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Helene A. Shugart

Department of Communication, University of Utah
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Shifting the Balance: The Contemporary Narrative of Obesity

Helene A. Shugart
Department of Communication
University of Utah

In this essay, I assess the narrative of obesity as articulated in representative contemporary mainstream media fare—namely, *The Oprah Winfrey Show, The Biggest Loser, and Big Medicine*. I contend that the emergent narrative of obesity across these programs signals a shift from the historically received narrative in light of its intersection with the concurrent culturally resonant narratives of addiction and self-actualization. In particular, the proposed “problem” and “solution” to obesity, both historically attributed to personal responsibility, appear to be shifting in favor of cultural explanations that describe obesity as symptomatic of and secondary to broader issues related to community, emotionality, and agency. This suggests novel cultural understandings, practices, and policies regarding the mounting “obesity epidemic.”

In the last decade, increasing attention and resources have been directed to the growing “obesity epidemic” in the United States. The Centers for Disease Control (CDC) report that fully one-third of the adult population is clinically obese, and if current trends continue, that number will double in the next two decades (“Health, United States,” 2006). This constitutes a “crisis” in the estimation of many critics and agencies as measured by obesity’s profound threat to the health of the U.S. population—it is expected to soon overtake tobacco as the leading cause of death (“Health, United States,” 2006); its substantial economic tolls, both direct and indirect (Finkelstein, Ruhm, & Kosa, 2005); and even its potential threat to compromise national security (Colarusso, 2004; Ellin, 2005). These concerns have placed obesity at the top of the public agenda and imagination; certainly, it has served as substantial media fodder across venues and genres (Levy-Navarro, 2008, p. 2).

Critics who have addressed the historical and cultural dimensions of obesity argue that we cannot adequately understand it without considering the broader social contexts within which it occurs (e.g., Gard & Wright, 2005). This assertion echoes that of contemporary health communication scholars who have turned their attention to the broader contexts in which “health” is configured in order to more fully understand health meanings, practices, and performances (Thompson, 2006). In this vein, I seek to engage the contemporary “master” narrative of obesity by assessing a culturally prominent site of that narrative: contemporary mainstream entertainment programming. As Lupton (1994) asserts, people’s understandings, beliefs, and practices about health are constructed as much through their interactions with cultural, especially mediated, products as through their personal experiences and interactions with others, including medical practitioners (p. 17). In this essay, I argue that in light of its intersection with other key, culturally resonant narratives over the last two years, the discourse surrounding obesity appears to be shifting. In particular, the proposed “problem,” or cause of, and “solution” to obesity, both conventionally attributed to personal responsibility, are shifting in favor of cultural explanations that describe obesity as symptomatic of and thus secondary to broader issues related to community, emotionality, and agency. More broadly, this analysis lends insight into how a dominant or “master” narrative realigns itself in response to concurrent culturally significant narratives and attendant sensibilities.

Televised entertainment programming constitutes an ideal site for the study of the public discourse surrounding obesity in that it is both reflective and productive of contemporary sensibilities regarding the issue. As Signorelli (1993)
argues, television has become “our most common and constant learning environment,” including and especially with respect to health (p. x), and entertainment programming is the primary source of that information (p. 15). This pattern is intensified by the “explosive growth in health-oriented television program content,” especially in entertainment programming (Dutta, 2007, p. 2). This is particularly significant for obesity in that, while poor health habits in general are correlated with heavy television viewing, obesity is particularly strongly correlated with it (Dutta, 2006).

For this study, I analyzed The Oprah Winfrey Show, The Biggest Loser, and Big Medicine, shows that represent a cross section of “real” representations of obesity in that they feature different genres, foci, time slots, and audiences across television entertainment programming. Notably, two of these shows—The Biggest Loser and Big Medicine—have come into existence within the last five years, and The Oprah Winfrey Show has stepped up the proportion of shows devoted to obesity and weight loss in that same time frame (“Show Archives,” 2008). Collectively, these artifacts have become key touchstones for the public discourse regarding obesity in that they constitute the most prominent and accessible regularly broadcast television programs that feature obesity.

The syndicated talk show The Oprah Winfrey Show (TOWS) is noted by several scholars for its significant influence on popular cultural attitudes and behaviors across a host of issues (e.g., Illouz, 2003). Although the show does not exclusively feature obesity, obesity has long been a prominent and regular topic of TOWS; in the last five years, about 30–40% of shows feature weight as a primary if not exclusive focus (“Show Archives,” 2008). Here, too, the influence of the show is significant; Winfrey’s regular cadre of weight-loss “professionals” and their protocols have earned popular status as gurus of their respective areas of expertise (“Tuning into the Oprah Diet,” 2001; Wilson, 2005). Winfrey’s own highly public struggle with obesity, which she often engages on her show, serves further to anchor the show’s moral authority on the topic.

Like talk shows, television “reality shows” also are barometers of cultural mores and anxieties (Oullette & Murray, 2004). For this analysis, I have selected two reality shows: NBC’s hugely popular primetime show The Biggest Loser (TBL), wherein contestants compete to lose the most weight; and Big Medicine (BM), a cable series broadcast on the Discovery Health Channel, which offers a “medical perspective” of sorts in that it chronicles the cases of selected obese patients of the Methodist Weight Management Center, a bariatric surgery practice, located in Houston, TX.2 Although BM does not reach as broad an audience as TOWS and TBL, it is a regularly broadcast television program that directly engages obesity. In the following section, I discuss the aspects of narrative theory that serve as the theoretical foundation for this project.

