The ‘obesity epidemic’: An analysis of representations of obesity in mainstream South African newspapers post-1997

by

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Contents

Abstract

This study of 449 newspaper articles from South Africa from 1997 provides an analysis of the representations of obesity evinced in the corpus. The research argues that obesity is overwhelmingly framed as being diseased and that there are four main refrains within this frame, namely, statistics on obesity, the naturalisation of negative assumptions about fat, the social dysfunction of fat and the use of crisis metaphors to describe fatness. This framing lends itself to representations of obesity which are raced, gendered and classed. Fat bodies are portrayed as being in deficit and fat people as lacking agency. The disproportional focus on black bodies in the corpus can be attributed to assumptions of 'incivility' which are premised on racial stereotypes which construct black people as being unintelligent, irrational, lacking agency and being largely dependent on others to survive. This disproportional focus on black bodies can also be understood in the context of emerging markets. This study argues that the medicalisation of obesity has contributed to many oversimplifications and contradictions in the representation of obesity in the corpus, which seem to go unquestioned, such as the conflation of weight and health, something I argue is one of the main contributors to the negative consequences of the dominant framing of obesity. Framing obesity as medicalised also promotes fat shaming and acts as a form of social control which maintains existing power relations through the use of discursive practices for the identification and control of deviants. These representations are problematic chiefly because they promote the dehumanisation of fat people, but also because that they do not promote good health as they claim to do.

Chapter 1

Introduction

> 'Obesity is the terror within… [and] it is eroding our society' – 2005 U.S. Surgeon General Richard H. Carmona (quoted in Boero 2012:41).

Background and context

It is commonly suggested by the media that we are currently experiencing a global 'obesity epidemic' (see for example Eaker 2011; Smith 2010). This has encompassed a wide array of work being produced on the so-called 'obesity epidemic' and how we can intervene to stop the global rise in weight (see Fairburn & Wilson 1993; Puoane *et al.* 2002; Prentice 2006; Joubert *et al.* 2007; Armstrong *et al.* 2006; Kruger *et al.* 2005; Farrell 2011; Barnighausen *et al.* 2008; Case & Menendez 2009; Boero 2012; Campos *et al.* 2005). Since the late 1980s there has been a global increase in literature on an 'obesity epidemic', but it was not until the 1990s that countries like the United States and the United Kingdom began to classify obesity as a disease (see, for example, Jung 1997; Maguire & Haslam 2010). Contemporary literature on the topic is fraught with concern over what is described as a global crisis, and the media are constantly warning audiences of the increasing risks related to obesity (see, for example, Campos 2004; Oliver 2006; Gaesser 2002). Most medical professionals and researchers argue that the global numbers of obesity are on the rise and that obesity is the cause of serious long-term health risks, including mortality.

Children and minorities have become a particular focus of this panic. For instance, Eaker's concern with obesity is that it affects families, and, in particular, our children (Eaker 2011:58). Eaker believes that being overweight is comparable to having AIDS (2011:22). His book is aimed at parents who want to ensure that their families (in particular their children) do not become suffer from weight problems (Eaker 2011:58). Because studies have shown that being an overweight adult makes it 80% more likely that your child will be overweight, he suggests that society has a moral duty to do something about obesity because of how this affects children and adolescents (Eaker 2011:22).

Eaker's comments form part of a global outcry over the growing 'obesity epidemic', which is well reported in most contemporary media outlets across the world. Concern over this phenomenon has become widespread, and knowledge regarding obesity and its consequences forms part of many people's daily assumptions and beliefs about food, nutrition and weight (see Coveney 2006). The World Health Organisation claims that there are 'more than over 1

billion overweight adults and at least 300 million of them [are] clinically obese' (WHO 2003). A plethora of health risks is commonly associated with obesity. According to the American Heart Association, being overweight and obese can cause cancer, diabetes type 2, hypertension and cardiovascular disease, to name a few (Eaker 2011:21). It is also claimed obesity can lead to death. As Paul Campos notes, 'there is a strong international consensus among scientists that overweight (BMI over 25) and obesity (BMI over 30) are major contributors to morbidity and mortality' (Campos 2004:6). Prominently, the WHO believes that obesity is the cause of 'debilitating health problems' (WHO 2003).

Echoing this international consensus, University of Cape Town Professor of Biology, Alan Morris, argues that South Africa is one of the many nations struggling with 'diseases of overnutrition' (2011:1). He uses the standard body mass index (BMI) calculation to document 'South Africa's rise in body mass index' (Morris 2011:1). Morris claims that while he knew about the 'obesity pandemic … seeing the figures for southern Africa was a shocker' (2011:1). He reports that in 2008, 50% of men and 60% of women were overweight, despite the fact that black women seem not to be aware of this as they see weight in a positive light because being thin is often associated with disease and poverty, whereas some white women believed themselves to be overweight when in fact they were not (Morris 2011:1). More recent figures which come out of research done by GlaxoSmithKline (GSK) suggest that 61% of all South Africans in 2010 were either 'overweight, obese or morbidly obese' (Smith 2010).

In contrast, a growing number of voices are beginning to contest the notion of an 'obesity epidemic' and to argue that rather than being well established medical fact, the 'obesity epidemic' is an ideological construction based on society's entrenched beliefs about proper weight and health (see, for instance, Campos 2004; Gaesser 2002; Oliver 2006). Bramhall notes that the 'media pretty universally place the blame on individuals' (2010) and that 'overweight adults are [seen to be] guilty of poor life choices' (2010). Websites like the 'Crusade Against Fat People' (BitterHappiness 2011) and Goffman's characterisation of obesity as 'an abomination of the body' (Farrell 2011:213) go a small way to demonstrating the moral denigration of fat people in the mainstream media. Joseph Farah (2004), for example, believes that there are two kinds of people in America at the moment – those who are 'immoral, fat, lazy and stupid and those who strive to do the right thing, to work hard, to sacrifice and to use their common sense' (Farah 2004). It is therefore plain to see how laziness, stupidity and immorality are naturally tied to excess weight.

The stigma accorded to fat today comes primarily from the mass media. Boero (2012:41) says that weight concerns are now 'national and global news'. This is also the site where the aesthetic concern of weight has become a moral concern, one which is carefully veiled in commonsense ideas about how being overweight is bad for your health. According to Boero (2012:41), growing rates of obesity (as discussed in the media) in America 'among children, the poor and minorities have become a major public health concern and a driving force behind social policy'.

Media messages – albeit in complex and sometimes indeterminate ways – are an important part of the way in which individuals make meaning. As McQuail (1994:327, cited in Scheufele 1999:104) notes, 'The entire study of mass communication is based on the premise that the media has significant effects' on public opinion. In particular, Cohen argued that we learn about the kinds of behaviours that can be characterised as 'deviant' through the mass media (Cohen 2002:1). In contemporary societies, our knowledge about deviance is 'second hand' in that it 'arrives already processed by the mass media' (Cohen 2002:9). This suggests that the media are a site for the transmission of symbolically loaded messages regarding obesity. The popularisation of the idea that your weight is related to your health has been facilitated by the vigour with which it has been taken up in the media. It entails several related claims: firstly, that there is in fact a problem with growing levels of obesity; secondly, that obesity is a predictor of poor health outcomes; and thirdly, that this warrants various public interventions in health policy as well as various prescriptions and regulations governing behaviour (Campos 2004:4–20). These, in turn, fuel a multibillion dollar multinational weight loss industry, which ranges from the sale of weight loss formulae and medications to surgery, fitness and lifestyle instructions, cookbooks and cooking classes and numerous other interventions which intercede at the most personal and microcosmic levels of individual choice.

According to Faith Fitzgerald (1981, cited in Gaesser 2002:30),

> It is clear from reading magazines or watching television that public derision and condemnation of fat people is one of the few remaining sanctioned social prejudices in this nation freely allowed against any group based solely on appearance.

These words aptly demonstrate why research on this topic is so necessary. Gaesser cites a 1994 poll on fatness which revealed that 54% of women between the ages of eighteen and twenty-five would 'rather be run over by a truck than be extremely fat' (2002:32–33). This is

troubling, to say the least. While excess weight on anybody is shameful enough, the note of panic in public discourses surrounding obesity is often amplified in relation to certain bodies. This thesis therefore focuses on asking questions around the representation of the so-called 'obesity epidemic' and its corporeal orientations in the South African media. Throughout this thesis the word 'obesity epidemic' appears to signal the use of the term in contemporary South African media and the public imaginary. However, this thesis questions the use of this term, which is why it appears in quotation marks.

Rationale

While there are many studies which exist on the 'obesity epidemic' in the United Kingdom and the United States of America, little work exists exclusively on South Africa. Less work still focuses on the representations of obesity in the South African mainstream media. Boero (2006) says that

> Between 1990 and 2001 *The New York Times* published over 750 articles on obesity, most since 1998. In comparison, during the same period, *The Times* published 544 articles on smoking, 672 articles on the AIDS epidemic, and 531 articles on pollution.

This evinces the scope of the concern about obesity and suggests how newspapers have ranked obesity amongst other global concerns. Boero (2006) argues that the 'obesity epidemic' is merely the most recent and most popular in a long line of what she terms 'post-modern epidemics' which are medicalised despite clearly lacking a 'pathological basis'. Her research focuses on the moralising language of the 'obesity epidemic' as a function of the claim of individual responsibility (Boero 2006). Farah (2004) notes that in America there is a divide between thin people with 'good moral character' and fat people 'without'. Boero (2006) argues that such approaches to obesity lack an understanding of the political and cultural context and focus solely on individuals as sites of danger in need of reconstruction. This focus, she argues, ensures that obesity will not actually be effectively addressed as a health concern (Boero 2006). Research by Hilbert and Reid (2009:46) suggests that the current coverage of obesity in the German media contributes to the stigmatisation of fat people. Their research calls for a 'more precise and less subjective coverage' of obesity in the media (Hilbert & Reid 2009:46).

Evans and Rich (2011:367) demonstrate that the media discourses portraying obesity as an epidemic facilitate particularly harmful 'body pedagogies', defined as 'structures of meaning defining what the body is and ought to be', which individuals are expected to respond to with

appropriate measures that fit pre- and proscribed societal ideals. Evans and Rich (2011:367) believe that the kind of daily commentary on weight, exercise and nutrition that we are constantly subjected to allows for the creation of 'micro-societies' which receive the larger social, political and economic messages and 'transmit them into policies' – in this instance, surrounding particular bodily comportment. Ball notes that this amounts to a

> performative culture which constantly demands that [people] display evidence of a willingness to work on themselves, or their institutions to meet criteria and standards of education and health set elsewhere and over which they have little or no control. (Evans & Rich 2011:370).

Such practices of self-regulation attend to particular power relations in society (Evans & Rich 2011:367). These discourses present the body as being unfinished and in need of constant work (Evans & Rich 2011:370). Obesity discourses

> play their part … in 'making us up'; they produce new modes of description and new possibilities for action and despair as new social identities are created (Evans & Rich 2011:371).

It is for this reason that a critical analysis of obesity discourses remains fundamentally important. As O'Reilly and Sixsmith note, discourses contain both 'discursive' and 'textual practices' which influence behaviour (2012:100). Discursive practices refer to 'the way in which a text warrants or justifies its claims' (O'Reilly & Sixsmith 2012:100). Further, textual practices relating to how 'grammar, metaphor and language are used to talk about subjects' (O'Reilly & Sixsmith 2012:100–101) must also be used to demonstrate how these textual and discursive devices are used to convey meaning. One of the aims of this study, therefore, is to examine the role these discourses play in public opinion. According to Rich (2011:4), media texts play a key role 'in the formation of social identities, the popular cultural imagination, and 'popular' knowledges'. It may therefore be hypothesised that media representations of obesity in South Africa have a similarly significant impact on the formations of identities, society's imagination and popular knowledges on obesity. It might be tempting to suggest that what is needed more on thie topic is in fact large scale quantitative research which can answer questions around cause and effect when it comes to obesity. However, this research will demonstrate that such quantitative research has more often been used to reduce obesity to a simple equation of inputs and outputs, and therefore what is needed is a more nuanced view which seeks to engage us more critically on this topic.

Theoretical framework: Framing theory

Frames are 'central organizing ideas that provide coherence to a designated set of elements' (Ferree *et al.* 2002:127). Chong and Druckman's (2007:104) public opinion research found that the ways in which issues are framed affect how they are understood and how they are responded to. They argue that the particular framing of an issue directly relates to its reception and understanding. They note that 'framing effects occur when (often small) changes in the presentation of an issue or an event produce (sometimes large) changes of opinion' (Chong and Druckman 2007:104). For instance, if 'weight' and 'health' are conflated in the way in which the issue of 'obesity' is framed, this is likely to have significant implications for public health policies and spending priorities. If, in contrast, obesity is framed as a chiefly aesthetic choice – a preference on the part of some people for how thinness looks – then the issue would be differently viewed from a public health policy and spending perspective: as a private rather than a matter of appropriate public/political scrutiny and intervention.

This study takes a political approach to framing by trying to link frames to 'broader issues of social and political power' (Carragee & Roefs 2004:214). Gamson and Modigliani (1989:3) argue that media discourses are an important site of study for both creating and facilitating public opinion. They say 'if one is interested in public opinion, then media discourse dominates the larger issue culture, both reflecting it and contributing to its creation' (Gamson & Modigliani 1989:3). An attempt to identify and understand obesity discourses in the media, therefore, also entails the understanding of the role these discourses play in constructing and reflecting public opinion on the 'obesity epidemic'.

Research methods, procedures and techniques

The research methods, procedures and techniques used in this study are described in detail in Chapter Three. This study employs a social constructivist framework to analyse the representations and constructions of obesity in the corpus. The data collection methods involved the collection of South African newspaper articles from 1997 which contained the words 'fat' and 'obesity'. An initial corpus of 8 479 articles from IOL was compiled. This was then sifted to exclude any articles not directly related to South Africa and those which used the word 'fat' in a metaphorical way. This left me with 449 articles. These articles were analysed using a combination of content analysis and framing analysis. The conventional content analysis made use of the printed corpus and the directed content analysis looked at

the corpus using the computer programme Evernote. This content analysis revealed obesity discourses which allowed me to determine predominant frames in the corpus using framing theory.

Scope of the study

The scope of this study is the representations of obesity in the corpus. The study is therefore limited to the representations of the newspaper articles in the corpus. As such, the study is limited to the South African context between 1997 and 2012. Initially, I planned to collect newspaper articles from 1994; however, the online repository only dates to 1997 which is why I had to slightly alter the scope of the study. This study focuses on the framing of obesity in the corpus and the consequences such a framing might have on the South African public in relation to opinions, identity construction and other ways of relating to obesity discourses in the media. However, this study does not speak to every single South African. It merely points to a trend in public opinion which I argue is a result of the media messaging regarding obesity. While this study is interested in obesity discourses, it will not comment on the veracity of these discourses, however, it will focus on analysing and interpreting these discourses. The study will focus on how these discourses can be tied to larger political and social issues (Boero 2012:77). This research does not deny the ever growing levels of obesity in South Africa, not does it claim to show 'why people have become fatter or what needs to be done about it' (Boero 2012:77). While this research will seek to critically engage dominant public health discourse on obesity, it will not attempt to show that everything we know about obesity from experts is incorrect. Rather, it will seek to challenge and unpack medicalised discourses in order to demonstrate that they play a role in a particular construction of fatness and of fat people which might be harmful and may in fact derail efforts to promote health. As Boero's own work on this topic, this research offers

> a critical interrogation of contemporary panic about obesity through an analysis that links the panic to larger social, cultural and economic trends (2012:77).

It therefore seeks to situate the dominant framing of fat as diseased within the larger political, economic and social trends.

Structure

1. Chapter 1: Introduction

   Overview, context and background of the study, rationale, method and theoretical framing of the study.

2. Chapter 2: Methodology

   This chapter provides an account of the methodology throughout the research process, including the paradigm, the data collection and the data analysis.

3. Chapter 3: Theoretical Overview

   This chapter presents an overview of the theory used throughout the thesis.

4. Chapter 4: The Medicalisation of Obesity

   This chapter asks to what extent the data in the corpus can be said to present a medicalised understanding of obesity. It argues that the corpus reveals that obesity has been medicalised which is evinced in (1) the expansion of medical authority into everyday life, (2) the power of medical discourse in creating subjectivities like the fat and the thin person, (3) the role of medicalisation in setting up norms regarding body weight (4) as well as identifying and attempting to control those who deviate from these norms. It also assesses the consequences of medicalisation which have been identified as (1) the conflation of weight and health, (2) the conflation of overweight and obesity and (3) fat shaming.

5. Chapter 5: Obesity and Race

   This chapter asks to what extent the corpus can be said to be raced. It analyses the disproportional focus on black bodies in the corpus by describing the various reasons provided for black obesity, such as 'cultural' explanations, urbanisation, poverty, lack of education and 'ethnic' reasons. I argue that these reasons are premised on racial stereotypes which view black people as backward, 'uncivilised' and in need of help from outsiders. The discourses in the corpus suggest that black people are inherently irrational and unable to control their appetites, therefore this disproportional focus on black bodies can partly be understood by appealing to notions of rationality and 'civility' as espoused in mind/body theory and Norbert Elias' work in *The Civilizing Process* (1969). It can also be understood through appealing to an understanding of the sponsorship of media

frames, and therefore by understanding that the black population in South Africa has been targeted as an area of emerging market interest in the 'obesity epidemic'.

6. Chapter 6: Constructions of Agency

   This chapter focuses on the representation of agency in the corpus. It argues that fat people are inherently depicted as lacking agency, both in the newspaper texts and also in the pictures which accompany these articles. It assesses the silencing of fat people in the corpus and the profusion of 'experts[1]' who are constructed as having the legitimacy to act and perform interventions, whereas fat people are not seen as legitimate sources of knowledge regarding their own bodies and are simply acted upon.

7. Chapter 7: Conclusion

   This chapter presents a summary of the arguments from my analysis chapters based on framing theory to make concluding remarks and suggestions regarding the representation of obesity in the corpus.

[1] The word 'expert(s)' appears similarly to 'obesity epidemic' for the same reasons.

Chapter 2
Methodology

Introduction

In order to effectively carry out research on representations of obesity in South Africa, it is necessary to understand the history of these representations in relation to concerns about body weight and fatness. While concern over rising levels of obesity was already evident in the United States and elsewhere by the 1980s, South Africa's concern with fat – evinced in the numbers of media messages on the topic of obesity – only seriously began in the late 1990s. Since the late 1990s there seems to have been an exponential rise in discussions of obesity and fatness, as well as their consequences, which have been framed in particular ways (see Power 2014; Fokazi 2013; Puoane *et al.* 2002; Steyn 2007; Rossouw, Grant & Viljoen 2012; Skaal & Pengpid 2011). The changing nature of the debates about obesity has been particularly significant in its impact on public opinion, specifically in relation to the widespread understanding of fat as something which is unsightly, unhealthy, disgusting, etc. Public opinion in South Africa increasingly mirrors the opinions – often paraded as fact – of the mainstream media. These sources of information on obesity levels in the country have been responsible for setting the terms of any and all discussions regarding weight by framing it as a health issue (see, for example, Vincent & Malan 2013; Malan 2014). It is a key assumption of this study that the media play an important role in 'agenda setting', which impacts what the public talks about and how they talk about it (see, for example, Scheufele & Tewksbury 2007; McCombs & Shaw 1972). Scheufele and Tewksbury (2007:11) define agenda setting as

> the idea that there is a strong correlation between the emphasis that mass media place on certain issues (e.g., based on relative placement or amount of coverage) and the importance attributed to these issues by mass audiences.

This suggests that it is not only what is said in the media but how it is said that has an impact on audiences (Scheufele & Tewksbury 2007:9). As a result, the initial goal of this research is to analyse the representations of 'fatness' and 'obesity' in the mainstream media post-1997 in South Africa to determine whether these representations have in any way contributed to or facilitated public opinion.

Research design

This study uses qualitative research methods to collect and analyse data. The study operates within the social constructivist paradigm. Qualitative research focuses on quality of data, rather than quantity and is usually interested in understanding rather than simply explaining phenomena (Denzin and Lincoln 1994:62–63). This typically results in what is known as 'thick description', which comes out of research that pays particular attention to context, as is one of the goals of this research (Bryman 2012:392). There are four main types of qualitative data collection, namely, interviews, ethnography, focus groups and documents (Bryman 2012:430–542). This study makes use of documents as 'sources of data' (Bryman 2012:542).

As this study believes that newspaper articles are an important site for the transmission of symbolic messages, this is useful for the purposes of this study in understanding how our realities of fatness and obesity have been constructed through media messages and the opinions of 'experts'. Representation is key to this study because it is precisely the representations of fatness that are being explored. It would not have been possible to explore the constructions of knowledges and beliefs using quantitative methodology, which is often undertaken on the basis of very different assumptions regarding ontology and epistemology (Bryman 2012).

Within qualitative research exists the paradigm of social constructivism. Social constructivism is based on the belief that the 'social world is constructed through human action and interaction' (Bryman 2012:33). Social constructivism challenges the notion that there are 'pre-given' categories in society (Bryman 2012:33). Thus it seeks to question and examine taken for granted assumptions that exist in society (Bryman 2012:33). Social constructivists believe that these are the result of our experiences in the world (Bryman 2012:33). In order to understand why it is that there are taken for granted assumptions within a society, it is necessary to understand how the society was constructed in such a way as to allow specific kinds of obesity discourses, for example. Obesity can be seen as 'an emergent reality in a continuous state of construction and reconstruction' rather than being an objective and natural state of being (Bryman 2012:34). This study seeks to understand obesity discourses within a society increasingly concerned with fatness and weight. The construction of these discourses is thus essential to the understanding of how they are received by the public through the mass media. In this study we attempt to question the taken for granted

assumptions people hold regarding weight and health. The social constructivist paradigm provides the perfect framework within which to do this.

Using the social constructivist framework the study attempts to understand what corporeal orientations are endorsed in the 'obesity epidemic' discourses in South African newspapers from 1997 and what are the possible implications of the ways in which 'weight', 'fatness' and 'obesity' are framed in these discourses.

Data collection methods

Data collection for this study involved 'the systematic collection, organisation, and interpretation of textual material' collected in the form of newspaper articles (Malterud 2001:483). A March/April 2012 search of newspapers from 1997 up to and including 2012 produced a total of 8 479 IOL articles dealing with the words 'fat' and 'obesity'. IOL (Independent Online) is a South African online news brand whose stable of sites is part of Independent News and Media (INM), and which also produces 30 national and regional newspapers, 'including most of South Africa's best-known titles' (IOL 2014). A March 2012 search for the term 'fat' produced 6 286 results. A second search in April 2012 for the term 'obesity' produced 2 193 results. I then excluded those articles which were not about South Africa specifically, as well as those which used the word fat in a metaphorical way, for example, 'fat chance'. This left me with 449 articles on fatness and obesity specifically related to South Africa. One of the things the number of articles we initially discovered before sifting them for those specifically related to South Africa demonstrates, is how heavily the South African conversation on obesity has been influenced by conversations in the UK and the USA, for example. Based on the findings of the newspaper search, this study was interested in existing obesity discourses and their impact on public opinion.

Data analysis

Content analysis

The primary method of data analysis is a content analysis of the newspaper articles from IOL. While content analysis was initially used as a quantitative research method, more recently, it has been used in qualitative studies as well (Krippendorf 2004:6). Holsti (1969:3) notes that there is much disagreement over how content analysis should be defined as well as which researchers should be using it as a method of data analysis. Many argue that content analysis should not be used as a qualitative research method, even going so far as to say that 'there is

clearly no reason for content analysis unless the question one wants answered is quantitative' (Holsti 1969:5). However, there is 'broad definitional agreement' that content analysis requires 'objectivity, system and generality' (Holsti 1969:3).

Krippendorf (2004:16) questions whether it is useful to distinguish content analysis as either qualitative or quantitate content analysis but notes that those who prefer to call it qualitative content analysis 'offer some alternative protocols for exploring texts systematically' than those who choose to call it quantitative content analysis. Content analysis precisely such as is being used in this study can therefore be used qualitatively if it follows three criteria which distinguish it from its particular use in quantitative research. The three criteria are as follows, (1) that there is 'a close reading' of textual matter, (2) that the research involves the reinterpretation of the texts in such a way that the studies reveal 'new narratives that are accepted within particularly scholarly communities' and (3) that the researcher's own culturally determined beliefs often openly 'participate' in the research (Krippendorf 2004:16).

As a method, content analysis must be objective and therefore must make use of a rigorous set of rules for inclusion and exclusion (Holsti 1969:3). Content categories must be determined on the basis of a clearly observable system (Holsti 1969:4). Finally, its findings must be 'generalisable to theory' (Holsti 1969:4). This means that if we discovered, for example, that the word fat was used in any newspaper article on obesity on average of three times, then that information needs to be made useful from a theoretical perspective (Holsti 1969:5). Content analysis can then be understood as the 'systematic analysis of text' (Krippendorf 2004:3). It is a process of analysing communications, which originated with the mass media (Krippendorf 2004:9–11). Content analysis often deal in in both latent and manifest content (Berg 2004). This suggests that content analysis is not limited to studying the overt messages of content, but is also focused on attempting to understand the assumptions and beliefs underlying these messages (Krippendorf 2004). Content analysts typically view media as a product of complex systems and processes (Krippendorf 2004). Part of the work of content analysis then is attempting to unpack these systems and processes (Krippendorf 2004).

In this study content analysis is employed as a research method because of the underlying 'assumption that media content will influence the beliefs, attitudes, intentions, or behaviors of … audiences' (Manganello & Fishbein 2008:3). As Cohen (2002:9) has said, 'the student of

moral enterprise cannot but pay particular attention to the role of the mass media in defining and shaping social problems'. Wanta, Golan and Lee (2004:365–366) argue that most studies on the media 'point to the importance of international news' in local media content. This is perhaps one of the reasons why the South African media panic over obesity seems to follow heightened coverage in the U.K. and the U.S. Newspaper articles are able to convey 'concern, anxiety, indignation or panic' (Cohen 2002:10) on any topic, which helps to shape public opinion. According to Cohen (2002:9–10), this is because the media 'have long acted as agents of moral indignation'.

