THE SOCIAL CONSTRUCTION OF OBESITY IN NEW ZEALAND PRIME TIME TELEVISION MEDIA

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Abstract

Obesity is an issue that has always been associated with morality, however in more recent times it has become defined as a health problem (or disease) of epidemic proportions. The construction of obesity as a problem is partly associated with the eternal quest for thinness. Media representations play a role in the construction of obesity and may be increasingly influential as media is becoming more and more prevalent in Western society. Furthermore, media have been shown to have considerable influence in affecting health behaviours and body image. Previous research has shown that media representations of obesity have been predominately negative and obese people are underrepresented in most types of television programming. The goal of this research was to discover how obesity is socially constructed in New Zealand prime time television. Data was collected over the period of a month, forming a synthetic week of recorded television programming that covered the prime viewing period between 6.00pm to 10.30pm. A discourse analytical approach was used to identify three main themes, morality medicalisation, and factual versus fictional. The moral theme involved discourses in which moral judgements were made about obese individuals, on both their character and actions, generally positioning the obese person as morally lacking. The medicalisation theme contained discourses around obesity as a health issue that constructed health issues as the fault of the individual which could be solved only one way- by losing weight. This functioned to position obese people as sick or unhealthy. The third theme, factual versus fiction presents the differences found between depictions of fictional obese characters and real people on television. Overall, obesity was found to be constructed negatively in television media. On television, the obese person is one which is either invisible, or is the object of moral judgements about the obese individuals worth as a person and their perceived poor health. Television representations of obesity, in some part, lead to the marginalisation of obese people. However the loathing for excess weight has been around for centuries and is so deeply ingrained in public discourse that to make a difference in how obese people are seen and treated, there would have to be a change in how society thinks about obesity, not just in how the media portrays obese people.

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Chapter One: Obesity In Context

Introduction

Health beliefs and perceptions and definitions of illness are constructed, represented, and reproduced through language that is culturally specific, ideologically laden and never value free" (Evans, Rich & Davies, 2004, p. 381)

Obesity has become one of the most discussed health problems in Western society, and has evolved into an extremely popular topic for mass media. However, though there has been an increase in the discussion about obesity, the topic of excess weight itself is hardly a new one. The difference in the present discourse about obesity compared with the past is the construction of obesity as a health problem of epidemic proportions. The construction of obesity as a concern to health is one that has evolved over many years, alongside the enduring constructions of obesity as a moral failure and as aesthetically repugnant. However, today this construction of obesity as a risk to health is becoming the most overtly dominant.

Although media (especially news media) has increasingly focused on the supposed health problems associated with obesity, the construction of obesity as a moral issue has never abated. The difference in modern society is that it is no longer politically correct to openly deride a person for their 'abnormal' appearance, and obesity is considered to be a body that falls outside the normal parameters of acceptable weight. However, it is acceptable to tell a person that they need to lose weight because it is damaging their health, and this premise is one that media has seized upon to enable them to point out why fat is bad.

The three major ways in which obesity has been constructed in Western society (health issue, moral issue, aesthetic issue) is partly due to how obesity and obese people are portrayed in media. There are endless news stories about the evils of excess weight and the increase of obesity in newspapers, television, magazines, and the internet and so on. Media play an important role in relaying information to the public, and information about health and wellbeing is no exception. Media also play a big role in defining social problems (Kim & Willis, 2007). Media coverage of whatever social problem is currently popular can influence the public in focusing on this problem and the quest to solve it. Media also helps shape dominant knowledge (Evans, 2006) which in the case of obesity contributes to the general public increasingly using the medical discourse surrounding reports of obesity. Media stories about the risk to health for obese people help to perpetuate the construction of obesity as health risk, and moral failing.

Media influence on the construction of obesity is not just about news stories, reports or overt references to obesity, it is also about how obese people are positioned in more subtle ways, and the spin that is put on news stories an so on. The way in which obese people are positioned in media, particularly pervasive forms such as television, are very influential in influencing societal views. Take for example a news story in the New York Times reporting on a study by Tiggemann and Rothblum (1998, cited in Gapinski, Schwartz, & Brownell, 2006) which found that when students were polled they would rather marry an embezzler, a cocaine addict or a criminal than marry an obese person. On the surface this is just a newspaper reporting what is being said in a 'scientific' study, but in choosing that study to report to its readers about obesity adds to the construction of obesity as a completely undesirable state. In Western society mass media are thought to play a big part in not only circulating preferred body images but also in some way shaping what is popular. Media is so prevalent these days (television, internet and so on, are in more homes than ever), and that makes the pervasiveness of media more unique and relevant than in the past (Derenne & Beresin, 2006).

In this chapter I will discuss the three dominant ways in which obesity has been constructed in Western society. As well as looking at how obesity is constructed in society in general, there will be a focus on the influence of scientific studies and mass media. There will be a particular focus on medicalisation as it is has become such a dominant way in which discussion about obesity is framed.

The Moral View (it is just wrong)

> **The highly publicized war against fat is about moral judgements and panic (manufactured fear and loathing). It is about social inequality (class, gender, generational and racial bias), political expediency and organizational and economic interests. For many everyday people, including men and boys (but more often women), it is about striving to be considered good or just plain acceptable in a body oriented culture (Monaghan, 2005, p. 309)**

The morality associated with obesity, in large part, is based around the fact that excess weight is thought by many to be self-inflicted and caused by overeating and laziness (Dorfman & Wallack, 2007). Therefore obesity gets related to the age-old sins of gluttony and sloth (Gard & Wright, 2005). This is demonstrated by Quinn and Crocker (1999) who discuss the link between the centuries old Protestant work ethic and body weight. This ideology equates hard work with success and therefore a lack of success equals a lack of self-discipline and other moral failings. Therefore, being overweight means a person lacks the self-discipline to control their weight and so deserve any negative outcome related to that weight. Furthermore the person is considered to be a moral failure.

Aside from this influential Protestant ideology, Christianity in general has been influential in the association between morality and beauty and for a majority of people, fat is not considered beautiful. For centuries Christianity has made a connection between excess weight and morality. It has always been that beauty is associated with goodness and ugliness with sin (Jutel, 2005) and obesity is considered unsightly by most in Western society. The religious undertones in obesity and morality exist because of the assumption that obesity is the fault of the individual, and within their power to change. Simply put, obese individuals are seen as being to blame for their 'condition': if obesity is caused because of the (bad) behaviour of the individual then like other bad behaviours, the person should be able to stop them.

The current dominant representations about obesity, that it is caused by overeating and a lack of exercise, are both considered to be related to an individual's lack of control (Le Besco, 2004). This assumption appears to be the basis behind the New Zealand Ministry of Health initiative and their attempts to deal with obesity. The New Zealand Ministry of Health developed the Healthy Eating: Healthy Action (HEHA) plan which focuses on individual behaviour, education and action rather than environmental factors (Hock & Glendall, 2006). In other words, the New Zealand Ministry of Health perceives the individual as being responsible for becoming obese, for preventing it, and therefore for changing it.

Of course there are some obese individuals that are not considered to be at fault for their weight, namely children. The moral failings usually associated with obese adults get assigned to the obese child's parents or caregivers instead. Coveney (2006) discusses how it is commonly seen to be bad enough to neglect your own body, but to neglect a child's health is of much greater magnitude. In comparison to adults, children can be positioned as innocent in their own obesity, as parents are often perceived as remiss in letting their child get this way. Also, children are positioned as being vulnerable and working mothers are often seen as to blame for letting children watch too much television and not monitoring their children's eating habits enough (Boero, 2007).

However, for adults who are supposed to know better about nutrition, moral judgements get made about the obese person's ability to understand the reasons for their excess weight and how they can control it. A common theme in public discourse is that overweight people in the general public must be uneducated or ignorant about proper nutrition (Le Besco, 2004), and if obese people do understand nutrition then it must be their low socioeconomic status (SES) that makes them too poor to afford healthy food (Le Besco, 2004). This assumed connection between obesity and low SES and lack of education leads to the assumption by the general public that the majority of obese people must be poor minorities.

Campos (2004) states that the focus on obesity as a threat to health enables the white middle classes to legitimately discriminate against people in lower socioeconomic groups and minorities because of this assumption that they have the highest rates of obesity. There is evidence that negative attitudes towards the obese correlate with negative attitudes towards the poor and minority groups, with both being seen as lazy and lacking self control (Campos, Saguy, Ernsberger, Oliver, & Gaessar, 2006). In the United States, the blaming of minority groups for having high rates of obesity is rife. Groups which are already marginalised have one more stigma to add, obesity (Herndon, 2005). News reports name particular groups (for example, non-white, immigrants, lower SES) as the fattest people in the United States (Herndon, 2005), perhaps adding to the demoralisation that these groups may already feel.

The morality that surrounds obesity is so embedded in Western society that many people would not be consciously aware that they were drawing on these moral discourses when discussing the issue of obesity. However it is the underlying morality that leads to judgement of the obese body and in turn serves as a foundation for the desired aesthetic of the thin body.

The Aesthetic View (it just looks bad)

The social construction of the female body is based on a thin ideal, which has become the symbol of youth, beauty, vitality, success and health- representing the social pressure to discipline the surface body, where 'fat' is perceived as unfeminine, unattractive, and a sign of a body 'out of control'
(Germov and Williams, 1999, p. 119)

In Western society the common construction of attractiveness is the slim body, especially in women. The increasing concern about obesity is tied up with this idealisation of the thin figure and the eternal quest for slenderness. Why slenderness is considered the ideal can be associated with the traits that are associated with thinness, Campos (2004) believes that bodies have replaced clothes 'as the most visible markers of social class' (p. 225). Others have said that being thin is perceived as a sign of status and education (Le Besco, 2004), whereas obesity is often associated with lower socioeconomic position (Herndon, 2005, Averett & Korenman, 1999). How body shape is seen and judged is a product of the 'historical, geographical, social, cultural, political and economic ideologies' (Longhurst, 2005, p. 250) that exist within society. This means that in each historical period, country, and culture, those in the society will value a particular body shape at any given moment dependant on those in power and what agendas they may have.

An illustration of the way in which the ideal body shape has changed in modern times is the example of the 1960's model Twiggy. Before her the slim body had always been attractive, but more curvaceous bodies such as Marilyn Monroe were also seen as beautiful. Twiggy almost single-handedly started the trend for the stick thin model that is popular today (Tebbel, 2000). This is a good example of how society changes in what is considered attractive. Before the 1960's it is very likely that the exceptionally thin models of today would have been considered too skinny and ~~perhaps unattrac~~tive, yet today they are the gold standard of ultimate thinness and

attractiveness. The impact of Twiggy and others who contributed to the stick-thin model craze was that this rising desire for slenderness led 'fat' bodies to increasingly be labelled as deviant, leading to prejudice and discrimination (Sobal, 2003) and adding to obese people as being considered 'abnormal' and unacceptable.