NEGOTIATING NARRATIVE

A number of health communication scholars have identified narrative as a useful theoretical and practical model through which to engage health understandings and behaviors, for narratives “wrestle with complexities that face contemporary health care participants’ identity construction, order and disorder, autonomy and communication, fixed and fluid experiences” (Harter, Japp, & Beck, 2005, p. 8). While narratives run the contextual gamut, they are always ideological insofar as they shape our places in and relationships to others and the world (Mumby, 1987). Narratives that achieve broad cultural resonance constitute “master” narratives that shape public discourses about particular issues. Accordingly, their political investments are especially salient in terms of their impact on cultural understandings, practices, performances, and policies—that is, which are enabled and which are constrained (e.g., Lindemann-Nelson, 2001). A compelling “master” health narrative, for instance, is the biomedical model, which “reduces disease to a biological mechanism of cause and effect that can be effectively diagnosed and treated through science and technology” (Harter, Japp, & Beck, p. 22). Within this narrative, doctors are deified, omnipotent figures, and technology (and its competent use) is equated with superior medicine (Harter & Japp, 2001).

But as many theorists have noted, narratives—even master narratives—are never monolithic, fixed, or stable (Boje, 2001; Lindemann-Nelson, 2001); rather, they are dynamic and constantly shifting (Harter, Japp, & Beck, 2005, p. 24). Considerable literature has focused on the negotiation of narratives in light of their inherent instability, with respect to the construction of alternative personal narratives (Bruner, 2001; e.g., Ellis & Bochner, 2000); the dialogic creation of narratives (Beck, 2005; Scharf, 2005); and individual and/or audience responses to popular or master narratives (Zoller & Worrell, 2006). Less scholarly attention has been directed to how dominant narratives reconfigure themselves as part of such negotiations. Furthermore, within health communication, little scholarship has attended to the intersections of concomitant resonant narratives and how narratives are negotiated in those intersections. I would like to explore such narrative negotiation. Specifically, I assess the emergent narrative of obesity as articulated in contemporary mainstream media—in particular, how that narrative represents a shift although they do reflect several of my findings, in my opinion the primary focus of these shows is sensationalistic, i.e., to demonstrate the grotesqueness of supermorbid obesity and its specific consequences.

2Other serial programming featuring “real-life” representations of “supermorbid” obesity exists, featured on cable networks Discovery Health and The Learning Channel. I have elected not to include them because,
from the conventional received narrative of obesity, in light of its intersection with concurrent culturally resonant narratives of addiction and self-actualization. Because this study seeks further to illuminate how a particular master health narrative rhetorically adapts and reconfigures itself in light of other narratives, a rhetorical analytical approach is most conducive to assessing those narrative shifts.

**METHODOLOGY**

Babrow and Matson (2003) note that a rhetorical approach is “particularly well suited to studying characteristic tensions in health communication” (Babrow & Matson, 2003, p. 48). Rhetoric is fundamentally concerned with how symbols influence perceptions and actions, making it conducive to the assessment of cultural discourses and narratives that reflect those discourses, including those about health (Condit, 1999, pp. 14–15). Furthermore, rhetorical analysis acknowledges the fact that “bodies are enmeshed in a turbulent stream of multiple and conflictual discourses that shape what they mean in particular contexts” (DeLuca, 1999, p. 10), which speaks directly to my undertaking (see also Darwin, 1999; Jordan, 2004). There is a rhetorically resonant public discourse of obesity in contemporary U.S. culture, and examining that discourse, as well as how and where it intersects with concurrent discourses, is vital to understanding how cultural beliefs and practices regarding obesity and obese bodies are shaped.

My method of analysis is steeped in a critical rhetorical approach, which assumes that rhetoric is always politically and ideologically invested. Thus, the project of critical rhetoric is to de-mystify power (McKerrow, 1989). This entails the critique of domination and the critique of freedom, both of which are salient for my project insofar as obesity narratives have long been and continue to be cast in political terms. My choice of texts for this project is similarly influenced by a critical rhetorical perspective in that, as a critic, I am engaged in “creating” a text from cultural “fragments” of discourse that necessarily collapse text into context (McGee, 1990)—a methodologically necessary move, given my interest in examining the broader public discourse of obesity and its engagement with concomitant resonant cultural discourses. My methodology is further influenced by my interest in examining “local” discourses—that is, “everyday” rhetorical speech, practices, and contexts (Ono & Sloop, 1995). Although the mainstream texts that I have selected constitute “official” channels that circulate dominant discourses, the fact that they ostensibly represent the “real” lives and struggles of individuals identified as obese provides an opportunity for insight into how contemporary cultural understandings of obesity—as likely to be hegemonic as not—are crafted via cultural syncretism and pastiche, insofar as culture and protest are interwoven (Ono & Sloop, p. 26). While I do not think that overtly critical resistance is in play in these texts, the hegemonic tensions that inhere between the historically received and emergent narratives of obesity qualify as a form of ideological struggle that signals broader cultural shifts.

Within a critical rhetorical frame, best understood as both theory and praxis, rather than either theory or method (McKerrow, 1989, p. 94), I loosely combine ideological and thematic analytical techniques. With respect to the ideological lens, I entered into analysis with an eye toward characterizations of power in terms of both the cause of and solution to obesity—that is, how is obesity characterized in terms of its political dimensions and investments? Within that frame, who or what is cast as responsible for obesity and its redress, respectively, and how/why? In order to operationalize this methodological point of entry, I employed thematic analysis insofar as I identified common symbolic characterizations—verbal as well as visual, explicit as well as implicit or contextual—that occurred across all episodes of each program and, ultimately, across all of the programs reviewed. In doing so, I sought to identify and reveal a coherent emergent narrative of obesity as apparent across these comparable cultural “fragments.” As Lupton (1994) notes, assessing popular cultural “expressions of discourse to identify recurring narrative structures and tropes” provides valuable insight into cultural understandings and practices of health (p. 50).