Media messages therefore have a significant impact on people's beliefs and the ways in which they make meaning from media messaging and use it to construct certain realities. These messages therefore directly influence people's lived realities. Content analysis is thus a necessary building block for this study in order to demonstrate that this is in fact the way the world works. According to Gamson and Modigliani (1989:2),

> media discourse is part of the process by which individuals construct meaning, and public opinion is part of the process by which journalists and other cultural entrepreneurs develop and crystallize meaning in public discourse.

Content analysis involves an 'objective coding scheme' used to process data like notes, interview transcriptions and newspaper articles for example (Berg 2004:238). Researchers using content analysis 'examine artifacts of social communication' (Berg 2004:240). This is a process of distilling information into smaller categories to identify important themes to focus on (Berg 2004). As Elo and Kyngas, (2007:108) note, 'It is assumed that when classified into the same categories, words, phrases and the like share the same meaning'. Thus Krippendorf argues that 'content analysis is a research technique for making replicable and valid inferences from data to their context' (2004:18). For the 'obesity epidemic', this study needs to be able to analyse codes from the newspaper data and apply them to the wider context.

This study made use of both conventional and directed content analysis (Hsieh & Shannon 2005:1277). According to Hsieh and Shannon (2005:1279), conventional content analysis is more inductive, as it operates from a bottom-up approach and allows ideas to emerge from the data, rather than from theoretical assumptions. This means that the researcher immerses him or herself in the data and allows themes or categories to emerge naturally. For this study, I initially analysed all 449 articles in the corpus to see if I could identify common themes and trends in the data. I then developed a system of coding using highlighters with each colour

representing different codes. This was one level of analysis which I used. The codes I highlighted throughout the entire corpus were in relation to themes on gender, race, children, disease, 'experts' and many more. The list of codes can be found in Appendix A. This allowed me to note, for example, the disproportionate representation of black obesity in the corpus. This process also allowed me to pay attention to voices in the corpus, specifically those which are present and those which are absent. The advantage of conventional content analysis is that the codes come directly from the data and are not informed by 'preconceived categories' which might blind the researcher to data which is not expected (Hsieh & Shannon 2005:1279).

Directed content analysis involves a more deductive approach. As Hsieh and Shannon, (2005:1281) note directed content analysis allows our preconceived ideas to influence what we see in the data.Directed content analysis involves the use of existing theory or theories to search for evidence to supplement these theories (Hsieh & Shannon 2005:1281). Researchers might, in this instance, develop some codes prior to looking at the data (Hsieh & Shannon 2005:1281). For example, research on obesity demonstrates a strong individualistic focus which holds individuals responsible for their own weight and therefore blames those who are considered to have excess weight. This means I was able to use that theory to specifically search my data for evidence of this.

In doing my directed content analysis, I loaded all 449 articles into Evernote and decided to focus more on specific words to get a sense of how frequently they appeared in the corpus. Evernote is a computer programme which allows me to store all the data in one place where I can conduct searches on the corpus as a whole. Having noted, for example, using conventional content analysis, that the corpus was replete with the voices of 'experts', I then used directed content analysis to search for specific words like 'professor', 'doctor', 'dietician', etc. During this phase I counted the number of times these words appeared in the corpus to get a sense of how prevalent certain words/concepts/discourses were. I was also able to count the number of times specific doctors or professors were mentioned in the corpus and then track their arguments throughout the corpus as well.

Content analysis is useful for this study as it provides a means of distilling the hundreds of newspaper articles being used as data for this study into more manageable pieces (Berg 2004). It therefore allowed me to identify patterns and themes which could be analysed in groups.

Framing analysis

The second component of the study is an analysis of the frames used to speak about weight, obesity and fatness in particular ways (for instance, as initial findings reveal, as disgusting, unhealthy or unsightly) and how this framing might impact on how the issue is perceived and understood including at the level of the perceived need for particular kinds of interventions. Once I had a working understanding of the discourses that exist, I could build upon that knowledge by assessing the ways in which the discourses or media messages on obesity are framed. This is an extension of content analysis and is aimed at understanding the relationships between media messages and their receivers.

Vreese (2005:51) argues that framing involves 'a communication source presenting and defining an issue'. This suggests that when a journalist writes an article on obesity, the ways in which the so-called facts are presented will be framed by the journalist's own assumptions regarding obesity. In framing theory, communication is understood as a 'dynamic process' where meaning is conveyed to people through the use of a particular frame on an issue (Vreese 2005:51). Framing theory argues that the ways in which we talk about things convey particular symbolic messages (Vreese 2005:52). For example, the pro-life/pro-choice debate has been explicitly framed in this way. Evidence demonstrated that people were more sympathetic to causes framed as being 'pro' rather than 'anti' something, therefore those opposed to abortion changed their language from that of being opposed to it to instead being promoters of life (Chamberlain and Hardisty 2013).

As Chamberlain and Hardisty demonstrate,

> Language has always played a key role in the process of framing. Abortion opponents began to describe themselves as 'pro-life,' to distinguish their position from what they described as abortion activists' 'culture of death.' This choice of language helps position the anti-abortion movement as a force for something positive, not simply as an opposition movement. In this frame, euthanasia and infanticide become symbols of the type of heinous acts that a pro-life worldview must reject (2013).

Another useful example might be the difference between saying that a doctor has a 90% success rate versus saying that the doctor has a 10% mortality rate. The different frames in this example are likely to impact the way patients make decisions regarding whether to have a procedure under this doctor or not. Thus it is not only what we speak about that is important, but also how we frame communication through particular lenses that ensure a topic like abortion or a doctor's performance are received in particular ways by the public.

Gamson and Modigliani argue that

> media discourse can be conceived of as a set of interpretive packages that give meaning to an issue. A package has an internal structure. At its core is a central organizing idea, or frame, for making sense of relevant events, suggesting what is at issue (1989:3).

This is a useful way of understanding media messages. These interpretive packages offer differing symbols 'that suggest the core frame and positions in shorthand' (Gamson & Modigliani 1989:4). Messaging is therefore constructed using catchphrases, metaphors or other symbolic devices (Gamson & Modigliani 1989:4). This study will demonstrate that the use of the word 'epidemic' in the epithet 'obesity epidemic' serves this precise purpose. It should by now be clear that the goals of the social constructivist paradigm (and this study) are easily achieved through the use of the chosen methods of data analysis. Ultimately this relies on the assumption that our realities are socially constructed and that the media play a large role in the formations of beliefs and experiences.

Something can be framed in a way which subtly sets the agenda and suggests to audiences the appropriate ways in which a particular message should be understood (Gamson & Modigliani 1989:3). The 'obesity epidemic', as the present study shows, for example, is framed as a public health issue. Dimitrova and Connolly-Ahern (2007:155) claim that

> framing essentially involves selection and salience. To frame is to select some aspects of a perceived reality and make them more salient in a communicating text.

This suggests that even if or when a journalist attempts to be neutral, the way they word the issues often suggests a particular position which allows for the public to view an issue in a specific way. This therefore means that media messages are not ideologically innocent. Framing can then be seen as a way of stating your position without clearly saying so – thereby allowing journalists to send out into the world what are often morally and symbolically loaded messages regarding obesity under the guise of neutrality.

As Maheshwar and Raghunatha Rao argue,

> The cultural authority of the scientific enterprise is based on its stance of objectivity and rationality, but [people] are more likely to get their information from news sources than, from scientific studies. Given this, it is increasingly important to understand how the mass media 'filter and translate scientific information' (2011:32).

This demonstrates that the media derive a certain amount of legitimacy due to the fact that they often cite or refer to what might be seen as 'scientific information'.

Theoretical framework

According to Malterud (2001:486),

> the theoretical framework can be equated with the reading glasses worn by the researcher when she or he asks questions about the material.

This means that when doing analysis the researcher needs to view the data through a particular theoretical lens. Those lenses in this study are medicalisation, critical race theory and theoretical approaches to agency. These theoretical lenses were chosen as a result of the dominant theme of fat as disease which emerged from the initial content analysis. Within the frame of 'disease' I discovered four related sub-categories or refrains, which included positivist facts regarding obesity, the representation of fat as something which is socially dysfunctional, the naturalisation of negative assumptions regarding fat and the use of crisis metaphors to describe fat (Vincent & Malan 2013:5).

These refrains can be seen in the table below.

Frame: Fat as disease
Refrain 1: Positivist information regarding obesity
Refrain 2: The social dysfunction of fat
Refrain 3: The naturalisation of negative assumptions about fat
Refrain 4: The use of crisis metaphors to describe fat

Conclusion

These refrains will be elaborated on in Chapter Four. Framing theory has therefore provided the framework within which the data can be analysed. The research will pay close attention to the inclusions, exclusions and occlusions of obesity discourses throughout the corpus. It will ask questions, particularly regarding what is absent and what has been emphasised in the corpus. These aspects will then be linked to the political and social context to demonstrate that the dominant frame of fat as disease functions to maintain particular power relations relating to class, gender and race.

Chapter 3
Theoretical Overview

Introduction

This chapter will outline some of the key theoretical work being done in each of the three analysis chapters to follow. Accordingly, it will lay out and discuss the key theories being used to understand the representations of fatness in the data in each of the analysis chapters, chronologically. The first chapter is an analysis of the medicalisation of obesity. The second chapter is an assessment of the focus in the corpus on black bodies through the use of Elias Norbert's theory on the 'civilizing process'. The third and final chapter is an analysis of the constructions of the agency of fat bodies in the corpus.

The medicalisation of obesity

What is medicalisation?

Since the 1980s the medical profession has become increasingly involved in the questions and debates surrounding the 'obesity epidemic' (Metzl & Herzig 2007:697). This has allowed the medical field unprecedented power in determining not only the key health issues of the day, but also other social and moral concerns like what a healthy person looks like and how we judge those who are deemed to be overweight (Coveney 2006). Medicalisation, according to Metzl and Herzig (2007:697), involves 'the expansion of medical authority into the domains of everyday existence'. The term medicalisation is often used to refer to the powerful role medical institutions, discourses and actors are now able to play public opinion (Metzl & Herzig 2007:697). As John Coveney puts it,

> Science then has taken on a role that was one the province of religion in that it articulates the basis of our moral concerns (2006:1).

This speaks to the scope of medicine in Western contemporary societies. Not only does medicine articulate so-called health concerns, but in doing so it also speaks to the idea that the decisions we make can judged to be good or bad (Coveney 2006:1). Conrad (1975 cited in Conrad 1992:210) sees medicalisation as the process of

> defining behavior as a medical problem or illness and mandating or licensing the medical profession to provide some type of treatment for it.

It has been argued that over the years the medical field, medical knowledge and its actors have been able to stretch their limbs into the social and political domain, where some have

criticised them for 'shunting everyday problems into the domain of professional biomedicine' (Metzl & Herzig 2007:697).

Medicalisation is an important aspect of Western contemporary societies precisely because of the power afforded to the legitimising gaze of science and medicine (Dalal 2002). Cialdini's (2001) research on persuasion demonstrates that being seen as an expert or an authority will automatically give you more legitimacy and will ensure that others take you more seriously. He says his research shows that 'people defer to experts' (Cialdini 2001:77). He argues that

> amid the teeming complexity of contemporary life, a well-selected expert offers a valuable and efficient short-cut to good decisions. Indeed, some questions, be they legal, financial, medical, or technological, require so much specialized knowledge to answer, we have no choice but to rely on experts (Cialdini 2001:77).

This goes some way to explaining why many today rely so heavily on science, medicine and medical knowledge in our society (Dalal, 2002). The above quote speaks accurately to the vast amount of information regarding obesity that is available, suggesting that this might perhaps be one reason we accept the opinions of 'experts' without question. Medicalisation depends on the belief that certain social realities are constructed through a medical frame, using medical discourses and narratives (Conrad 1992:211).

Ivan Illich's seminal *Medical Nemesis: The expropriation of health* questions many taken for granted assumptions about the efficacy of medicine in increasing lifespan (1976:5). He says that many of the newer diseases from the 1960s onwards are actually a direct result of medical intervention, demonstrating that 'medicine itself can be a cause of poor health' (Illich 1976:5). Obesity is a good example of this. It will be argued in Chapter Four that some of the interventions of the 'obesity epidemic', enacted to improve health, in fact promote ill health. Illich argued that medicalisation has been allowed to occur due to the growing power of the medical profession on the one hand but also due to an increasingly 'passive public' who have allowed, and in some cases, encouraged 'experts' to make decisions and do the thinking for them (Tomes 2007:698). Medicalisation can be identified wherever medical institutions assume a paternalistic concern over a public who have been easily manipulated by their claims to legitimacy in the name of health (Tomes 2007:698). Illich warned that, through intervention and discourse, modern medicine has itself become a 'threat to good health' (Tomes 2007:698). This is something echoed by many of the critics of the so-called 'obesity epidemic', who argue that contemporary interventions seem to have a negative, rather than a positive impact on health (see, for example, Campos 2005; Gaesser 2002; Bacon 2008).

Conrad (1979:1) argues that medicalisation is a form of social control for the identification and rehabilitation of 'deviants'. He defines 'medical social control' as

> the ways in which medicine functions (unwittingly or wittingly) to secure adherence to social norms specifically, by using medical means to minimize, eliminate, or normalize deviant behavior (1979:1).

Many have argued that while interventions in the 'obesity epidemic' have been framed as being necessary from the perspective of health, critical evidence suggests that the panic over obesity has more to do with a panic over fat bodies, which are constructed as being out of control for defying social norms on thinness and beauty, and ideas regarding the superiority of the mind (see, for example, Wolf 2002; Hesse-Biber 1996).

Medicalisation, power and the production of subjects

The notion of medicalisation is therefore inherently linked to power (see, for example, Conrad 1992; Conrad 1975). Medicalisation is made visible in a variety of ways which will be discussed in Chapter Four, but it is primarily identifiable through the use of medical or scientific discourse to explain social or moral phenomena. For example Doctor Craig Nossel says that people in Cape Town are unhealthy because they do not exercise enough or eat enough vegetables (IOL, 2010c). Such a claim then informs the specific practices one might use to attend to notions of good health.

Prevalent medical discourses are 'the production of knowledge through language' (Hall 1997:72). Discourses create knowledge regarding the topic and they 'limit the ways in which we can meaningfully talk about things' (Hall 1997:72). Because of the power of discourse, the fat person and the thin person only exist within the discourses we create around them. Foucault believed that the power of discourse was productive, not only because it created the knowledge of a subject, but also because, as a result, it created subjects and/or objects of a particular discourse (Coveney 2000:xv). As Foucault (1972:32) notes, each discourse 'constituted its object' in various ways. According to Foucault (1972:33-34) medicine in the nineteenth century began to organise itself, for the first time, 'as a series of descriptive statements'. He goes on to note the power that these discourses have afforded the medical science, and which this thesis argues, continues today (Foucault, 1972).

Foucault believed that discourses have an intrinsic link to power, but for him the power of discourse was observed within the mundane everyday relations and interactions between people (Alsop *et al.* 2001:83). These practices of 'micro-power', he believed were 'pervasive

and operated through all relations in society' (Alsop *et al.* 2001:83) as opposed to being those that operate openly in the public sphere through government policy (see, for example, Lukes 2005). Foucault's notion of the micro practices of power within both the public and private sphere is very similar to Gramsci's notions of false consciousness and hegemony, where so-called soft power is exercised through the ideologies of the dominant group in society (Martin 2002). False consciousness can be defined as the ways in which people participate in their own oppression by accepting the values of the ruling class (Martin 2002). This is similar to dominant discourses which construct subjects in its own image. Both of these mechanisms inform the hierarchical ordering of power relations which limit the subject in various ways. When medicalisation occurs, the dominant groups are medical institutions and medical 'experts'. In the case of obesity, the ideologies of the medical experts then become the taken-for-granted-assumptions of ordinary people. The power of discourse ensures that the public take up disciplinary practices of the body, such as dieting, in their own ways (Foucault 1980). Rather than forcing people to practice self-restraint through law, these disciplinary practices ensure that people police their bodies as a matter of principle.

False consciousness is what happens when people accept the dominant ideology imposed by the prevailing group as being beneficial to them and society (see, for example, Miller 2006). This is exemplified by attitudes to obesity; people largely accept the prevailing ideologies on obesity without question. This ensures the naturalisation of negative assumptions about fat (see Vincent & Malan 2013). Because medicine and science are seen as being objective, and therefore immune to prejudice and discrimination, so-called medical knowledge is seen as being value free. As a result, people believe that unlike the rest of society who are susceptible to bias and social influence, because doctors work with facts and figures which are unbiased, that they are objective and their judgments are morally neutral (Maheshwar & Raghunatha Rao 2011:32). This allows 'experts' to exercise their hegemony through the ideology of medical discourse (Lukes 2005:30–31).

The fat and the thin subject do not exist before the discourse (as it so often appears) but rather the discourses breathe life into them by naming them and giving them specific ways of being which limit their agency (Coveney 2006:3). Coveney (2006:3) notes that 'medical knowledge does not simply describe the body: it constructs it'. A fat person, for example, cannot also be fit, despite the fact that some evidence suggests otherwise (see Bacon 2008). A fat person also cannot be healthy, whereas a thin person is automatically seen as healthy and fit, regardless of the actual medical facts. Medicalisation also has a role to play in the

construction and identification of deviants in society (Conrad 1975:12). If obesity is a disease, then everyone with excess weight is seen as deviating from the 'norm' of thinness (Conrad 1975:12). Conrad (1975:12) notes that medicalisation is 'increasingly' used a means of social control.

> While numerous definitions of medical social control have been offered in terms of medicalization, the greatest social control power comes from having the authority to define certain behaviors, persons and things. Thus, in general, the key issue remains definitional – the power to have a particular set of (medical) definitions realized in both spirit and practice (Conrad 1992:216).

Here Conrad speaks to the power of medicine in defining social problems and the power this affords medical discourse in othering and shaming those who do not conform to expected practices. In a medical narrative, fat people become sick deviants who need to be cured so as to ensure they do not 'infect' the rest of the population.

The medicalisation of obesity produces a variety of negative consequences which will be discussed in detail in Chapter Four, namely, the conflation of weight and health, the conflation of fatness and obesity and the facilitation of fat shaming.

Counter-narratives contesting the existence of an 'obesity epidemic'

While the vast majority of what we see in the media tells us that there is a growing 'obesity epidemic' which has long-term medical consequences, there is also a smaller group of critics arguing against these claims (see, for example, Oliver 2006; Gaesser 2002). The media tells us that there is in fact a problem with growing levels of obesity, that obesity is bad for your health and that this warrants various appropriate interventions in our lives (see Campos 2004). The underlying assumption is that obesity is a simple problem of inputs and outputs and that losing weight will resolve the problem (Botterill 2006:2). This will be discussed in greater detail in Chapter Four. What's more is the suggestion by some critics of the 'obesity epidemic' that long-term weight loss is actually not beneficial to health (see, for example, Bacon 2008; Gaesser 2002; O'Hara & Gregg 2012; Campos *et al.* 2005).

Paul Campos for example argues that

> there is no good evidence that significant long-term weight loss is beneficial to health, and a great deal of evidence that short-term weight loss followed by weight regain (the pattern followed by almost all dieters) is medically harmful. Indeed, frequent dieting is perhaps the single best predictor of future weight gain (2004:xxii).

Glenn Gaesser (2002: 110–111) also claims that there is no clear evidence to suggest that obesity causes mortality because the wide range of epidemiological studies which have been done over the years are by no means united in their conclusions regarding the relationship between weight and health. While some studies show that there is a link between obesity and mortality, others show the opposite, that in fact being overweight is better than being underweight for one's health (Gaesser 2002:110–111). Further, other studies show that there is only a relationship between weight and mortality on the 'extreme' ends of the BMI scale, that is, those who are very underweight and those who are morbidly obese (Gaesser 2003:42). This suggests that we do not as yet fully understand the nature of the relationship between weight and health and therefore to insist that extra weight causes poor health – as the current obesity discourses do – with evidence to the contrary is misleading and does not take into account the many epidemiological studies which suggest otherwise. Epidemiological studies take large populations of participants to determine what kinds of relationships might exist between two or more variables (Oliver 2006:27).

In fact, Oliver (2006:26) says, 'nearly all of the studies linking obesity with disease are epidemiological studies', and as has been argued, these by no means offer any single consistent evidence to link the two. Rather, these studies provide a whole range of possibilities of the relationship between health and obesity (Oliver 2006:27). In the case of obesity, these studies need to demonstrate not only that there is some relationship between obesity and adverse health, but rather that there is a causal relationship between the two (Oliver 2006:27). In order to do this, these studies need to look at the 'strength of association' between obesity and disease, the 'timing of association' – for example, whether one variable routinely follows the other – and whether there is 'plausible scientific explanation between the two' (Oliver 2006:27). If all of these three conditions are met, then researchers can say with a degree of accuracy that there is a causal relationship between the two and that it is specifically one variable (obesity) which is causing the other (poor health/disease) (Oliver 2006:27). Yet, Oliver argues that in most epidemiological studies, these conditions for causality are not met (2006:27). Botterill also notes that some

> argue that the translation of epidemiological evidence about population-wide risk factors to advice to individuals about their diet and exercise patterns is problematic and that governments should proceed with caution (2006:2).

This is because it seems that in fact, little is known about the causes of obesity, whereas the suggestion of diet and exercise interventions make it appear as though the causes are well

known and that these interventions are proven to work. Another useful way to understand the contemporary panic over obesity is to analyse this is the context of the centuries-old division between the mind and the body (Meynell 2009:1-5). These theories have assigned different values to mind and body respectively, with the mind being constructed as something which is superior to the body and which functions to regulate and control the body and its expressions (see Meynell 2009; Hesse-Biber 1996; Chernin 1981). I will argue that obesity is an expression of the kind of excess with which the body is routinely associated and that the 'obesity epidemic' arises as a response to this by suggesting interventions which police bodily excess.

The mind/body divide

The theory of the division of the body and the mind constructs humans as being firmly of the mind and not the 'crude, material stuff of the body' (Meynell 2009:2). According to Meynell (2009:1-5), it does not make sense to speak of agency and embodiment together because agency is clearly linked to the mind, whereas, embodiment represents the baser aspects of human life such as hunger, desire and pleasure. To give in to those bodily pleasures is to undermine agency because 'agency, crucially implies rationality and free will' (Meynell (2009:2). Giving in to such desires then is seen as a process which undermines the superiority of the mind because pursuits of the mind are viewed as acceptable and appropriate whereas the body (constructed as being of a 'lower order' than the mind) is something to be controlled and disciplined (Hesse-Biber 1996:19).

According to Hesse-Biber (1996:17), societal efforts to divide mind and body have existed for many years and the so-called 'obesity epidemic' is the modern day measure used to maintain this divide. Society is therefore set up in such a way as to endorse pursuits of the mind and to govern those related to the body. (Hesse-Biber 1996:17–22).

Welton (1998:230) argues that 'the body is thick with desires and actions' and that the division between mind and body can be better interpreted as the division between 'flesh and virtue'. The seat of agency is referred to as the mind and 'thus the life of the mind became the locus for discussions of epistemology and ethics' (Meynell 2009:2). The mind then wilfully pursues, questions and makes 'ethical judgments' (Meynell 2009:2). The virtues of the mind are exemplified by the Scientific Method, which is founded on the emotion-free value of objectivity, which is seen as the only way to gain 'legitimate' knowledge (Mehta 2011). Plato, for example, said that emotion and reason as being incompatible by describing them as

two horses going in different directions (Krueger, Evans & Goldin 2010). This view sees emotion – associated with the body – as being a barrier to rational thinking (Krueger *et al.* 2010).

Theories of agency, therefore, have talked about the body as a broken part; something 'that may fail to function as expected or commanded by the mind' (Meynell 2009:3). A good example of this is the notion that emotions and desires can get the better of you. This has been used as evidence for the inferiority of the body in relation to the mind (Meynell 2009). It is for this reason that the body needs to be disciplined or trained so that it will bend to the will of the mind, rather than giving its desires free reign (Hesse-Biber 1996:18).

Because of this, Chernin argues,

> we understand the temptation [women] would feel … to accept the masculine model for these achievements, to prefer will and discipline, logic and rationality, over the surrender to her passions and appetites (1981:186).

Theories relating to the division of the body and mind have been taken up by various religions, such as Christianity, which functions according to the belief of 'incarnation, of being that is in the body, yet not of it' (Dyer 1997:14). Arguably the most important aspect of human beings in Christianity is the soul, which resides in the body but is relieved of it in the afterlife (Dyer 1997:16–17).

According to Dyer (1997:16), 'Christianity maintains a conception of a split between mind and body regarding the latter as at the least inferior and often as evil'. The soul/mind is seen as being superior to the body because of its ability to think and reason, and therefore exert will (Meynell 2009:2). This division between mind and body is problematic for several reasons, chief of which is that it creates a Manichean conception of the mind and the body where one is viewed as positive and its opposite as negative (Hesse-Biber 1996:18). Therefore, while pursuits of the mind are viewed as acceptable and appropriate, the body (constructed as being of a 'lower order' than the mind) is something to be controlled, regulated and moulded (Hesse-Biber 1996:19). According to Bordo, 'unwanted bulges are metaphors for internal processes out of control – uncontained desire, unrestrained hunger, uncontrolled impulse' (Kwan 2009:477). Therefore, it is clear that the body is seen as an unruly object which needs to be strictly regulated.

The key to understanding this division and its consequences, lies in understanding who qualifies as human and who does not. At the time of its conception, and, many argue today, this idea applied only to white men (Dyer 1997:4–23). Women and black people were (and are) excluded. Men are seen as being of the mind while women are routinely constructed as being of the body (Bordo 1992:14). In *White*, Richard Dyer argues that white people are 'just people' (1997:1), suggesting that they are seen as being fully human whereas people of colour are 'something else' (1997:2). The theory of the mind/body divide therefore marginalises women and black people, due to their tenuous hold on the label 'human'.