The Medical View (it will kill you)

Overweight is not a disease any more than slenderness is an indication of health. Like cellulite, or baldness it is simply the way some people are (Jutel, 2005, p. 123)

Medicalisation of obesity means the change from 'observable dimensions of 'fat' to the measurable phenomenon of weight' (Gard & Wright, 2005, p. 179). So to become 'obese' rather than just 'fat' an individual generally gets categorised by their weight but also by a height/weight ratio calculated using the Body Mass Index (BMI). Obesity is predominately defined as having a Body Mass Index (BMI) of 30 or higher (James, 1996). Those who come above the predetermined range are considered to be obese, and therefore 'unhealthy' and in need of medical intervention. However the BMI is not just used to assess someone's excess body weight for categorical reasons, but is often used as a direct measure of health (Evans, 2006), making the assumption that as an individual's BMI increases their health must worsen.

The premise of excess body weight as health problem is not a new concept; it has been around for many years. In fact centuries ago Hippocrates noted that fat people were more likely to die suddenly than thin people (Jutel, 2005). As early as 1908 doctors began weighing people as part of their medical examination (Austin, 1999) and the medicalisation of obesity intensified after World War One (Boero, 2007). By the 1930's the medical profession accepted that fat was a health risk, and over a 10 year period obesity went from something that was inconsequential for most

doctors to an important medical issue (Pool, 2001). The debates around this time as to what caused excess weight focused on a few areas such as slow metabolism or genetic issues (Saukko, 1999).

A key event in the 1930's that contributed to obesity being seen as a major health risk was a study published by Louis Dublin of insurance company Metropolitan Life which consisted of details about the perils of obesity and associated health problems. From the late 1800's insurance companies started studying mortality rates amongst different populations, and associated health problems. This was undertaken in an effort to decide who was a greater risk and therefore would be charged a higher premium (Pool, 2001). Even though the study had serious flaws and showed higher mortality rates in both the over-tall and the underweight, it was the overweight that were singled out (Pool, 2001). Furthermore, the Dublin study led to a huge amount of research in the area of obesity as a health problem, and for decades the study was perceived as proof that obesity was a serious health risk (Pool, 2001).

The major turning point from obesity as a health problem to obesity as a health problem of epidemic proportions came in 1994 when obesity was declared as a national health crisis in the United States. The push came from a coalition led by the then United States Surgeon General C. Everett Koop, who requested that President Clinton form a President's Council on Diet and Health (Le Besco, 2004). Before Koop gave his speech about the obesity crisis at a prestigious White House function, the term epidemic was not one that was commonly used to describe obesity, but became one that was increasingly popular after this event (Coveney, 2006). Furthermore, the label of epidemic did not just suggest an increased prevalence of obesity, but also meant that obesity went from a somewhat minor risk factor for disease to a full blown disease in its own right and a serious one at that (Coveney, 2006).

Further adding to the growing health concerns surrounding excess weight following the declaration of obesity's epidemic status, in 1998 the National Institute

of Health (NIH) lowered the threshold for the BMI overweight category from 27 to 25, meaning that 50 million more people were suddenly considered overweight. Yet when media picked up on this, no mention was made of this changing guideline but a good deal was made of the vast increase in overweight people (Boero, 2007).

The increased medicalisation of obesity is illustrated in a study by Chang and Christakis (2002) who conducted a content analysis of the *Cecil Textbook of Medicine* from 1927 to 2000. The study examined how obesity was conceptualised and how this view had changed over the years. In relation to responsibility for obesity, they found the obese went from 'societal parasites' to 'societal victims' (p.151). In 1927 obesity was seen as the result of individual behaviour and by the year 2000 had progressed to the recent model of obesity, which blamed it on genetic factors and the Western lifestyle, rather than personal actions.

Obesity as a disease

As mentioned previously, the label of epidemic in the 1990's turned obesity from a risk factor for disease to a disease in its own right (Coveney, 2006). However there are debates in academic circles as to whether 'disease' is the correct term (Heshka & Allison, 2001). There have been different theories as to the reason for this shift. One theory holds that this functioned to remove blame from the obese individual (Saguy & Riley, 2005). If obesity is a disease, then people are less likely to blame it on individuals because of their perceived poor behaviour (Evans, 2006). Another theory is that if obesity is officially named as a disease then it will be fully covered by health insurance (Ernsberger, 2007). Although the 'disease' label in some way absolves the overweight person from being at fault, it also means that they are expected to get treatment for this 'condition' as one would with other diseases (Heshka & Allison, 2001). Ernsberger (2007) states that obesity can not be considered a disease because of the protective factors that obesity provides, as diseases do not have health benefits. Also, Heshka and Allison (2001) assert that

obesity does not hold the traditional characteristics that constitute a disease and there is no 'sound scientific basis' for labelling it as such.

However obesity has been labelled as disease by many and this fits with medicalisation being used as a form of social control by the medical profession; when something is labelled as a disease it then gives doctors the right to make judgements about a person. Medicalisation, in general, requires 'experts' to diagnose and treat the 'diseased' which is the role of the doctor and other health professionals. Doctors do this via the 'authoritative gaze' that gives them the power to decide what represents symptom and what represents disease (Austin, 1999). For obese people their supposed 'disease' is only too evident to health professionals, as their body size is something that cannot be hidden.

The medicalisation of obesity has its own set of discourses that serve to explain, define, and also help to legitimate the medicalisation process. These discourses help to maintain the concept of obesity as a health problem (Burns & Gavey, 2004). The medical profession gains control through medicalising everyday existence, by creating labels such as 'healthy' and 'ill', and making them such a feature of every day life (Jutel, 2005). The medical discourse allows experts to judge the obese as morally wanting and gives permission for medical intervention and the right to publicly monitor people's body shapes (Gard & Wright, 2005).

Unfortunately, the medicalisation of obesity labels an obese person as 'sick', and in the process the body is categorized as abnormal or deviant, thereby not only defining the person as sick and needing treatment but also stigmatizing those with excess weight (Evans, 2006). Even the term 'overweight' means falling outside the 'normal' standards of weight, just like many terms in medicine, which refer to illness as a deviation from the norm, for example, renal 'insufficiency', thyroid 'dysfunction', cardiac 'failure' (Jutel, 2005).

The increased spotlight on obesity as a disease aligns with an increasing focus in public health on non-communicable diseases, which shifts the focus from diseases outside the body to those located within the person (Evans, 2006). Because there are less communicable diseases than in the past, public health now focuses on lifestyle diseases, meaning the diseases that are caused through lifestyle choices. Of course one of the most visible of these is obesity. Rogge, Greenwald and Golden (2004) compare the construction of obesity as being the fault of the individual, to diseases such as lung cancer or sexually transmitted diseases, which are also commonly blamed on the individual.

The increased attention on obesity as a serious health problem also means that concern about weight and health is spilling over onto anyone who is deemed overweight, where once there was a difference in how the terms overweight and obese were used. Obesity has chiefly come to be seen as a medical issue, and overweight as predominantly an aesthetic issue (Jutel, 2005). However, as media exposure about obesity grows, these two terms are often confused, with the so-called health risks attributed to obesity being ascribed to those who are evenly slightly overweight (Burns & Gavey, 2004). This results in a large majority of Western society being pathologised because of their weight (Evans, Evans, Evans & Evans, 2002).

Furthermore, significant contribution to the construction of obesity as a disease comes from health professionals and organizations. In the United States organizations such as the National Institute of Health, the Center for Disease Control and Prevention (CDC), the American Heart Association and the American Diabetes Association, are big contributors to the social construction of obesity, particularly obesity leading to poor health and/or premature death (Rogee, et al., 2004).

Health problems commonly associated with obesity

The years of research on obesity and its associated health problems has led to obesity being named as the cause of numerous health and social problems, and as a risk factor for cardiovascular disease, diabetes, gall bladder disease, and some cancers (McNeil, 1996). It also supposedly exacerbates health problems such as respiratory illness and osteoarthritis (Kopelman, 2000). Doctor Swinburn from the New Zealand National Heart Foundation states that overweight people are 60 times more likely to develop diabetes and also 60 times more likely to develop heart disease (McNeil, 1996).

However, there are an increasing number who disagree with obesity being blamed for all these diseases. Of all the health problems blamed on obesity, predominately it is named as a risk factor for three major diseases, heart disease, diabetes, and cancer. However, there is no strong evidence to support these claims (Campos, 2004). In fact, there is some evidence to suggest that obesity could actually be a *symptom* of diabetes rather than a cause (Campos et al., 2006). In addition, with all that has been written about obesity causing numerous health problems, virtually nothing has been written about *how* it causes these diseases (Campos et al., 2006). Furthermore, obesity has been named as a protective factor in some health issues, such as chronic lung disease, hip fracture, anaemia, and peptic ulcer, amongst others (Campos, 2004). Obesity can also protect against infectious diseases and suicide (Ernsberger, 2007).

Another area where some alarming statistics have been produced is the higher mortality rates associated with obesity. Although many studies have found higher mortality rates in obese individuals (Flegal, Graubard, Williamson, & Gail, 2005; Fontaine, Redden, Wong, Westfall, & Allison, 2003), others argue that although obesity does increase the risk of many diseases, it generally applies only to those considered morbidly obese, meaning those with a BMI over 40 (Gibbs, 2005). Furthermore, Gorman and Masters (2005) state that overweight people are at no greater risk of premature death than those of average weight. In fact active obese

people have lower mortality and morbidity rates than sedentary average weight people (Blair & Brodney, 1999, cited in Monaghan, 2005). In addition, although BMI is increasing in the United States so too is life expectancy, and obese people today do not show the same cardiovascular risk profiles as they did 20-30 years ago (Gregg, et al., 2005 cited in Monaghan, 2005).

Actual mortality rates attributed to obesity have been difficult to calculate. Allison, Fontaine, Manson, Stevens, & Vanitallie (1999) suggest that 280,000 excess deaths are attributable to obesity in the United States, but that figure dropped to 26,000 in a study by Flegal et al. (2005). Manson, Bassuk, Hu, Stammpfer, Colditz, and Willet (2007) say this may be explained by difficulty in accurately measuring obesity and mortality. These include problems such as reverse causation (thinness can result from illness rather than cause it), failure to control for smoking and failure to control for co-morbid factors (which may or may not be directly caused by obesity).

The costs attributed to obesity are not only limited to poor health. Rissanen (1996) talks of economic and psychosocial consequences such as medical costs due to treatment and diagnosis of obesity-related disease and lost productivity from obese workers. A New Zealand study speaks of obesity costing the New Zealand taxpayer $130 million each year (McNeil, 1996). The discourse around the healthcare costs attributed to obesity is tied up with healthcare finances being limited, and arguments about who is more deserving (Herndon, 2005).

Proponents of the 'obesity kills' argument suggest weight loss as a treatment for the 'disease'. However there is compelling evidence that lifestyle changes that result in no long term weight loss, or only minimal weight loss, are extremely beneficial to health (Campos et al, 2006), suggesting that weight itself is not the issue. This supports the viewpoint of the Health at Every Size (HAES) organisation, which states that you can be fat and healthy; that fitness is the key, not weight and that fat people can be fit (Dorfman & Wallack, 2007).

A classic example of the commonly held beliefs about the health risks of obesity is illustrated in a comment made by Julie L. Gerberding, director of the CDC, who was quoted as saying "if you looked at any epidemic- whether it is influenza or plague from the Middle Ages- they are not as serious as the epidemic of obesity in terms of the health impact on our country and our society" (Gibbs, 2005, p. 70) This an extreme claim considering that between 1918 to 1919 the influenza epidemic killed 40 million people (Gibbs, 2005).