To this end, I assessed all broadcasts of The Oprah Winfrey Show that specifically addressed obesity between August 2007 and December 2008; all fourteen broadcasts of the fifth season of The Biggest Loser, which ran from January to April 2008; and all episodes of Big Medicine broadcast between the months of January and December 2008. Upon repeated viewing, I identified and recorded prominent themes and characterizations regarding obesity across all of the episodes of each show respectively, specifically in terms of how the problem (or cause) and solutions were characterized. I also made note of which explanations for both were dismissed or rejected, as well as how they those alternate explanations were characterized. Analysis of all of the broadcasts of each show revealed consistent patterns regarding the features for which I had selected. I then compared my individual show analyses and findings and identified common themes and patterns that recurred across all of the shows to evince a cohesive and pervasive narrative of obesity.

**TORTUOUS LOGIC: THE “TRUTH” ABOUT OBESITY**

**Defining the Problem**

As Schwarz notes, culturally “shared fictions” about fat shift in accordance with an epoch’s “longings and fears” (1986, p. 8). Although many cultures (including in the
United States) have historically celebrated and encouraged fat as a signifier of wealth and/or virtue and some continue to do so, contemporary mainstream Western cultures and, increasingly, even less advantaged cultures vilify fat, a sentiment that can be traced to the story that identifies fat as symbolic of the decline of civilization wherein obesity is both consequence and symptom of abundance that has led to moral excess, corruption, and decadence (Schwarz, p. 25). This location of the immorality of excess on obese bodies has persisted into the present, deemed evidence of gluttony, greed, carnality, sloth, and slovenliness. Individuals identified as obese continue to be viewed as “unhealthy and unattractive” and “widely represented in popular culture..." (2004, p. 1). Such “anti-fat bias” is further realized in the form of excretion and discrimination across a range of social and professional contexts (LeBesco, 2004; Solovay, 2000). Furthermore, increasing rates of obesity are regarded as uncontrollable, as demonstrated in projected fears for the future. Levy-Navarro (2008) asserts that “the fat body... obstruct[s] what should be our manifest destiny—to progress as a nation or civilization” (2008, p. 5).

The designation of obesity as a moral or character failing in this narrative establishes the problem as a matter of personal responsibility, brought about by one’s lack of self-control and self-discipline, at best, or selfish, unapologetic greed, at worst. As scores of critics have noted with respect to health issues more broadly, attributing health or illness exclusively to individual lifestyles or behaviors elides consideration of very significant social, structural, and institutional factors that contribute to wellness and illness (e.g., Guttmann & Ressler, 2001; Lupton, 1994; Wallack et al., 1993). In the case of obesity, this includes access (or lack thereof) to resources such as time, money, locations, education, and information that are conducive to health, which especially fall out along the lines of class, race/ethnicity, gender, and ability (Sobal & Maurer, 1999; Solovay, 2000). This dynamic has been borne out in mediated representations of obesity; Lawrence (2004) and Kim and Willis (2007), in their assessments of the mediated news coverage of obesity, found that personal responsibility far outweighed environmental or societal explanations for obesity. While both studies found that societal and environmental explanations for the cause seemed to be gaining ground ever so slightly, they also both found that individual explanations were strongly reinforced; the narrative of obesity as a matter of personal responsibility prevailed. As Lawrence notes, “While there is more talk than ever about an unhealthy environment contributing to obesity, there is less acceptance of the idea that risk has been incurred involuntarily by overweight adults. To absolve individuals of all responsibility for their weight would defy cultural norms and common sense” (p. 71).

In marked contrast to the conventional narrative of obesity as personal moral lack or failing, however, the crux of the narrative that emerges across the texts under analysis here is that obesity is the physical manifestation of emotional pain or confusion. That is, obesity is depicted as a symptom of emotional dysfunction, and overconsumption of food has been used (always ineffectively) to “fill the hole” left by unaddressed emotional needs. This is not in itself a novel thread in the discourse of obesity. For instance, both Kim and Willis (2007) and Ferris (2003) identified its presence in their studies, if it did not feature as prominently as individual (moral) responsibility as an explanation for obesity—a perception corroborated, as discussed earlier, by scores of cultural critics. As demonstrated across the culturally prominent artifacts under review here, however—two of which have come into existence within the last five years and the other of which (TOWS) has stepped up its attention to obesity in that same time period—emotionality’s primacy as a (the) narrative premise is pervasively apparent, suggesting a marked shift in the narrative balance.

Although other explanations of obesity, including genetic propensity, contemporary social conditions, and lack of self-control, are engaged in each of the shows, they are sporadically and minimally addressed, and always as secondary or incidental to the “real” problem of emotional pain, which does much to secure narrative coherence across these texts. Alternative explanations, rather than disruptive, are handily dismissed for their illusoriness, as when TOWS’s “expert psychologist” Robin Smith notes that “it’s not about the food” (“Suddenly Skinny,” 2006); when TOWS trainer, nutritionist, and “lifestyle guru” Bob Greene states that “weight is a symptom of something deep in your life that you need to confront... it’s not about weight” (“Oprah and Bob’s Best Life Challenge,” 2008); and when BM’s staff psychologist, Mary Jo Rapini, asserts the necessity of identifying the “chains of events” in an obese individual’s life that lead her/him to “choose the maladaptive behavior” (BM, 2008). Featured obese individuals mirror this narrative thread, as

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3 Because the cultural meanings of fat are socially constructed and inherently unstable, it is a highly contestable concept. Certainly, many challenges from various quarters have been leveled at the “anti-fat bias” in contemporary U.S. culture and elsewhere, most visibly on the part of “fat activists” who stage protests, demonstrations, and campaigns to prompt critical awareness of the issue (LeBesco, 2004; also Solovay, 2000). However, the overwhelmingly received or “mainstream” cultural perception of fat in contemporary U.S. culture is, all critics agree, unquestionably negative (e.g., Gard & Wright, 2005; LeBesco; Levy-Navarro, 2008; Schwarz, 1986).