Race and obesity

'The civilizing process'

Norbert Elias' seminal *The Civilizing Process* (1969) outlined the rise of Western civilisation out of Feudalism and analysed the development of individual habitus or, 'second nature' over time (Smith 2001:12). As a sociologist, Elias' work focused on the interplay between society and its individuals (Goudsblom 1994:5). As such, Elias was interested in social processes and how they impacted the 'psychic worlds' of individuals and how they therefore drove behavioural developments over time (Goudsblom 1994:4). This 'psychical process of civilization' as he termed it, is a process 'involving changes in behaviour and feeling extending over many generations' (Goudsblom 1994:2). According to Dalal (2002:120), Elias' work does not attribute causality to either individuals or structures as he sees both as being 'profoundly involved in the simultaneous and mutual construction of the other'.

According to Elias, human beings live 'and exist as part of complex networks linking people groups and institutions' (Smith 2001:1). He called these networks 'figurations' and argued that they were 'shaped by social processes' which were 'long term', 'structured' and had a particular purpose, despite being 'largely unplanned' (Smith 2001:1). A figuration then is nothing more than the interplay between individual and context, or rather, a 'network of interdependencies formed by individuals' (Elias 1994 cited in Dalal 2002:121).

One of the claims of Elias' work is that

> with the increasing scale and complexity of society – specifically, 'longer chains of interdependence' – people are subject to increasing pressure to exercise foresight and to curb their impulses (Mennell 2006:430).

Therefore, Elias argued that during the process of state formation where state power became consolidated, there was greater social control by the state which led to changes in the ways in which individuals and groups related to one another and ultimately led to a change in the structure of the individual psyche (Mennell 2006:430). Dalal (2002:209) argues that

> the workings of power relations necessitated the transformation of relatively independent knights into a pacified upper class of courtiers. The knights, unable to compete with the widening power differentials between themselves and the forming courts, were forced to abdicate their relative independence and join them.

In order to maintain a certain level of autonomy, despite not being able to continue living their lives in a totally independent way, these knights joined the courts and formed the upper class who set about establishing their autonomy and superiority through practices regarding comportment (Dalal 2002:124). Elias makes this argument by demonstrating that the development of the good manners of the upper class was a response to changes in levels of societal control (Mennell 2006:429). Mennell says that Elias noted

> the changing social standards of behaviour *and feeling* concerning how they ate, blew their noses, spat, went to the toilet, and undressed. Elias shows that 'rational' explanations of these changes, in terms of material resources or hygiene, are inadequate, and emphasizes instead the role of competitive social display among a courtly upper class (and among those who aspired to membership of courts) in a context where kings and their government machines were steadily gaining dominance (Mennell 2006:429).

These external forces of restraint placed upon the nobles by court society resulted in them responding by engaging in practices of self-restraint regarding corporeal comportment. This is useful for the thesis as it demonstrates precisely how mechanisms of external restraint have contributed to practices of self-restraint regarding bodily comportment. These mechanisms occurred in particular contexts, it is therefore useful to note that certain contexts are more likely to result in such homogenous practices of self-restraint, as will be discussed in chapter 6.

The development and 'refinement' of 'civility'

Elias argues that the context of state formation in Europe led to the social dominance of the state machinery over the population, which impacted the habitus of the upper classes (Pickel 2014:6). Habitus is used to describe patterns of behaviour, thought, attitude, etc. which are second nature to an individual and which arise within certain social structures, such as families, the workplace, or even, a society (Pickel 2014:6).

As Pickel (2014:6) argues,

> habitus refers primarily to the characteristics of individuals – patterns of thinking, feeling, wanting, doing, and interacting – in short, … habitus is an individual thing. But the theoretical significance of habitus lies in the fact that habitus is above all a social thing. A habitus emerges in concrete social systems – a family, a firm, an artistic subculture, a political organisation, or a society.

Elias has argued that the habitus of the upper classes changed over time to mirror the social restraints placed upon them by the state:

> as standards of 'civilized' (i.e. rational, restrained and socially mannered) are promulgated within middle-class spheres as normative, collective personality structures (habituses) are transformed such that high levels of affective control and inner containment became a learned 'second nature' for individuals (Atkinson 2008:166–167).

This was particularly noticeable in relation to the 'distinction between public and private' and the move – for many behaviours, such as sex, for example – from the public sphere to the private (Aya 1978:222). According to Dalal (2002:124),

> behaviours that are at one time acceptable in public become increasingly relocated in the personal and private, and external constraints [became] replaced by internal constraints.

This means that individuals now begin to maintain those constraints internally through self-regulation and control. This is similar to Foucault's work, which demonstrates the power of 'modern discursive practices' and which 'impose disciplines of thought and behaviour' on people today (Smith 1999:93). However, where Foucault is doubtful about the possibility of individuals being able to exercise a 'relatively high degree of clear-sighted control' given the imposition of subjectivities, Elias is far more positive about this and believes it is these acts of self-regulation and restraint which facilitate 'deliberate action' (Smith 1999:93).

Because the adoption of these so-called 'civilised'[2] values entailed the desire for status and superiority, Smith (1999:87) argues that the pressures of surviving in such competitive environments facilitates the idea of ourselves and others being 'danger zones'. Elias' view, being based in Freudian psychology has a strong focus on the interplay between external

[2] The words 'civility', 'incivility', 'civilised' and 'uncivilized' will be used throughout the study in quotation marks to signify that this thesis questions their use

pressures and internal drives, which, he argues, we manage by behaving in particular 'civilised' ways (Smith 1999; Frosh 2012).

According to Smith (1999:87),

> we feel constant anxiety about being vulnerable to others' behaviour. We suffer unrelenting tension between our inner drives and the drive-control functions making us behave properly.

According to Elias, it is the fear of shame and the anxiety over proper behaviour which therefore ensures we behave in socially appropriate ways. According to Elias, this period was marked by 'a notable rise of the shame threshold, compared to the previous epoch' (1994:114). Giddens (1984:55) notes that

> Both shame and embarrassment are located psychologically in the intersection of engagement and disengagement, the failure to 'bring off' certain aspects of performance through being 'caught out' in various ways.

This gives a sense of the long-term anxiety involved in the maintenance of a continuous performance of 'civility' for example. Elias' work offers clear insight to our reading of the contemporary notion of an 'obesity epidemic'. There are strong parallels between Elias' work on the manners and the changing attitudes of the upper class over time and contemporary attitudes towards obesity. Part of what is so troubling regarding obesity, I will argue, is that it represents precisely the kind of loss of control associated with bad manners in Elias' work. Obesity can be understood as being 'uncivilised' because the obese individual has not practiced proper self-restraint in controlling their appetite. Fatness also brings with it moral denigration and shame, similar to the embarrassment felt by those who failed to meet the standards of 'civilisation' in Elias' work. Elias' work also places a strong emphasis on the nature of the self – a self which is in control and which practices good comportment by adhering to societal norms. Discussions of obesity are similarly individualistic and focus on the self as the site of reconstruction through dieting and exercise. This will be elaborated on in the chapters that follow.

Power relations

The significance of Elias' work is not simply in his understanding of how the social structures around us and the psychological structures of the mind develop through an interdependent relationship over time; his work also provides us with a fundamental way of

understanding power relations in the world (Dalal 2002:120). The nature of Elias' work understanding of the interplay between individual and society is one of mediating power relations (Dalal 2002:121). As Dalal (2002:121) notes 'one is inevitably constrained by the mere presence of others and one's relatedness to them'. Given that 'the thing that constrains is also the thing that gives form', it becomes easy to see that for Elias, we cannot understand individuals as ever being able to overcome this constraint (Dalal 2002:121). During the latter part of this development of 'civility', Dalal (2002:122) notes that 'notions of race start gaining increasing significance' and form an 'aspect' of what it means to be 'civilised'. The key function of the 'forms of etiquette' which emerged as good and proper comportment in the nineteenth century, argues Dalal (2002:122), is less what they are and more why they exist: 'to make a distinction between the haves and the must-not-haves'. The purpose then, of the development of norms regarding etiquette was primarily for the distinction and the differentiation of groups in society, namely the upper and lower classes (Dalal 2002).

Elias speaks about 'court society' rather than 'court societies' because while the behaviours constituting etiquette were not synchronised amongst all courts in Europe, it can be argued that there is a 'discernible pattern' in their development (Dalal 2002:123). Therefore, the upper class sought to maintain their difference from lower classes by acting out notions of self-restraint and proper comportment (Pinell 1996). Marriage is a good example of how the upper class sought to make themselves distinct from the rest of society as only those of noble blood were considered suitable marriage partners for the upper class (Dalal 2002:123). According to Dalal (2002:123), 'the reason for this level of identification between the courts was the logic of power'. This is because despite the differences between courts, the threat to the upper class in each case was the same, and they therefore borrowed strategies and practices from one another in order to effectively deal with the danger posed by the lower class (Dalal 2002:123).

After a time, the lower classes began to emulate the upper class in their attitudes to comportment, which once again 'blurred the lines' between the upper and lower classes; this resulted in an even more rigid and refined notion of proper behaviour so as to continually maintain that distinction (Dalal 2002:123). According to Dalal (2002:125), this shift from the public to the private encompasses the move from external to internal measures for controlling behaviour, where we can see that 'the family has replaced wider society as the means if instilling restraints'.

As Elias notes too (1994 cited in Dalal 2002:126)

> [behaviour which was initially discouraged] to spare others a distasteful spectacle and themselves the shame of being seen [doing something untoward] … later … becomes more and more an inner automatism, the imprint of society on the inner self, the superego, that forbids the individual to [behave in certain ways] … The social standard to which the individual was first made to conform by external restraint is finally reproduced more or less smoothly within him, through a self-restraint which may operate even against his conscious wishes.

These disciplinary practices ensured that the nobles placed value upon the self-restraint which became a marker of 'civility'. It is clear from this description, that obesity, as an example of the failure to properly execute self-restraint, can be seen as connoting a lack of 'civility'. Race too, became a marker of 'incivility' as a means of maintaining difference so as to ensure black people did not threaten the status of white people as being fully human (Dalal, 2002).

'Uncivilised': Constructions of race and obesity

Dalal has argued that Elias' work functions, in part, as a means of demonstrating how the rise of manners exists as system of creating and perpetuating class differences. He also argues that racism does the same kind of work. I have also mentioned that Elias' work is useful in the way it can be used to understand obesity as something which is 'uncivilised'. According to this theory, both obesity and blackness are seen as 'uncivilised', whereas whiteness and thinness imply 'civility' and self-restraint. This is useful in understanding the constructions of race and obesity today, and particularly useful in understanding the overwhelming focus on black bodies as a site for reconstruction in the corpus that is the subject of the present thesis.

I will argue in Chapters Four and Five that obesity can be understood, using Elias' work, as something which is 'uncivilised'. I will also argue that the same is true of black people. In the case of racism, the relatively innocuous difference of skin colour takes on a moral meaning and is emphasised as being significant in order to create and facilitate differences. While race was, as has been mentioned, an aspect of the development of the notion of what it means to be 'civilised', this aspect takes on a greater significance because, unlike manners, race is visible and cannot be changed. As Fanon says 'A Jew can be unknown in his Jewishness' (1952:87). A black person, on the other hand, is easily identifiable as black by his or her skin colour. And it is this aspect of visibility which makes blackness different to Jewishness, and racism different to anti-Semitism. Amy Farrell (2011:213) says that the discrimination of fat people functions in a similar way. She says:

> Because our culture assigns many meanings to fatness beyond the actual physical trait – that a person is gluttonous or fulfilling a deeply disturbing psychological need, or irresponsible and unable to control primitive urges – [fat] also has many traits of … a *character* stigma (Farrell 2011:213).

Farrell is therefore suggesting that the fat body is today an exemplar of an individual guilty of the lack of control known to result in 'incivility'. Goldberg argues that

> Race extends visibility or invisibility to those it categorises, and it may be used strategically to promote or deny recognition, social elevation and status. Whites assume visibility in virtue, though often in denial, of their whiteness, and extend visibility to those upon whom whiteness lights (1996:185).

This means that race can be used as an important social tool for the recognition and misrecognition of black people today. Where whiteness is seen as being invisible and natural, blackness is viewed as the negation of whiteness and its visibility as an identity affords others unprecedented power in how they choose to see or ignore black people today (Goldberg 1996:185). The only way to escape this blackness is, as Fanon notes (1952 cited in Goldberg 1996:185) to 'turn white, or disappear', ensuring that black self-identity will come into existence as a negation and a denial of itself. Even then, in order to be accepted in society, the self-negation of the blackness of a black person needs to be recognised as such by white others (Goldberg 1996:185). In other words, a black person needs to be recognised as being white, which is never wholly possible given the limitations of their skin colour (Goldberg 1996:185).

Linda Alcoff (2006:6) says that

> Race and gender are forms of social identity that share at least two features: they are fundamental rather than peripheral to the self – unlike, for example, one's identity as a Celtics fan or a Democrat – and they operate through visual markers on the body.

Race and obesity are precisely the kinds of identities which act as visible signifiers of other relevant information. Alcoff argues that due to the fact that we live in a materialistic society, today it is only that which is visible which can 'achieve the status of accepted truth' (2006:6). The visibility of a social identity therefore can become the means of identifying and oppressing certain groups (Alcoff 2006:7). Visibility is also a means for resistance (Vivian 1999). Alcoff mentions a court case from the 1920s where a white man requested an annulment of marriage on the grounds that his wife had misled him as to her race by passing herself off as a white woman (2006:7). Her defense lawyer argued that her husband had to

have known her race when they had 'intimate relations' before the wedding (Alcoff 2006:7). In order to demonstrate this, the wife was asked to bare her breasts for the jury (Alcoff 2006:7).

> The assumption operating here is that no one can completely 'pass' because there will always be some sign, some trace, of one's 'true' identity (Alcoff 2006:7).

This example speaks very clearly to the notion that there is an objective truth which is purported to exist about race which clearly visible.

The labeling of social identities, like race, is used to produce a subject with a specific set of prescriptive rules as to what behaviours, thoughts and feelings are appropriate for this particular identity. Fanon, for example, argues that the black man is a construction of the white man (Fanon 1952:3–6; Goldberg 1996:184). It is because of such widespread labelling that ambiguous social identities cause so much confusion and suspicion. As Alcoff (2006:7) notes,

> The truth of one's gender and race, then, are widely thought to be visibly manifest, and if there is no visible manifestation of one's declared racial or gendered identity, one encounters an insistent skepticism and an anxiety. Those of us who are of mixed race or ambiguous gender know these reactions all too well.

This is because, as Foucault points out, the ways in which we speak about subjects need to conform to the dominant paradigms of knowledge in order to be considered true (Young 1995:2). We understand the black subject and knowledges about it as truth only in so far as these knowledges conform to the prescriptive scripts of racism (Shih *et al.* 2007:126). Mixed-race individuals, as suggested by Alcoff above, challenge these scripts because they do not neatly fit into any clear box (Shih *et al.* 2007:125). This is precisely why Fanon (1952) presented such a conundrum to his white peers who could not reconcile the idea of a black man who was intelligent. The racist context they lived in had already provided them with a prescriptive script regarding the behaviour of black men and this script categorised black people as stupid and lazy (Fatouros 1965:710). Any person disrupting this normative script represented a curiosity and was regarded with contempt (Fanon 1952:90).

As Young (1995:2) notes, according to Foucault,

> discourse always involves a form of violence in the way it imposes its linguistic order on the world: knowledge has to conform to its paradigms in order to be recognised as legitimate.

Today, this is still true. Those who constitute exceptions to the accepted knowledge regarding a social identity represent a disruption of the norm and are therefore seen as deviants (Shih *et al*. 2007). This applies both to race and obesity, where society's expectations of what is possible and allowed from the obese individual and the black individual are often limiting because they limit the possibilities open to these identities. As Foucault says,

> We must make allowance for the complex and unstable process whereby discourse can be both an instrument and an effect of power, but also a hindrance, a stumbling block, a point of resistance and a starting point for an opposing strategy. Discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it. In like manner silence and secrecy are a shelter for power; anchoring its prohibitions; but they also loosen its holds and provide for relatively obscure areas of tolerance (Young 1995:4).

By emerging as unknown subjectivities, these people exist as a moment of temporary resistance (Alcoff 2006:7). Discourses will act swiftly to categorise these unknown others so that they become identifiable and knowable subjectivities, yet their existence in a system which has not yet classified them acts as a moment of opposition.

While blackness is visible in the way that it is easily identified by others, it is also concurrently and paradoxically rendered invisible. As Ellison said of blackness (1952:5):

> I am a man of substance, of flesh and bone, fiber and liquids – and I might even be said to possess a mind. I am invisible, understand, simply because people refuse to see me. Like the bodiless heads you see sometimes in circus sideshows, it is as though I have been surrounded by mirrors of hard, distorting glass.

Ellison opens his book *Invisible Man* with the words 'I am an invisible man' (1952:5). And as the above quote demonstrates, being invisible is not just about being silenced and marginalised and ignored; or literally not being seen, it is also about the distortion inherent in any moment of visibility (Goldberg 1996). According to Goldberg (1996:180), invisibility may take the form of people not being seen because one 'knows them in virtue of some fabricated preconception of group formation'. This also applies to the obese individual.This links back to the idea that there is an objective truth to blackness which others can know. Goldberg argues (1996:180) that there is a tension between the visibility and invisibility, 'of their sometimes affirmative and sometimes negated value'.

Whiteness as 'civility'

Dyer argues that 'whiteness is in but not of the body' (1997:14). According to Dyer, 'all concepts of race are always concepts of bodies' (1997:20). He says that the Manichean

conception of the world as being divided between good and bad, black and white was initially espoused by Christianity which could then be 'mapped onto skin colour difference' in the eighteenth century to defend racism and slavery (1997:17).

The Hamitic hypothesis sought to demonstrate that the only developments of worth in Africa could ultimately be traced back to white people (Sanders 1969). Because Ancient Greece is seen as the 'cradle of Europe', Dyer argues that the Hamitic hypothesis fuelled the nineteenth century belief that there was in fact a white origin of Greek society, rather than the hypothesised Egyptians and Phoenicians (1997:21). Europeans could not reconcile the idea that the nation which had given rise to their existence had in fact been a nation of coloured people who came from Africa (Dyer 1997:21). They therefore looked to locations in the mountains to explain the rise of Europe; 'small, virtuous and pure communities in remote and cold places' (Dyer 1997:21). The virtues of these places were listed as the 'cleanliness' of the air, the strength and determination to withstand the cold, the enterprise necessary to overcome the challenges of the terrain and the

> sublime, soul-elevating beauty of mountain vistas, even the greater nearness to God above the presence of the whitest thing on earth, snow (Dyer 1997:21).

These characteristics became synonymous with whiteness (Dyer 1997:21). Dyer argues that even the 'hardness and the tautness' of the white body as a result of the demanding environment became synonymous with whiteness, often in comparison with the 'slack bodies of non-whites' (1997:21). The use of the idea of the cold to '[mobilise] … white identity' is inextricably linked with the idea that white people are of the mind rather than the body (Dyer 1997:21).

European traditions have focused on the use of genealogy as a means to study white heritage, as is exemplified above in the search for white ancestors who could have given birth to Europe (Dyer 1997:22), whereas people of colour were studied in opposition to the white norm to note differences in skulls, features, body shape, blood, genitals and even posture (1997:23). Dyer argues that this biological race research can be seen as an 'arm of imperialism and domestic control whose aim is to know, fix and place the non-white' (1997:23). This biological paradigm of race is responsible for the widespread belief that races have an objective existence and that differences between them are a function of race, rather than of other factors (Rothenberg 1990). While these early studies did sometimes involve studying white people as well, Dyer argues that this was merely so that black bodies could be

studied in opposition to the white norm (1997:23). In fact, there were never any such biological studies on the 'racial characteristics of white people' because for such studies to exist is to suggest that whiteness as a race exists (Dyer 1997:23).

Above all, 'the spirit' of white people was seen as being one which functioned 'at the highest reaches of intellectual comprehension and aesthetic refinement' (Dyer 1997:23). Whiteness is therefore constructed as being the epitome of rationality and self-restraint, whereas blackness is its opposite. Where whiteness connotes self-control, proper comportment and behaviour, blackness connotes a lack of control, a lack of rationality and an inability to ensure proper bodily comportment. The same is true of obesity, which is routinely described as something which exemplifies a lack of control and a failure to control appetite. It makes sense, therefore that we see a disproportional focus on black bodies in the corpus of 449 newspaper articles because black people are inherently viewed as being susceptible to the kind of excess obesity represents. Regardless of whether there is actual empirical evidence that black South Africans in general demonstrate higher levels of obesity, the focus on black bodies highlights the racist assumption that this is a population of people who are especially vulnerable and in need of intervention because their very being predisposes them to excess, irrationality and therefore, an inability to control their bodies and their appetites.

Obesity and agency

What is agency?

Historically, the study of agency came out of the philosophical tradition which was concerned with the rational subject as an agent (Emirbayer & Mische 1998). According to some theorists, much of the work that has been done on agency and a`ction theory has been one dimensional and incomplete, ensuring that 'the term agency itself has maintained an elusive, albeit resonant, vagueness' (Emirbayer & Mische 1998:962). Luck and d'Inverno (1995:254) note that it is perhaps not surprising that there is much confusion as to what agency really means, given its use in a multiplicity of different contexts and in such a variety of different ways. Emirbayer and Mische (1998:963) argue that every attempt to theorise agency has failed to develop a three dimensional picture of agency because each theory neglects important aspects of agency itself. Emirbayer and Mische therefore seek to re-establish agency as something which, is 'temporally embedded' in that it is focused on past, present and future (Emirbayer & Mische 1998:963). This calls for an understanding of action and the

human agent as existing in a particular time and space (Giddens 1984:3). According to Giddens (1984:3),

> To be a human being is to be a purposive agent, who both has reasons for his or her activities, and is able, if asked, to elaborate discursively upon those reasons (including lying about them).

An agent is therefore someone who has the capacity to make decisions and act upon them in various ways. Giddens' theory of the human agent 'involves treating the reflexive monitoring, rationalisation and motivation of action as embedded sets of processes' (1984:4). He argues that 'social activities' are not a consequence of 'social actors', rather, they are 'continually recreated by them via the very means whereby they express themselves *as* actors' (Cassell 1993:89). This how Giddens believes social actors are able to shape and construct their environments in a variety of ways. However, he also believes that structures 'presuppose' and act upon action, ensuring that there is a 'dialectical' relation between action and structure (Giddens 1979:53). Therefore, he argues, action and structure shape one another (Giddens 1979:53). Giddens cautions against the trend in philosophy to understand agency as being the consequence of intentional acts (Cassell 1993:95). He argues that it is misguided to insist, as many philosophers have done, that only intentional acts can constitute agency (Cassell 1993:95). This is because it fails to understand that acts can be intentional even if we do not plan for their consequences (Cassell 1993:95). If we spill a cup of tea for example, it constitutes an intentional act, despite the fact that it was not intended (Cassell 1993:94–95). Unintentional acts, he argues, are in fact acts that have been done intentionally, even if a different outcome was what was intended.

He says,

> The durée of day-to-day life occurs as a flow of intentional action. However, acts have unintended consequences; and … unintended consequences may systematically feed back to be the unacknowledged conditions of further acts (Cassell 1993:95).

Unintended consequences, therefore, do not change the intentionality of an action and such actions are still deemed to be the product of human agency. Further, Giddens argues, to insist that only intentional acts can constitute agency is to ignore the role that unconscious motivation plays in action (Cassell 1993:95). He uses Freudian psychoanalytic theory to make the argument that much of our motivations are in fact, unknown by us, because they form part of the instinctual drives of our unconscious (Cassell 1993). As a result, it becomes difficult for us to truly be aware of our motivations at all times, meaning that perhaps the man

who sunk the ship, wanted to do just that, whether he was aware of it or not (Cassell 1993). Freud notes that such actions are 'unconsciously motivated' therefore making them intentional (Cassell 1993:95). This also brings into question the idea of intentionality as being the bedrock of human agency, which is something that will be discussed in more detail in Chapter Six.

Giddens' (1984) use of psychoanalytic theory suggests that an important aspect of agency is an understanding of the nature of the self. Giddens understands the self to be a 'purposive agent' who is self-reflexive and acts with an understanding of themselves as being embedded in time (1984:3). Billett (2008) argues that individual and subjective factors relating to agency are at least as important as social structures in the construction of the social world. In other words, we develop and develop the world around ourselves through a relationship of interdependence. Questions of the self then become key to the understanding of agency. How we understand agency will be affected by individual forces as much as contextual ones. This will be discussed in more detail in Chapter Six.

Though the idea of agency, as espoused by Sartre (1992), for example, argues that humans are radically free and that it is this excess of freedom and choice which causes stress and anxiety, many theorists have argued that specific aspects of human life, such as gender or race, for example, have the ability to produce agency, as well as the ability to limit it (McNay 2003:139–140). The construction of agency as something which can be both facilitated and limited is a focus in much feminist theory given the patriarchal nature of contemporary society (McNay 2003). Some work in this field focuses specifically on how the move from 'objectification to subjectification' continues to constrain the freedom of female adolescents in their choices regarding sexuality, desire and pleasure (Pinto *et al.* 2012:306). As Cassells (1993:96) notes agency is not merely about intention but also 'capability'; where one's capabilities are constrained, their agency is also constrained. This is but one example of how agency can be seen as an inextricable part of contemporary power relations which act upon individuals and limit their freedom in various ways.

It is therefore clear that agency is a complex phenomenon which needs to be explored in detail (Emirbayer & Mische 1998:2). In order to unpack what it means to have agency, and what it means to be denied agency, Chapter Six will focus on key aspects of agency which can be understood in different ways, and which, I will argue, can be used to shed light on the construction of agency in the so-called 'obesity epidemic', and particularly the lack of agency

associated with fat bodies. The concepts that I have chosen are rationality, power, embodiment, time/context and the self. These concepts can be understood as aspects of agency which need to be interrogated in relation to the understanding of fat people as inherently lacking agency. The theme of this particular selection entails a focus on those facets which have the ability both to promote and deny agency. Therefore, Chapter Six will begin to ask questions about which structures, bodies, facts, contexts and understandings of rationality and the self will serve to undermine the agency of fat people, while promoting the agency of those who are considered to be at a healthy weight.

