obese *people*. We need a simultaneous systemic response to this rapidly occurring and rapidly growing problem.

Fourth, undisciplining the methodology of the Christian approach is necessary. We cannot simply repeat the narrative of obesity as a product of sin or lack of willpower as promulgated by virtually all faith-based weight loss programs. No sudden lack of willpower in the last 30 years has caused a doubling of obesity rates. Nor has there been, in the past 30 years, a sudden reduction of 50% of willpower in humans. Second, it cannot be simply a narrative of our bodies as a temple of God, because it goes beyond our bodies. This applies to families, societies, countries, and the whole world and means that Christian theologians need to deploy their intra-transdisciplinary approach, in which one looks at this problem by uniting our already existing liberation theologies, queer theologies, feminist theologies, and political theologies.

Fifth, undisciplining scientists from an inherent 'dieting theology' is necessary. We must undiscipline the narrative used in science, which unconsciously uses religious language. There is a moralizing language within best-selling diet books written by professional physicians, such as the *Atkins Diet* and the *South Beach Diet*. Michelle Lelwica has pointed out that dieting exhibits characteristics that can be called religious (Lelwica 2017). Emily Contois further calls this "dieting theology" (Contois 2015). Thinness is a form of salvation, an end by which to attain a promised good life. Atkins¹² proclaims that diet "will change your life" (Atkins p. 11) (Contois 2015). The pursuit of thinness is described as a journey developed through habits. These could be 'bad habits', such as sitting in front of the TV, or 'good habits', such as working out. There are also 'bad' foods and 'good' foods ("virtuous vegetables" versus "decadent treats", as Agatston¹³ puts it in his *South Beach Diet* p. 63) as if there are forbidden objects that we should not desire. Agatston goes further to call a combo of cheeseburger, French fries, and a Coke "the pinnacle of American cuisine" (Agatston p. 48) and that it is a "lethal . . . trinity" (p. 49). There are also 'temptations' (Atkins p. 237) to break from 'good habits' and 'good foods,' and that we 'sin' when we lapse and break that promise we made to ourselves (Atkins pp. 5–6) (Contois 2015). Conversion and repentance are then discussed again to deal with the 'guilt' over our 'sin' of eating that cake and skipping the gym on a Thanksgiving night. We are given hope by the 'testimonies' of successful dieters, just as we listen to Christian conversion testimonies at church. Last but not least, Atkins named one chapter of his book "Spreading the Word" (Atkins, p. 360) (Contois 2015), as if his book is the Gospel, bringing the good news of thinness as salvation.

Last but not least, we must undiscipline the sources of our scientific enterprise. Scientists and physicians cannot ignore the fact that drug firms fund many scientists (Lyndall and Annabel 2004; Moynihan 2006). In 2022, the global market for diabetes and obesity drugs globally was about USD 163 billion (Global 2016). In the US in 2024, the weight loss industry was found to be worth USD 90 billion and is predicted to increase to USD 150 billion by 2030, as mentioned in a Reuters business article as recently as May 2024.¹⁴ Other calculations also put the weight-loss drug industry size in the range of USD 100 billion (D'Ambrosio 2024). The fast-food industry was worth about USD 700 billion in 2022 and is forecasted to reach USD 1.1 trillion by 2032.¹⁵

In summary, when the contemporary alliance between Christians and scientists in the "holy war on obesity" is critically examined, I have demonstrated that the idealized cooperation between religion and science often masks deeper, unresolved tensions. While the SRD usually aims for harmonious coexistence, the pursuit of integration can sometimes prevent critical examination and lead to superficial conflict resolutions, which unfortunately lead to various forms of discrimination. I have proposed to construct an SRD on obesity that is transdisciplinary, spanning physiology, psychology, sociology, economics, culture, and theology. This approach involves "undisciplining", which re-evaluates the issue beyond mere weight loss, considering interconnected factors like multiple discriminations.