4 A number of critics question the impetus for the designation of obesity rates as an “epidemic” suggesting that the urgency and panic intimated by that characterization are morally rather than materially motivated, even as they have definite material implications and consequences. The rise of the highly profitable “ObesEconomy”—the range of services, practices, products, and industries that have sprung up in direct response to a growing obese consumer market—is one such example (Finkelstein & Zuckerman, 2008), prompting some to suggest economic motives for appending the terms “epidemic” or “crisis” to rising rates of obesity (e.g., Gard & Wright, 2005; Levy-Navarro, 2008).
when TBL’s Bernardo values his experience on the show not simply because he has become physically stronger as a result of his weight loss but, “more importantly, because it has given me the emotional strength to understand and deal with why I was fat in the first place” (Episode 16, 2007).

The emotional damage that lies at the heart of obesity in this narrative often originates in the “scene” of childhood and may include physical abuse; within this genre, sexual abuse is by far the most prevalently featured form, which takes shape as the classic narrative plot that features villainous perpetrators and innocent, helpless victims. David, for example, reveals that he was molested as a child and, as a result, felt unable to trust others; he turned to food as his only comfort (“The Woman Who Lost 530 Lbs.,” TOWS, 2007). Similarly, BM’s Isabel references years of sexual abuse by an uncle as the reason why she “ate to feel better” (Episode 4, 2008). Emotional abuse triggers a similar response, as demonstrated across the programs; for instance, Lori notes that she overate to comfort herself in the face of her father’s constant denigration and humiliation of her (“Suddenly Skinny,” TOWS, 2007). Neglect and abandonment are also cited as sources of emotional pain that trigger the habits that result in obesity; Karen describes a “latchkey” childhood, where she would come home to an empty house and eat to “overcome my loneliness and anxiety” (“Oprah and Bob’s Best Life Challenge,” TOWS, 2008). In a similar vein, Margaret notes that she began eating compulsively upon her parents’ divorce during her childhood (Episode 2, BM, 2007).

Whether or not the emotional problems and attendant habits identified as triggering obesity are identified as originating in dysfunctional childhoods, obesity is uniformly attributed to anxieties and insecurities that prompt one to crave and seek comfort in food, which “doesn’t judge you,” in Stacy’s words (“Oprah and Tommy Hilfiger Set the Record Straight,” TOWS, 2007). Lisa notes that her extreme shyness prevented her from going out in public, and eating was one of the only times she could “be true to myself—what I wanted, what I needed” (Episode 6, BM, 2007). Neill, on TBL, similarly notes that “there was a lot of emotional stuff, insecurities, around my eating” (Episode 3, 2007); fellow contestant Brittany attributes her overeating and, thus, “letting herself go” to the fact that “I felt I wasn’t good enough” (TBL, Episode 12, 2007). Jennifer “relied on food for emotional relief” whenever she felt sad or lonely (“Oprah and Bob’s Best Life Challenge,” TOWS, 2008); Barbara similarly notes that the food she hoarded in her nightstand was “my happiness every night” after a long day of stress and anxiety borne of work demands and a failing marriage (“The Best Life Diet Weight Challenge: The Launch,” TOWS, 2007).

Across these cultural texts, then, obesity is characterized as the inevitable consequence of the overconsumption of food triggered for emotional reasons—or “emotional eating” (e.g., “Dr. Oz Answers Your Burning Weight Loss Questions,” TOWS, 2007; Episode 2, BM, 2008). While this is often connected to dysfunction and abuse, such that food is (over)consumed in a misdirected search for comfort, a notable variation on this theme exists—one that maintains that food consumption is emotionally charged and dangerous, but not necessarily rooted in abuse or neglect. This is the case when people eat to “connect” emotionally with others, specifically family and/or community—in these cases, food is symbolic of love and/or identity and a means by which those are reinforced. For instance, Nancy says that her mother “used food to show love, so I always associated it with that” (“The Woman Who Lost 520 Lbs.,” TOWS, 2007). TBL contestant Jackie recognizes that she has been practicing the same pattern with her own children: “I thought I was showing them love with the food I was making for them, when I was actually hurting them and setting them up for the same misery and heartache that I had to go through” (Episode 6, 2008). There is a clearly gendered component to these renderings, as well, insofar as women—mothers, in particular—are cast as insidious or threatening, even if unintentionally so.