Rationality

It was Immanual Kant who first argued that only the rational subject could be an agent (Rawls 1980:516). Humans, according to Kant, are rational qua being humans. Kant's deontology sought to give an account of ethics which characterised humans fundamentally as rational beings (Rawls 1980:516). Such a view suggests that rationality exists only within the bounds of agency. Giddens (1984:3) argues that his account of agency includes the 'reflexive monitoring of action' which relies on humans rationality. Being continuously self-reflexive, he believes, is only possible in the context of rationality (Giddens 1984:3).

Automatically, it is clear that this conception of agency has criteria for who can and who cannot be legitimately considered an agent. Those who are not rational, according to Kant, and those who are not self-reflexive, according to Giddens, are seen as not having agency. Because Kant's theory makes rationality the *sine qua non* of humanity, it makes it possible that the dehumanisation of some groups in society might function as a means to undermining agency (see Haque & Waytz 2012). I will argue later on that this is precisely what the dehumanisation of fat people does. Giddens himself uses the word 'competence' to describe the necessary reflexivity of his idea of a human agent (1984:3). Described in such a way, rationality is understood as something you can be proficient in, or not, and the implicit warning which is expressed in speaking of rationality in such a way is that those who are incompetent in their reasoning capabilities – and therefore, irrational – cannot be true human agents (see for instance Rhodes & Cusick 2002). As Meynell (2009:2) argues, 'agency, crucially, implies rationality and free will'. Those who are seen as being irrational do not have agency, and, for Kant, are not fully human.

> The rationalization of action, within the diversity of circumstances of interaction, is the principal basis upon which the generalized 'competence' of actors is evaluated by others (Giddens 1984:4).

This quote speaks to the ways in which we assess and evaluate other peoples' 'competence', based on our assumptions regarding their abilities to reason and behave in rational ways, which implies a legitimisation of our beliefs regarding the rationality of others.

Norms and rationality

> 'Should draws attention to the reasons I have for acting one way rather than another' Bernard Williams (1985 cited in Schmidtz 1997:7)

Rationality, as suggested by the quote above, is often tied to norms (see, for example, Railton 2003; Broome 2007; Shapiro n.d.). Norm-based rationality is defined as:

> a standard of reasoning against which a person's reasoning might be judged right or wrong, whereas commonsense reasoning is however people actually reason (Shapiro, n.d.:1).

Normative theories of rationality can be historically linked to Kant, but have more recently gained traction in economics, particularly within the realms of probability and deductive reasoning (Shapiro n.d.). Kant's work 'saw freedom as normatively grounded individual will' (Emirbayer & Mische 1998:965) and Giddens argues that a dominant mode of understanding rationality in philosophy is by viewing it as being tied to norms and oughts (Giddens 1984).

Rational choice can be understood as that which 'makes the most sense, all things considered', when pursuing our ends (Schmidtz 1997:22). According to Schmidtz (1997:7), having ends prompts us to specific action(s). This allows one to make the argument that if doing X best facilitates one's ends, than it makes sense for one to do X (Schmidtz 1997:7). What follows is that if we have good reasons for doing X, not only does it make sense for us to do X, but it also implies that we should do X (Schmidtz, 1997:7). Not to do X, in this instance, according to Schmidtz's (1997) theory, does not make sense – it is irrational. Broome has argued that rationality, as also suggested by Kant, makes various demands of you (2007:161). This means that if you want to make a claim to rationality you need to behave in rational ways (Broome 2007:161). In the case of obesity, if you know, as the 'experts' keep telling you, that eating too much sugar, for example, will make you obese and if you also know that obesity is bad, then it follows that a claim to rationality would require that you not

eat too much sugar. People who do eat too much sugar and become obese as a consequence, in this model will be seen as irrational.

Kolodny (2005:509), for example, explains that when someone says you 'ought' to do something, they mean two things, namely that you have a good reason to do something and that it would be irrational if you did not do it. He argues that when we say we ought to in relation to the idea that you have a reason to do something, we seem to be saying something about our attitudes in specific situations; certain situations, such as the example of the fire Kolodny uses, may make demands of us (Kolodny 2005:509). In this case, rationality is a matter of whether these demands are consistent with our internal attitudes (Kolodny 2005:509). However, he notes that doing X because it is 'required' rationality is in and of itself, not a good enough reason, therefore he says rationality is rather a matter of subjectivity (Bridges, 2009). For Kolodny (2005:509) When we say ought to in relation to the idea that it would be irrational not to do something, then we seem to be saying something solely about our internal attitudes. These two ways of understanding ought seem to be saying two important but distinct things about whether your views are logically consistent and whether your 'intentions and your ends cohere with your intentions for your means' (Kolodny 2005:509–510). Kolodny argues that there is an important difference between these two kinds of norms and that this may be encapsulated in the labels 'objective rationality' and 'subjective rationality' (2005:510). Subjective rationality entails individual psychological factors, including components of emotional reasoning which may only make sense to the individual themselves, and not objective observers (Kolodny 2009). Kolodny (2005:510) therefore says that rationality is not a matter of oughts – and therefore, logical consistency – but rather has something to do with our subjective internal attitudes.

Bridges (2009:353) says that the central thesis of Kolodny's paper is that rationality is not normative and that it merely appears to be so. He says that Kolodny's work is underpinned by the belief

> that principles of rationality are concerned only with the internal structure of one's body of propositional attitudes and not with the ways in which one's attitudes track or respond to the world outside. In a word, rationality is a matter of coherence, not correspondence (Bridges, 2009:354).

Kolodny (2005) therefore suggests that our internal attitudes should make sense in relation to the ways in which they appear based on our behaviours. Bridges (2009:356) notes that Kolodny also believes that rationality makes demands of us, and he believes that sometimes it does make sense for us to appeal to the requirements of rationality; however, what he disagrees on is the issue of whether these requirements are 'inherently normative' (Bridges 2009:356). More simply put, what he rejects, is the idea that one ought to do X because it is necessary for rationality (Bridges 2009). Kolodny recognises that this denial is in direct opposition to 'ordinary' beliefs about rationality; that is that this belief undermines commonsense beliefs held about rationality today (Bridges 2009:356), yet he still maintains that these commonsense beliefs about rational normativity are wrong. That the majority of society seems to link rationality to oughts, he would argue, does not necessarily make it so. Kolodny believes that this contemporary commonsense understanding of rationality is in fact wrong and that it misunderstands the problem (Bridges 2009:356). Giddens also cautions against the understanding of rationality as something which is tied to norms (1984:4). He argues that

> the tendency of some philosophers to equate reasons with 'normative commitments' should be resisted: such commitments comprise only one sector of the rationalization of action (Giddons 1984:4).

What is most important is that this focus on the relationship between rationality and normativity is the fundamental way in which we conceptualise rationality and agency today. As Elster (1994:21) notes, 'the theory of rational choice is first and foremost a normative or prescriptive theory'. Whether this is actually the case or not, as has been argued by Kolodny and Giddens, most of us hold dear the commonsense belief that reasons are tied to oughts (Bridges 2009:356). This is exemplified in various ways in the 'obesity epidemic' which will be discussed in Chapter Six.

Power

> Agency refers not to the intentions people have in doing things but to their capability of doing those things in the first place (which is why agency implies power: cf. the *Oxford Dictionary* definition of an agent, as 'one who exerts power or produces an effect') (Cassell 1993:96).

Agency is described as something which produces power. It is also, therefore, possible to remove power from someone by undermining their agency. Agency, then, is an important concept in understanding power relations in society today. As will be discussed, in the

'obesity epidemic', agency is made clear in the voices of 'experts' we hear, in the suggestion of interventions by public health officials and in the dehumanisation of fat people through bullying, ridicule, discrimination and the literal disembodiment of fat bodies. We will also see the construction of fat people as lacking agency through their silencing in the media. Such a reading of agency portrays certain people as having the power to speak, to act and to intervene, whereas others are constructed as being merely subject to that power. Foucault described subjects as the consequence of a set of 'regimes of power' and knowledge; these subjects are both created and sustained by these regimes (Bevir 1999:66). This means that the dominant frame of fat people as diseased will serve to maintain certain power relations in which fat people are silenced (Vincent & Malan 2013:12). In the data, I observed that power is expressed in two main ways, namely, in the silencing of those who oppose the dominant framing of obesity and in the legitimacy given to certain people to make interventions in the lives and the bodies of fat people.

Embodiment

> If bodily motility is, as Henri Bergson once claimed, the single most important filtering device in the subject's negotiations with the external world, then a theory of agency that places movement center stage is essential to understanding how human beings are embodied within – and impress themselves on – their worlds (Noland 2009:2).

Embodiment is about how we live and act through our bodies, and about understanding that inhabiting particular bodies promotes agency, whilst inhabiting others limits or denies your agency (Meynell 2009). Meynell (2009:1) says 'typically the body is an agent, inevitably transforming though its actions both the world and itself'. However, some bodies, it will be argued, lack agency merely through existence. In Chapter 6 I will argue that fat bodies are exemplars of a lack of agency.

Time/context

Giddens (1984:3) makes the assertion that agency is enacted through reason and self-reflexivity, however he cautions the way we explore agency today because he argues that that human action has often been 'extracted' from its context in time and space (1984:3). For Giddens, self-reflexivity, as has been mentioned, is key to maintaining precisely such a perspective of human action as occurring in space and time; which is 'grounded in the continuous monitoring of action which human beings display' (1984:3). It has been argued that much of the work on agency has occurred without the understanding of context which is

why Emirbayer and Mische have stressed the importance of seeing agency as something which is 'temporally embedded' (1998:963).

Time and context is an important aspect of Sartre's (1992) theory on freedom where he suggests that facticity, defined as the relatively stable facts about our lives, can both promote and limit our freedom in various ways (Sartre 1992:79). It requires paying attention to context, within an understanding of time as a temporal process (Sartre 1992). For example, the facticity of my gender as a woman may imply that I do not always have the same access to high earning careers as men do. In twenty years' time, this may not be the case. While facticity is able to limit our freedom in various ways, to reduce oneself solely to their facticity is to be in 'bad faith' because it forgets that the limitations of facticity in one context may facilitate freedom in another (Sartre 1992:68–80). Paula Saukko's (2008:39) work on the political and social contexts which facilitated anorexia and obesity is also useful to demonstrate the role of context in understanding the possibilities of an individual being considered an agent. The facticity of the fat body sees it as being denied agency. This understanding of obesity is only given meaning in the context of the media panic on the 'obesity epidemic' in society today. Therefore, we can see that attending to context is important when trying to understand agency.

Emirbayer and Mische (1998:968) argue that it is Mead's conception of time which gives us the 'most compelling tools for overcoming inadequate conceptions of agency'. Mead's work was responding to the Behaviourists who would argue that when presented with a stimulus, humans automatically respond in a deterministic fashion leaving no room for agency (Flaherty & Fine 2001:149). Mead argues that the present is the most important reference point in relation to time and that other theorists, like the Behaviourists, who don't recognise this leave 'no room for essential features of human experience: consciousness, choice, emergence, and novelty' (Flaherty & Fine 2001:149). This conception of time suggests that we use the present as our 'locus of reality' and evaluate our thoughts, actions, feelings, desires and decisions using the present primarily as it interacts with the past and the future (Flaherty & Fine 2001:150).

This is a problem, because examples like Pavlov's infamous dog do not take into account the fact that there is a moment, called the 'specious present' after we have been exposed to a stimulus and before we decide how to respond (Flaherty & Fine 2001:149). During this moment, the agent considers various responses to the stimulus, whatever it may be (Flaherty

& Fine 2001:149). The response is seen as always being uncertain and represents a moment which exemplifies 'the exercise of intelligent and reflective choice' (Flaherty & Fine 2001:149). Similarly to Giddens' idea of the self-reflexive agent, Mead agrees that our actions are located in time and that we negotiate how to respond to present stimuli with an interrogation of how this relates to the past and the future (Flaherty & Fine 2001:149).

In this sense, Mead, like Sartre and others is paying attention to context and the role context plays in our decision making. Beliefs about fat people, then need to be understood within the specific context of a current media panic on the so-called 'obesity epidemic'.

Conclusion

These key theoretical lenses, falling largely within specific analysis chapters, will be used to demonstrate the power of the dominant frame of fat as disease. Reading the obesity discourses of the corpus through medicalisation theory, critical race theory and theories on agency seeks to demonstrate precisely the power of the dominant frame, as well as the consequences of such a framing for the ways fat people are treated in society. Given that this study uses a political approach to framing, these theories, along with the corpus, aid in the demonstration of how the dominant framing of fat intersects with gender, race and class to maintain particular social and political structures.

Chapter 4

The Medicalisation of Obesity

> … epidemics, like the 'obesity epidemic", rely on the application of medical frameworks to phenomena that are not inherently medical in nature, (Boero 2012:77).

Introduction

This chapter will bring together the theory of medicalisation and the evidence from the corpus to demonstrate the extent to which obesity is framed as medicalised. Some of the key aspects of medicalisation I will focus on are the expansion of medical authority into everyday life, the power of medical discourse in creating subjectivities like the fat and the thin person, the role of medicalisation in setting up norms regarding body weight, as well as identifying and attempting to control those who deviate from these norms. I will then focus on the consequences of medicalisation, namely the conflation of weight and health, the conflation of overweight and obesity, fat shaming and the representation of fat people as lacking agency.

In attempting to determine the ways in which obesity has been framed, I found that the fat body has overwhelmingly been framed as diseased. Headlines such as 'Obesity an expanding problem in SA' (Buthelezi 2012) and 'Fighting flab the GI way' (Sboros 2003b) are examples of how the data represents the fat body as diseased. Further, the four refrains within the framing of fat as disease – discussed below – can also be seen as evidence of medicalisation.

Positivist knowledge of fat is encapsulated in the multiplicity of statistics available to document the health problems associated with obesity or to give the figures for the ever-growing number of obese people in South Africa. For example, GlaxoSmithKlein estimates that up to two thirds of adult women in SA are obese, and over half of all adults in SA are overweight, obese or morbidly obese (Health24 2010). Studies also show that Cape Town has the highest percentage of overweight people in SA, followed by Pretoria, Johannesburg and Durban (Health24 2010). Doctor Craig Nossel also says that statistics show that Cape Town is the unhealthiest city in South Africa due to low levels of exercise and inadequate fruit and vegetable intake (IOL 2010c). Lucy Gericke notes that in 2004 195 people in South Africa were dying daily as a result of heart or blood vessel disease associated with obesity (Fokazi 2011a). Nossel (van Rooyen 2009) also notes that one of the biggest problems with childhood obesity in South Africa is unhealthy tuckshop food. He says that 70% of children opt for 'chips, sweets, vetkoek and fizzy drinks' (van Rooyen 2009). According to Willemse (2006),

> Since 1997, deaths caused by obesity and diabetes have increased by 35 percent for men and 18 percent for women, according to the findings of a Statistic SA's Adult Mortality Report.

The claim that *the fact body is physically and socially dysfunctional* is seen in the way that the fat body is presented as a deviation or a perversion of the norm: something in need of work so that it can be rescued. A useful way to demonstrate this is the example of a journalist who calls thin people those of 'nondeviant weight' (Bogart 2014). It is precisely because it is read in opposition to this norm that the fat body is seen as something at risk and in need of help. The story about an 11-year-old boy weighing 72 kilograms gained traction in the media in 2011 because his excess weight was presented as an aberration from the 50 kilograms 'he should weigh' (Venter 2011). Thinness is presented as the norm and fat people are viewed as a disruption of that norm and as being a danger to the rest of society, despite the fact that statistics show that the majority of South Africans are overweight or obese (Smith 2010). A study on obesity in South Africa used a random sample of 500 men and women from Johannesburg, Durban, Pretoria and Cape Town which demonstrated that 61% of the participants were 'overweight, obese or morbidly obese' (Mclea 2010). The media tells us that '61% of South Africans are overweight' (IOL 2010b), while concurrently suggesting that fatness and fat people exist in opposition to a thin norm. As Vincent & Malan (2013:7) note

> In representations of the fat body medical and moral discourses combine in an (often hyperbolic) language of danger, threat, epidemic and war to produce the sense of the fat body as a threat to social order. The fat-body-as-diseased frame routinely represents the fat body as physically dysfunctional.

The corpus is replete with evidence of the moral judgement and shaming of fat people. Judith Ancer (2011) describes her experience as an overweight woman by saying 'I can't eat anything without people staring at me and thinking, "What a slob"'. A mother of two has described putting her children on diet so that they would not be teased at school (Govender 2010). She says that her daughter used to go to swimming lessons where she encountered other girls who giggled at her and said 'look at that fat girl' (Govender 2010). Instead of targeting bullying as a problem, this mother decided that the problem was instead her daughter's body and put her on a diet. The target of interventions is also clear in the article headline 'Plan to fight obesity' which never mentions that teasing, fat shaming and bullying might in fact be a problem and is only concerned with reworking the fat body. We can therefore see that obesity is depicted as something which is an unwanted disruption from the norm. The fat shaming which is often a result of the moralising discourses of obesity will be

discussed in more detail later on in the chapter. Obesity is also something which is seen as a cost to society, due to the resources that will need to be spent to alleviate it. For example The World Bank's (2014) pamphlet on Nutrition in South Africa says that 'diseases of overnutrition incur direct costs such as the increased burden on the health care system, and also indirect costs of lost productivity'. The American Heart Association (2014) argues that 'while there is a physical toll for the obese, there's also a fiscal toll'. One article in the corpus even states that healthier lifestyles could save South Africa 14.9 billion rand in 'health care costs' (IOL 2009b) though it does not give a timeframe. Airplane seats are a topic that routinely comes up often in the corpus as a possible site for intervention as some suggest that airlines need to weigh their passengers before boarding and penalise those who are overweight by making them purchase extra seats or forcing them to carry less luggage (Knowler 2008). This is another example of how fatness is seen as a cost to society.

The naturalisation of negative assumptions about fat is widespread. 'Everyone knows obesity is bad', says the American Heart Association (2014). So widespread is the belief that fat is bad that bad science is able to pass itself off as fact and few people ever question the 'facts' they're presented with about obesity via doctors, dieticians, etc., despite a host of people and arguments which suggest that these facts may not be entirely accurate (see Campos 2004; Gaesser 2002; Oliver 2006). A 2011 Harvard report says that 'it's no secret that obesity is bad for health' and 'scientists know that no extra fat is good for health' (Harvard 2011). This demonstrates the extent to which 'facts' about fat can be seen as commonsense by most people. This is because the discourses surrounding obesity act as though they are a seamless part of our society.

The final refrain in the fat as disease frame is the use of hyperbole and *crisis metaphors* to describe fatness and obesity. Barry *et al.,* (2009:9) argue that 'the use of metaphors and analogies provides another method for citizens to make sense of public policy issues'. In the case of obesity, crisis metaphors are consistently deployed to describe this 'epidemic'. In the corpus, the word 'epidemic' is used 55 times, the word 'crisis' is used 10 times and the word 'disaster' is used 7 times. The 'obesity epidemic' is therefore often described in words reserved for natural disasters and war, or is described in hyperbolic terms, for example, 'Women battle to find a balance' (Driscoll 2010), 'State fat trimmed in battle of the bellies' (Jordan 2011), 'Fast food killing our kids' (Fokazi 2011b) and 'Bad lifestyle is killing the youth' (Fokazi 2011a). Susan Sontag (1978 cited in Mitchell & McTigue 2007:935) explains the effectiveness of the metaphor for war to describe a disease by saying

> In an all out war, expenditure is all out, imprudent – war being defined as an emergency in which no sacrifice is excessive. But the wars against diseases are not just calls for more zeal, and more money to be spent on research. The metaphor implements the way particularly dreaded diseases are envisaged as an alien 'other,' as enemies are in modern wars; and the move from demonization of the illness to the attribution of fault to the patient is an inevitable one.

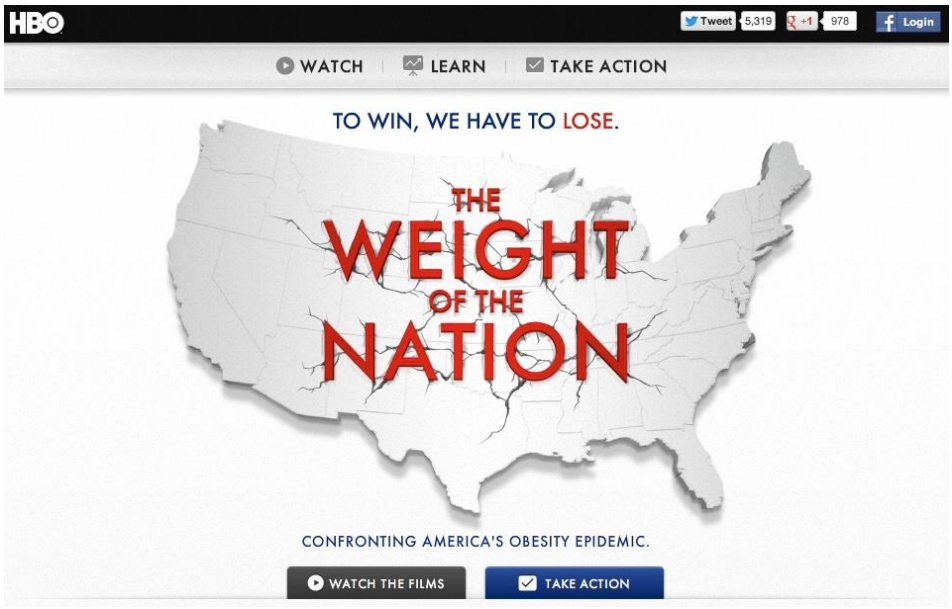
The use of the war metaphor to describe obesity has the effect of mobilising public support against obesity, but also, as Sontag explains above, encompasses the move from the war on the disease itself to war on obese individuals. Sontag's work documents the 'dangerous cultural meanings' these crisis metaphors give to illness (Boero 2012:70). This is familiar given that the 'obesity epidemic' has taken on equally dangerous cultural meanings in the public's imagination, such that the persecution of fat people is seen as normal and appropriate.

Mitchell and McTigue (2007:395) explain why the word 'epidemic' is so effective in conjunction with obesity by saying that

> the prominence of plague themes in history and literature illustrates how the word 'epidemic' has deep resonance in society's collective memory. For example, Albert Camus' (1972) *The Plague* dramatizes how classifying a health problem as an epidemic can achieve dramatic rhetorical effects.

The use of these words is then effectively ingrained in the collective conscious of society, which prompts them to act and at the same time ensures that they will read the severity of the 'obesity epidemic' alongside these other equally dramatic examples in order to instil fear and panic (see Cohen 2002). In a war, you use any means necessary to win against the enemy. In this instance the enemy is obesity and if fat people have to be oppressed and discriminated against along the way, this is normalised within notions of what is seen as necessary to ensure we win. See Figure 1 (Brown 2013) below for a visual metaphor for the 'war on fat'.

Figure 1 (below) demonstrates the war metaphors often employed in the service of weight loss. In this figure, the whole of the United States is being rallied together to battle a common enemy – with the expectation that winning is necessary.



Medicalisation also facilitates *the expansion of medical authority/knowledge into everyday experiences*. Conrad (1992:209) argues that medicalisation

> describes the process by which nonmedical problems become defined and treated as medical problems, usually in terms of illnesses or disorders.

For Conrad (1992) medicalisation entails everyday human problems being taken up by the medical profession. Chang and Christakis (2002:152) argue that

> the medical profession and others have made powerful claims over the control of fatness, ranging from defining it as a disease to the application of a wide variety of medical treatments.

This quote speaks to the pathologisation of fat as disease. Healthcare professionals have legitimised the idea of obesity as being epidemic by 'giving it the imprimatur of science' (Gaesser 2002:32). Medicalisation gives the medical profession the 'mandate' to both define and treat illnesses in a variety of ways (Conrad 1992:210). Interventions in people's lives can be justified on this basis.

Conrad and Schneider (1980:75) argue that medicalisation occurs on three different levels, conceptually, institutionally and on micro level of doctor-patient exchanges. They say that

> on the conceptual level, a medical vocabulary (or model) is used to 'order' or define the problem at hand (Conrad and Schneider 1980:75).

In obesity, this lies in the medical definition of obesity as a disease. Jan Wright argues that

> the naming of obesity as a disease, and the identification of specific risk factors provides the impetus for the close monitoring of those who might be 'at risk' in the name of prevention and the assumed need for treatment of those who fall within the medically defined categories of overweight or obesity (2009:3).

According to Conrad and Schneider (1980:75), in order to prove medicalisation conceptually, you need to show that that the medical definition has largely been adopted by society. According to Conrad (1992:211),

> Medicalization occurs when a medical frame or definition has been applied to understand or manage a problem.

This is precisely the case with obesity. The corpus reveals that obesity has overwhelmingly been framed as diseased. According to Entman (1993:52),

> Frames *define problems* – determine what a causal agent is doing with what costs and benefits, usually measured in terms of common cultural values; *diagnose causes* – identify the forces creating the problem; *make moral judgements* – evaluate causal agents and their effects and; *suggest remedies* – offer and justify treatments for the problems and predict their likely effects.

This applies directly to the 'obesity epidemic'. I argue that such a framing has a significant enough impact on society to ensure that we accept as appropriate the constant suggested media interventions in the most private of our daily activities – food and exercise. In the corpus, obesity is defined as the problem; for example, one article says 'obesity is an expanding problem in South Africa' (IOL 2012b). Lack of exercise and overeating are identified as the primary causes – one study of obese women says that among the participants 'exercise routines were non-existent' and the participants ate a 'fatty diet' (IOL 2006d). Suggested interventions centre around exercise and food. Lindsay Ord (2010) says that one of the five most important things to do in order to achieve 'good health' is to 'eat well [and] exercise to control weight'.