By deconstructing SRD narratives, such as gluttony as sin, body as the temple of the Holy Spirit, and the war metaphor, I propose leveraging other theological movements, such as liberation theology and feminist theology. Our undisciplining exercise reveals that the SRD should, on the one hand, become more specific (looking at the granularities of specific cases and specific subdisciplines (neuroscience, theological anthropology, etc.)). On the other hand, the SRD needs to go beyond that to undiscipline those fields in order to transcend and develop a novel transdisciplinary approach for that specific case.

What this also means is that there is no one theological approach that can be developed to face outside phenomena. It is not a simple ethical paradigm that can be employed, or an ecclesiological approach, or a trinitarian approach. Even within the context of obesity, many approaches must be developed depending on the local community context, whether in specific racial groups, poor communities, affluent communities, etc. Recognizing the complex, entangled system in which all are complicit, I urge for a more integrated and holistic approach that does not champion a holy war on obesity.

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Notes

- ¹ Rick Warren is a fourth-generation Southern Baptist American pastor who is a very prominent Evangelical pastor in America.
- ² Gwendolyn Henley Shamblin Lara (1955–2021) was the founder of the Remnant Fellowship Church and founder of the Christian diet program “The Weigh Down Workshop” which she started in Tennessee but spread to thousands of churches in the US, UK, and Canada.
- ³ Thomas Dexter Jakes is an American non-denominational Christian pastor and has a megachurch in Dallas, Texas.
- ⁴ Ted Haggard is an American Methodist pastor who also served as the president of the National Association of Evangelicals (NAE) from 2003 to 2006.
- ⁵ Steve Reynolds has served as the Senior Pastor of Capital Baptist Church in Annandale, Virginia, USA.
- ⁶ Geneen Roth is religiously more eclectic, and she utilizes many Christian concepts in her book. She lives in California.
- ⁷ Anne Laure Wynter was born and raised as a Catholic but was later influenced by her husband who is a Seventh Day Adventist.
- ⁸ For example, some might prefer Dominique Lambert’s three-point model, which is simpler than Barbour’s, where philosophy plays a mediating role between science and religion. He advocates for a metaphysical understanding where science explores specific layers of reality while theology reflects on broader existential relationships with the divine. Philosophy serves as a bridge between the two disciplines, offering a shared framework for dialogue without compromising their distinct domains. See his major work for further information: “*Sciences et théologie—les figures d’un dialogue*”, PU NAMUR 1999.
- ⁹ <https://www.zygonjournal.org/site/author-guidelines/> (accessed on 2 December 2024).
- ¹⁰ <https://www.gtu.edu/news/magazines/theology-and-science/theology-and-science> (accessed on 17 September 2024).
- ¹¹ <http://www.religionandnature.com/journal/> (accessed on 17 September 2024).
- ¹² Robert Atkins was an American cardiologist born to a Jewish family in 1930 in Columbus, Ohio, USA.
- ¹³ Arthur Agatston is an American cardiologist who currently lives in Miami Beach with his family.
- ¹⁴ <https://www.reuters.com/business/healthcare-pharmaceuticals/weight-loss-drug-forecasts-jump-150-billion-supply-grows-2024-05-28/> (accessed on 17 September 2024).
- ¹⁵ https://finance.yahoo.com/news/fast-food-market-reach-usd-0s01000772.html?guccounter=1&guce_referrer=aHR0cHM6Ly93d3cuZ29vZ2xlLmNvbS8&guce_referrer_sig=AQAAAL8INPMs6STr9OPVydLB03hnUsALUJpFC4cyOOS0eSgrPz5ITd7PgRNHk5bwpH3ybOk0imqXD7oMLQeeMVsLwVtH3Kkk3gL5rI_QnZ3RHeSST25ZuLD9p3rUUsi02_bVrLLoBn2f4XWTwJw6qfRY7qo4laaxO2jKILPE3AUVxfvA (accessed on 17 September 2024).

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