This same dynamic is evident on a somewhat broader scale insofar as food associated with culture and community, and specifically cultural identity, is cast as suspect. Notably, despite the fact that food is always inherently culturally significant (Douglas, 1984), these representations are articulated almost exclusively in relation to people of color, especially African Americans. The only minor exceptions to this are very few references to Southern food in relation to some white individuals, but even that regional food, more often than not, is conflated with African-American food traditions. For instance, DeJeanette Williams chronicles her struggle to deny the tempting fare at weekly extended family Sunday dinners in her Georgia hometown (“The Woman Who Lost 520 Lbs.,” TOWS, 2007); and LaToya recites how she “stays strong” in the face of family events where “there’s so much temptation” to indulge in “the food I grew up eating in my family” (“Oprah and Bob’s Best Life Challenge,” TOWS, 2008). Trent values his TBL experience to the extent that “it’s taught me to make better, smarter choices for my family, like baking rather than frying chicken wings, so I can break the cycle” (Episode 7, 2008). All of the individuals just referred to are African American; the one exception to this pattern, across the texts, that identifies “cultural foods” as problematic is a TOWS episode that cites the evils of Southern food; as Terry, a white man, notes, “here in the South, it’s covered, smothered, or fried, that’s how we love it” (“Oprah and Bob’s Best Life Challenge,” 2008). It is highly significant that food that is consumed as love or for reasons of cultural identity is identified as problematic, even sinister; such foods are described as obese individuals’ “downfall” (“Oprah and Bob’s Best Life Challenge,” TOWS, 2008), and eating them is unilaterally done “for the wrong reasons”—it, too, constitutes “emotional eating,” in this regard entirely consistent with eating to “fill a void” or...
to “stuff the pain down” (e.g., “Advice from Dr. Robin, Bob Greene, and Dr. Oz,” *TOWS*, 2007). Particularly disturbing is the consistency with which emotional eating of this sort is associated with communities and cultures of color. The message appears to be that one must reject one’s family and community, including cultural heritage, in the interest of making “better, smarter, healthy choices” (“The Best Life Diet Weight Challenge: the Launch,” *TOWS*, 2007). Furthermore, one must be vigilant against sabotage, if ostensibly well intended. Examples include a now-thin Robin, depicted at a family gathering fending off relatives’ exhortations to “have a piece of pie, girl, you’re looking meager” (“Oprah and Bob’s Best Life Challenge,” *TOWS*, 2008); Mallory, a *TBL* contestant, who notes that her goal is to learn “the right way to live” by breaking free of “bad food habits” that include “fried chicken, collard greens, and sweet potato pie” (Episode 2, 2007); and Bill, whose mother comes to visit and “wants to make the food I loved as a kid” (*BM*, Episode 1, 2008). Female family members, most often mothers, are most treacherous in these scenes, and, more abstractly, community and dependence are themselves culturally “feminine” (and feminizing) concepts; within this narrative, breaking free of the hold of community and family by definition means choosing one’s own path and, to some extent, rejecting or at least mistrusting community. This brand of individualism, of course, has strong narrative resonance in U.S. culture, and it is furthermore powerfully connected to masculinity—especially to the extent that it also means, in this case, purging emotionality.

This characterization of obesity as a consequence of inappropriate emotional behavior is strongly resonant with the concurrent contemporary cultural narrative of addiction, wherein addiction is defined as maladaptive compulsive behaviors, driven by the pursuit of a specific pleasure or the avoidance of a specific discomfort and manifest in physical or psychological dependence on a substance or practice (e.g., Krestan, 2000; Lilienfeld & Oxford, 1999).5 In the case of obesity, food is simply the “drug of choice” (“Oprah and Bob’s Best Life Challenge,” *TOWS*, 2008). This is underscored by the fact that, across these programs—and even on *BM*, which follows select patients undergoing bariatric surgery—surgical remedies are highly contentious in that obesity is uniformly understood as a symptom of emotional problems or confusion, rather than the problem itself. For many featured experts and guests across the programs, bariatric surgery should be eliminated as an option precisely because “it’s not about the food,” and as such, surgery “emotionally bypasses the real reason [obese individuals] are overweight” (“Suddenly Skinny,” *TOWS*, 2006). As Smith puts it, “surgery will change you physically but will open the emotional floodgates” of unresolved issues, thus leading to other self-destructive behaviors once overeating is no longer an option (“Suddenly Skinny,” *TOWS*, 2006). Indeed, the very self-destructive behaviors to which post-bariatric surgery patients are likely to turn, according to the programs, are alcoholism, drugs, and gambling—widely and historically recognized “legitimate” addictions. Thus, surgery is typically framed as a “last resort,” even by those who endorse it, and in those cases necessarily accompanied by intensive counseling. *BM*’s Dr. Garth Davis notes that “we look for candidates that aren’t going to emotionally mess up the surgery” (Episode 1, 2008), and to that end, his practice mandates a treatment program that includes psychological evaluation and follow-up counseling. Notably, only selected aspects of the currently temporally resonant addiction narrative are reflected in this emergent narrative of obesity—namely, those around addictive habits and practices, for certainly, addicts are not always or even usually culturally apprehended as victims (although I would argue that they are increasingly thus perceived). But those aspects of the addiction narrative that are intertextually woven into the emergent obesity narrative are highly effective in mediating and rationalizing the level of personal responsibility as relevant to obesity.

Indeed, the cause of obesity articulated within this contemporary cultural narrative reflects a significant shift in terms of the ascribed locus of responsibility on the part of featured characters. Although the obese individual is not entirely absolved in this contemporary telling, s/he is far more sympathetic in that her/his actions, if unproductive, are rendered understandable, even logical, and thus narratively probable—importantly, they are reactions rather than actions. This is so because obesity has been recast as a symptom of emotional pain or confusion rather than the problem itself, and the emotional issues at stake are conceded as legitimate in that they are not created or fabricated by the individual. Rather, they are visited upon the individual, who is consequently constructed as a victim. Emotional abuse and dysfunction are presented as logical explanations for why individuals identified as obese engage in their addictive “emotional eating” practices—in the language of narrative theory, they establish fidelity, or good, compelling reasons for the existence of obesity. Complementing this explanation is the attribution of bad eating habits to families and communities who have promoted (per addiction terminology, “pushed”) food as emotional reassurance—as love or as cultural identity—and “enabled” the destructive behavior. The individual is not entirely absolved of her/his role in obesity, but s/he has been unequivocally absolved of responsibility. Notably, the attribution of responsibility in this emergent narrative is nebulous and diffuse, both temporally and in terms of character; those responsible are hazy figures, often in the distant past, and are recollected vaguely rather than concretely. This complements and provides justification for

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5Competing theories of addiction generally favor either genetic/biological causes or social/psychological ones. However, they all accept the definition offered here regarding the link between emotional need or desire (seeking pleasure or avoidance of pain) and compulsive, self-destructive practices (Lilienfeld & Oxford, 1999).
the haziness of emotional pain as the engine that drives obesity, thus further securing narrative coherence. The obese individual’s compulsive, addictive behaviors around food, or emotional eating, are unconscious reactions—usually developed in early childhood, when one cannot reasonably be held accountable—to emotional dysfunction perpetrated by abstract, possibly even well-intentioned others. Reflecting intertextual play, significant aspects of the current addiction narrative are absorbed into the obesity narrative to the end of reframing obesity as a disease, if a social/psychological one. Accordingly, redress assumes a distinctive and novel shape, as well.