The Obesity 'Epidemic'

Aside from the many claims about poor health allegedly caused by obesity there is the assertion that it has reached epidemic proportions. Many articles have been written about the increasing prevalence of obesity (for example, Baskin, Ard, Franklin & Allison, 2005: Flegal, Carroll, Kuezmarski, & Johnson, 1998: Ogden, Carroll, Curtin, McDowell, Tabak, & Flegal, 2006). The Ogden et al. (2006) study reports the significant increase in obesity over the years 1999-2004, a rise in prevalence which has been reported in most epidemiological studies in the last 10 years. Brownell (2005) states that obesity is 'out of control' and though it is receiving much attention, not much is being done about it, and that it poses serious risk to children, the economy and the food industry.

As mentioned earlier, obesity has been referred to as an epidemic since the 1990s, thanks to Surgeon General Koop. This representation of obesity as an epidemic was taken up by mass media; however, although the term was initially used metaphorically by early academic studies, it was soon taken and used literally by media (Saguy & Riley, 2005). Mass media reports on obesity often construct it as "a looming global health catastrophe" (Gard & Wright, 2005, p. 17). Media representations of obesity as an epidemic have become so familiar that this way of thinking about obesity has become part of the everyday talk of the general public (Gard & Wright, 2005). Boero (2007) describes obesity as a 'post-modern' epidemic,

one without clear pathological basis, and differing from more traditional epidemics in that we are all at risk for obesity, the only variation is how big each persons risk is.

New Zealand is no different to other Western countries in that it too is supposedly facing an obesity crisis (McNeil, 1996). A Ministry of Health study (Ministry of Health, 2004) reported that BMI and obesity is increasing in New Zealand although less rapidly than in the 1990s. Their results 'confirmed' an obesity epidemic in New Zealand over the last 25 years. Origins of the 'epidemic' were considered to precede 1977, but accelerated in the 1980s and 1990s. Diet and lack of exercise were listed as the blame for the obesity epidemic in New Zealand.

However, there are an increasing number of people who are starting to accuse the obesity 'experts' of exaggerating the health problems associated with excess weight (Gibbs, 2005). There is reason to suspect that studies reported in the predominant obesity literature were not at all statistically sound and that results were, in many cases, overstated (Gibbs, 2005).'Body Weight and Mortality Among Women' (Allison et al., 1999), is probably the most cited article when proposing that excess weight is a health risk. However, what it actually showed is that those women with the lowest death risk were heavier than the average on the BMI (Campos, 2004).

The article 'Annual Deaths Attributable to Obesity in the United States' has possibly been the most (mis)quoted article in media, reporting that 280,000 excess deaths each year are caused by obesity (Monaghan, 2005). This article was cited more than 1700 times over a two year period (Campos, 2004). Yet this statistic was later found to be inaccurate (that the results did not show a marked increase of mortality for those in the obese range), with the studies authors even feeling the need to write to the medical journals to correct those who wrongly quote their study (Monaghan, 2005). Furthermore, although studies have stated that obesity is increasing to epidemic levels, the data do not prove this. In the United States the average weight has moved slightly right on the distribution curve, with an 3-5 kg in increase over the last generation (Campos et al., 2006).

Chapter Two: Object and Context of the Research

This chapter focuses on explaining the goal of this research, as well as explaining the role of media in influencing health behaviours, and the role it has in constructing health issues, particularly obesity. It also addresses the issue of media representations of body image and how this connects to the constructions of obesity.

The Goal of this research

The object of this thesis is to examine how obesity is constructed in media, through exploring New Zealand public prime time television programming. Media play an important part in the construction of health issues, and television is especially influential because of its availability and reach in Western Society.

The Influence of Media in Society

Does the media give us what we want or
does it make us want what it has to give us?
(Polivy & Herman, 2004, p. 5)

Media play a role in constructing the beliefs and ideals that circulate in society, and it has been long debated whether mass media creates certain ideals (for example, the desire for the thin body shape) or simply reflects what society has created. Amongst the many views on the influence of media are that it reinforces the power of the dominant culture and beliefs (Dew & Kirkman, 2002), that is actually

shapes dominant knowledge (Evans, 2006), or that media is simply a window to our culture (Gard & Wright, 2005). Whether media is creating or just reflecting what goes on in society is debatable, but there is evidence to suggest that media plays a big role in defining social problems (Kim & Willis, 2007). In fact, Heiner (2006) states that the probability that social problems will receive attention or be a focus in society at all (and therefore be the object of resources and action) is practically nonexistent without media coverage.

Where media plays a part in shaping the course of particular social problems is in choosing which issues to focus on and what viewpoint or framing is put on these problems. This gives media considerable power, but also provides control for those who have financial interest in media organisations. Underneath what some consider a significant influence wielded by mass media are the people and groups that provide money and control to decide what is relayed to the general public. The corporations that sponsor certain networks can be very influential in deciding what social problems should be focused on to suit their own interests (Heiner, 2006).

In relation to the considerable media coverage of the obesity 'epidemic', the question of why media coverage has become so frequent may be related to the interests of those who control media output and the reasons they have for focusing on obesity. Those in the position of power can promote their positions to the point of 'media hype'. The term 'media hype' is often used to describe the media blowing news stories and social issues out of proportion (Vasterman, 2005). Media hype has the ability to blow up problem in a fairly short period of time, and also achieves the purpose of highlighting the perspective of those creating the hype (Vasterman, 2005).

One of the reasons why media is relevant in addressing the social construction of obesity is because of the increasing ways in which media comes into people's everyday lives. The difference in media influence today from the past is due to the increasing pervasiveness of media types such as television, internet and so on which are in more homes than ever (Derenne & Beresin, 2006). Today, people can engage

with media through many avenues such as film, magazines, newspapers, radio, television, internet, MP3 players, cell phones and much more (Devereux, 2007).

Where once media images were limited to those countries that produced them, or at least there were delays in broadcasting around the world, in these times there is an immediacy that enables news to get around the world quickly. The images and messages we receive in New Zealand are cultural products, shared rapidly and easily around the world (Dew & Kirkman, 2002). There are a small number of news agencies that control the majority of news information and they have the capabilities to transmit stories around the world within hours (Dew & Kirkman, 2002). This is demonstrated in the immediacy of news items from overseas that are beamed into New Zealand homes. Also New Zealand prime time television is dominated by programmes from the United States and Great Britain meaning a lot of the dominant images from these societies is common to those in New Zealand society.

As the purpose of this thesis is to study the construction of obesity through television, it is important to address the influence of this medium. Like most Western countries, New Zealand has a high television watching population; with 99% of New Zealander households owning at least one television (Ministry for the Environment, 2007). Watching television was recorded as a regular activity by 88% of respondents, with an average of 119 minutes per day (Statistics New Zealand, 2007). This prevalence of television viewing is what makes it particularly powerful in influencing individual behaviour. As Seale (2002) puts it, "television becomes part of the taken-for-granted seriality of everyday-life routines, marking out sections of the day, using familiar storytelling patterns, generating a shared sense of community' (p. 20).

Television has been shown to have a big influence on people's health behaviours; in fact television has been named a de-facto health educator (Hampl, Wharton, Taylor, Winham, Block, & Hall, 2004). Also, television has been shown to change an individual's health behaviours, which can be modified through the social

influence of popular television programmes (Hampl, et al., 2004). This impact from television (and other media) on health behaviours will be discussed more next.

The Media's Influence on Health Behaviours

As well as providing factual information, the media presents and (mis) represents current heath issues in a powerful manner. This presentation is always partial and filtered through particular agendas (Dew & Kirkman, 2002, p. 189)

Media representations have become as important in shaping people's beliefs about health and illness (Giles, 2003). Media representations of health and illness can affect a person's behaviour through how risky a health problem is perceived (Lyons, 2000). Furthermore, through the creation and reproduction of meaning, media can influence individual attitudes towards people with disease (Lyons, 2000) and consequently how people with health issues and disease may be treated. Mass media can be one of the most important sources of medical information for lay people (Lupton, 1999).

Media is used in health campaigns to warn the public of their potential risk in the hope they will avoid the behaviours that lead to the illness that needs to be prevented (Lupton, 1993). Statistics support the above strategy in regards to people taking notice of media messages. In a nationwide poll conducted by the United States National Health Council in 1998, 75% of those surveyed said they paid either a moderate or great deal of attention to medical information reported in media, and citing their primary sources of health care information as television (40%) and doctors at 36%. Almost 60% reported changing their behaviour or taking action because of a media report, 42% sought further information, and 53% mentioned

something from a news story to their doctor (Friedman, 2004). How doctors and medical procedures are depicted in media also have an impact on the expectation that the public have when receiving medical care (Friedman, 2004). It also plays a part in how the ill are perceived, whether it be as an innocent victim or as to blame (Lupton, 1999).

Although television is only of many influences for people in society, it may be one of the most common and insidious forms of health information (Gerbner, Gross, Morgan & Signorielli, 1981 cited in Vandekieft, 2004). Media is so powerful in its influence on providing health information that even some in the medical world get information from sources such as the New York Times (Friedman, 2004). So not only are the general public getting health information from media so are doctors, furthermore, researchers are known to cite studies themselves that they see in media (Dew and Kirkman, 2002). Vandekieft (2004) gives an example where even medical students working in a hospital were overheard discussing the merits of particular doctors in a hospital drama show and their potential as role models, yet the conversation did not include any actual doctors in the hospital.

Newspapers and magazine articles simultaneously report on medical discoveries and give out health advice. A similar formula is seen on television, with health care experts as regular guests and medical advice segments (Friedman, 2004). However, the types of media images that affect health behaviours is not just limited to news shows or articles, but also fictional media forms such as television shows, movies and so on. Those who create television programmes and movies take advantage of the fixation the general public has with medicine, the drama show *ER* tops ratings charts, and entire cable networks are devoted to health care programming (Friedman, 2004). There is evidence that fiction is as influential in shaping our perception of reality as the news (Makoul & Peer, 2004). Davin (2005) found that viewers of the television drama *ER* held it to be it a reliable source of knowledge for health issues.

Influential journals such as *The New England Journal of Medicine* and the *Journal of the American Medical Association* preview their studies for reporters before they are released in journals for the public. This gets their worked discussed by people who would not generally ever read a medical journal (Friedman, 2004). All major hospitals have PR departments to get their research out there as publicity gets them more funding (Friedman, 2004). Media devour the medical world for plots for their fiction but also medical professionals use media spotlight to further their own agendas. (Friedman, 2004).

The Media's Influence on Body Image

As mentioned in the first chapter, one of the ways that obesity is constructed is as the opposite of the idealised thin body that is commonly shown in media. The construction of the ideal body shape is not the focus of this thesis, but is addressed briefly because part of the negative construction of obesity is that it represents the antithesis of the thin ideal.

Although, as mentioned previously, there are many who say the average person in Western society is getting fatter, the ideal thin figure in media is getting thinner (Maltby, Giles, Barber, & McCutcheon, 2005). The fact that the overwhelming majority of people in popular media are thin has to have some impact on viewers, especially women. As stated by Jutel (2006, p. 2273) the prevalence of thin people in contemporary media contains 'strong messages about a woman's individual responsibility to achieve the normative standards of beauty'. These media images of the perfect thin body demonstrate what rewards there are for the slim and provide warnings of the unhappiness and disdain that awaits those who are overweight (Austin, 1999).