As Entman (1993:54) notes, 'receivers' responses are clearly affected if they perceive and process information about one interpretation' (of obesity as a disease, for example) 'and possess little or incommensurable data about alternatives' (about health being a matter of exercise rather than body size, for example). This suggests that when dominant frames exist – such as fat framed as disease – they function both to promote themselves as the sole way of understanding an issue, but also to silence oppositional framings (see Gamson *et al.* 1992).

When this is the case, then audiences will possess little or no information contradicting the fat as disease frame, which, according to Entman, is crucial for audiences to negotiate counterframings which might allow them to take a more nuanced view (1993:54–55). This ensures that audiences will largely accept without question the dominant frame, allowing it to impact their lives in various ways. Part of the corpus includes comment sections and letters written by the public. These small windows into public opinion all echo the dominant framing of fat as disease, suggesting that audiences have largely accepted this framing. Gareth Cliff (2011), for example, calls fat people 'remorseless eating machines' and says he should not be subjected to the plainly unbearable experience of having to sit next to a fat person on an airplane. Nomfundo Xulu comments on an article by saying 'I never knew how obese people survived until I saw some scary examples on Oprah's show' (Xulu 2009) and Hogarth (2011), a pseudonymous political opinion columnist writes that most tyrants 'die of old age or obesity'.

In many ways, therefore, the existence of this corpus is in and of itself evidence that obesity has been medicalised. The word 'illness' occurs in 50 articles in the corpus and the word 'disease' occurs in 205 articles. Therefore we can see that in the corpus the word obesity connotes illness and disease. While it is certainly not the case that all instances of the words are referring to obesity specifically – for example, in some cases the word is used to refer to diabetes, heart disease and even HIV, the point remains that a huge number of the articles discuss obesity itself as a disease or link it to other diseases. This ensures that fat and obesity are directly associated with disease and ill health. Doctor Craig Nossel, for example, cautions that if we do not act now, the incidence of non-communicable diseases in South Africa will increase dramatically (Nossel, 2012). He says,

> Inactivity, obesity, unhealthy eating and smoking are globally recognised as the top three lifestyle risk factors. South Africa is no exception and the health sector is seeing a massive increase in chronic diseases relating to lifestyle (Nossel 2012).

The 'obesity epidemic' only exists as a result of medical 'experts' constructing obesity as being a disease and as being inherently unhealthy (Nye 2003:115–119). Doctors therefore attempt to pathologise everyday behaviours and then suggest interventions to cure them (Nye 2003:115–119; Boero 2006). For example, Gustav Thiel (IOL 1999) says that 'overindulgence leads to obesity and sterility', both of which are self-evidently listed as medical problems. Professor Wittenberg from UCT says that if South Africa meets its development goals 'we are likely to see more obesity and obesity-related illnesses like

strokes, heart disease' (IOL 2007), and many others have called obesity a 'chronic disease of lifestyle' (IOL 2012). According to Adams (2006), deaths for young women related to diabetes and obesity are 'catastrophic'. This is merely one example of the crisis metaphors used to describe obesity today. The profusion of medical 'experts' in the corpus defining obesity as a disease is further evidence of medicalisation. Adams (2006) notes that

> *experts* say trends in the adult mortality study released this week by Statistics South Africa speak volumes about the increasingly fatal social conditions to which women are being subjected – from forceful sexual relationships and abuse of children to high-fat Western diets and unhealthy lifestyles [emphasis added].

The managing director of Woolworths says that 'qualified technical food experts' have worked to put together foods which Woolworths can see are good for health, including low-fat versions of items already sold in the store (Booysen 2011). A dietician working in conjunction with Pick n Pay has also intervened to monitor fat levels in certain foods (Booysen 2011).

The power of medical discourse

This aspect of medicalisation focuses on the interplay of power between the micro and macro levels. Medicalisation serves to ensure various practices of power on a day-to-day level in relation to food choices, exercise, etc. but this also ties in to existing ideologies at a macro level which sustain certain power relations relating to the superiority of the mind over the body[3] that will be discussed later on in the chapter. For the 'obesity epidemic', we have to ask ourselves what work the construction of obesity as a disease does on a day to day basis, but also how this resists or conforms to various existing power relations.

According to Foucault (Young 1995; Bevir 1999; Coveney 2006), discourses make subjects knowable so that they can be monitored and controlled by normative regulations regarding proper health. Healthy people are expected to eat well, exercise regularly and look thin. Doctor Glenn Hagemann (2011), for example, recommends starting kids on exercise at a young age to promote health, and one manager talks about how his company implemented food changes to their cafeteria in order to promote health (Govender 2012). He says,

[3] and, by extension, the superiority of masculinity over femininity

> Quality products such as lean meat, olive oil and fresh fruit and vegetables are being incorporated into meal options. Food is grilled, baked or steamed as opposed to boiled and fried (Govender 2012).

He also notes that even though the company is trying to make healthy foods available, individuals are still responsible for making healthy food choices to ensure their health (Govender 2012). This reveals the underlying assumption that excess weight is unhealthy. According to one writer, parents need to ensure their children engage in seven key health promoting habits if they want healthy kids (IOL 2011). Three of these seven health preoccupations center on food, drink and exercise, pointing to how prevalent the link between weight and health is believed to be today (IOL 2011).

Medical discourse on obesity tells us that being fat is bad because it is bad for your health and that we can combat this through a variety of medical interventions like tablets and surgeries but primarily through eating healthily and exercising regularly (Coveney 2006:52–64). However, there are more obscure suggested means like making sure you do not live in an environment which contributes to obesity. The Virgin Active physical wellness site claims that

> the biggest contributor to obesity is an *obesity-breeding environment.* Like being sedentary and stressed with an abundance of food always at arm's length (Virgin Active 2012).

Because Foucault believed power to be productive, we can understand the emergence of facts, subjects and objects of the 'obesity epidemic' discourses. Coveney (2006:xv) notes:

> For Foucault, subjects are constructed through relations of knowledge and power … power is productive: it produces 'subjects', for example, subjects of food choice, it produces 'objects', for example, bodies that require nutrients and it produces facts or 'regimes of truth', for example, nutritional knowledge.

The fat subject and the thin subject emerge out of these discourses as real subjects of public scrutiny. Truths about obesity and health also emerge out of these discourses. These subjects are so well constructed that it appears as though they have always existed and as though they are objective labels, rather than identities which have been created through discourse. These subjects do not exist before the discourse (as it so often appears) but rather the discourses breathe life into them by naming them and giving them specific ways of being which limit their agency (Pinto *et al.* 2012:306). A fat person, for example, cannot also be fit, in spite of the evidence which suggests otherwise (see Skerrett 2013; Gaesser 2002:113–117; Bacon

2008). The legitimising gaze of medicine offers insight into how these disciplinary practices are so easily taken up by the public.

According to Pinell (1996:2), medical norms regarding hygiene were already in place by the time Elias argued that the creation of court life and courtiers vying for positions within the nobility developed their notions of 'civility' as a means to accessing status and power. Before Elias' theory, most had incorrectly attributed the 'common sense' move to hygienic norms to medicine (Pinell 1996:2). Those in the medical profession at the time argued that a changing attitude to manners and hygiene was a consequence of their teachings; yet Elias argues that

> hygienic norms based on medical knowledge did not lead to the adoption of such 'good manners' by elite groups. They gave them an additional sense of legitimacy (Pinell 1996:2).

Therefore, Elias argued that the adoption of hygienic norms by medicine merely added legitimacy to the ideas espoused by the upper class that hygiene was a moral good. Elias argues that there was no reference to hygienic care 'justifying 'good manners' until the nineteenth century' (Pinell 1996:2). While people were still concerned about epidemics, Pinell argues that

> a focus on everyday hygiene norms did not form a part of this concern because religious as well as medical interpretations of the causes of collective diseases did not link the possibility of transmission to 'unhealthy personal habits' (1996:3).

In other words, hygiene may have been important before the nineteenth century but nowhere did it form part of an understanding about what constituted good manners and proper behaviour. This is relevant because it demonstrates the powerful role of medicalisation today. In this account, the interplay between medicine and social concern is made evident. In this instance, the legitimacy and authority afforded to medicine, as well as the power of social and political cultures regarding 'civility' combine in such a way as to make hand washing both a medical as well as a moral concern. The same is therefore true of the 'obesity epidemic', in which the medical concern over health combines with notions of self-restraint in such a way as to produce the notion of obesity as being both unhealthy and 'uncivilised'. Understanding obesity as something which is 'uncivilised' gives it more social and political capital.

Social control: The construction of deviants

According to Nye (2003:115),

> Medical models have influenced standards of pathology and norm, therapeutic philosophies and techniques, strategies for social intervention, and theories of deviance and punishment.

This quote speaks to the moralising gaze of medicine as espoused through medical discourse. It also speaks to the notions of social control and deviance. The fat and the thin subjects exist within discourses of normality and what deviates from the norm. In constructing thinness as normal and fatness as a deviation from this, medical discourses ensure that thin people are seen as being good and fat people are seen as being bad. As Raj Patel notes, 'every culture has had, in some form or other, an understanding of our bodies as public ledgers on which is written the catalogue of our private vices' (2007:3).

In today's culture, one of the ways we make meaning of bodies is to know, based solely on what we see, that thin is good and that fat is bad. This gives medical professionals the room to have an ever growing say in societal values. Because obesity is seen as being bad for your health, it is easy to see how food choices tell a story about the kind of person you are. One article says, 'a new culture of lazy munchers' has established itself in South Africa (IOL 2010a) and Makhanya (2011) says, 'we are becoming a lazy nation' because too many people do not exercise and eat badly.

As these quotes suggest, our bodies become the scripts off of which other people can read 'truths' regarding our characters (Patel 2007:3). The discourses surrounding obesity are widespread and have practical implications both for policy and the ways they are understood and received by people in society. Good people, for the most part, choose healthy foods and have healthy BMIs. Bad people, or deviants, are seen as making poor food choices, thus resulting in their obesity (Coveney 2006). In this sense, obesity is clearly seen 'as a deviation from standard weight' (Bruch 1973:109). The idea that our food choices clearly represent a moral status of good or bad is best encapsulated in the well-known phrase 'you are what you eat' (Logue 2005:127). Those who deviate from this thin norm become publicly scrutinised by medical 'experts' who want to ensure that there are appropriate disciplining practices in place to restore fat people to a normal thin state and ensure that thin people do not somehow fall victim to fatness. As Coveney (2006:15) says,

> Good Nutrition – that is, current views about food and health promulgated by experts such as doctors, scientists and nutritionists – can be viewed as a form of social control (Coveney 2006:15).

Crotty (1995:65 cited in Coveney 2006:15) argues that the form of social control exercised on society by the medicalisation of obesity is the kind which 'attempts to ensure that people follow the rules as it sees as acceptable.' Talk about good and bad food today is largely taken to mean healthy or unhealthy food and healthy and unhealthy food is always understood in relation to obesity (Walters 2011). Unhealthy food is the kind of food which, when eaten frequently enough will result in obesity and healthy food is seen as the kind of food which will nourish the individual as well as help to stave off obesity. This is not, in and of itself a simple process because there is constant debate regarding which foods are good for you (see, for example, Gunners 2014; Haan 2014). While some foods, like salad, are obviously good for you and other foods, like sugar, are obviously bad for you, some foods seem to be more obscure in how we label them. Tim Noakes' notorious reversal of opinion regarding carbohydrates is but one example of the ways in which it becomes difficult to know what actually constitutes healthy food today (Health24 2013). Yet it is presented as being simple and obvious in the media.

Conflating weight and health

A common trend of the articles in the corpus is to conflate weight and health. Almost all discussion of obesity involves a positioning of it as unhealthy. For example, the WHO report on obesity and overweight defines these as 'a condition of accumulated fat which may impair one's health' (WHO 2013). This same report says that overweight and obesity are indicators for many diseases and are 'a leading risk for global death' (WHO 2013). Statements like these demonstrate the commonsense belief that any extra weight is bad because it is bad for your health. This is why it has been deemed appropriate for 'experts' and officials to make public health interventions to alleviate obesity, such as condemning fast foods or insisting upon food labels which clearly show how much fat is in a particular food item. The UN Food Chief, for example, has called on all UN member states to implement a 'bold framework of regulations limiting access to salty, sugary foods that are high in saturated fats and contribute to obesity' (Healy 2014). 'Such policies and programs are based on the notion that weight is a fundamental determinant of health, and that being 'overweight' or 'obese' is automatically unhealthy.' (O'Hara & Gregg 2012:42).

The fact that extra weight is seen as unhealthy is the standard accepted wisdom on this issue and can be clearly identified by merely looking at some headlines from the corpus. For example, 'Warning on Obesity for SA's black girls' (Caelers 2006a), 'Wellness: Food you

can enjoy while dropping kilos' (Pillay 2011), 'Obesity worsens chronic disease burden' (Nullis 2006), 'SA kids score C-minus for health' (Samodien 2008) and 'SA lags behind in keeping kids alive, healthy' (Maposa 2010).

The kind of monitoring suggested by Coveney (2006:15) comes in the form of various interventions, mostly in the form of diet and exercise strategies. Dr van Heerden, for example, says if you are overweight then you must take steps to remedy the situation as soon as possible and suggests 'losing weight and increasing your fitness … to improve your medical condition … and even save your life' (Health24 2008).

As Frank (1998:1–2) says,

> Traditionally, treatment of obesity has been considered trivial. All that is required is eating less and exercising more – not a particularly complicated process. If the existing system can take care of difficult diseases like diabetes and cancer, it is thought, then it surely can take care of a simple disease like obesity. Unfortunately, assumptions like these create some problems.

This is because the oversimplification of obesity as a problem of input and output fails to take into account a variety of other factors involved in causing of obesity. In fact, it is difficult to name a single causal factor (see, for example, Bacon 2008; O'Hara & Gregg 2012). Rather, obesity can be seen as a result of a collection of factors (Dehghan, Akhtar-Danesh and Merchant 2005:1). Botterill (2006:2) argues that

> the debate is far more complex than the simple 'energy in-energy out' to which weight gain/loss is so often reduced and this complexity alone should suggest prudence on the part of regulators before they intervene in the most personal of private behaviour – what we eat and how active we are.

This suggests a far more careful reading of the 'obesity epidemic' is required, as opposed to the oversimplified representation in the media. O'Hara and Gregg (2012:32–33) argue that

> Weight is presented to the public as an independent cause of disease and death. Terms such as 'epidemic' and 'obesity' are used so frequently that they have seeped into the collective community consciousness, primarily due to the massive increase in coverage of this issue in the popular media.

The logic behind this health framework is simply that weight loss is necessary because it will lead to improved health (O'Hara & Gregg 2012). Despite this accepted wisdom, there is evidence which suggests that the positioning of all extra weight as unhealthy is incorrect. Botterill (2006:2) says,

> the nature of the scientific evidence about the health risks of obesity itself [is concerning] – it is by no means unanimous that weight loss is a universal good and that levels of disease will be reduced if those with a higher than 'ideal' BMI [body mass index] lose weight.

This quote again suggests that our understanding of obesity is perhaps somewhat limited and that this requires a more cautious reading of the 'obesity epidemic'. A study attempted to document the adverse health effects of adiposity by having 10 kilograms of fat removed from fifteen female participants through liposuction (Campos *et al.* 2005:57). The goal of the study was to demonstrate that the participants became healthier after having 10 kilograms of fat removed, yet over the next ten to twelve weeks, the researchers could find no improvement in any of the typical health markers (Campos *et al.* 2005:57). This lends credence to the thought that it is by no means an obvious fact that weighing less will improve your health.

Some have argued further that there is a case for a metabolically healthy person who is nonetheless obese (Skerrett 2013; Ortega *et al.* 2012). Researchers at Harvard argue that obesity is not a homogenous disease because it affects everyone differently and demonstrates that there is evidence of people being medically obese due to BMI but not suffering any of the metabolic effects such as diabetes, high blood pressure, high cholesterol or insulin resistance making them 'metabolically, look like individuals with healthy weights' (Skerrett 2013). Others have in fact argued for the possibility that fat might in fact be a symptom of faulty metabolic processes, as is typical in diabetes and hypothyroidism, rather than being the cause (Campos *et al.* 2005). Oliver (2006:2) is a another proponent of this belief and says that telling people to worry about their weight is like telling someone who is dying of pneumonia to worry about how much they are coughing; 'it conflates the real source of our health problems with a relatively benign symptom'. Therefore, some accept that, aside from osteoarthritis,

> where increased body mass contributes to wear on joints and a few cancers where oestrogen originating in adipose tissue may contribute, causal links between body fat and disease remain hypothetical (Campos *et al.* 2005:57).

Despite the homogenous media coverage of obesity which presents it as being unhealthy as matter of fact, this suggests that there is evidence contradicting this. However, this kind of counterframing is absent from the corpus. Gaesser (2002; 2003) argues that despite large-scale efforts to reduce global weight through exercise and dieting interventions, obesity still seems to be prevalent across the globe. He questions the effectiveness of contemporary

dieting strategies by saying that statistics seem to demonstrate that current models do not have good long-term efficacy and argues that in fact, contemporary dieting strategies (fewer calories and more exercise) seem to promote weight gain via 'weight cycling' (Gaesser 2002:43–45). Weight cycling or yo-yo dieting are terms used for consistent weight loss and weight gain which *has* in fact been proven to be harmful to health (Gaesser 2002). Weight fluctuation as is typical of weight cycling has been associated with many harmful health outcomes (see Gaesser 2002; Rodin *et al.* 1990; Field *et al.* 1999; Bacon 2008; Jeffery 1996). Gaesser also says that 'several long term studies on men and women indicate that a history of dieting may increase chances for subsequent – and significant – weight gain' (Gaesser 2003:40). Jeffery (1996:455) says that 'all patterns of weight change other than stable weight – gains, losses, and both combined – appear to be associated with increased mortality risk'. Field *et al.* (1999:577) completed a study on 46 224 women over four years to determine whether weight cycling caused hypertension and found that weight cyclers are 'significantly' more at risk for hypertension than women who were classified as 'non-weight cyclers'. Tomes notes that Ivan Illich warned of the fact that 'by overextending its scientific and cultural authority, modern medicine had itself become a threat to health' (2007:698). This warning could not be more apt than in relation to the 'obesity epidemic' since it appears weight cycling seems to promote ill health outcomes rather than curbing them.

This is highly relevant because if current intervention strategies are promoting weight cycling and weight gain then they are not only failing to facilitate global weight loss – as they claim to be doing – but they are in fact promoting ill health, which is precisely the thing they claim to be remedying. Because interventions in weight are justified in relation to health, the issue of overweight and obesity becomes far more complex when it's removed from this context.

Conflating overweight and obesity

It is also necessary to make a distinction between overweight and obesity. They are often presented as one and the same thing when in fact, there is a medical difference between the two and contemporary knowledge on the adverse health effects of obesity do not in fact, necessarily apply to overweight. This is because the medical problems associated with obesity are different to those associated with overweight.

Contemporary representations of weight tend to lump overweight and obesity together as being the same thing with the same adverse health effects (see WHO 2003 and World Obesity 2012). Weight is presented as a sliding scale, with those who are thin and healthy on

the one end and those who are obese and unhealthy on the other end. Everything between is viewed as a part of a process of becoming obese, thereby suggesting that anyone who is not thin is either overweight or on their way to being overweight, or obese or on their way to being obese. Overweight individuals in particular are viewed as little more than precursors to obese individuals. The World Obesity (2012) site for example calls overweight 'pre-obesity'. In an article in the corpus, the author says exercise is essential to 'stop rampant child obesity' (Phillip 2005) and in the very next paragraph says we need to 'help intervene in what experts call a 'near epidemic' of dangerously overweight juveniles' (Phillip 2005). Another article, 'SA women are on top – sort of', says that '56 percent of South African women are overweight or obese' (IOL 2009a) and a third cites Aaron Motsoaledi saying 'I was once obese …' (Jordan 2011) and later on saying 'at the time I did not consider myself overweight but they showed that I was' (Jordan 2011). These are examples of how the two terms are used interchangeably to mean the same thing.

As Houghton (2010) says,

> The term 'overweight' simply means being over a weight that is set for your height and bone structure. I am not talking about those antiquated insurance charts from the 1930s that were unfortunately used to measure and torment us for over 60 years. In 2010 we are looking at a healthy weight range and now know that an extra 10 to 20 pounds is not considered obese by doctors. You can live just fine with the extras. It all depends on your health and agility.

Yet, the media conflates these terms, suggesting that any excess weight – regardless of the amount – is obviously unhealthy. The WHO (2013) suggests that the only difference between overweight and obesity is the amount of extra weight you carry and that all extra weight is essentially bad for your health. The title of the report is 'Overweight and Obesity' and it is presented as a sheet of information on both overweight and obesity with each new set of facts applying equally to both. The National Kidney Foundation (2013) says 'obese' generally implies a larger amount of fat than 'overweight'. The suggestion remains that overweight and obesity are one and the same thing. Yet, being overweight is merely the fact of carrying more weight than has been deemed healthy or socially appropriate, whereas obesity is the actual medical condition.

The conflation of the terms overweight and obese in the corpus suggests that being overweight is a problem because it makes you *at risk* for obesity and all its adverse health effects. Where obesity is the well-known medical condition, being overweight is merely seen

as unhealthy because it *might* lead to obesity. A distinction between overweight and obesity is therefore necessary because treating them as the same thing makes the issue a question of degrees of fatness, when in fact, what may be more important is where the fat on your body is located –your shape – or your build, for example (Gaesser 2002; Keeton 2006).

Oliver argues that the definition of overweight and obesity in relation to BMI levels is based 'on an arbitrary and subjective call on the part of just a few researchers' who overnight determined that a BMI of 25 and above indicated overweight and a BMI of 30 and above indicated obesity (2006:28). Many people that day went to bed thinking themselves healthy and at a good body weight, and woke up to discover they were in fact overweight.

Fat shaming and the denial of agency

The medical profession and medical knowledge now act as a moral bastion for societies; this means that if the doctors tell you that it is bad to be overweight or obese because of your health and if the underlying assumption is that we can easily control what we eat, how much of it we eat and whether we exercise or not, then being overweight is a self-imposed condition (see Coveney 2006). It also means that food choices are seen as being representative of our assumptions regarding obesity and health, and our moral worth, making them appropriately susceptible to public scrutiny and judgement.

Morris (2013) argues that there is a 'frightening' kind of discrimination reserved for fat people today:

> The so called 'medical bias' based on recent studies suggests that doctors are far less likely to treat you with respect and dignity if they consider you to be fat (Morris 2013).

Some doctors are even refusing to treat obese patients by cancelling necessary surgeries (see Morris 2013; Beck 2012). This discrimination is so pervasive that it is even preventing fat people from getting jobs (Verth 2012). Verth (2012) describes her experiences of job hunting at one firm where she was told by a 'slender, pretty girl' that she would not be called back for a second interview. When Verth asked why not, the slender girl went on to say 'the partners wouldn't like you' but could not explain herself further than that (Verth 2012). Verth (2012) was 'well qualified' for the job, as the position was very similar to her previous jobs and yet she could not get any more explanation as to why she was not getting a second interview

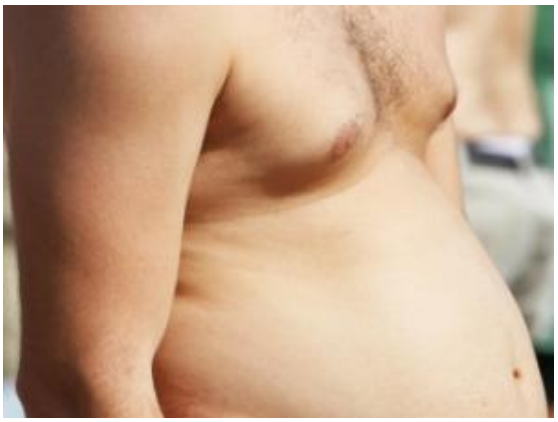
other than that the partners would not like her. Verth believes that this is because of her size. She says,

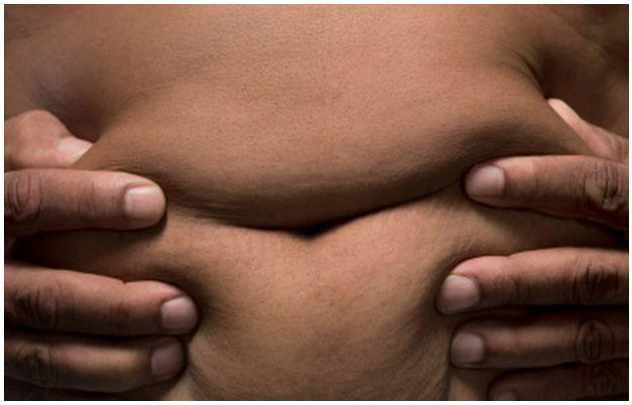
> … wouldn't like me or wouldn't like the way I looked? I didn't have to ask – I already knew the answer. For despite my decades of experience and glowing references, there was one box that I didn't tick – the 'thin' box (Verth 2012).

She says that while she looks 'great on paper, it seems employers don't think I'm acceptable in the flesh' (Verth 2012). John Zappe (2013) agrees that 'chunkiness' is probably costing people jobs. He (2013) argues that studies linking obesity to 'lower pay' raises and 'fewer promotions' have 'circulated for years'. Bullying in schools has become more prevalent since the rise of the so-called 'obesity epidemic', with Pinky, a grade 10 pupil saying she believes she's a target of bullying 'because of her obesity' (Chetty and Magwaza 2005). Pinky says she 'feels as if she has become the object of amusement, and, because of this, she dreads going to school' (Chetty and Magwaza 2005). Doctor Schurman-Kauflin (2012) says that 'torturing overweight people is one of the last acceptable forms of bigotry'. This kind of taunting involves an objectification of the fat body. As Pinky describes it, she has become an 'object' of amusement (Chetty and Magwaza 2005).