Resolving Obesity

Just as the historically received narrative of obesity identifies the problem or cause as an individual and fundamentally moral one, the logical solution to the problem is similarly individual: that is, one must simply learn to control one’s base impulses to develop a more mature, evolved sense of responsibility to and respect for others—in other words, good citizenship (e.g., LeBesco, 2004; Levy-Navarro, 2008). As with the characterization of the problem of obesity, this dynamic also is evidenced in media coverage of and attention to the solution to the problem; Lawrence (2004) and Kim and Willis (2007) found as much in their respective studies, if they focused primarily on depictions of the root cause. In their survey of U.S. magazines targeted to both “mainstream” (primarily white) and specifically African-American women, Campo and Martin (2007) found that although actual proposed strategies differed between the genres, they both featured an “overwhelming focus on individual-based solutions” and “fail[ed] to address environmental factors that may impede individuals’ behavior” (p. 237). And in her comparative analysis of the mediated coverage of actor Tracey Gold’s anorexia and singer/songwriter Carnie Wilson’s obesity, Ferris (2003) found that while Gold was depicted as victimized by, battling with, and finally overcoming anorexia, Wilson was portrayed as entirely responsible for her obesity, having “chose[n] to . . . exceed cultural limits” (p. 270). Furthermore, her solution of choice, gastric bypass surgery, was represented as similarly irresponsible, articulated as “cheating,” “rude[ly] and arrogant[ly] . . . skipping all procedures and protocols”—namely, the “culturally condoned” steps of diet and exercise (p. 270).

In light of the altered cause premise in the texts under analysis, however, proposed solutions accordingly reflect an attendant shift—not necessarily away from the role of the individual but in terms of the nature of that role. The tasks of those identified as obese within this new narrative are two: to acknowledge and come to terms with their “real” reasons for overeating, and to learn new ways and habits of addressing their needs and desires, which includes “redefining [their] relationship with food” (Episode 6, TBL, 2008). The cultural narrative of addiction has some relevance here, also; there are points of intertextual overlap with recognized and accepted strategies of overcoming other addictions. However, there is a profound difference in this case insofar as the substance or “drug” of choice—food—must continue to be consumed by the “addict.” This could potentially be understood as disruptive to the narrative, threatening its coherence, but in fact it functions to stabilize it as logically consequent to the revised premise or problem. That is, the solution to obesity in this contemporary narrative of obesity demonstrates a significant shift from the conventional narrative of obesity as individual agency and opportunity supersede individual responsibility. It is at this point that another temporally powerful cultural narrative is intertextually engaged and incorporated: namely, the “discourse of authentic selfhood” or spiritual self-actualization that cultural critics have identified as a—ever the—profoundly pervasive sensibility of contemporary U.S. culture (Illouz, 2003; Lofton, 2006). Across contemporary cultural contexts and venues, careful psychological self-examination and therapeutic self-care and self- transformation on the part of the individual are endorsed and articulated as indispensable to health, happiness, and success. This discourse is clearly apparent in contemporary media programming across venues and genres, including television reality and talk shows—subjects and viewers alike are exhorted to “live your best life” and “take responsibility for your own future” (Couldry, 2008; Lofton). I contend that the twin discourses of addiction and authentic selfhood are selectively configured within the contemporary narrative of obesity so as to propose novel redress to the problem.

Because addictions, including compulsive overeating, are “symbols, signs of trouble” (“Suddenly Skinny,” TOWS, 2006) rather than the trouble itself, the “real source” of one’s problems must be confronted (Epis ode 3, BM, 2008) and new “coping mechanisms” (Episode 11, TBL, 2008) must be learned. This entails intensive and extensive self-reflection, at least as an individual endeavor but ideally with the guidance of a counselor or therapist who might aid in the journey of self-discovery—a move that further reinforces narrative fidelity via explicit legitimization by authoritative figures. For instance, TOWS’s Bob Greene urges his clients to examine “the real reason you’re eating compulsively; it’s a coping mechanism to get you past certain moments that must be painful” (“The Best Life Diet Weight Challenge: The Launch,” 2008). Similarly, Dr. Mary Jo of BM urges obese individuals to “explore underlying intimacy disorders” that cause them to overeat (Episode 2, 2008). Such exhortations are consistent with recognized addiction therapies that encourage “admitting there is a problem” and confronting it (e.g., Krestan, 2000). Notably, in the case of obesity, this is presented across all programs not as an individual responsibility but as an opportunity to “take charge” or “take back control” of one’s life. This project is about agency, or the ability to make changes, rather than obligation, moral or
otherwise: After all, if obese individuals are not at fault, they are absolved of obligation.