Having an appearance that conforms to the norms of society is held to be very important (Jutel, 2006) and if people feel they are outside these norms it can have an impact on how they feel about themselves. There is strong evidence that media images of the idealized body are associated with negative body image and the desire to lose weight (Munro & Huon, 2005). This idealization of the thin body serves as way of controlling those who strive for slenderness (McKinley, 1999). Not all people who see idealized body images in media will develop eating disorders or even a desire to be super thin, but it is likely they will develop a loathing for fat. Herbozo, Tantleff-Dunn, Gokee-Larose, & Thompson (2004) looked at children's books and videos. They found beauty was associated with good and ugliness with evil. The beautiful female characters were always thin. Obese characters were almost always portrayed negatively.

Being thin is generally a required trait to be on television (Blaine & McElroy, 2002). On television the idealization of thin characters perpetuates the negative stereotypes of obese people (Greenburg, Eastin, Hofschire, Lachlan, & Brownell, 2003). Becker (2004) demonstrated the power of television in a study which looked at Fijian teenagers and their body image issues after the introduction of television. The study showed that the teenagers had started to become preoccupied with their weight, developed dissatisfaction with their own bodies, and had begun trying to control their weight to model the women depicted on television. The modelling of the thin ideal is observed by viewers, but viewers also see the punishment heaped upon those for having normal, or bigger than normal bodies (Fouts & Vaughn, 2002).

Why do people expose themselves to images of 'perfect bodies' if it only makes them feel bad? If the public truly did not like what they saw on television then surely they would just switch off? Polivy and Herman (2004) argue that images of thin models, actors and so on do not always make a person feel inadequate or negative about themselves, but that sometimes it make a person feel positive as they have something to aim for. However, this just buys into the premise that that slender ideal is what we all should be aiming for!

Obesity in the Media

Previous studies about representations of obesity on television

Although there are a growing number of studies addressing the social construction of obesity, there have not been many that have addressed the construction of obesity through television, and none that could be found that were conducted using New Zealand television. Examples of previous studies which have taken more of a constructionist view include Kim and Willis (2007) who looked at how news media (newspaper and television news) framed obesity, and more specifically the way in which the media presents the question of who is to blame for causing and fixing the problem. They found that obesity was now more likely attributed to societal causes than personal causes as in the past. Another study addressing representations of obesity on television was conducted by Giles (2003) who did a narrative analysis of an episode of the television programme *Kilroy.* The episode contained guests speaking about their experiences of obesity with the host of the show. The narratives that were uncovered revolved around eating as a problem, notions of a turning point that leads to better eating habits to lose weight

The majority of studies that examined obesity on television were content analytical studies. For example, Fouts and Burggraf (2000) studied the occurrence of big women in situation comedies and examined the situation comedies themselves to determine, firstly, the occurrence of negative comments by males associated with women's bodies and whether such comments are directed toward heavier women and, secondly, the occurrence of audience reactions to the negative comments and the relationship between these comments and audience reactions. Findings revealed that women of below average weight were overrepresented and those of above average weight underrepresented, and also that the heavier the women, the more negative remarks were made.

In another study, Fouts and Vaughn (2002) performed a content analysis on 27 prime time situation comedies. They examined the body weights of the main male

characters and the negative references received by these characters regarding their body weight from female characters. They also looked at the negative comments the male characters made about themselves and the audience reactions to these comments. They found (as the previous study above that focused on women) that the heavy males were underrepresented and that the heavier the man, the more negative comments that were made.

Finally, Greenburg et al., (2003) undertook a large-scale content analysis of television's portrayal of characters on popular prime-time shows. Their goal was to provide a detailed analysis of the roles given to overweight and underweight characters and a comprehensive examination of their social interactions. They used fictional programmes. They found that there were a lack of overweight and obese people shown, and lack of interactions between the overweight and others in shows. Ultimately the overweight and obese shown on the sampled television shows were associated with several negative characteristics.

As mentioned, these were content analyses and did not attempt to go in depth regarding the theory behind the representations they uncovered. A more in-depth study regarding overweight people on television was done by Blaine and McElroy (2002) who analysed the content of infomercials at two levels. First they looked at whether paid programming reflected the gender role expectations that have been observed in other kinds of programming. Secondly, they were interested in the gender representations and portrayals in weight loss infomercials, and specifically, who are the cast of characters in these programmes and what messages both implicit and explicit are available to viewers regarding the nature of weight and weight loss? Amongst other things, they found that overweight people were depicted as unattractive and unhappy, and their weight as something within their control to change.

Popular Representations of Obesity in the Media

Aside from academic studies about obesity, there are many popular discourses in mainstream media about obesity. Though, as previously mentioned, they draw their ideas from academic studies, mainstream media have their own twist on the obesity debate and what viewpoint they may decide to take. How obesity has been constructed in media varies according to which side of the obesity debate one is on. Saguy and Riley (2005) identified two main camps that have dominated media discussions about obesity, anti-obesity researchers and fat acceptance activists. Media draws, chiefly, on studies and interviews from anti-obesity researchers. Essentially, media interest in obesity, predominately, reflects the concerns of the medical community (Jutel, 2005).

As mentioned earlier, media has taken up the medicalisation construction of obesity and produced endless stories about health problems associated with it. Campos (2004) refers to the current preoccupation with obesity as a 'moral panic'. A moral panic is when a group is labeled as deviant, and the deviance is portrayed as a threat to society, whereupon the media whips up public concern by increasingly focusing on it with exaggerations and alarmist claims about the danger to those who are deviant (Campos, 2004). This is noticeable in the reporting of obesity as an epidemic that gives the impression that we are all vulnerable to the epidemic and we must protect ourselves so as to not become victims (Gard & Wright, 2005). Frequently, mass media articles provide information about how obesity is caused by genetic factors and so is not the fault of the individual, but then articles end by stating that individuals just need to be stricter with their diet (Rothblum, 1999). These types of mixed messages seem to be a common way in which obesity has been constructed in media.

Evans (2006, p. 263) discusses common images depicted on television when showing obese people in programmes such as news items. When people are shown on programmes such as the news, it is often as faceless and anonymous. Images are shown of the protruding stomachs (hanging over the waistband) and other bulging

body parts, but supposedly it is too shameful to identify the person in this state of obesity. Many of us would have seen this particular representation on television, and most likely have had negative thoughts about the person shown- whether it be pity, disgust, or something similar. This particular example shows the power of media to influence constructions of obesity. By simply showing a brief clip of an obese person (usually walking along the street) they are telling us that obesity is 'out there', that we could be in danger, and that obesity is something to be ashamed of.

In conclusion, this chapter has discussed the influence of media in society, particularly in the area of health and health behaviours, and reviewed of previous studies focused on media representations of obesity. In reviewing previous studies none were found that are similar to the research undertaken in this thesis in either studying prime-time programming in its entirety or in looking at constructions of television in New Zealand. Because the media has shown to be influential in the area of constructing obesity and other health issues, and because of the fact that there nothing similar was found in the research in this area, this thesis will hopefully fill a gap in research about obesity.

Chapter Three: Methodology and Research Design

This chapter will provide a brief introduction to the epistemological stance of social constructionism that is underpinning this thesis. It will also describe the methods employed in collecting the data. Finally, it there is a description of how the data analysis was conducted and of Foucaudian Discourse Analysis, which was the methodological approach used.

Social Constructionism

The epistemological stance underpinning this thesis is social constructionism, therefore this thesis does not attempt to uncover the 'reality' of obesity and the obesity epidemic, but to discover the way media has played in socially constructing obesity. Disease and illness are seen in social constructionism as physical realities, but they are only given meaning through social practice (Lupton, 2003). Therefore, there is no denial of the physical reality of obesity, but a desire to ascertain the ways in which it has been constructed and given meaning in New Zealand prime time television.

Social constructionism is, in a way, an objection to the mainstream positivist empiricist approach to psychology (Gergen, 1985). Dominant understandings in society are not seen as 'reality' but are beliefs that have evolved through social interactions between members in that society. Burr (2003) identifies four basic assumptions of social constructionsim. Firstly, is a 'critical stance toward taken-for-granted knowledge' (p. 2) where the world is known through human experience (with an emphasis on language) rather than presented objectively to the observer. The second is 'historical and cultural specificity' (p. 2) where the ways in which we

understand things in society are specific to each historical period and culture we are in. The third is 'knowledge is sustained by social process' (p. 2) where understandings of the world and how it is did not come out of thin air, but are constructed through social interaction. The fourth assumption is 'knowledge and social action go together' (p. 5) meaning certain constructions uphold some actions and reject others. Constructions of the world are connected to power relations and what they 'allow' those in society to do, and influence how they treat others.

Furthermore, 'A social constructionist perspective is particularly useful for demonstrating how modern social control operates through the creation of meaning and desire' (McKinley, 1999, p. 111). Therefore this perspective is extremely valuable in addressing the issue of obesity. In constructing obesity as a health problem it creates control for the medical profession, and through the construction of the thin ideal and therefore the desire to be thin, people can be controlled by the need to obtain these ideal bodies. Furthermore, the use of a social constructionist/discourse analytical approach allows a different look at what is generally accepted knowledge in Western society, especially regarding the medical constructions of obesity.

Social constructionism allows the biomedical understandings of medicine to be studied and recognised as socially constructed as much as lay medical knowledge is (Lupton, 2003). The medicalistion of obesity is becoming a widely accepted in society and it is not just those in the medical field that create what is thought of as medical 'fact', individuals in society contribute in making these claims considered as 'reality' (Lupton, 2003). Therefore the social constructionist perspective was chosen as the epistemological approach for this thesis as it was considered relevant way of theorising and understanding the representations of obesity in media.

Data Collection

The four main free-to-air television stations were recorded; TV One, TV Two, TV 3, and Prime. The data was collected over a 28 day period between 4th March 2007 and 31st March 2007.These were chosen because they are accessible to the great majority of New Zealand households, and therefore have the biggest audience. The selection of which channel was recorded on which particular day was partially randomised. For each day of the week, a channel was randomly assigned so that over the 28 day period each station would have programming recorded for each day of the week. This allowed for the formation of a synthetic week of television programming with all the four channels being represented during the prime-time hours.

The sample consisted of 126 hours of televising programming and advertising, recorded between the prime-time hours of 6.00pm-10.30pm. This time period was chosen because, according to the New Zealand Television Broadcasters Council (NZTBC) it is when the majority of New Zealanders are watching television (New Zealand Television Broadcasters website, 2007). Viewing levels rise steeply over the primetime hours of 6.00pm to 10.30pm, with the peak time being 8pm (New Zealand Television Broadcasters website, 2007).

All types of programmes (drama, comedy, documentary, current events, and news and so on) and advertisements were included in the sample. The reason that all programming and advertising was sampled was to get a complete view of how obesity was represented during the prime time period.

Data Analysis

The 126 hours of recorded programming were watched completely through twice. During the first time, notes were taken and all overt spoken references relating

to obesity or dialogue by obese people were identified. During the second viewing, further notes were taken and the focus was more specifically on non-verbal representations and references to obesity. These non-verbal aspects included what roles were played by obese people, how they were dressed, their age, and how they were treated by others.