McKelle (2014) says people stare at her in public as though she is an 'object' of pity or ridicule because she wears revealing clothing and is fat, and Morris (2013) argues that fat people have become the target of a 'global hatred'. Fat people are routinely depicted as objects in the media, not only in the ways in which we talk about them, but also in the ways they are represented in the pictures accompanying newspaper articles (Mirk 2011). Fat shaming is often framed as something which will cause fat people to lose weight. The underlying assumption is that fat people can be shamed into losing weight. However, research shows that in fact the opposite is true; fat shaming is said to result in weight gain as well as being responsible for other serious conditions like depression, for example (see Dahl 2013; Morissey 2013). Psychologist Angelina Sutin says that 'weight discrimination, in addition to being hurtful and demeaning, has real consequences for the individual's physical health' (Dahl 2013), suggesting that fat shaming may in fact be responsible for ill health. In documenting the pervasiveness of fat shaming and its consequences, Tomiyama and Mann (2013:4) note that if 'fat shaming reduced obesity, there would be no fat people'. Haque and Waytz (2012:176–177) note that most medical practices reinforce dehumanisation in many ways. One of the ways this occurs is when medical professionals define and label patients according to diseases (Haque & Waytz 2012:176–177).

Pictures of what have been called ‘Headless Fatties’ are now commonplace in the media, so much so that Charlotte Cooper (2007) says they have become ‘a staple of news journalism’. Cooper (2007) also points out the fact that fat people are treated as objects in the media by saying ‘we are presented as objects, as symbols, as a collective problem, as something to be talked about’. This speaks to the idea that you can read off of one fat body what you read off another. There are no faces in these pictures because heads and faces are precisely the sources of agency in humans, therefore a headless fatty is both lacking in agency and individuality. The fat body is therefore essentialised in much the same way that racism essentialises the black body. The fat body is thus presented in such a way as to deny the individual humanity (Cooper 2007). These pictures represent the reduction of the person to excess flesh. This becomes the only important thing you need to know about them. The literal disembodiment of fat people also operates on an assumption of shame. Their heads are also removed as a way to preserve anonymity, suggesting that a fat person would be embarrassed or ashamed if others knew it was them in the picture. The pictures below (Skade 2010; Mclea 2011) respectively demonstrate that the removal of the heads (and, often, also the arms and legs) of fat people is also to remove the individual sense of self and to reduce individuals to their bodies.





Social control: The policing of fat bodies

I have argued that medicalisation ensures that obesity continues to be framed as a disease. Obesity is also routinely associated with glut. Obesity is measured by BMI, which determines ‘excess weight’ (Swinburn *et al.* 2004:124). Therefore by definition obesity is an excess of weight. However, obesity itself may be a condition of excess weight, but it is also associated with eating to excess. For example, Sboros (2005) says many children today eat too much sugar, which is a problem. One of key ways in which medicalisation exerts its force is in the

policing of fat bodies. I argue that the reason that fat presents such a problem for society, has less to do with medical facts about fat being bad for your health, as the framing in the corpus suggests, and more to do with what fatness represents. Kim Chernin (1981) says that society's obsession with weight stems from the need to curb and control sensuality, pleasure and excess whilst endorsing rational pursuits of the mind. She says,

> A woman obsessed with losing weight is also caught up in a terrible struggle against her sensual nature. She is trying to change and transform her body, she is attempting to govern, control, limit and sometimes even destroy her appetite (Chernin 1981:9–10).

According to Chernin (1981), society is set up in such a way as to endorse pursuits of the mind and to govern those related to the body. The social control which medicalisation exerts on bodies deemed to be carrying excess weight can therefore be understood as part of this crusade to govern, police and discipline the body and its desires. Chernin (1981:22–41) notes that this conceptualisation of the mind and the body has dire consequences for those who are seen to be *of* the body. Chernin's work focuses on the ways in which women have been constructed as being of the body and the oppressions they experience as a result. Chernin's work (1985) is therefore premised on the theoretical understanding that society's obsession with weight is used as a tool for the widespread oppression of women. I argue that Chernin is correct to suggest that women have long been constructed as being of the body while men are seen as being of the mind; however, I also argue that fat people are afforded the same kind of treatment. Elias' work in *The Civilizing Process* offers similar insight to our attitudes towards obesity. His work suggests that the development of the 'civilised' individual was as much a project of creating and maintaining class relations as it was of facilitating agency through practices of self-restraint regarding bodily comportment (Smith 1999:93). Therefore, Elias argues that the upper class maintained their status through the rigid control of both public and private practices relating to bodily comportment such as appetite and hygiene, for example (Aya 1978:222). Elias argued that

> the entire sensibility of European peoples as regards the body and physical existence – eating, evacuation, sleeping, sex, and violence – had transformed utterly since the Middle Ages (Aya 1978:222).

In his account of the development of the 'civilised' individual, Elias demonstrates that a failure to control and regulate the body was a sign of being lower class and of lacking the 'civility' of the nobles. We can therefore see that the formation of 'civilised society' was

premised upon the mind/body divide Hesse-Bieber discusses on when she describes how women are seen to be of the body and men are seen to be of the mind. Similarly, obesity represents the failure of the superiority of the mind for the unruliness of the body. Obesity is troubling precisely for this reason.

Lupton (2003:84) notes that once something has become pathologised, the so-called disease

> constitutes a threat to the integrity of the body and self-identity, and requires a status change from well person to patient.

As was mentioned previously, due to medicalisation, fat people are no longer seen as people: they are reduced to illness and disease (Haque & Waytz 2012). They are reduced to their bodies in much the same way that sexism reduces women to theirs (Chernin 1981). And as Chernin (1981:22) says,

> an instant's reflection tells us that this dislike for the body is not a biological fact of our condition as women – we do not come upon it by nature, we are not born into it, it does not arise for us because of anything predetermined in our sex. We know that we once loved the body … from that state to the condition of the woman in the locker room is a journey from innocence to despair, from the infant's naïve pleasure in the body, to the woman's anguished confrontation with herself.

The same is true of fat people who are reduced to their fatness and become the diseased deviation from the norm, a deviation from rational thinking, the failure of will, an inability to control appetite and the capitulation to hunger. As a result, we live in a society of people who are engaged in a 'constant fight to contain bodily hungers' (Meadow & Weiss 1992:2). Eating is often described in terms relating to pleasure and desire – it is seen as something which, like sex, is a forbidden pleasure or a taboo because people are not supposed to enjoy food (Meadow & Weiss 1992). Today, food is routinely viewed as something which can provide the necessary nourishment (and calories) required to get us through the day (Meadow & Weiss). Sharp (2011) notes that we should be 'wary' of diets which are too rigid because they say you can only consume a certain amount of calories and Keeton (2011) says that an obsession with calories won't help you lose weight. Both are critiquing what they see as a problem of contemporary wisdom on health (Sharp 2011; Keeton 2011). Caraher and Coveney (2004:591) have argued that 'public health nutrition has examined food almost exclusively from the viewpoint of the provision of nutrition and health, underplaying the role of other structural factors.' Given that it ignores other factors contributing to food choices, it remains limited in its ability to effectively intervene in public health (Caraher & Coveney

2004:591). Curtin and Heldke (1992:3) argue that Western philosophy '*cannot* take food seriously' because

> Philosophers in the dominant western tradition have been uninterested in those aspects of life which 'give color to our existence', those common everyday experiences that, as we say, 'add spice to life' (Curtin & Heldke 1992:3).

That is because from the perspective of medical 'experts', the only role for food is its ability to inform good or bad nutrition decisions, because the worry is that once people start actually enjoying food, they might overindulge (Curtin & Heldke 1992). This is precisely how medicalisation ensures the policing and regulation of bodies through food. From the perspective of medicine, food is a necessary biological function for survival; it is not supposed to give pleasure or enjoyment. To talk of enjoying food today is just as taboo as it would have been for the nobles to fail to practice self-restraint in *The Civilising Process*. Enjoyment of food, much like fat people themselves, is seen as being a danger to our society because it could lead to the overindulgence which is the hallmark of obesity. Fatness therefore represents the ultimate excess and medicalisation acts to control this excess in various ways.

Conclusion

Medicalisation, a consequence of the framing of fat as disease, therefore ensures that obesity discourses oversimplify the 'obesity epidemic' in a number of ways. Weight and health are conflated, as are overweight and obesity, ensuring that obesity is reduced to a simple equation of inputs and outputs, rather than taking into account evidence which suggests that understanding obesity may be more complex than that, and that in fact, treating it as a problem of inputs and outputs promotes weight cycling which may cause poor health. The expansion of the medical realm into everyday life ensures that the kind of information we receive on obesity is highly regulated and controlled by medical discourses which provide us with norms used to determine on sight alone who is healthy and who is not, as well as how to identify and control those unruly bodies who deviate from the norm of thinness. These discourses act as a vehicle for conveying the 'truth' regarding obesity and ensure the creation of subjects, objects and knowledges on obesity which have implications for public health as well as our private choices regarding food and exercise. Obesity discourses also promote fat shaming and widespread discrimination against fat people. It is therefore, clear that these discourses have a significant impact on public opinion, and, therefore on our daily lives in

some of the ways I have indicated. The policing of fat bodies in society can also be understood as a means of reasserting the dominance and superiority of the mind over the body so as to ensure that the unwieldy body is reigned in and its desires curbed.

Chapter 5
Race and Obesity

Introduction

This chapter will use critical race theory to demonstrate that constructions of obesity in the corpus are clearly raced. The disproportionate focus on black bodies in the corpus suggests that the 'incivility' of obesity has been clumsily mapped onto racist assumptions depicting black South Africans as being incapable of the self-restraint typical of thinness and whiteness. The panic over obesity in the corpus is amplified in relation to black bodies. Black people are represented as being unable to manage the demands of a Western lifestyle, as being uneducated and unaware of the negative consequences of obesity in general and as having misguided 'cultural' beliefs about the attractiveness of obesity which are all said to require urgent attention. This chapter suggests that racist assumptions following typical stereotypes of black people are being employed in the service of prevailing ideas about 'civilisation' and evolution to suggest that black people, and black obesity in particular are somehow low class and lacking the restraint typical of white people. The chapter also suggests that the disproportional focus on black bodies in the corpus may be partly explained through an understanding of black South Africans as an emerging market for corporate interests.

Race, racialism and racism

According to Goldberg (2009:4),

> Racialism, is the view that groups of people are marked by certain generalizable visible and heritable traits. These generalized traits may be physical or psychological, cultural or culturally inscribed on the body, and the physical and psychological, bodily and cultural traits are usually thought somehow indelibly connected. Thus racialists more often than not think that racial group members share not only these traits but also behavioral dispositions and tendencies to think in certain ways those not so marked do not share.

Goldberg also argues that racialism as a belief alone does not necessarily make the belief or the believer racist (2009:4). He therefore makes a distinction between racialism and racism. The former, he argues, is a belief that groups of people have generalised traits; the latter entails racialism as well as a moral judgment of inferiority (Goldberg 2009:5).

In other words, racism exists when a certain racial group, or a member of that group, deems another racial group, or individual in that group, inferior solely because of their race. Racism therefore involves a claim of moral superiority and oppression (Goldberg 2009:5). A person is racist if they believe that their race is morally superior to another and that this warrants exclusion and oppression in access to education, housing, water, electricity and, even life.

According to Dyer (1997:20),

> Race is a means of categorizing different types of human body which reproduce themselves. It seeks to systematize differences and to relate them to differences of character and worth.

In a racist society, this means that beliefs about the worth of black people become internalised so that they begin to see themselves as inferior, weak, stupid and poor, as they have been represented (Fanon 1952:3–4). Because of the internalisation of the other, black people continue to feel inferior even though apartheid in South Africa has been formally dismantled.

Today, race remains an important way through which people identify themselves and others (Groom, Bailenson & Nass 2009). Amy Farrell (2011:213) notes that the visibility of fatness ensures that fat people are also stigmatised and discriminated against.

> People categorize others by race immediately on seeing them and people's attitudes and behaviors towards others are consequently influenced by this categorization, even when people are unaware of this influence (Groom *et al.* 2009:1).

This suggests that race continues to play an important role today in relation to how different people interact with and respond to one another, whether this is conscious or not. Racism then becomes the vehicle through which race is understood as a condition of binaries such as white and black, good and bad (Perea 1997:1213–1214). David Smith (2012) writes that 'South Africa is still a chronically, racially divided nation'. According to Butchart and Seedat (1990:1094), for many people it is still

> 'a matter of common sense' that different racial and ethnic groups have an objective existence, and that differences in the quality and style of life between these groups are a function of ethnicity and culture, rather than an interaction between class, racial and other non-class factors.

These quotes suggest that racism continues to exist despite the fact that apartheid has formally ended.

They also suggest that some people believe that race has an objective existence or a truth which is easily identifiable. Butchart and Seedat are writing in 1990, yet it can be argued that their claim remains relevant today. A recent documentary on the Marikana miner massacre makes the argument that the massacre is an example of how little black life is valued in South African today (Eyewitness News 2014). An incident at the University of the Free State, where white students subjected black female staff members to degrading and humiliating acts, also demonstrates how far South Africa needs to go to rid itself of racism (Msomi & Shilaho 2013). Msomi and Shilaho also argue that 'a racist mindset is being passed down from generation to generation in our society' (Msomi & Shilaho 2013). Webster (2013) says that 'racism persists, often below the surface but visible in the divided geography of the area'.

This speaks to the subtle forms of racism we often encounter today. This chapter will argue that the focus on black bodies in the corpus is one example of the ways in which racist beliefs can underlie what might appear to be a legitimate concern – like so-called 'African obesity' in South Africa (Maposa 2010). This has various implications for how we engage with and understand race today.

It has been argued that the black body can be viewed as being synonymous with stupidity or irrationality, among other monikers (Fatouros 1965:710). In a very similar way, the obese body supposedly offers insight into the obese person. Excess body weight represents, for example, a 'lazy or excessive' individual (Bogart 2014). This belief is widespread enough to prevent fat people from getting jobs because some employers believe that if they cannot be bothered to diet or exercise then they surely will be unable to do the job (Mail Online 2013). Former Apprentice star Katie Hopkins argues that she would not hire a fat person because they 'look too lazy' (Mail Online 2013). This demonstrates the move from associating body weight with laziness to viewing the individual him or herself as being lazy. It could, therefore be argued that there are some similarities between the ways in which society constructs and treats obesity and race (Puhl, Andreyeva & Brownell 2008:992–993). Statistics from new research suggests that fat discrimination today is so pervasive that it may be even be worse than racism (NHS 2014). Puhl *et al*. (2008:999) also document the prevalence and dangers of fat denigration, saying that they could lead to bias and discrimination.

Black bodies at risk

This chapter will argue that the disproportional focus on black bodies in the corpus can be understood as a consequence of racist assumptions regarding rationality, self-control and

'civility'. The language used to describe black people in the corpus is problematic in a variety of ways and the suggestions for the policing of black bodies can be seen as being paternalistic, suggesting that this is a group of people who are unable to take care of themselves when it comes to appetite and exercise, and who are therefore in need of help. This involves obesity discourses in which superior others, usually a dietician or a doctor, are seen to have to step in to help black people to help themselves amidst myriad suggestions for intervention in the so-called problematic black community in South Africa. Interventions could take the form of government policy banning certain foods, or a research initiative by Professor Tim Noakes to put black farm labourers on his high protein diet to demonstrate its positive effects over time (Farber 2014).

The corpus suggests that black people, particularly black women, are especially at risk for obesity. Supposedly, the increase in obesity in South Africa's population is due to eating too many bad foods and not doing enough exercise, but it is argued that this simple problem is far worse for the black population in South Africa, for whom it seems obesity can be attributed to a number of factors aside from poor diet and sedentary lifestyles. The range of suggestions as to why obesity is so prevalent in the black population is wide and largely unfounded, and the assumptions made by journalists and 'experts' are often vague and problematic.

Obesity statistics for black South Africans

The corpus is characterised by a wide array of statistics on black obesity in South Africa. According to the corpus, the black population in South Africa represents 77.4% of the population and is the most 'impoverished' of all groups (Bourne, Lambert & Steyn 2002:157). While women in general are said to have a problem with obesity, Doctor Nelia Steyn says that

> black women [are] in the worst situation with close to 26 percent of them overweight and a whopping 31 percent obese (Salie 2004).

Professor Karen Silwa-Hahnle says that black women are especially 'at risk of developing a fatal heart condition' which could be caused by lifestyle diseases like obesity (Peters 2011). According to Dingfelder's research (2013),

> the 'obesity epidemic' has affected all Americans, but it has hit African-American women the hardest … Almost 60 percent of black women are obese, compared with 32 percent of white women and 41 percent of Hispanic women.

We can therefore see that the focus on black bodies is perhaps not unique to South Africa. However, a recent study shows that, similar to figures in the United States, 61% of the South African population is overweight, obese or morbidly obese (Verwey 2001). Furthermore, '70% of all South African women over the age of 35 were overweight or obese with 33% of black women presenting greatest risk and a quarter of coloured, white and Indian women following suit' (Puoane 2000).

'Cultural' explanations

'Experts' such as doctors, dieticians and health officials are said to need to intervene and make 'lifestyle changes' in the black and Indian communities (Chetty and Evans 2004) because of the widespread obesity. Herein lies the unfounded 'cultural'[4] claim that black people think obesity is attractive. According to Dr Zandile Mchiza, one of the reasons why 'African obesity' is such a problem in South Africa is because in 'poverty-stricken areas, most ethnic communities associate the condition with beauty and wellness, rather than a health risk' (Maposa 2010). African women in particular represent a problem for 'experts' because it is argued that 'they are far more tolerant of obesity as it is associated with beauty and a status symbol' (Maposa 2010). Gainsborough-Waring (1999) also says that 'plumpness has long been regarded as a desirable trait for African women'. That black South African women are not as pressured by men to be thinner is couched in an attitude of disappointment clearly suggesting that this is a problem which is supporting the spread of obesity (Kruger *et al*. 2005:493).

Amongst other women in South Africa, black women are said to have the highest incidence of obesity at 30% (Verwey 2001). Verwey attributes this to various beauty myths that apparently exist in poorer areas of South Africa. According to Dr Tessa van der Merwe, 'obesity is on the rise among black women in South Africa, possibly in part due to fears of looking like an Aids patient' (IOL 2006a). Dr van der Merwe explains that there is a fear amongst poor black women that thinness is related to disease, which makes it undesirable (IOL 2006a). While South Africa has an obesity problem, Dr van der Merwe says that 'black women are the most seriously affected' because being overweight is seen as a sign of prosperity and beauty (IOL 2006a). Kruger *et al.* (2005:493) also say that some 'black women adopt a larger ideal body size and that they are more accepting of being overweight'.

[4] The word 'cultural' appears in quotation marks in relation to articles on so-called black obesity to signal that its use by the media is being questioned in this thesis

Di Caelers (2006a) says that 'cultural differences … make it desirous for girls to be overweight in African culture', whereas white girls 'tend to be more influenced by the Western beauty ideal'. According to Govender (2006), while some racial groups know that obesity is a problem, others – presumably black South Africans – see it as 'part of the natural order'. He argues that this kind of belief is something which needs to be altered. One journalist even says that African communities use 'big parties and rituals as a platform to over-eat thereby contributing greatly to obesity' (Maposa 2010). This statement is problematic as it depicts 'African communities' as epitomising the excess associated with obesity (Mclea 2011). This claim regarding black 'cultural' beliefs is especially problematic because it suggests – as has been argued is typical of racism – that black people are stupid and do not know any better. The way in which this argument is made often implies or outright says that white people know that obesity is a problem which makes it all the more puzzling that black South Africans are not similarly aware. It suggests that the white understanding of obesity as a disease is normal and these 'cultural' beliefs – to the extent that they exist -are an exception and are wrong. Govender (2006), for example, says, 'obesity is certainly seen as a disease that needs fixing by certain groups in South Africa' but not by others. This quote falls directly under a paragraph which talks about 'traditional and cultural perspectives concerning body size' and how these perspectives pose a problem to interventions and need to be changed. This claim therefore outright states that black people are wrong and that their view that big is beautiful – to the extent that such a view even exists – is wrong and needs to be altered through intervention. This view is rejected outright and silenced such that it is not taken seriously or accepted as a legitimate opinion to have on body comportment. This is one of the many ways in which oppositional framings of obesity are silenced or delegitimised by the mainstream media. Black people are therefore seen as being incapable of making decisions about their own bodies and about what constitutes beauty. Instead, what is prioritised is the need to discredit the "slightest suggestion of an (oppositional) positive appraisal of the fat body" in order to reconfirm the framing of fat as diseased (Vincent & Malan 2013:17). Fortunately, Kruger *et al*. (2005:493) note that despite the difficulties associated with black 'cultural' beliefs which support obesity, evidence suggests that some black women are being assimilated into Western cultural norms on dieting and thinness. Professor Wittenberg also notes the exciting fact that young black women are finally 'becoming as weight conscious as their white counterparts' (IOL 2007)

Poverty

According to some research, 'black children are lagging behind other races in the physical department – thanks to apartheid' (Green 2005). The findings suggest that growth and development amongst white children is better than among other races due to differences that exist at birth and in infancy (Green 2005). The suggestion is that poverty has given black children a poor start in life which is later compounded by poor diet and lack of exercise. Dr Mchiza argues that poor diet and lack of exercise is 'rife' in 'poverty stricken urban areas' (Maposa 2010). Poorer communities are also said to suffer from obesity because they do not have access to healthy foods, according to Dr Nelia Steyn of the Medical Research Council (Salie 2004).

Poor diet and lack of exercise

There is also an argument that black people do not exercise enough, and research on the amount of exercise done by the various racial groups in SA demonstrates that 'coloured girls were least likely to exercise' (Caelers 2006b) and that black women were also guilty of not exercising enough. In South Africa, some statistics suggest that physical inactivity is the greatest contributor to obesity amongst black women (Kruger *et al.* 2005:493). Kruger *et al.* (2005) note that low levels of exercise in the black population are a result of poor education.

'Ethnic risk'

One article argues that 'Indian people carry an increased ethnic[5] risk' for obesity (Chetty and Evans 2004), though what this risk is and how it has been determined is not described. Keeton (2005) argues that 'abdominal size is influenced by ethnic origin', which puts black South Africans at genetic risk for abdominal obesity. According to research, in South Africa, those of Indian descent 'have a gene that makes them unusually susceptible to diabetes' and black South Africans have also seen 'sharp increases' in levels of diabetes due to obesity (Adams 2006). The outcry over obesity amongst the black and Indian South African population is often couched in terms of a broader belief that there is in fact a clear link between race and obesity (IOL 2013). According to one article, the 'demographic link between ethnicity and body weight is irrefutable' (IOL 2013). What is not clear in the articles which use the term 'ethnic risk' is what this means. For example, there is no explanation whether the link between black people and obesity is biological or related to other aspects of so-called 'African' culture or what these aspects might be. It also assumes that all black

[5] The word 'ethnic' appears in quotation marks in relation to stories regarding so-called black obesity to signal that this thesis is bringing its use into question

people are a part of the African culture. Another problem is the conflation of race and ethnicity. Both terms are used interchangeably so it is often very unclear what is meant.

Urbanisation

One of the many claims as to why black people struggle with obesity is the claim that with the advent of democracy, many black people are now moving into cities and adopting Western lifestyles. Di Caelers says that while white men are said to have 'the highest intake of fat, protein and added sugar with the lowest intake of carbohydrates' (Caelers 2006c),

> urban blacks [are] following suit as they [adopt] the Western diet, with their carbohydrate and fibre intake dropping as fat intakes [go] up (Caelers 2006d).

Urbanisation is said to be one of the main causes of obesity amongst black South Africans (Caelers 2006d). While the majority of the black population (56.7%) tends to reside in 'non-urban' areas, it said that the urban contingent (currently 43.3%) is 'increasing steadily', with many black people now living in informal housing on the outskirts of cities (Bourne *et al.* 2002:157). One journalist argues that while urbanisation raises the living standards for black South Africans, it is also taking a toll on people's health. Another article also blames Western values by saying that as 'African populations become Westernised and urbanised, the incidence of obesity increases dramatically' (Govender 2012). 'Experts' have argued that the rise in obesity in black, Indian and coloured communities can be attributed to 'a shift from traditional foods to more modern foods' (Pillay 2011) and according to Caelers (2005), 'black women living in cities are at the centre of the country's 'obesity epidemic'. Studies show that over recent years, the black population has started eating more fats and fewer carbohydrates, something that is attributed to the desire to have 'Western' lifestyles (Bourne *et al.* 2002:159). Another journalist attributes black obesity to the supposed 'relative abundance of food available today' (Puoane 2000). The Medical Research Council's (MRC) report 'Dietary changes and the health transition in South Africa: implications for health policy', compiled by the oft-cited Doctor Nelia Steyn on this issue, tracks the changing eating patterns of the black South African population over time and is frequently cited as a source for the claim that Western lifestyles are the cause of obesity among black South Africans (IOL 2006b).

The claim that black people in South Africa desire Western lifestyles is at odds with a previous claim that black people do not think obesity is a problem. Di Caelers (2006b) argued that the reason black obesity is such a problem is because black women tend to think of obesity as desirable and natural, whereas white people – women in particular - are more

influenced by ‘Western’ cultural beliefs. Yet, the argument regarding the urbanisation and Westernisation of black South Africans contradicts this.

The argument suggests that black people are unable and ill-equipped to deal with the overwhelming freedoms they now supposedly have access to. One of these freedoms is the ability to choose to live in the city and to eat a ‘Western’ diet. The claim that black people living in cities contribute significantly to obesity statistics is not an ideologically neutral one. This claim entails the suggestion that black people are somehow not able to manage their lives in the face of an abundance of freedoms. One could argue about the existence of these freedoms – however, this study will not be doing that work. This research wants to take issue with the suggestion that black people cannot manage their health in the face of a Western lifestyle. The implication of these claims seems to be that black people should somehow not be allowed to have access to this lifestyle if they are unable to manage it without help.

If Western foods and Western lifestyles are causing obesity, why is the focus on a particular group of people rather than the food and the lifestyle itself? There also seems to be a contradiction in blaming so-called African obesity on the African culture – and its supposed beliefs regarding beauty and size, as well as on Western lifestyles. Presumably, these are in conflict with each other given that the ‘Western beauty ideal … shuns fatness’ (IOL 2006b) whereas the so-called black beauty ideal – to the extent that it exists – embraces it. Western cultural norms regarding thinness are seen as being good, however, Western norms regarding food and exercise are clearly being described as a problem. This is clearly contradictory and makes no sense.