Consistent with traditional notions of agency, in this emergent narrative of obesity it entails the capacity for symbolic and material action and influence (e.g., Geisler, 2004). In this case, it means taking control of one’s life by recognizing and exorcising bad habits and replacing them with new, good habits. Given that the cause of obesity is attributed to family and community, it is not surprising that the elimination of bad habits entails some degree of separation from or containment of both—again, as noted earlier, a culturally gendered dynamic, as well. This is evident, for instance, when Mac makes his visits with his parents contingent upon their keeping “lo-cal food” in the house (“Should a 340-Pound Teen Have Gastric Bypass,” TOWS, 2007) and when Brittany is depicted fending off family members “trying to wear me down” upon her return from competing in TBL (Episode 12, 2008). More broadly, this entails “redefining their relationship with food” as not emotionally laden—or, as Dr. Mary Jo notes, understanding that food should not and cannot be “your lover” (Episode 4, BM, 2008). Rather, obese individuals are encouraged to reframe food as purely biological; food must be consumed with an eye toward what will make the body strong, healthy, and efficient. This is where—notably, the only place in this emergent narrative of obesity—physical medical knowledge is invoked, as when Dr. Garth Davis tells Isabel, a BM patient, “what you’re eating now—the fried foods, the junk food—will kill you” (Episode 4, 2008). TOWS’s Dr. Mehmet Oz is a frequent guest on episodes that address obesity, underscoring and certifying the evils of “bad foods”—refined sugars and carbohydrates, high saturated fat, and fried foods—and extolling the virtues of whole grains, a colorful diet (of fruits and vegetables), and unsaturated fats (e.g., “Dr. Oz Answers Your Burning Weight Loss Questions,” 2007; “Should a 340-lb Teen Have Gastric Bypass Surgery,” 2008). Rather than disrupting the narrative, this information bolsters its coherence by conflating the consumption of bad foods with emotional eating; “good” food is that which is thoroughly unemotional in nature and practice, instead consciously, strategically consumed for maximum physical and ultimately spiritual benefit.6 Furthermore, the invocation of medical practitioners and the alignment of their advice with established narrative premises confers legitimacy and thus greater fidelity on the narrative.

New, good habits also include exercise, but notably, weight loss is featured as a secondary benefit to “being active” and “moving” as evidence of “a new lease on life,” as Stacy recounts (“Oprah and Tommy Hilfiger Set the Record Straight Plus Our Most Memorable Guests,” TOWS, 2008). This establishes further narrative coherence to the extent that the notion of obesity as a symptom of deeper, “real” malaise is underscored and that, accordingly, appropriate redress is similarly metaphysical and spiritual in nature. This is a repeated characterization evident across programs—for instance, when TBL contestant Trent notes that he feels stronger and more confident because of working out—he feels he is once again the “Hammer Slammer” he was in high school (Episode 7, 2008). BM’s Robert Davis notes, too, that patients markedly improve “as soon as they get a little bit mobile—it does wonders for their attitude” (Episode 7, 2008). Accordingly, exercise is depicted as valuable insofar as it cultivates self-confidence and self-esteem. Underscoring this point is the fact that weight loss as a result of exercise is never directly cited. Rather, the weight comes off because one has made a decision to “change my life,” “put myself first,” and “get out there and start living,” and exercise is a (literally) active expression of that decision (e.g., Maggie, Episode 12, TBL, 2008; Karen, “Oprah and Bob’s Best Life Challenge, TOWS, 2008).

A final “good habit” or practice promoted in the contemporary narrative of obesity that echoes the emphasis on agency is “taking time for yourself,” which might mean, for Amanda, “alone time” to take a bath or read a book (Episode 3, TBL, 2008); for Tori, “concentrat[ing] on me” by getting pedicures regularly (“The Best Life Diet Weight Challenge: The Launch,” TOWS, 2007); or for Julie, “taking time out” from her family to go shopping or have lunch with friends (Episode 3, BM, 2008). As with self-reflection and exercise, self-indulgence is narratively coherent to the extent that it, too, is promoted as a solution to obesity insofar as it is about liberating the self: it is spiritually nurturing, uplifting, and fundamentally an expression of agency. Again, however, none of these is articulated as a responsibility; rather, they all constitute opportunities for agency, available if and when one is “ready to change your life” (“Oprah and Bob’s Best Life Challenge: The Launch,” TOWS, 2008). Notably, all of these articulations of agency uniformly sidestep significant issues relevant to structural and material conditions, contexts, and constraints (see, e.g., Geisler, 2004); consciousness is the only barrier between oppression and liberation.

**CONCLUSION**

This analysis of contemporary mediated texts engaging obesity suggests that, as measured against prior assessments of prevailing cultural perceptions of the cause of and solutions to obesity, the “master narrative” of obesity is undergoing a significant shift. Specifically, it is shifting from a “personal responsibility” model, in terms of explaining both the cause of and the solutions to obesity, to one that characterizes obesity as a symptom of emotional dysfunction prompted by

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6Michael Pollan (2008) has chronicled this trend of “nutritionism,” wherein food is endorsed exclusively according to its nutritive value to the body in ways that, among myriad other problems implicated by such an approach, are entirely divorced from cultural traditions, contexts, benefits, and practices.
abstract others.\(^7\) Thus, the appropriate solution to obesity entails the reclamation of agency, which is articulated as a spiritual opportunity rather than a moral or civic obligation.

Of theoretical significance for health communication scholars and communication scholars more broadly, this analysis also illuminates how a given “received” or master narrative reshapes itself in response to trends and sensibilities that are often enshrouded in concomitant culturally resonant narratives. In this case, I contend that the emergent contemporary master narrative of obesity reflects the intertextual absorption of selected aspects of both addiction and self-actualization narratives that are culturally pervasive and prevalent today. Accordingly, the “disease” status of obesity, albeit defined in psychological terms, is legitimated, in particular via invocation of the addiction narrative. If the individual remains the primary character in this new narrative, her/his role and motives are significantly altered. The recrafted narrative of obesity establishes that it is not “about” obesity after all but about self-discovery and self-empowerment.