After viewing a good deal of the data and struggling to chose who should be considered as obese it became clear, that to try and stay consistent when deciding what people were actually obese, there would have to be some type of for guide the inclusion of obese individuals. This dilemma was due to the fact that by definition obesity is a person with a BMI over 30, and this is not something that is easily judged by simply looking at a person. Therefore, to help obtain a more consistent inclusion of who would actually be considered obese, the Contour Drawing Rating Scale was used (Thompson & Gray, 1995). This scale is a body-image assessment tool which features front and back views of full body drawings of nine men and nine women with weight graduating from anorexic to obese. Therefore, using the scale as a visual guide the data was viewed again to ensure that the people that were previously identified as obese were actually big enough to be considered obese. The scale was also helpful in deciding whether to include any individuals that may have been previously left out the analysis because they did not seem big enough. The reason this scale was used when assessing whether a person was big enough to fall into the obese category was because this thesis is about constructions of obesity rather than just constructions of overweight in general.

Once the viewings had been completed and I was thoroughly familiar with the total content, a preliminary content analysis was conducted to see if there were any general patterns in how obesity was represented amongst the different television genres (for example, drama, comedy, reality shows, news, advertisements). This identified what roles were played by obese people, whether it was a main , supporting, guest, bit part, or an interviewee in news item or similar. The type of role was also determined, whether it was comical, serious, romantic, speaking or non-

speaking. Also demographic criteria was also noted particularly age, gender, and ethnicity. The goal of the analysis at this stage was not analyse every word and action, but to gain an overall idea of the themes present around obesity.

To perform the major analysis of the data Foucauldian Discourse Analysis (FDA) was used as a guiding methodology, rather than followed strictly. This type of analysis was used because FDA is relevant to the analysis of television because it can (and has been) be used on a variety of materials and not just with written texts (Willig, 2001) Also, FDA is one of the dominant approaches of analysis in social constructionism (Willig, 1999). Moreover, FDA does not have particular focus on analysing texts line for line, but instead focuses on the discursive formation in which the text belongs (Hall, 1997). This made it relevant in analysing large amounts of television programming as line for line analysis would be unnecessary for the goal of this study (looking at overall representations of obesity).

The process for FDA outlined by Willig (2001) was used as a rough guideline to analyse the data as the object was to discover social constructions of obesity rather than perform a detailed discursive analysis. Using Willig's (2001) 6 stages of FDA as a guideline (though not necessarily in the sequential order that are laid out in the book) analysis was conducted as follows. Firstly, it involved finding the different ways in which obesity was constructed and locating these constructions within wider discourses about body weight, health, and aesthetic beauty. It also involved looking for reasons why obesity has been constructed this way, what was achieved through these constructions and who had something to gain from them. It is the dominant discourses that influence what is thought of as reality, and enable the legitimating of 'existing power relation and social structures' and in turn these 'structures support and validate the discourses' (Willig, 2001, p.107). Also, subject positions were identified (e.g. obese individual as morally lacking, or as a sick/diseased person) as positionings from which certain individuals could 'act and speak'(Willig, 2001, p. 111).

Furthermore, the analysis looked at how the identified constructions limited, not only what the subjects could do and say, but also how practices around this legitimated the behaviours and ideas within certain discourses, for example it was found that discourses of medicalisation served to not only position obese individuals as unhealthy but also served to control obese individuals through placing them in a position where societal pressure tells them they need to lose weight to improve their health. Finally, addressing subjectivity, involved looking at the subjective experience of the obese individual in the different subject positions, how they could be thinking and feeling, such as morally lacking or diseased.

Using this type of discourse analytical approach enables the discovery of what can be said and by whom, what allows so-called 'facts' and 'knowledge' about obesity to be created and be maintained, for example the medical profession plays a large part in upholding the construction of obesity as a disease and this was apparent in the sections of data where those in the medical field featured. Performing this type of analysis required situating obesity in the wider contexts of health and body shape, and also examining the history behind the current constructions of obesity (for example obesity is constructed as the antithesis of the thin ideal) and the consequences for individuals in taking up certain subject positions. The Foucaudian position asserts that the construction of objects and subjects through discourse enables certain ways of seeing the world and of being in the world (Willig, 2001, p.107). In conducting an analysis using the principles of FDA 3 main themes were uncovered in the data: the process through which these themes emerged is discussed next.

The analysis process started with taking written notes while watching the televised data. The notes contained an account of all verbal and visual references to obesity that featured in the programming and advertising. When examining the data examples of the medical and moral themes were quickly apparent, and a majority of the data were divided into these two categories. However it also soon became obvious that many of the discourses of morality and medicalisation were interconnected

making the categorising more difficult. The process of analysis then involved reading over the data (many times) and uncovering the discourses that were situated in each theme. However, after the data was read through many times it became clear that there was a third theme, which was named factual versus fictional. This third theme contained many representations that, not only, did not fit comfortably and easily into the moral or medical themes, but had a distinctive pattern that warranted it become a theme of its own. These three themes will be discussed in depth in the next chapter.

Chapter Four: Findings and Discussion

This chapter will report and discuss the findings. It starts by reporting the brief content analysis that was undertaken to assess how often and in what context obese people were shown. Then the three main issues that were identified through the discourse analysis are discussed, namely morality, medicalisation and fictional versus factual.

Obese Content

The brief content analysis was used to determine how many times obese people were shown over the synthetic week of viewing. In counting who was shown only obese people who had some sort of role or appearance were counted, and extras or people in the background of scenes were excluded. In total 86 obese people appeared in the week of viewing, 40 in fictional roles (this included advertisements) and 40 in non-fictional roles (including news items, reality shows and so on). Males and females were represented equally. When it came to age, the majority of people depicted were in their 30s and 40s, with the elderly and children virtually non-existent. The obese people that appeared in the synthetic week of programming were predominately white.

Obese people were found relatively equally in both non-fiction shows (e.g. News, Reality shows and so on) and fictional shows. However, in only *one* fictional show was an obese person a main character, and the majority played supporting roles or bit parts. When obese people appeared on non-fiction shows they did have main roles, as guests, interviewees, and one case as a presenter although never as the main host. In fictional shows they were more likely to play comical roles, and only once was an obese person involved in any romantic storyline. In advertisements, it was mostly weight loss commercials that featured any obese images. Overall obese people

were more likely to be portrayed negatively or passively than positively. These results were similar to the ones found by Greenburg et al (2003) who conducted a content analysis of how obese and overweight people were portrayed on 10 top rated prime time shows in the United States.

Morality

The morality of obesity is a multifaceted issue and many discourses arose that served to illustrate the moral judgment assigned to the obese. The theme of morality is divided into the following categories, the first contains examples of how obesity is constructed as simply 'wrong' and therefore the obese person gets judged as 'bad', the headings in this category are; 'obese people are just bad!', 'obesity is not just about appearance, it defines who you are and who you can be', 'obese people have no self control', 'subordination of the bad', 'obese people are unattractive and/or non-sexual'. The second category discusses the morality associated with the blame that is attributed to the obese individual for causing their own excess weight, the issues in this category are; 'people are obese because of their own behaviours' which contains the two most common constructions about excess weight, 'they eat too much' and 'they are lazy and do not exercise enough'.

Obese people are just bad!

As mentioned earlier, the morality associated with beauty has its roots in the Protestant work ethic of Western countries, particularly the United States. This work ethic is based on the theory that to be successful you work hard, and if you fail to be successful it is because you did not work hard and lack self-discipline and you tend to overindulge in the bad things. Basically, those who achieve success are morally superior and harder working and those who fail in this do so because they are self-indulgent, lack self-discipline, and are morally corrupt (Quinn & Crocker, 1999). In regards to weight, this Protestant ethic translates into the moral failure of the obese as their weight problem is due to their lack of self-discipline and lack of hard work to

control it. Therefore they deserve the negative outcome (e.g. being fat) (Quinn, & Crocker, 1999).

As mentioned in chapter one, the construction of obesity as a moral issue is longstanding and the television programmes studied reflected this. Essentially obesity is 'bad' and slender is 'good'. In the construction of obesity as a moral issue obese people are positioned as morally lacking, and on the basis of size, moral judgments are made about them (Gard & Wright, 2005). Also, as being obese makes a person in some way 'immoral' then that means that they can be treated accordingly, which is frequently as inferior or unworthy in some way.

In the television programming studied there were many examples of the attitude that because a person is obese that it is okay to belittle them because of their supposed inferior status. This was frequently and blatantly shown with derogatory comments made about or even to the obese person. Rogge et al (2004) state that because obese people are seen as morally inferior that it is socially acceptable to make derogatory remarks about them. As the following examples show, it is seemingly acceptable to make comments about an obese person's size, "How the hell does a guy get this big?" asks a character referring to an obese patient on medical drama show *House.* A comment is made on reality show *Caesars 24/7* "Oh my God, he's 620 pounds" in reference to an obese Elvis impersonator. Another scene from the medical drama *House* shows a group of firemen cutting a hugely obese man from his house as he needs medical treatment and all the while they are making jokes about his weight. It is hard to imagine them doing this about any other type of bodily difference or disability, at least not without outrage from viewers. But the difference is that the general public commonly see obese people as voluntarily fat and therefore they deserve to be ridiculed (Longhurst, 2005).

Even though, as previously discussed, obesity as a disease is becoming popular in the discourse of the general public, this disease apparently deserves no sympathy as other diseases might. This is supported by the studied television

programming where obese people were openly belittled on many occasions. Obese patient George on drama show *House* sums it up when he says "right, fat joke, the only people you can still make fun of". Various times in the recorded data derogatory remarks were made about obese people. The reality weight loss show *You Are What You Eat* had voiceover comments that made the following comments referring to the obese couple who featured in this particular episode, "a whale of a woman" "a lardy laddy" "dumpy duo", "whale-like hips, and "doughy doughnut belly". In the medical drama *House* a fireman trying to remove the obese man from his house comments "Tub of goo there got to be over 600 pounds, you aint gonna lift him with a couple of blankets". Also in *House*, Dr Foreman remarks "his oxygen sats are normal" and Dr House replies "normal for me, what's normal for a hippopotamus?" Myers and Rosen (1999, p. 221) state that obese people are more likely than others to be the object of 'overt hostility and discrimination.

Television has many subtle or non-verbal ways of portraying obese people in a negative light, besides the obvious or blatant verbal insults. In reality show *Caesars 24/7* when fat Elvis is shown ominous music is played to in some way indicate that he is 'bad' or maybe dangerous, or maybe it is a symbol of the danger of fat. In *America's Funniest Video's*, an obese middle-aged lady gets stuck in foam pit at Gymnastics hall, it takes two men to pull her out because of her size but they spend a long time laughing before they help, while the women stays trapped in the foam pit, looking embarrassed and uncomfortable. In *House,* a scene shows doctors struggling to attach blood pressure band and other equipment to George as he is so big , emphasizing the excess body and perhaps the concept of obese bodies 'taking up too much space' (Longhurst, 2005, p. 252). It also conveys the connotation that being obese means you do not fit in, literally and figuratively.