Interpreting the focus on black bodies

All of this is suggestive of the fact that there need to be interventions in black communities in South Africa to educate them about the negative effects of obesity (Govender 2006). One article documents the work of Dr Thandi Puoane in Khayelitsha where she was sent with a ‘mandate to make obesity a health priority’ (Puoane 2000). Dr Puoane encountered many struggles during her efforts to reduce obesity amongst women in Khayelitsha, namely, a ‘fat, if not obese’ staff, which concerned Dr Puoane so greatly that she put off her work with the community to work on the nurses and doctors at the clinics (Puoane 2000). Puoane (2000) describes

> looking into the cultural traditions and expectations that have shaped their [black women's] own bodies, and about the social and economic changes that are reshaping their world into an increasingly unhealthy place.

She considers these talks 'urgent' in a growing context of black obesity. She says even though health officials knew obesity was a national problem it was

> only in the last few years, as the government turned its attention to the health of its black citizens and conducted its national study, has it been confirmed that obesity is a widespread problem, and one that has reached alarmingly high levels, with no sign of abating (Puoane 2000).

This article describes how the ever-growing obesity crisis in South Africa is being attributed almost solely to black South Africans and makes plain the fact that interventions in the black community alone are a priority. Given that the framing of obesity in the corpus is one of disease and given that there is a strong focus on black bodies, we can understand how the corpus presents black bodies in general as being diseased or in danger of disease. The concern occasioned by the 'obesity epidemic' is clearly amplified in relation to black South Africans, whose problematic and lower-class lifestyles are seen as a threat to national health.

Dingfelder (2013) argues that while the trend in white woman is that the more financially stable a woman becomes, the more likely she is to be thin, the same is supposedly not true for black women where obesity is experienced across class, regardless of income. Therefore, Dingfelder (2013) is suggesting that where class impacts the distribution of weight among white women, the same is not true of black women, where obesity is prevalent regardless of whether a black woman is wealthy or poor. It is argued that as income goes up in the white population, obesity decreases. Because that is not the case with black women, 'experts' have been at a loss to explain this growing trend of obesity (Dingfelder 2013). In order to find explanations, they have turned towards more obscure causes such as 'cultural' beliefs, ideas about beauty and the inability of black people to manage Western lifestyles. Because of this growing 'obesity epidemic', one of the key strategies in dealing with obesity amongst the black population is in setting up programmes which are focused on educating black people in particular about nutrition, exercise and obesity since it is assumed that the problem is a lack of information and/or education. Nielsen (n.d.) says of poor black people 'when looking at the history of South Africa, one of the biggest problems with eating properly is lack of understanding and lack of education'.

We live in a society in which,

> differences of race, class, ethnicity, gender, sexual orientation and so on have for too long been obscured by a hegemonic white, male, upper-class and heterosexual elite which … has constructed accounts of reality that serve its own ends (Kruks 1996:122).

In a society which continues to be racist, a focus on black people as particular targets of weight loss panics and intervention strategies suggests that something more than just genuine concern of the health of black South Africans might be going on, or rather, that there might be something more malevolent underlying this concern. I argue that the focus on black bodies is far more nefarious than simple journalistic practice where writers are merely following the statistics to see where they lead.

It has already been argued that one of the main stereotypes of black people is that they are stupid and lazy. This is encapsulated in the various claims surrounding black obesity in South Africa mentioned in the previous section looking at what the corpus says about black obesity. What is being said, although not overtly, is that black people are making poor food choices because of 'cultural' reasons because they do not know any better. This ties into typical contemporary beliefs about black people today. The online Urban Dictionary (2014) is filled with stereotypes and racial slurs regarding black people; for example, one person says 'OMG … black people are so lazy and stupid'. These kinds of stereotypes, exemplified by the 'cultural' explanations of obesity suggest that black people need others to step in and help them out. The word 'cultural' used throughout the corpus seems to be used as a moniker for race. The examples discussed above which look at black obesity also speak to the idea that black people are, in particular, a people of bodily excess.

'The civilizing process' and race

Elias's work noted the changes in bodily comportment – relating to sex, eating and ablutions – of the upper class over time and sought to understand why and how these changes came about (Aya 1978). Elias mapped changing impressions of comportment over three distinct historical phases or contexts by saying that initially it was understood as 'courtois', then it became 'civilité' and finally, emerged as 'civilisation' where good manners and proper comportment was seen as a function of the 'civilised' human (Dalal 2002:122). Having been influenced by Freudian psychology, Elias' theory of the 'civilizing process' rests heavily upon understandings of social restraint, shame and repugnance (Smith 1999:80). Feelings of shame and guilt are reserved for those who fail to meet these standards. At that time this applied mostly to the lower class. Today, that shame and guilt is felt by fat people who are

seen as failing to curb their appetites, something which is decidedly 'uncivilised', or lower class. This combines in an interesting way with race because most assumptions regarding black people today, as espoused in the corpus, already establish that black people are considered lower class in a variety of ways, because they are incapable of successfully managing Western lifestyles or because their so-called 'cultural beliefs' are fuelling obesity amongst black South Africans. As Farrell (2011:127) notes, 'fatness [serves] as a crucial marker of social status, or rather, a lack thereof'. Farrell (2011:127) says that an important aspect of fat stigma today is the way in which fat denigration maps onto racial denigration and, in particular, 'class privilege'. She argues that a key part of her work focuses on the ways in which the 'obesity epidemic' links to 'prevailing ideas about race, civilisation and evolution' (Farrell 2011:184).

In Elias' work, the moment where certain behaviours were relegated from the public to the private became an important source of resistance to the external restraints placed upon the upper class through their own self-control (Smith 1999:93). Changes in what was deemed 'acceptable' behaviour impacted all aspects of life, 'from the expression of violence to rules about defecation' (Dalal 2002:125) and encompassed feelings of shame and repugnance:

> The carnal side of human affairs had receded evermore 'behind the scenes', hidden from view, and thresholds of shame and revulsion at displays of animality steadily advanced in all spheres of life (Aya 1978:222).

Obesity represents a form of animality because it is considered to be caused by the inability to rein in the animalistic and primitive urges of hunger and desire (Farell 2011). This is particularly relevant for black South Africans, who are already seen as being somehow lower order. The corpus shows how the panic of obesity is carelessly mapped onto racist assumptions about black people in order to justify a disproportionate focus on black bodies in the media.

This move from the public to the private encompassed ideas about what was no longer appropriate regarding public displays and behaviours relating to the proper comportment of the body, and brings with it a moral rectitude regarding the attitudes of others towards you if you do not conform to these new rules of comportment (Aya 1978:222). These developments in changing attitudes and practices regarding things like appetite, for example, were, according to Elias, partly a function of the context where power became centralised by the state, and individuals who had to establish themselves hierarchically in newer ways to

maintain their own power (Mennell 2006:428). However, the change in individual – and, ultimately, collective – habitus of the upper class also impacted the rest of society (Pinell 1996:2). Those values which embodied restraint and the rigid exercise of self-control became accepted by society at large (Pinell 1996:2). Therefore, it was not only the upper class who were subjected to these strict standards of comportment. The development of the 'civilised' person therefore entailed two main actions towards self-control and restraint:

> One is conscious self-monitoring and self-regulation combined with close observation and careful interpretation of the behavior, feelings, and intentions of your associates, rivals, and competitors. Strong emotions are subordinated to rational calculation. The other is 'an automatism, a self-compulsion that [one] cannot resist' (Smith 1999:87).

This ensures that individuals take part in in two kinds of practices relating to self-control; those which are consciously planned ahead of time and those which act as a form of compulsion which 'produces feelings of shame, repugnance and embarrassment' akin to the commonplace shaming of fat people today (1999:87).

Dalal (2002:13) says that in the past, black people were considered little more than 'beasts' and as such were considered to be subhuman. It was only when so-called 'negroes' were finally starting to be considered human that the notion of race 'becomes necessary' as means of maintaining the divisions between 'us' and 'them' (Dalal 2002:13). Dalal (2008:76) notes:

> it is not the case that one simply 'finds' a difference, to which one then finds oneself responding. Rather, one finds oneself emphasising certain differences in order to create a differentiation.

He argues that that the same mechanisms which both created and maintained class differences in court society – as described by Elias – were later employed to 'manufacture races which are born out of similar imperatives' (Dalal 2008:77). In that moment when some grudgingly agreed that black people had a claim to humanity, race was used to maintain that they were still a 'different kind' of human, which meant that they could continue to be oppressed and exploited (Dalal 2002:13). Dalal (2002:13) says that while they were finally considered to be human, they were also understood to have retained that bestiality which was previously ascribed to them; they therefore became a 'bestial human race'. Dalal argues that today racism serves the same function as it did hundreds of years ago: 'the naturalisation of power relations by retaining the divisions of humankind' (2002:13). The claim that black 'cultural' practices impact obesity in South African speaks particularly to Elias' idea of what

it means to be ‘civilised’. Nyati (2004), for example, notes that many black South Africans experience an inner

> ‘tug of war’ between what is considered to be ‘civilised’ Western influences and practices, and ‘uncivilised’ African belief systems and practices.

This quote from the corpus demonstrates the belief that there is something ‘uncivilised’ or lower class about African culture and those (black) South Africans who practise it. One of the comments on an article about Khulubuse Zuma reads:

> Sickening how these arrogant pigs get away with this sort of thing, if they lived in a civilised country where the powers that be are not criminals his fat ass would have been in jail in a XXXXXXXL orange jump suit (Bega 2012).

The rest of the quote goes on to denigrate the corrupt, lazy nature of the entire Zuma family, which suggests that perhaps if the so-called ‘powers that be’ were white, this commentator would not be so hasty in calling South Africa an ‘uncivilised’ country. Shosanya (2014) speaks about the problems with the portrayal of black people as being in need of assistance and rescue. He argues that to constantly portray black people as being in need of some kind of help from (white) actors undermines their agency and creates a distorted self-image for many black people today (Shosanya 2014). He says further,

> given the frequency with which being Black (or Blackness) is correlated to underdevelopment, being in need and uncivilised, compared with the perceived kindness, generosity and benevolence of White people (or Whiteness), one could be easily excused for quickly drawing the conclusion that a Black person has never, is currently failing to, and possibly could not in the future, have made, be making or continue to possibly make a positive contribution to the human race … (Shosanya 2014).

To construct the black person as being in need and white people as benevolent rescuers is to facilitate a colonial narrative which functions to promote and perpetuate the kind of difference which leads to racism. To suggest that black people are ‘uncivilised’ also promotes the idea that they lack agency, rationality and self-control. Far from being ideologically neutral, then, the constructions of race and obesity in the corpus inform centuries-old stereotypes about black people which perpetuate racism and colonial ideology. Shosanya (2014) says,

> My contention is that such representations are not just exploitative; they have the detrimental effect of consciously or subconsciously juxtaposing racialised notions and conceptions of Blackness (uncivilised and regressive) with Whiteness (civilised and

> progressive). In other words, they pathologise who we are to the wider world, and reinforce subconscious assumptions and beliefs about Blackness.

Shosanya is pointing out that representations of blackness as 'uncivilised', regressive, stupid and dependent serve to entrench racist assumptions. Elias' work, as has been discussed, focused on the advent of the notions of 'civilised' and 'uncivilised' people in relation to manners, focusing on the development of self-regulatory practices both in public and in private. For Elias the 'civilised' person practiced self-control, restraint and proper bodily comportment in relation to etiquette, appetite, hygiene and ablutions. The person who fails to comply with these standards is labelled as 'uncivilised' as a means of creating and perpetuating a system of difference between the upper class and the peasants (Dalal 2002). This same system was then deployed in the service of racism. Ideas about black people automatically latched onto the inferior status of 'uncivilised' as a means of othering and as a way to justify slavery and colonialism. It is not difficult, in light of these understandings of race, bodily comportment and 'civility', to understand why black people might be of particular interest to the media as a focus of the 'obesity epidemic'. This is because the racist stereotypes we see in the representation of black bodies in the corpus suggest that society continues to view black people as being 'uncivilised'. The focus on black bodies in the corpus suggests that we expect black people to lack control, rationality and proper bodily comportment because we expect the 'civility' of thinness to be beyond the capability of black South Africans.

Race and the mind/body divide

According to Dyer (1997:14–23), black people have historically been understood as being of the body. This is also useful in understanding the disproportional focus on black bodies in the corpus. Because of the Manichean binary Dyer mentions, blackness exists in opposition to whiteness. So where Dyer (1997:23–24) argues that whiteness is exemplified by a fit and sculpted body, blackness would be exemplified by the opposite. A white person, he argues, could 'master and transcend the body' whereas the 'non-white soul was a prey to the promptings and fallibilities of the body' (Dyer 1997:23–24). The white body is

> A hard, lean body, a dieted or trained one, an upright, shoulders back, unrelaxed posture, tight rather than loose movement, tidiness in domestic arrangement and eating manners, privacy in relation to bowels, abstinence or at any rate, planning in relation to appetites, all of these are the ways the white body and its handling display the fact of spirit within (Dyer 1997:23–24).

Therefore, where the white body is 'dieted' and 'trained' and exercises restraint, the black body is characterised by an inability to enact these practices of self- control. It is for this reason that Farrell (2011:168) notes that

> fat denigration is intricately related to gender as well as racial hierarchies, in particular, the historical development of 'whiteness'.

In particular, blackness, like obesity, is associated with failing to control and regulate the body. Part of the stereotypes surrounding black people as being stupid, lazy and 'slack [bodied]' (1997:21) come from this paradigm which associates black people with the weakness of the body and white people with the order and control of the mind. Sibanda (2012) notes that contemporary stereotypes of black people tend to relate to the body. For example, the notion that black people are good dancers, the notion that black people are hypersexualised (Fanon 1952:121), their 'political and intellectual ineptitude' and their 'dependency on' others are some of the key ways in which we view black people today (Sibanda 2012:iv). These stereotypes all come from what we tend to view as 'the body'. The mind consists of agency, rationality, control and discipline; all things we assume black people lack. In this mind/body context, it makes sense for us to be concerned about black people and excess body weight because they are seen as precisely the kind of people who are unable to control their bodies and their appetites through rationality (Dyer 1997:23–24).

The sponsorship of frames

Another way of understanding the disproportional focus on black bodies in the corpus is through an understanding of the relationship between dominant frames and their sponsorship. Vincent and Malan (2013) have argued that is it possible to tie the dominant framing of fat as diseased and the particular focus on black bodies to specific sponsors. Reese (2001:3) says that it is important to tie dominant frames to their sponsors in order to understand the particular inclusions, exclusions and occlusions of media framing. Vincent and Malan (2013:11) have argued that 'a frame's capacity to become dominant and unquestioned will be influenced by the social and economic interests that are sponsoring it'. According to Carregee and Roefs (2004:216),

> News stories then become a forum for framing contests in which political actors compete by sponsoring their preferred definition of issues. A frame's ability to dominate news discourse depends on complex factors, including its sponsor's economic and cultural resources, its sponsor's knowledge of journalistic practices, these practices themselves, and a frame's resonance with broader political values.

In order to understand the sponsorship of the dominant frame of fat as disease, it is necessary to take note of those in the corpus who seem to have an interest in presenting fat in such a way, and in amplifying the concern of black bodies being at risk of obesity. One of the key corporate interests in the corpus, as identified by Vincent and Malan (2013) is Discovery Health. According to Vincent and Malan (2013:13),

> Discovery's consumer base is those who can afford private health insurance. It stands to reason that the company's focus will be on the lifestyles and diseases that predominantly affect its paying customers including that layer of society which might reasonably be projected to become customers in the future.

There are many examples in the corpus where Discovery Health and its affiliated organisations – such as the Sport Science Institute of South African (SSISA) – and individuals – such Professor Tim Noakes – suggest interventions which directly benefit the company. As a result, I argue that the focus on black bodies in the corpus can also partly be explained by the possibility of emerging markets on the part of corporate interests (Vincent & Malan 2013:13). Chris Rolfe, CEO of Virgin Active argues that the group's plans for expansion include a focus on 'attracting black members' (IOL 2006c). Virgin Active is supported by various medical aid companies, such as Discovery Health. When asked about why Virgin Active's membership seems to be predominantly white and whether there are any plans to change that, Rolfe explains,

> We think about 20 percent of our membership countrywide is black at present but it's the fastest-growing segment we have and hopefully in five years' time it will be preponderantly black. It's an emerging market with the growth of the black middle class and the situation is changing rapidly with the development of new suburbs (IOL 2006c).

Rolfe also discusses Virgin's plans to open gyms in townships across the country such as Soweto, Khayelitsha and KwaMashu (IOL 2006c). As a means to attract a greater black membership, Rolfe says that Virgin Active is also 'helping local black entrepreneurs to develop their brands in these markets' (IOL 2006c). It is not unreasonable to imagine, therefore, that another way to explain the focus in black bodies in the corpus may be to understand black South Africans as an emerging market for corporate interests.

Conclusion

This chapter has made use of critical race theory to argue that the disproportional focus on black bodies on the corpus can be seen as a function of both racist assumptions which

construct black people as being somehow lower class and 'uncivilised', as well as understanding black South Africans as a population for growing market interest. The former explanation makes use of Elias' work in *The Civilizing Process* to suggest that both blackness and obesity are markers of 'incivility'. This makes it easy to understand why the panic over obesity is clumsily mapped onto racist assumptions about black people being unable to manage their weight in healthy ways due to their inability to navigate the freedoms associated with a Western lifestyle and their misguided 'cultural' beliefs regarding beauty. In contrast, whiteness is constructed as rational, 'civilised', and capable of practicing the kind of self-restraint that marks 'civility'.

Chapter 6
Constructions of Agency

Introduction

This chapter will discuss the constructions of agency espoused in the corpus. It will focus on specific aspects of agency which have been selected as important in understanding the representations of agency, or the lack thereof, of fat people in the corpus. These aspects are rationality, power, embodiment, time/context, Western conceptions of the self and psychoanalytic perspectives on agency. These aspects are being employed to analyse the representations of fatness throughout the corpus and the ways in which these representations inhibit and remove the agency of fat people.

Rationality

In the 'obesity epidemic', rationality is usually understood as something that is practiced by referring to norms and oughts. 'Experts' and journalists spend much of their time listing foods that should not be eaten or particular exercises we should all be doing, and even in the absence of the actual words 'should' or 'ought', normativity is often implied. For example, Neil Posthumus (2008) says that in addition to a wellness programme set up at a school '[individuals] should also organise health activities outside the Vitality Programme'. This is an overt example of normativity, but, another article, for example, draws a link between weekend TV and obesity, saying parents need to monitor their children's TV watching habits because a study has suggested that children who watch weekend TV will 'grow up to be fat adults' (IOL 2005). Here the words should and ought are not being used, and yet the implication is clear; parents should prevent their children from watching too much TV if they do not want them to be fat. Bridges (2009:4) notes that in contemporary society we

> take very seriously the injunction not to be irrational, as evidenced by our practice of brandishing charges of irrationality in the effort to convince others (not to mention ourselves) to modify their behavior.

This suggests that labels of rationality and irrationality are important to us and that we might respond to these charges by denying them or changing our behaviour as is necessary. Certainly, this seems to be the strategy of current public health models which attempt to change our behaviours through appeals to rationality (see Rohleder 2012). The significance of the claim that we tend to view rationality as being tied to norms is that we believe that this gives us leave to label people as rational or irrational in the hopes that it prompts people to

change their actions (Bridges 2009:356). Contemporary public health models are based upon the 'assumption of the individual as a rational decision maker' (Rohleder 2012:49). Dominant health models are based on the idea that if individuals have all the necessary information they can then consider all the available alternatives and 'make the decision to change behaviour in a rational way' (Rohleder 2012:49). These models operate on the assumption that if you know smoking is bad for you then you would not smoke, or if you know smoking is bad for you, you should, at the very least cut down on the number of cigarettes you smoke (Rohleder 2012:49). Bad decisions are therefore seen as being 'incorrect' and irrational (Rohleder 2012:49). The smoker who keeps smoking even when they know about the risks of lung cancer is constructed as being irrational because he or she should know better. These models assume that so-called bad habits like smoking or eating too many fats are the consequence of a lack of information on the subject and that once everyone knows this information they will change their behaviour accordingly (Rohleder 2012). Public health strategies are therefore often focused on doling out the necessary information. Mele (1987:vii) argues that labels of irrationality are pervasive today, particularly in public health and discussions of how much we eat, spend and smoke. These models, however, as also noted by Giddens, Gardner and Kolodny 'do not take account of the emotional components of decision-making' and make blanket assumptions about irrationality without interrogating individual and contextual factors (Rohleder 2012:50).

For example, it is frequently argued by health 'experts' in the media that AIDS is a consequence of risky sexual behaviours (see, for example, Teplin *et al.* 2003; Rhodes & Cusick 2002). The assumption is that those who engage in risky sexual behaviour and then get HIV/AIDS are irrational and making bad decisions. What this view fails to capture for example is the belief which has been expressed in some studies that it is the ultimate expression of love and romance to have sex with a partner with HIV/AIDS without a condom (Smith, Flowers & Osborn 1997:84). This is an example of how the emotional components of decision making are ignored in norm-based models.

Another problem with norm-based rationality is the way in which it overplays the importance of the individual while undermining the importance of contextual in decision making (Rohleder 2012). According to critical health psychologists, these models are therefore 'limited in explaining complex behaviours' (Rohleder 2012:51). There is a strong focus in these models on motives, knowledge and intentions, but it is argued that these factors are all influenced by social factors which are largely ignored while the individual is scrutinised as

the target of public health interventions (Rohleder 2012:51). Importantly, critical theorists argue that the emphasis on the individual and the failure to look to 'social and structural factors that shape individual behaviours' ensures that these models cannot actually function to intervene in health issues, as they intend to do (Rohleder 2012:51). Instead, medical discourses label individuals as irrational and argue that health problems such as obesity and lung cancer are the consequence of bad decisions, without taking the time to attempt to fully understand these phenomena in context.

Power: Silencing

An important aspect of agency in the corpus consists of an understanding of whose voices are heard and whose voices are ignored (Fivush 2009). Constructing some voices as being more important and legitimate by looking to 'experts' to intervene on our behalf when we engage in poor decision making, is to say something about who has the authority to speak and be heard and who does not. 'Experts' and their subjects emerge from within this kind of thinking. See, for example, Gainsborough-Waring (1999), who says, 'experts believe obesity is the scourge of the modern world'. In this instance there is a community of 'experts' being referred to, and their subjects. The 'experts' here are unnamed, but the subjects are clearly the audiences of the article. It is therefore often the case that those who are silenced in society are seen as being irrational and making poor decisions. Fivush (2009:88) argues,

> To a large extent, we are the stories we tell about ourselves. As we narrate experienced events to ourselves and to others, we simultaneously create structure and meaning in our lives.

Therefore the ability to speak or being denied the right to speak can have a significant impact on the ways in which people make sense of their experiences. Narratives of the self can take on a moral perspective in whether they are accepted as being 'true' or not (Fivush 2009:90). These narratives are also questioned both in terms of what they mean and what they 'should mean' (Fivush 2009:90). The idea that narratives are linked to truth suggests, as is mentioned above, the possibility of a narrative being rejected as untrue and illegitimate. Such a rejection impacts agency because it brings about questions such as 'who has the right to say what 'really' happened?' (Fivush 2009:90). Questions about who has the right to speak suggest that some people's narratives are deemed more legitimate than others, which allows people to model themselves as 'experts' on a particular subject in order to add legitimacy to the already accepted 'truth' of their narratives. While silence can be a personal choice of the individual, it

is being silenced which is the focus of this section, as that is forced upon an individual by external forces (Thiesmeyer 2003:1). Voice and silence, then, are concepts which have been taken up by theorists interested in power relations, who argue that 'one's place in the world' - determined by the ability to speak - dictates the kinds of experiences a person is likely to have and how they might describe those experiences (Fivush 2009).

> Culturally canonical, or dominant, narratives provide a culturally shared understanding of the shape of a life and how a life is to be understood, and in this way cultural narratives provide authority to define a culturally appropriate narrative of life, and the power to validate certain narratives over others. From this perspective, power gives voice (Fivush 2009:90).

The culturally dominant narrative is the one which has the most power in society and the one which must be constantly challenged (Fivush 2009:90). In the 'obesity epidemic', the dominant narrative presents the fat body as being diseased. What makes this narrative so powerful is its ability to go unnoticed and unquestioned – so much so that assumptions about fat being diseased are now largely unconscious and appear to 'apparently be devoid of political content' (Gamson *et al.* 1992:382). It is for this reason that voice and silence, Fivush (2009:90) argues, must always be conceptualised in relation to power structures and negotiations of agency, for those whose narratives are uncontested are afforded more power and legitimacy in society than those whose narratives are contested, undermined or silenced. Thiesmeyer (2003:1) argues that silencing takes place through discourse. Discourse, she argues,

> consists of publicly accessible language and other forms of expression that circulate widely and consistently throughout a society (Thiesmeyer 2003:1).

The media framing of fat as diseased falls precisely within the sort of discourse which makes claims about what is considered to be normal and, therefore, what is disrupting the norm (Gamson *et al.* 1992:382). Silencing, according to Thiesmeyer (2003:2), is often accompanied by judgments about what is and is not 'acceptable'. Silencing involves the 'imposition' of a dominant discourse over another as well as replacing, for example, one discourse with another (Thiesmeyer 2003:2). Thiesmeyer argues that this silencing is only 'rarely coercive', because silencing works best when what is silenced is entirely removed from the field of discourses; when we are unaware that alternative voices and oppositional framings to the dominant narrative even exist (Thiesmeyer 2003:2).

As Thiesmeyer notes,

> silencing is a process that works best when disguised, that is, when it displaces the silenced material by means of another discourse, or conceals or filters the unacceptable material through a discourse that is more acceptable. In the most effective examples of silencing, the silencing process itself, and thus the very existence of excluded material, are also concealed (2003:2).