In this emergent narrative, the maintenance of the individual as the locus of the project of overcoming obesity arguably constitutes persistent narrative residue of the heretofore master narrative that cast obesity as a moral lack or failing. The reimagining of the individual in more complex and compassionate ways, as well as the reframing of obesity as a metaphysical and spiritual journey, represents a signal departure from that prior narrative, however. This could be understood as a counternarrative to the extent that the emergent narrative resists and rejects the culpability of the individual. But I contend that it is not a counternarrative—that is, not fundamentally ideologically resistive to so much as a recalibration and evolution of its precursor. Again, the persistent centering of the individual is significant, irrespective of her/his recrafting; environmental and structural dimensions relevant to the cause of and solutions to obesity remain peripheral if not entirely immaterial in this “new” narrative. This may well be reflective of what Condit (1994) identifies as concordance, wherein cultural progressiveness—in this case, a more nuanced and sensitive apprehension of obesity in general and obese individuals in particular—occurs in such a way as to simultaneously maintain dominant ideological and political investments. This shift may have been prompted by the fact that the majority of the U.S. population—and, thus, viewing audience—is overweight or obese according to current medical standards, and obesity rates continue to rise dramatically. A message that vilifies the majority of the audience—and consumer markets—may not be in the best political or economic interests, for either media institutions or, by extension, the corporations that fund them. This new narrative of obesity not only does not contradict and thus jeopardize established diet and exercise markets but opens up new ones—for instance, insofar as self-indulgent, even lavish consumption to the end of “nurturing the spirit” is endorsed and even cultivated.\(^8\)

An alternative explanation could be that the narrative has hegemonically adjusted in response to slight but increasing attention to environmental and structural causes of obesity, as Lawrence (2004) and Kim and Willis (2007) respectively found, which would imply governmental and institutional redress. Notably, in the emergent narrative identified in this analysis, consideration of those causes and solutions is entirely absent. However, aid is available in the form of cultural agents: specifically, therapists, “lifestyle gurus,” and physical trainers, and the latter two are cast as far more than simply exercise facilitators and more often fill the roles of confidants and life counselors. TOWS’s “lifestyle guru” Greene doubles as a trainer, for instance, and TBL’s trainers, like Jillian Michaels and Bob Harper, are credited for “believing in me when I wouldn’t believe in myself” and for “helping me to see what was really making me fat” (Maggie, Episode 16, 2008, and Bette Sue, Episode 13, 2008, respectively). This is logical, given the nature of proposed solutions that entail self-discovery and self-reclamation. However, I suggest that these cultural agents also serve an important function to the extent that they rhetorically assume “official” roles, offering expertise, guidance, and advice, while effectively deflecting consideration of alternative official redress to the “obesity crisis.” Reflecting a similar dynamic is the highly circumscribed role of physical medicine in this narrative; it is cast as complementary but clearly supplemental to cultural agents, confirming their observations regarding the reframing of food as “good” or “bad” in terms of their biological function and consequences. The narrative suggests that as long as one eats “rationally,” the weight will fall off logically and consequences. The narrative suggests that as long as one eats “rationally,” the weight will fall off and attendant health problems will likewise disappear. This minimal role of medicine underscores the narrative siting of obesity as a psychological—emotional and spiritual—disease or “epidemic” and further deflects consideration of the roles and responsibilities of institutional, regulatory agencies. Although ascribing obesity to emotional imbalance arguably constitutes a form of medicalization insofar as the body is understood as manifesting emotional pain, 

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\(^7\)While it is the case that the genres of mainstream television talk show and reality television, with their flair for the dramatic and the sensational, are arguably predisposed and/or invested in psychological and emotional framings of individuals and their motives, it is also the case that these texts are the most culturally prominent and available texts that engage obesity in a sustained fashion for contemporary mainstream television audiences. In other words, that predisposition does not negate the fact that these articulations are culturally pervasive and resonant, per (as discussed earlier) studies of the cultural impact of both genres; the established role of television entertainment programming as the most significant learning environment for most U.S. Americans, including as relevant to health; and, not least of all, the significant correlation between heavy entertainment television viewing and obesity.

\(^8\)This is consistent with the assertion of some cultural critics (e.g., LeBesco, 2004) that fantasies of material consumption are cultivated as the ultimate goal of weight loss.
this is a notable shift that underscores the peripheral nature and relative irrelevance of biomedical models for obesity. Furthermore, as an interventionist tactic, psychological and therapeutic assistance is placed precisely on a par with advice from trainers, lifestyle gurus, and nutritionists.

In any event, it stands to reason that the intersection of master narratives that, by definition, reflect dominant ideological perspectives would recalibrate in such a way to maintain them to the extent possible. But such recalibration also demonstrates the fragility and fluidity of narratives as well as the necessity of responding to cultural shifts in sensibilities and attendant challenges posed by those shifts.

In terms of implications for praxis, this analysis confirms that attention to “expressions of discourse” (Lupton, 1994, p. 50) around health is vital to a comprehensive awareness of broader cultural understandings, beliefs, attitudes, and practices, as well as of the assumptions and implications that follow from them. This is particularly salient as relevant to strategic efforts designed to ameliorate health “epidemics” and “crises,” as is the case with obesity. Audiences that accept or resonate with the narrative of obesity described earlier may find public health campaigns and initiatives that operate on a biomedical model of obesity less than compelling, if not downright irrelevant. This study also suggests that intervention into master narratives is possible, and accordingly, strategic interventions—especially in tandem with broader shifts in cultural sensibilities—may be a productive avenue for health communication practitioners. “The Truth” antitobacco campaign is one such example, insofar as it has drawn on culturally emergent anticorporate and antiglobalization sensibilities and explicitly disrupted the claims and tactics of the tobacco industry, including the sophisticated narratives of gendered glamour—tailored respectively to men and women—that it proffers.

Contemporary popular entertainment programming represents only one venue for the articulation of the master narrative of obesity, albeit a most significant one, given the documented correlation between heavy entertainment television viewing and obesity. Other aspects of this narrative—or versions thereof—are doubtless to be found in myriad cultural products or expressions, mediated and otherwise. Further study is warranted, as suggested not least by the limitations of this study, which include the number and nature of the artifacts assessed here and the lack of audience analysis to corroborate, complement, challenge, or complicate these findings. Certainly, awareness of and responsiveness to the resonances of cultural narratives around health are vital to the study and practice of health communication in a contemporary, heavily mediated age.

REFERENCES