Even a show as seemingly innocuous as the long running animated show *The Simpsons* has positioned obese people in a negative light. Four of the regular characters are obese; all of them are portrayed negatively. Homer is dim-witted, thoughtless, and careless. Mayor Quimby is corrupt and incompetent. Barney is an

alcoholic, no-hoper and Police Chief Wigam is inept and ineffectual. And all of them come as across as incredibly stupid. Cartoon characters may not seem relevant in influencing the viewer but Hampl et al (2004) found that animated cartoons do have an impact on adolescents and cartoons were also found to model poor health behaviours.

Obesity is not just about appearance, it defines who you are and who you can be

There is more to the moral assumptions imposed upon obese people than positioning them as bad, or lazy, and so on. Obesity limits an individual in many areas of life, the discursive positions available to them are so few compared to an average or small person. There is something about the moral assumptions assigned to the obese individual that almost defines them as a person, and this defining is not only by those judging the obese but by the obese themselves. In relation to television programming, obese people are relegated to playing the clown, the sidekick, the outsider, or just the person in the background. In almost all fictional scenarios (including advertisements) obese people play comedic roles, and this occurs in every genre of programme not just in comedy shows.

Why does weight have to define a person's whole life? A promotional teaser for reality show *Biggest Loser* shows one of personal trainers talking, where she states "they spent their whole life quitting, that's why they are overweight" She is making the assumption that obese people have not succeeded at anything in their lives, that the obesity is not just their size, but who they are. Jutel (2005) discusses the assumption that overweight people having poor character is grounded in the belief that many hold of the body providing access to the inner truths of an individual.

On the *Biggest Loser* Eric says "Hey we're big people, but there are things we can do. Things I was never able to try I can do now". This statement can be seen as more than saying that obese people are physically able to do, it represents the attitude of the general public (and of obese people themselves) that obese people are limited

in all respects of life, and taking into account the discrimination they face, they really are limited. In contemporary culture, the fat body is rarely portrayed as powerful, sexual, or successful (Kent, 2001). Being obese can be seen by some as a person failing to do their duty as a productive worker because of the supposed limitations of their size, and illness and health problems that may be caused by it (Le Besco, 2004).

A guest on *Oprah* says "I was obese and embarrassed". It speaks of the power of obesity in defining a person that being obese meant a person should be embarrassed by it. On House, obese patient George says "you figure I'm fat, therefore I hate myself" You simply can not like yourself if you are fat! A *Sure Slim* Advertisement says by losing weight you can "become a new person", suggesting that if you are overweight you need to change who you are. Kent (2001) discusses weight loss advertisements, particularly the 'before' and 'after' pictures. The fat person is not a person, but the fat identity is something that encloses a person. The fat is seen as something encasing a person that they must escape from. On reality weight loss show *Biggest Loser* each contestant when having one on one sound bite interviews to comment on parts of the show, have their name at the bottom of the screen, but also their weight. It is though their weight is a part of their identity as is their name.

Obese people have no self control

Because obese people are perceived as being out of control in regards to their body size, this often translates to being out of control in their lives in general. In the drama series *Huff*, Russell plays a supporting character as a lawyer, but one who is completely out of control in his personal life, with sex, drugs and so on. He snorts cocaine at work, screams at his assistant (and others) when things do not go his way. He comes across as having a completely out of control life. *Huff* is one of the few programmes that had an obese person as regular cast member in a supporting role, and even though he has a successful career, his life is so out of control in every other aspect that it negates the positive status that may be afforded to him by being a

lawyer. As Campos (2004) puts it- the ability to control ones food intake is associated with the ability to control all aspects of ones life (Campos, 2004), so even without all the unruly behaviours just by virtue of being obese Russell is probably judged as not being in control of his life anyway.

The assumption that obese people eat uncontrollably is represented by certain comments like; "Well if he had any family I think he ate them" says a young Elvis impersonator talking about 'Fat Elvis" in reality show *Caesars 24/7*, making the assumption that uncontrollable eating got the obese man to where he is today. There was a similar comment made on *House:* "places to go, people to eat" says Dr House commenting on obese patient Georges' desire to leave the hospital. Also the comedy show *Two and a half men*, shows scene that was a flash forward to the future and was demonstrating what child Jake would turn out like if he was unsuccessful in life. It shows character Jake as a grown up, obese, and shovelling popcorn straight from the popcorn machine into his mouth, suggesting he is unable to control himself.

Subordination of the bad

The majority of roles that obese people portray on television are subordinate, and not only in fictional programming. Rogge et al (2004) describe the obese person as being in a subordinate power position because of their weight, with their personal power lessened because they are considered less attractive and less athletic. Even when obese people are regulars on shows they are virtually never the lead in the series and they generally take a less significant role. In the crime drama show *Cold Case* there is a regular character that is obese, but he is shown to have a rude and abrasive personality, and seems to be in a less powerful position than his fellow male detective, who happens to be slim and attractive.

However, there were not any shows besides *Cold Case* and *Huff* that featured an obese person as a regular main character, obese people generally seemed to play minor or guest roles. Obese people generally played characters that do not garner

much respect, or that are just plain un-likeable. Even obese people playing characters that would be considered respectable, like a nurse as on drama show *Coronation Street* are shown being treated disrespectfully by the patients family, accused of 'not knowing what she is doing'. In drama series *The L Word,* the character Monica is a high powered obese business woman, but extremely rude, forceful, and not very likeable. In other shows, such as popular drama shows *Heroes* and *Lost* which featured obese characters, they played roles such as criminals or thugs.

In the reality show *American Chopper* Mikey, the boss's son is obese and somewhat scruffy. He always seems to be on the edges of what is happening in the planning and building of the bikes. He has a comedic personality, plays the clown role and does not seem to be treated with much respect by his father, especially compared to the other son Paul. One scene involves his Dad taking him to buy a new car and having to show Mikey how to bargain with the car dealer and get a good deal. Basically the father does everything, as though Mikey was a child.

Even the advertisements that contained obese people showed them in subordinate roles, for example, the *Uppercut Chips a*dvertisement featured an obese middle-aged man, standing around oil drum with fire burning, drinking alcohol out of a brown bagged bottle. The *Crunchy Nut Cereal* advertisement shows a board room with slim successful looking people in a meeting, but the tea lady who comes in is obese.

Obese people are unattractive and/or non-sexual

In most cases, obese people are portrayed as unattractive and in most cases non-sexual and they do not feature in romantic storylines. It is well known that women are judged more on their looks than men (Bell & McNaughton, 2007). However, it still seems at high weights that men are also found to be unattractive. "Can't be many women who want to be with a guy like him" says a friend of obese man George on *House.* This comment represents how obese people are not seen as

potential partners, they are not considered to be attractive or sexually wanted. Lisa talks about gaining weight to escape her promiscuous lifestyle on talk show *Oprah.* This leads to the assumption that if you are overweight then you are not attractive to anyone, or maybe even feel asexual as most overweight people are portrayed on television. As Campos (2004) points out, people are disgusted and repulsed by fat, fearing that we might be contaminated by it.

In the infomercial for *Ab King Pro* there is a scene that shows a tanned fit woman with a man behind her with his arms around her and placed on her toned abdominal area, which is shown after scenes featuring fat, unhappy people who supposedly cannot get partners! Only thin, fit looking people are attractive to others. Another shot in *Ab King Pro*, is a black and white scene with a torso shot of a man's body with the stomach growing bigger and bigger, which then flicks to colour scene of a tanned muscular man with a muscular 6-pack and a woman's fingers (woman standing behind) trailing down his stomach. The implication is that men need to be trim and muscular to get the girl everything about the scene emphasizes the distastefulness of fat, the obese torso in bland black and white, alone, and the muscular slim man in vibrant colour, with a women with her arms around him. The message could not be clearer, fat is unattractive.

In reality programmes featuring obese people, such as *Biggest Loser* and *You Are What You Eat,* the producers of these shows seem to go out of their way to show their participants in the most unflattering light, visually at least. In the *Biggest Loser,* the contestants are dressed in unflattering t-shirts or tight workout clothing; is this to make sure that fat cannot be perceived as attractive? In *You Are What You Eat*, they film the couple featured on this week's show, Anil and Afshan, from below to maximise their size and also put them in unflattering bathing suits to enhance their size and supposed unattractiveness at that size. Also, the nutritionist on *You Are What You Eat* automatically assumes that the couple has no sex life. On the drama show *The Division,* a well dressed but obese business woman plays the role of sad victim who was taken in by an attractive con artist, who pretended to have a romantic

interest in her to use her for information. However, detectives seem to know she must have been conned as obviously an attractive man like him would not be attracted to an obese woman.

The fact that very few of the obese people were seen as attractive or sexual in New Zealand prime time television is supported by a study by Lindenfield (2005) who looked at how overweight was portrayed in mainstream American films. She found overweight women were delegated to certain roles; asexual mother, friend, minor character, and hardly ever the lead romantic character. Sending the message that women have to be thin to be beautiful, and large women are not sexy.

People are obese because of their own behaviours

Part of the morality surrounding obesity, as mentioned previously, is the assumption that obese people are responsible for their size therefore it is okay to judge them because of this. Obesity is associated with the deadly sins, gluttony and sloth, and these signify lack of morals by the obese (Rogge et al, 2004)

The episode of the medical drama *House* which featured morbidly obese patient was a brilliant example of both the moral and medical assumptions that surround obesity, and how obesity is blamed on individual behaviour. It also marked one of the few times that an obese person had a guest starring role. It illustrates many of the ways in which obesity has been constructed as a medical problem, but also the moral judgements that come along with this construction. For example, although the Doctors seem to agree that obesity is a medical issue, all but one of them, see the obese patient as being to blame for his weight therefore unworthy of treatment. One doctor on *House* argues with another doctor about the obese patient's right to treatment "he deserves the same standard of care as anyone else", with the unsaid judgement that because obesity is somehow his own fault that he deserves a lower standard of care than other patients. Because many see excess weight as self inflicted, it means an obese person is considered less worthy than others (Saguy &

Riley, 2005). A doctor in *House* states "A person shouldn't be able to eat themselves into oblivion and then just expect everyone to pull out the stops to fix everything". Again obesity is self inflicted, so therefore the obese person's fault.

The reality weight loss show *Biggest Loser* puts a group of overweight people in a house, puts them on a crash diet and makes them exercise for hours each day, all in the pursuit of thinness and a cash prize for the 'biggest loser'. The show stresses that the contestants need to change their previous poor behaviours, such as overeating and lack of exercise. In the episode that was viewed as part of the synthetic week, the contestants obviously bought into the construction of obese people being to blame for their weight. One contestant cried at the thought of going home and slipping back into his old behaviours. Winter (2004) wrote an article about the show and stated that 'The Biggest Loser is completely dependant on the assumptions and misinformation about weight and dieting that saturate mainstream media, reinforced by the increasing hysteria about the 'obesity epidemic' (p17).

A popular construction regarding why obese people eat so much unhealthy food is that they are lacking in nutritional knowledge (Le Besco, 2004). On the *Biggest Loser* the contestants get taught how to make 'healthy' versions of fast foods (because obviously they are fat because they eat fast food all the time!) In fact the contestants on the *Biggest Loser* are represented as still being in the contest by fridges full of junk food that helps the viewer make the link that this food is what made the contestants into the size they are.

In *House*, the doctors argue about getting the obese patient George on the MRI table, they do not want to break the machine. Dr Cameron has to convince them to allow George on the table. The actual equipment is seen as being more valuable than the patient, and that in some way he is not worthy because he has caused his own health problems. Another comment made about George by a doctor on *House* is "People that big don't go to the doctors", implying that they caused their illness therefore do not care about their health, however it is more likely obese people do not

go to the doctors because they are made to feel bad about their weight by health professionals (Saguy & Riley, 2005)

They eat too much

A common theme in the representation of obese people on television is the assumption that obese people eat excessive amounts. There is also the assumption that obese people consume large amounts of unhealthy food and "any consumption of bad or unhealthy food marks a step along the slippery slope to obesity" (Evans, 2006 p. 264). Nutritionist Gillian on *You Are What you Eat* states, regarding the shows overweight participants, "they are overweight because they eat too much". The morality of excess weight is tied into the moral significance that has been placed on food and its consumption, and this moral meaning has been assigned to food for centuries (Jutel, 2005). A large part of the moralization of food is connected to religion where sacrificing food has often been used to foster spiritual growth, for example fasting (Rogge et al, 2004). Fasting is associated with purity whereas obesity is associated with decadence and impurity, and epitomizes the biblical reprimand 'the spirit is willing but the flesh is weak' Matthew 26:41 (Rogge et al, 2004). There is also some notion that obese people divert food resources away from where they are needed (Le Besco, 2004), as they are taking more than their 'fair share' when others in the world are starving.

A common construction in the television shows studied was the categorising of food into 'good' and 'bad', and attributing obesity to the consumption of bad foods. The previously mentioned reality show *You Are What You Eat,* involves taking some hapless volunteer(s) and going through their lives, homes, fridges and telling them what they are doing wrong to make them so obese. The 'expert' that aims to 'diagnose' and fix the obese people is a nutritionist called Gillian. She basically views high fat foods as 'evil' and reacts with disgust at any 'bad' food. At the start of the show, Gillian pounces on this week's victims, Anil and Afshan at the supermarket to point out all their bad food choices, of course their trolley is loaded with 'bad' food. A printed list scrolls down the screen over images of the couple, listing what

food they ate in a particular week (a huge amount of food and mostly high-fat foods). The voiceover then comments 'no wonder she's got those whale-like hips". Gillian points out beer in the fridge and says to Anil "that's why you've got a beer belly". Gillian then refers to the reason why Anil and Afshan are so overweight, "that is what you have done to yourself with your bad eating".

To further emphasize why the couple are so fat they flash to clips of the pair eating which supposedly represent the couple's normal eating behaviour. One clip has a voiceover commenting on Afshan's "weighty office crimes" then shows Afshan at her work desk eating a huge doughnut, another shot with her eating a hamburger, then a final scene with Anil and Afshan eating hot dogs. All through the show when 'bad' food is shown horror music is played and when 'healthy' food is shown, happy music is played. This seems to be a common assumption about obesity, that it is caused by the over consumption of 'bad' foods, and that all obese people must be this way because they eat too much 'bad' food. These type of opinions are frequently expressed by those 'fighting' the obesity epidemic, for example epidemiologist and anti-obesity researcher Joann Manson states in an interview; "people know if they were to get up off the couch and do some walking ....it would be helpful to them, but they just don't feel like it. Everyday they make a choice to buy the Big Mac and French fries instead of a salad or roasted chicken" (Saguy & Riley, 2005 p. 885)

The drama series *House* again shows some typical examples of the kinds of assumptions that are out there regarding why people are overweight. The following are a sample of the comments said by the four doctors regarding their obese patient George. "you've eaten yourself half to death", "so you would rather be a blind invalid than admit you have a little problem with overeating and by a little I mean you have eaten yourself half to death", "I'm guessing its food related" (regarding his possible illness), "the guy didn't get to 600 pounds eating a load of sushi" Dr House comments "let's see what Shamu's been up to besides eating". But it is not just the doctors that have these assumptions, when the doctors are speaking to the patients friend about his lifestyle she states "He loves to eat- *obviously*".

Obese people are seen as needing to change their habits in order to lose weight, therefore implying that they have poor eating habits to begin with. To lose weight we need to "change how we eat and exercise" says nutritionist Jenny Pearce on a McDonalds advertisement. As mentioned previously it is commonly thought that the general public must be ignorant about proper nutrition (Le Besco, 2004). Furthermore if obese people do know about proper nutrition then they must eat the 'wrong' food because they too are poor to afford good food (Le Besco, 2004). In another *McDonalds* advertisement, nutritionist Jenny Pearce says "to help with managing body weight, Kiwi's need to eat 250 calories less each day". This comment makes the assumption about what the entire (supposedly overweight) population is consuming each day.

In the reality show *America's Next Top Model* they have one model who is considered 'plus-size' in comparison to the other stick-thin models, and although not obese by the standards used in this study (in fact, probably thin in comparison to the average woman) it is interesting to note how the common assumptions applied to obese people are brought up in relation to this 'plus-size' model Anchel. Obviously, to explain the reason why Anchel is bigger than the stick-thin models in the house, she is shown eating or cooking four times in the episode, whereas most were not shown eating or cooking at all.

They are lazy and do not exercise enough

Another way in which obese people are positioned is as lazy. "They finally got off their enormous backsides" says the voiceover on reality weight loss show *You Are What You Eat,* referring to Anil and Afshan. The voiceover then goes on to explain how their new healthy lifestyle plan has included an exercise plan. A personal trainer on *Biggest Loser* states "I wasn't blessed with a skinny body; I had to work my butt off", again implying that the obese contestants do not work out, of if they do, they are not working out hard enough. Furthermore, to compound the idea that obese people do not work out, one *Biggest Loser* contestant states, "diet and exercise can actually be fun". Also telling the New Zealand population where they are going

wronmg in terms of excessive body weight, a *McDonalds* advertisement states that to lose weight you "need to exercise more", again, making the assumption that overweight people do little exercise.

An example is used again from *America's Next Top Model* "You have to do cardio workout to burn fat" Melrose (a contestant) says to Anchel on, trying to explain why Anchel is bigger than the other stick thin contestants (as mentioned, Anchel is probably thinner than the general population, however this demonstrates how the obesity discourse gets employed for weight in general) "You eat and you don't do anything to burn it off" another contestant on *America's Next Top Model* says to Anchel, buying into the common energy in/energy out theory. Furthermore, they do not base this assumption on a sound knowledge of her lifestyle, but after being around her for a short period of time.

The *Ab King Pro* advertisement has a scene, shown in black and white with an obese man in his 30s looking unhappy at having to workout, the voiceover says "are you tired of struggling for hours in the gym only to wind up fatter?". The Ab *King Pro* advertisement shows fat people as unfit and lean people as being fit, because quite simply fat people do not exercise. Another type of weight loss advertisement is for the diet company *Sureslim,* which shows a picture of a woman before Sureslim when she was obese and then flashes to an after shot showing a huge weight loss and the women running through the finishing line of a marathon. This advertisement gives the impression that once you lose weight you can achieve great feats such as marathon running, but has the double meaning that obese people cannot or will not exercise, or have the fitness to run marathons.

In summary, this section on morality has demonstrated the moral judgements associated with obesity, which are immense and lead to the positioning of the obese individual into limited and marginalized roles. Assumptions are made about the moral character of obese people, including their supposed lack of control, about their lack of intelligence and about their inability to be successful in life. Obese people were

mostly portrayed as being inferior to others and the majority of roles they played on television were subordinate. The inferiority afforded to the obese individual seemed to allow these individuals be the object of scorn and derision by others around them Obese people are not shown as people who are desired by others perhaps worthy of desire. Also, a large part of the moralizing about obesity stems from the assumption that obese people cause their 'condition' because of their bad behaviours. The television content analysed provided many examples that confirmed that assumption, numerous times obesity was attributed to overeating, eating 'bad' food or lack of exercise.

Medicalisation

Obesity is now commonly seen as a medical problem or disease, not only by health professionals but also by the general public. The medical discourse is evident in many television programmes. In the medical discourse, obese people are positioned as ill, diseased or unhealthy.

Obesity is a medical problem (not just a body shape)

In medicalising obesity, there are particular discourses that are used to reinforce obesity as a health problem. In constructing obesity as a health problem, there are discourses that arise such as the disease discourse, "morbid obesity is a legally defined disease" says Doctor Chase on *House*. The discourse of obesity can be explained as a 'discourse of immediacy and proximity; it presents a here and now, on-the-doorstep disease. Further it is a discourse of risk because all could fall prey to its advances unless appropriate intervention, investment and action are taken at all appropriate levels (Evans, Rich, & Davies, 2004, p. 382). Also stated by a doctor on *House* is that "over 400,000 deaths each year are caused by obesity related diseases". This is a popular statistic that has been thrown around in news media. This statistic

more than likely comes from the study from Mokdad, Marks, Stroup, & Gerberding, (2004) that was later corrected to 365,000. However as previously mentioned the number is thought to be more like 26,000 (Manson et al., 2007). It is only a BMI over 45 in men that show a major drop in years of life lost (Fontaine, Redden, Wang, Westfall, & Allison, 2005).

Measurement plays a big part in defining obesity, including the use of the BMI, measuring and weighing to determine whether the body fits within 'normal' standards. Dew and Kirkman (2002, p. 223) explains the Foucauldian idea of normalization, 'the process of normalization refers both to the attempt to make sick or deviant bodies normal, and to the process of providing standard procedures such as mass screening and vaccinations'. In a *McDonalds* advertisement nutritionist Jenny Pearce tells us how to determine if we have a weight problem by measuring our weight circumference, and seeing whether our waists are wider than our hips. This example of measurement can be seen as tool in the normalization of the body. As Jutel (2005) states, it is such a contradiction by many individuals as well as those in the medical community that they focus on normative appearance than on what is actually healthy. A *Sure Slim* advertisement states that through their diet programme you can "get a balanced metabolism" It is common in the discourse of weight loss to speak of the metabolism as something that can make a difference in how a person loses weight. Metabolism is something seen as luck, often weight gain is blamed on slow metabolism (Throsby, 2007).

On *3 News* expert validation is used to underline that obesity is a serious medical issue for children, a psychologist points out that "parents should be concerned about obesity, even with three year olds" and also that girls who develop earlier (e.g through obesity) are more likely to abuse drugs/alcohol, have depression, and school problems. *3 News* then interviews another expert, this time a doctor who explains the study (to provide some legitimate expert biomedical validation). This technique of using experts plays on the fact that doctors are given more status and authority than most other professions (Woods, 2006).

All obese people are unhealthy

It is common for all fat people to be thought of as unhealthy. On *House* a doctor presents a case saying "46 year old guy in a coma doesn't appear to be anything wrong with him, except that he weighs over 600 pounds". Another generalises about how a person that size must be sick because of his weight. This comment reinforces the underlying assumption that excess weight is a health problem in its own right. In the reality show *You Are What you Eat* the nutritionist assumes that the participants must have a number of health problems based on their weight. She asks questions such as "What's your digestion like?" "Do you feel stressed?" Despite the fact that obesity is supposed to be unhealthy and a disease in its own right, the doctor's check up actually showed Anil and Afshan had no medical problems. However even though the tests were negative, it was assumed that it was only a matter of time before they would develop health problems.

On the drama show *House,* George says "just because I'm overweight doesn't mean I'm a diabetic" in response to the doctor's assumption that he must have the disease. Another doctor refers to the fact that the patient is obese "which means he's a diabetic with blood thicker than pancake batter, not much we can do", entering into the popular assumption that all obese people must have diabetes as it is seen as the fat person's disease. As previously mentioned, diabetes is one of the popular diseases to blame on obesity, but there is no evidence of cause and effect in the link between obesity and diabetes (Campos, 2004). Doctor House says to obese man "George did you ever notice you don't see a lot of obese old men?" from *House*, this is supposedly because they all die early from obesity.

"All doctors assume my health problems are due to my weight" says George the obese man on *House.* This supposition being a fact that mirrors the assumptions circulating in modern society about obesity and health. At one stage the doctors state that a person the size of George does not go to the doctors, with the underlying judgement that obese people do not care about their health. Studies have shown that

obese people often avoid medical exams because of fear of being harassed about their weight, thus leading to actual health problems that may have been prevented with early screening (Saguy & Riley, 2005). In New Zealand news media, a *3 News* story reported on obesity and children. A voiceover on the story comments that parents have a reason to worry because "a new study shows obesity in preschoolers can lead to early puberty". A psychologist in the same story says "what this new study tells us is that parents have to be concerned about obesity even when their children are only two and three years old, I think that's the shock". The promo for this story states "weight matters, even with toddlers".

Obese people just need to lose weight (and all their problems will be solved!)

Of course, even though obesity is a disease, it is one with a seemingly simple cure, losing weight. Losing weight is seen as the answer with all groups involved in healthcare, the obese person needs to lose weight to improve health (Rogge et al, 2004). But the discourse of weight loss is one that describes it as a struggle or hurdle to overcome, but one that is necessary and perhaps the only acceptable solution. "It's insurmountable" a contestant on *Biggest Loser* describes the goal of losing the weight he wants to lose. "God if you only bring me through this" Lisa talks about her weight struggle on *Oprah*. It's hard to lose weight because of having to "think of others before yourself", says a contestant on *Biggest Loser.* Lanelle (a guest on *Oprah*) has 'struggled' to lose her 'baby weight' for 14 years. I've put on a few kilos; it's hard to cope with" says a man on a *Quit Smoking* advertisement. However, there is no evidence to support the assumption that weight loss improves health (Campos et al, 2006). Even though it is common knowledge that diets do not work, people strive (and are pushed to strive) to achieve the seemingly unobtainable. However, Saguy and Riley (2005, p. 885) discuss how many anti-obesity researchers think that the reason diets do not work for the obese is because they are not really committed to them.

In a *Weight Watchers* advertisement, they state that losing weight gives you more choices of clothing to wear and also it means you look good in what you wear. This advertisement confirms that, although health is used to compel overweight people into losing weight, appearance also plays a big part. Another *Weight Watchers* advertisement states that you feel good when you lose weight and therefore you can inspire others to do the same. Perhaps part of feeling good about losing weight is being treated better by those in society. Monaghan (2007) states that weight loss can help fat people can avoid the public censure regarding their weight.

On reality weight loss show *Biggest Loser,* there is dramatic music playing all through the weigh in, to highlight the importance that weight loss has for the contestants. The contestants are so desperate to lose weight on weigh-in day, which may be tied up in the competition/prize money aspect, but many times after they have been weighed they refer to how long it has been since they were at that particular weight (which usually goes back many years). There is such emotion shown when reaching certain weight loss goals that it seems to go much deeper than simply winning prize money.

An interesting element in weight loss and the desire to be thin is addressed in a study by Warin, Turner, Moore, and Davies (2008) noted the differences in particular SES groups regarding the pressure to stay thin. They found that there was a big pressure in high SES groups, with an unspoken expectation expecting women to be thin. Whereas, in the lower SES there was no acknowledgement of this pressure to lose weight. The high SES women also admitted that the techniques that some employed to stay thin were bad for their health or even dangerous, demonstrating the strong pull of desired body shape.

In conclusion, the television data studied showed many examples of the medicalisation of obesity. Obesity was referred to as a medical problem many times, and as a problem that required action. The medicalisation of obesity included discourses that defined obesity as a disease, and the obese body as one which was,

predominately, unhealthy. In the discourse of obesity as a medical problem, there only seemed to be one acceptable solution and that was to lose weight. In the medicalising of obesity, obese individuals were positioned as sick or unhealthy, and as responsible for their 'condition' therefore responsible for doing something about it.

Fictional versus factual

The third major theme uncovered in the television programmes studied is one that has been named 'fictional versus factual'. This theme involves representations of obesity that are unspoken, but still very powerful. The fictional shows on television are predominately filled with slim 'beautiful' people, with those who are overweight not featuring much at all. However, in 'factual' shows such as news, current affairs or other 'reality' shows those who produce the shows do not always have a choice in the body shape of the people involved. In these cases obese people are shown in positions that virtually never occur in fictional shows, for example, as successful, powerful, as having relationships and so on.

Obese people do exist in society and what is not shown says a lot; obese/overweight people supposedly make up a huge percentage of the population in most Western countries yet they rarely feature in primetime television. News items, current affairs, and other 'reality' shows are where the majority of obese people are shown. However reality shows such as *Survivor, The Amazing Race* and *Fear Factor* do not as a whole have obese contestants, as they get to pick the people with body types that are thin and acceptable. In all programmes over the synthetic week, only one child and one teenager were shown that were obese. The teenager, in fact, had a non-speaking part, and is the only obese person in the whole movie which is based in a high school. As Greenburg et al (2003) claim, groups are seen as being of lesser worth and importance if they are left out of the media spotlight, which definitely

applies to the obese population. However as Ferris (2003) points out, plus-size bodies have been left out of the lime-light for a long time.

In factual shows it is shown that obese people can be successful and intelligent. Most obese people in fiction appear unintelligent, but in reality they are as likely as anyone to be intelligent. In real life, the obese people shown on television are generally successful (except weight loss programmes where they are treated as second class citizens). In real life they can be television presenters (*Fair Go*), they can be talented singers (*American Idol*). In factual shows people can hold positions of power; they can be politicians (*One News*). In reality obese people can have good relationships and be married (*Oprah, Close Up*) however in fictional shows they do not seem to have partners or be very good at interpersonal relationships.

Although some might think that having obese people featuring on television would be positive in constructing obese people in a more positive light, it does not appear to actually work that way. Getting significant screen time does not guarantee a position of power for the overweight character (Mosher, 2001). There have been a number of obese people have had significant media attention and yet their weight is almost always an issue, especially for women. For example, Oprah Winfrey is amazingly successful and powerful but the media has closely scrutinized her weight for many years (Bell & McNaughton, 2007). Another example is Monica Lewinsky, who, as most people know, was involved in a huge scandal with President Clinton. Monica Lewinsky suffered much abuse from the media but most of it was directed at her weight (Tebbel, 2000). Men in the media spotlight fare slightly better than women, male politicians and actors hardly ever have comments made about their appearance, yet practically every female does (Tebbel, 2000).

Fat activists see the few occasions where obese people play intelligent and interesting roles (and where they may actually have romantic relationships and friends) as progress and something for overweight viewers to draw upon as positive role modeling (Le Besco, 2004). But it does not seem likely they will be viewed as

positive role models if the actors playing them get such intense scrutiny for their weight. Gapinski, et al (2006) conducted an intervention using television and film clips featuring obese people, including representations of obese people that were designed to be empathy evoking and with positively portray obesity. However they found that negative bias against obese people still persisted.

In conclusion, there are many questions raised about the possible contribution to the construction may come from the images addressed in this theme. What do people think of those obese people shown on television (either 'real' people or those fictional characters)? Are obese people recognised for their accomplishments or just ridiculed for their weight? Plus obese people are such a minority on prime time television, are they even noticed? Finally, even if they were many more fat people shown on television would it make a difference as to how they were seen and treated in society when powerful and influential people such as Oprah Winfrey get judged because of their weight?

Chapter Five: Conclusion

To put our argument simply, the 'obesity epidemic' story of sloth, and gluttony is one which has a number of ingredients. The first is certainty in the face of uncertainty. There is a great deal we do not know about overweight and obesity and their effect on human health, and there are a number of different ways of interpreting current overweight and obesity levels. However at present, only one story is told. Where there are gaps in empirical knowledge, people, including scientists, often fill them with assumptions and generalizations (Gard & Wright, 2005, p. 7)

This thesis has uncovered some of the dominant ways in which obesity has been constructed in New Zealand prime time television. Obesity has been found, predominately, to be constructed as a moral issue however, the construction of obesity as a medical problem is also widespread in the data. A third theme of factual versus fictional pointed out the ways in which obese individuals have some visibility in a medium that tries to make them invisible, but that just being present does not automatically mean they are accepted. Overall the predominant constructions of moralisation and medicalisation corresponded with previous literature in this area. However, as mentioned in the analysis section, it was found that the moral and medical themes were interconnected and in many cases could not be separated from each other. This is especially true in regard to medicalisation, where many of the discourses had moral undertones.

Analyzing television provided the opportunity to look beyond just talk and observe the ways in which obese people were portrayed, especially in relation to the interactions (or lack of) they have with the people around them. Also unlike written text, analysis of television allows one to look at the physical presentation of the obese person, for example how they are dressed and their grooming in general. It also

means that effects such as camera angles and the type of music played can be analysed to determine the part it plays in non-verbally positioning the obese individual.

There are a few aspects that have come out of this thesis that may be interesting to develop further. It would also be very interesting to interview participants regarding how they actually perceive obese people on television, for example, whether they see the obese people as being portrayed negatively, and in general their views about obese people on television. Another area that would be interesting to develop more is the fact that obesity and overweight frequently get treated the same. For example what impact do negative constructions of obesity have on those who are just overweight? Do they apply the negative constructions that surround obesity to themselves?

To fully understand the negativity directed towards obese people, there needs to be more understanding of the processes that hold negative constructions of obesity so firmly in place. For example, why does the medicalisation of obesity continue if many studies have shown that being obese does not mean that you are not necessarily unhealthy? For example, there is evidence that obesity does not cause cancer, diabetes and heart disease as is frequently claimed (Campos, 2004). In fact active obese people are thought to be healthier and have lower mortality rates than sedentary people of average weight (Blair & Brodney, 1999 cited in Monaghan, 2005). What would it actually take for obese people to be judged for who they are and not on the basis of their body size, and is this actually possible?

The fact that the constructions of obesity in this research were found to be mostly negative may lead to the conclusion that changing the way television constructs obesity may lead to a change in how obese people are perceived in general. However, even those in the most influential jobs and positions of power are still seen as somewhat lesser for being overweight. As in the last chapter, the example of Oprah Winfrey is used. She is successful, rich and powerful, yet her weight has been as

frequently discussed as her achievements. Gard and Wright (2005 p. 17) maintain that 'because culture is dynamic – constantly circulating and feeding off itself- the mass media acts as a window on Western culture'. Meaning the media is not forcing ideas upon us but reflecting what is out there in society. So, ultimately, it does not matter that much if obese people are not shown on television, or if when they are, they are portrayed negatively, as the loathing for fat goes well beyond the media portrayals and representations; television merely represents the reflection of the age old-disgust for overweight and everything it supposedly represents.

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