Therefore, the silencing happens most effectively when society remains largely unaware that this silencing has even taken place – and is therefore largely unaware of the silenced narrative. In the 'obesity epidemic', it can be argued that any narratives which oppose the dominant narrative that fat is diseased are largely hidden from view, as can be seen from the corpus. Out of the 449 articles, only one of them suggests that perhaps the 'obesity epidemic' needs to be questioned in relation to wider power structures. Moodie (2012) says that perhaps

> we are all cogs in a giant money-making machine: one that exists to make us eat food that can only be bad for us, and another to help us deal with the consequences of that bad food. One hand charges us to eat bad food, another takes our money to try to be thin.

Moodie (2012) questions how we can get out of this cycle. This questioning of the 'obesity epidemic' is the only article in the corpus which attempts to understand the mechanisms involved in the cause of obesity, outside of eating too much and not exercising enough. The naturalisation of negative assumptions regarding fat discussed in Chapter Four is so pervasive that it forms part of the most mundane aspects of our daily lives such as the claim that friends are important because 'they'll counsel you through breakups, help you prep for job interviews, and take you shopping when your wardrobe desperately needs an update' – and help you lose weight by influencing your food choices and exercise routines (Barnes 2014). Butler (2011) even says 'friends will help you lose weight and keep it off'. Weight loss is constantly listed alongside positive outcomes so that the question of the links between dieting and health are never asked – for example, an article on rooibos tea says it's good for you because it is caffeine free, is full of antioxidants, it 'might benefit people living with HIV/Aids' and also promotes weight loss (Health24 2012). Another says that one of the reasons rooibos is good for you because it can help you lose weight (Skade 2012). One article claims that fat is bad, because it means you'll have less sex (IOL 2007a).

Another very noticeable feature of the corpus, is that out of the 449 articles, in only five of them are fat people cited as sources of knowledge regarding their own bodies. Pinky, for example is quoted about her experience of bullying due to her weight (Chetty and Magwaza 2005). Melinda Ferguson, the author of the book *Smacked*, which details her experiences of

drug addiction, talks about her experience of having to wear a one-size-fits-all dress when she felt like an 'obese tart' (Ferguson 2010). Nodo Njobo, a hairdresser, talks about how she feels about her weight (Nullis 2006). She says she's proud of her 'big bum' and she would 'like to be slimmer' but worries about the stigmatisation of thinness as being associated with diseases like HIV and TB (Nullis 2006). In the instances where fat voices are heard, such as the examples above, they are treated as messages be theorised and manipulated to fit into the dominant frame of fat as diseased, rather than to be heard and understood. For example, of Nodo's experiences of her body, Doctor Steyn argues that Nodo is a typical South African in that she is an example of the move from 'under nutrition to over nutrition', since Nodo says she often does not have time to cook vegetables and will eat fast food instead (Nullis 2006). It is easy to imagine that if Nodo were described as being obese and if she said she loved her body that this would be rejected as an example of how so-called 'cultural' beliefs of 'big is beautiful' (Nullis 2006) are pervasive amongst poor black people in South Africa today; something which is seen as a problem that needs to be addressed (Nullis 2006).

Therefore, we can see that when we do hear fat voices, they are used either to reinforce the fat as diseased frame, or they are rejected as being wrong about their own experiences of their bodies. This was very clear from a GlaxoSmithKline study which showed that over half of South African men and women from Johannesburg, Pretoria, Cape Town and Durban were considered overweight, obese or morbidly obese (Mclea 2010). When polled, the survey showed that '52% of morbidly obese people believed that they were somewhat healthy or very healthy' and only 34% of the participants saw themselves as being fat (Mclea 2010). These statistics are cited with derision and incredulity that South Africans could be in such denial about their weight – what happens instead is that we ignore and reject their opinions, and the idea that perhaps how someone feels about their health may well be a consequence of how healthy they are. Instead, people who are considered obese are constructed as being irrational in their beliefs because they ought to know that they are not healthy, regardless of how they feel.

While fat people are clearly not seen as legitimate sources of knowledge regarding their own experiences of their bodies, given that only five articles in the corpus quote so-called fat people at all, the corpus is replete with the voices of 'experts' who *are* constructed as having legitimate knowledge about obesity today. 'Experts' in the form of professors, doctors, dieticians, nutritionists, personal trainers and bariatric surgeons are frequently cited as having

legitimate knowledge about fat. Doctors are cited in 75 corpus articles, dieticians in 51 articles and nutritionists in seven articles.

Professors are cited in the corpus 92 times, 'suggesting a veneer of academic autonomy and scientific authority to the claims that are made', despite the fact that many of the claims that are made do not make sense or are unfounded (Vincent & Malan 2013:17). Professor Tessa van der Merwe, the Director for the South African Society of Obesity and Metabolism (SASSO) is cited in 15 articles. Van der Merwe is also the director of eight South African Centres of Excellence for Metabolic Medicine and Surgery (CEMMS) and head of South Africa's first obesity clinic. She speaks to her own credibility by saying that her advice and interventions are based on 'making people food smart' and says, 'nobody does that better than I do' (Sboros 2004). Van der Merwe is cited as being 'South African's foremost authority on obesity' (Knowler 2007). She says that parents need to make sure they are giving their children the 'right' kinds of things to drink (Sboros 2003a). She advocates water as being the best for children, but only if it is 'pure and clean'; as she doubts that any free water in South Africa qualifies, Van der Merwe says it's better for children to drink 'soft drinks enriched with vitamins and minerals' (Sboros 2003a). So apparently water is only good for you if it is bottled (expensive) water and the next best option is soft drinks.

Professor Tim Noakes, a sports scientist from UCT is cited in 14 articles. He is also the director of the University of Cape Town and the Medical Research Council's research unit for exercise science and sports medicine, and is also quoted as an expert on what children should be drinking today (Knowler 2011). While many argue that sports drinks are good for children when they exercise, Noakes says that no child needs a sports drink unless they're exercising non-stop for two hours, because these drinks are filled with carbohydrates – which he says are linked to obesity – and are developed for serious athletes (Knowler 2011). Unlike van der Merwe, Noakes believes that children 'should' all be drinking water instead of sports drinks or soft drinks (Knowler 2011). These claims directly contradict the claims of another 'expert' in the corpus, as cited above, and yet they are published and reproduced without question. However, we reject the opinions of fat people about their own bodies. As Vincent and Malan (2013:19) argue:

> Like many others mentioned in the preceding pages, these bizarre 'expert' claims are simply reported without comment. In contrast, when fat people themselves make claims about their own experience of their bodies, and when these claims contradict

> the fat as disease/ dysfunction/ crisis frame they are simple dismissed as obviously ridiculous.

The fact that the dominant frame in the corpus is one which represents fat as being diseased, entails a certain positioning of power and agency (Vincent & Malan 2013:11). Gamson *et al.*, (1992:380–381) argue that with a dominant frame, such as the fat as disease one in the corpus, 'some part of the meaning is 'naturalized' – that is, it comes to us in the form of taken-for-granted assumptions' about fat and fat bodies. In this way we can understand them as 'transparent descriptions of reality, not as interpretations' (Gamson *et al.* 1992:382). This is so powerful that it 'delegitimises the possibility of oppositional framings' (Vincent & Malan 2013:12). Precisely as Thiesmeyer and Fivush argued above, these dominant frames silence counterframings on the 'obesity epidemic'.

Because the dominant public health models today are underpinned by an assumption of rationality, public health interventions can be seen as the ways in which the government steps in to help those who are making bad and irrational health decisions (Rohleder 2012). This kind of paternalistic care involves a move from treating people as citizens to treating people as populations (Chatterjee 2004). The move from citizens to populations involves both a depoliticisation and a removal of agency – the state begins to treat these people as passive populations with needs to be fulfilled, while they position themselves as being in the superior position of being able to provide the help (Chatterjee 2004). Chatterjee (2004) uses Foucault's idea of governmentality to make his argument about the experiences of the masses in society today. I argue that governmentality in the corpus is encapsulated by two key moves, namely representation and intervention (Lemke 2010).

According to Foucault, governmentality

> pin-points a special form of *representation*; government defines a discursive field in which exercising power is 'rationalized' (Lemke 2010:191).

This means that governments set up the conditions of their representation in a paternalistic kind of way which rationalises their exercising of power on behalf of the populations they rule. This logic is pervasive across South African politics where popular protests are understood as a problem of service delivery and protestors are reduced to people who need water, housing, security, etc. (Sebugwawo 2014). In other words, they are understood only as people who need to be taken care of.

> In this manner, government enables a problem to be addressed and offers certain strategies for solving/handling the problem. On the other hand, it also structures specific forms of *intervention* (Lemke 2010:191).

This gives public health officials (in the 'obesity epidemic') the legitimacy to stage interventions which usually centre around providing information about the right kinds of food to eat (Makhanya 2011), and the best kinds of exercise (Mkhize 2009); for example, one article says we need to 'educate children on nutrition' (Cole 2007). However, interventions can also take the form of food taxes for 'bad' foods like trans-fats (Majavu 2011), or the regulation of commercials which promote so-called unhealthy lifestyles (Teke 2011). These interventions are not only allowed to take place in society; they are also validated and encouraged because they come from a position of concern about the health of South Africans. For example, an exercise programme for kids developed by Virgin Active at the request of former Health Minister Manto Tshabalala-Msimang is supported by parents who 'urged' their children to keep pedalling on gym bikes even when they were tired and wanted to stop (Phillip 2005). The article says that South African children need to be 'conned into exercising' because this is self-evidently good for them and not enough children are getting enough exercise a week (Phillip 2005). This construction, then, of the government as care takers of society allows them the power to make these important decisions, which often have the consequence of removing agency from those who are considered to be fat or at risk of becoming so. Parents happily comply with and encourage exercise interventions such as the one mentioned above because they believe that the Health Minister means well and is trying to help them. This construction of government officials as being 'experts' on obesity and as having the legitimacy to stage interventions, as well as the construction of children and parents as being in need of care and intervention, allows questions about the legitimacy of obesity claims to be touted as natural and self-evident whilst undermining the agency of those who are seen as needing interventions.

Lemke (2011) defines biopolitics as modern way of exercising power which is premised upon self-control, rather than control from an external force. In Foucault's conception, biopolitics brings life and the body itself into questions of agency by using 'repressive' force to regulate individuals and society (Lemke 2011:36). The idea of the panopticon informs this idea of self-policing, where brute force and power are no longer required to keep people in line (Morton & Bygrave 2008). According to Morton and Bygrave (2008:18), 'Foucault considered that traditional forms of subjection involved only the extraction of the product of

labour, the exploitation of bodies for their surpluses' whereas biopolitics also ensures that the body carries out these functions in specific ways. Simply put, biopolitics involves the subtle and pervasive control over life through specific corporeal orientations. For example, Cooper (2007) notes that the Headless Fatty media trope is representative of the kind of 'surveillance' which fat bodies are routinely subjected to. According to Esposito (2008:15), biopolitics refers to a politics 'in the name of life' and biopower refers to a life which is subjected to political control through the regulation of the body. While many associate liberalism with an increased amount of freedom, Foucault argues that liberalism today can in fact be understood as 'the management and organization of the conditions in which one can be free' (Pinto *et al.* 2012:309). Feminists in particular have paid attention to the ways in which female sexuality is still controlled through the creation of the knowing, desiring, pleasuring subject (Pinto *et al.* 2012:308). While women appear to have the freedom to make more choices regarding their sex, this freedom is in fact constrained and managed through discourses of heterosexuality and romance, for example (Pinto *et al.* 2012). Contemporary South African media is replete with options and decisions regarding health, fitness, nutrition and appearance, increased sporting programmes at schools versus play (IOL 2012), vegetarianism versus meat-eating (Ord 2010a), what to put in your children's lunch boxes (Sboros 2005), under nutrition versus over nutrition (Naidoo 2006), gastric band surgery to reduce weight (Naidoo 2008) and low GI meals as a weight loss strategy (Sboros 2003b), to name but a few examples, but this excess of choice, according to Foucault, does not give people more freedom, nor does it promote agency (Pinto *et al.* 2012). In fact, these choices underpin the construction of new subjects; for example, the health conscious individual may seem free to make various health and nutrition decisions, when in actuality, these decisions are limited by the ways in which discourses of consumerism, obesity, health others interact with individuals (Kraft & Goodall 1993). The health conscious individual, for example, does not eat Steers or McDonalds, exercises regularly, drinks plenty of water, eats the right amount of fruit and vegetables, and, most importantly, is thin. According to Appiah (1996:106), people plan their life choices around 'available labels, available identities' so it makes sense that someone who wants to be seen as healthy would avoid eating fast food and living a sedentary life. This self-regulation ensures that the health conscious individual is actually rather limited in the choices they can make, if they want to continue to be seen as healthy.

Embodiment

Meynell (2009:1) say, 'typically the body is an agent, inevitably transforming though its actions both the world and itself'. However, the Headless Fatty media trope introduced in the previous chapter brings clearly to light another aspect of agency which must be discussed: the representation of the fat body as the personification of a lack of agency. However, representations of fatness as lacking need not be as overt as this:

> As Headless Fatties, the body becomes symbolic: we are there but we have no voice, not even a mouth in a head, no brain, no thoughts or opinions. Instead we are reduced and dehumanised as symbols of cultural fear: the body, the belly, the arse, food (Cooper 2007).

As a 'symbolic object', the fat body can be understood as a series of coded messages about the truth of the individual inside (Cooper 2007). While the Headless Fatty phenomenon is a clear representation of the lack of agency ascribed to fat people, there is a more subtle assumption that fatness in general means a lack of agency. Because society cannot understand why someone would choose to be fat, the fat body is an exemplar of lack of agency involved in the process of gaining weight. Fatness is associated with excess and is tied to assumptions regarding the inability of fat people to control their appetites (Hill 2011:1–5). Keeton (2005), for example, says that 'excess weight' is the problem in society because it is linked to a variety of diseases. The idea of fat people as being slave to their desires directly implies a lack of control and therefore, lack of agency. Susan Hill's *Eating to Excess* says that there is the idea that

> gluttony makes you fat, and, more often than not, being fat is not only perceived to be 'unhealthy', it reveals undesirable moral dispositions: a lack of self-discipline, laziness and a love of overindulgence (2011:1).

Fatness is therefore an exemplar of a diminished capacity for agency.

The word 'excess' is cited in 61 articles in the corpus, suggesting that the idea of fat people as embodying excess is quite a popular one. Charlotte Cooper talks about the Headless Fatty phenomenon as being a violent process of 'beheading' where fat people are 'punished for existing'. Cooper (2007) says,

> our right to speak has been removed by a prurient gaze, our headless images accompany articles that assume a world without people like us would be a better world altogether.

Of a photograph with a headless fat person and a skinny person walking side by side, Sweetbyrd (2014) says this:

> the thin woman is depicted neutrally. Most importantly, she has a head. Symbolically, that makes her a whole person. She has agency. The fat woman, though she takes up more space in the photograph, does not have agency. She is dehumanized and lacking capacity – without brains or even a head to carry them in. She certainly has no voice. She is an effigy of hatred. The contrast between the fat woman and the thin woman could not possibly be clearer, and neither could the message – that one body is more worthy, more human, and generally worth *more than* the other.

This powerful analysis of the photograph explores the ways in which the Headless Fatty trope serves to dehumanise fat people, thereby taking away their agency. While the 'beheading' of fat people is a clear construction of fatness as inherently lacking agency, this phenomenon makes stark a problem which exists *even* when we encounter fat people who do have heads and faces in reality. The above extract suggests that it may be a worthwhile project to examine the experiences and feelings of fat people in South Africa today in light of the media representations of fatness, however, this research will not be doing that work.

In our daily lives, the mere presence of a fat person is enough to connote a lack of agency. This is because appetites like hunger and lust are seen to be so unruly as to 'require very strong control by the rational faculties' (Meynell 2009:3). The fat body can therefore be read as undisciplined, lazy, lacking control, lacking rationality and lacking agency. Appetites, emotions and desires are all seen as being of the body, rather than the mind (Meynell 2009:4). Kant, and many others, view agency as an act of transcending the limits of the body for the superiority of the mind (Guyer & Wood 1998). The instinctual drives of the body are seen as being dangerous when they express themselves without control because their nature is such that one could be 'overcome' – presumably in precisely the way the fat person has succumbed to their hunger – if one did not manage, restrict and regulate them very strictly (Meynell 2009:4). Millman describes overeating as a process where the 'conscious, reflexive, rational self is not choosing or guiding their actions' (1980:140). This suggests that obesity is the direct opposite of rationality, as it is a process of being unconscious and unthinking and does not involve choice. The idea that fat people are not in control of their appetites is espoused by arguments that the fat person is seen as being, like the alcoholic, addicted to food and it's 'only the morning after that they realise what they've done' (Millman 1980:140). The word addiction is used in 12 different articles in the corpus. Charlotte Cripps

(2003), for example, says that obesity is often caused by 'the rollercoaster of sugar addiction' and Isaacson (2009) says 'sugar is toxic and addictive'. Professor Tim Noakes argues that

> there is an addiction, especially to rapidly assimilated carbohydrates like sugar and refined carbohydrates, that drives the over-consumption of all foodstuffs, carbohydrates especially, and hence leads to weight gain (Ord 2012).

This insight, and others like it, portrays fat people as being addicted to certain foods, and addiction necessarily implies a loss of agency.

The relevance of context in the panic over fatness

Representations of fatness over time suggest that in different contexts fat would not necessarily be associated with disease, and in some instances it has even been desirable for a woman to have more curves and flesh. Peter Paul Rubens, the painter who lived from 1577 to 1640 is famous for his depictions of the 'Rubenesque figure', which was always women who were 'plump or rounded, usually in a pleasing or attractive way' (Lick & Meyer 2012:295). Rubens was a celebrated painter whose work was so popular that many tried to mimic his style (Bialostocki 1964:516). Yet today, his paintings would likely be reviled for their celebration of weight. In 1825, a French writer said that 'thinness is a horrible calamity for women' (Farrell 2011:212):

> 'A scrawny woman … no matter how pretty she may look, loses something of her charm with every fastening she undoes' (Farrell 2011:212).

Farrell (2011:242) argues that 'it was only with the introduction of American television in the 1990s' that Fijians 'began to experience eating problems'. Before that, 'a plump, rounded body meant the epitome of social approval' (Farrell 2011:242). An understanding of time and context then reveals the constructed nature of beliefs about obesity, despite the fact that they are often presented as being the natural way of things (Gamson *et al.* 1992). It also reveals that the practices which lead to obesity and anorexia can be the function of a particular political and cultural context (Saukko 2008:39).

Mennell and Goudsblom (1997:730) say that a key premise of Norbert Elias' work is that 'in every known human society, each member undergoes an individual, lifetime, civilising process'. In psychology this takes the form of theories such as 'enculturation', 'socialisation' and 'personality formation' as proposed by Freud, Piaget and Kohlberg, for example (Mennell & Goudsblom 1997:730). Yet Elias' contribution to the field has been to situate

these psychological developments in context and to show how a certain political climate in which freedom became limited – due to the rise in court societies under an autocratic monarch – produced the need to create and maintain class divisions (Mennell & Goudsblom 1997:730). It resulted in a delicate balance of a growing self-restraint which was responding to the newer external restraints imposed on the nobles by their king**:**

> to point to the balance between self-constraints and constraints exerted by others and to suggest how that balance changes in the course of an individual's lifetime (Mennell & Goudsblom 1997:730).

While Elias' work demonstrates how external forces which restricted freedoms resulted in internal forces of self-restraint, Saukko (2008:39) argues that external forces limiting women's freedom resulted in disordered eating patterns which led to obesity and anorexia. Therefore, the internal practices she discusses are not necessarily related to internal constraint, as with anorexia, but also to practices of eating to excess which result in obesity. Saukko notes that the political context has a key role in influencing individual behaviours (2008:39). Her work focuses on demonstrating how the 'political culture and situation of the times', which had a strong emphasis on restricting freedoms, was echoed by some women over or under eating due to their feelings of anxiety about a diminishing sense of personal freedom (Saukko 2008:39). There is the suggestion that the external restraints placed upon women in a particular context had an impact on their private practices relating to food and eating. Saukko argues that obesity and anorexia are both a function of similar environments. She says that practices relating to food which resulted in these two eating disorders were 'guided by a similar anxiety about personal freedom' (2008:39). This suggests that the growing numbers of obese people in South Africa may also be a function of particular cultural and political contexts, rather than being the result of a lazy population.

This allows us to problematise notions of agency as they pertain to fat people today. This is not limited to a global environment, but could also mean different cultural contexts. One of the many claims regarding the 'obesity epidemic' in South Africa is that black South Africans tend to think that 'obesity is associated with beauty and a status symbol' (Maposa 2010). Despite there being little evidence to support such a claim, articles continually cite these beliefs as being a problem because they facilitate the spread of obesity (IOL 2006a). This belief – to the extent that it actually exists – provides the example of a cultural context in which obesity might not be associated with a lack of agency.

Western conceptions of the self undermine the agency of fat people

The ways in which we understand the self will impact the ways in which we think about agency, and the ways in which we think about the self will impact a person's ability to be an agent. Markus and Kitayama (1991:224) argue that the Western self is one in which

> individuals seek to maintain their independence from others by attending to the self and by discovering and expressing their unique inner attributes.

Unlike other cultures which might focus on the interconnected nature of selves, therefore, the Western conception of self is of an independent agent who is the locus of all interaction with others and who takes responsibility for his or her actions. An American doing Japanese field research said of her notion of the self, 'as an American researcher, I had been taught to act: independence, mastery, competence, were deemed key virtues' (Murray 1993:4–5). She talks about how she began to rethink her ideas of the self when she was confronted with Japanese people who seemed to favour a more collective understanding of what it means to be human (Murray 1993:5). She describes the way she 'felt keenly' the 'deconstruction of the self into various constituents at war with one another' (Murray 1993:5). Spiro says that as a Westerner, he uses the word 'I' 'exclusively' to refer to himself, however, if he were from a different culture he might use the word 'I' to refer to others or to 'include other persons as well' (Spiro 1993:108). This conception of the self has implications for the ways in which we construct and understand agency today. It is particularly relevant to the ways in which we conceptualise the agency of fat people.

Rohleder (2012:54) argues that such a conception of the self facilitates blame under the guise of individual responsibility. This is particularly prevalent, he argues, in health discourses where 'the responsibility for health rests with the individual, as a result of his or her decisions and his or her behaviours' (Rohleder 2012:54). As one journalist says, 'the onus is still on individuals to make healthy meal choices' (Govender 2012). Lisanne du Plessis, a dietician, says that only 'highly motivated individuals' would lose weight through diet and exercise interventions (Keeton 2005), suggesting that those who do not lose weight are simply not motivated or determined enough. The use of the word responsibility is seen in 24 articles in the corpus. Those who are fat are then seen to have committed the personal failing of not exercising enough or eating too many carbohydrates, for example. It is only in the case of children that the blame and responsibility is in fact placed on parents, rather than the child, though, as Pinky's experience suggests, this does not stop fat children from becoming objects

of bullying and ridicule (Chetty and Magwaza 2005). This is a consequence of placing the individual at the centre of their own health concerns. As Rohleder (2012:54) argues, Western conceptions of the self suggest that

> the individual is blamed and held responsible for their illness. The emphasis made on lifestyle choices, overemphasizes the role of the individual …

which suggests a level of 'behavioural culpability', signifying that individuals can make decisions about their lifestyles which promote health and should therefore be held accountable when they do not (Rohleder 2012:54). Such a conception of the self promotes responsibility but at the same time diminishes agency. A person is held responsible for their choices, even while they are not fully recognised as human agents precisely because they are seen to be making irrational choices and are therefore not exercising rationality (Broome 2007:161). This has already been mentioned earlier in the chapter as a failing of contemporary public health models. In society, 'those who are ill can be held responsible for their ill-health and marginalised as inferior citizens' (Rohleder 2012:54). Based on the corpus, we can see that this is certainly the case for fat people in South Africa.

Freud on the self – rationality in psychoanalysis

Another interesting aspect of the self is the one mentioned by Giddens at the start of this chapter where he discusses the unconscious aspects of human action. Psychoanalysis operates on the key assumption that the unconscious plays a large role in shaping the self (Frosh 2012). When treating patients, Freud

> [speculated] that behind otherwise inexplicable gaps in awareness or in their inability to make sense of their own actions, there must be something lurking (2012:37).

Freud determined that this something was 'a system of unconscious ideas' (Frosh 2012:37). The unconscious, he theorised, is made up of the ego, the superego and the id – these primary structures form a complex system of mediation where unconscious drives are contained and prevented from making their way into our consciousness (Frosh 2012:68–74). The unconscious is described as being 'dynamic' because

> unconscious ideas are pushing for expression and are being kept out of awareness by a set of opposing forces. The dynamic nature of unconscious ideas explains how they can be causal in their effects (Frosh 2012:45).

The ego prevents the id from expressing itself in ways which are not helpful in the long-term to the individual, and the superego ensures that the id's drives are expressed in socially acceptable forms (Frosh 2012:68–76). The id, then, is the seat of the unconscious and of our unconscious drives, desires, thoughts, beliefs, etc. (Frosh 2012:68–76). Giddens (1984:8) says that if we accept psychoanalysis then we must accept the fact that our intentions and motivations may not always be known to us; in fact, it is most likely that they will almost always be unknown to us. This is because the ego and the superego act as gatekeepers for the id's drives and defend against any of our unconscious thoughts seeping into our consciousness (Frosh 2012:68–76). That means that we will be largely unaware of our true motivations for action and our intentions cannot ever be truly known. Psychoanalysis, then, brings into question theories of rationality and intentionality because if most of what we term the self is unconscious then we may never know why we do some things. Giddens gives the example of the ship's captain who pulls a lever to change the ship's course and, unintentionally, sinks the ship (1984:8). Psychoanalysis brings the idea of intentionality into question by saying that we may never know what the captain truly intended and in fact that his sinking of the ship may have been his unconscious intention all along. If we accept psychoanalysis, we can begin to question the idea of the fat person as someone who acts without reason and who, like the addict, does not realise what they've done until the next morning (Millman 1980:140). Accounts of fat people simply eating unthinkingly and unconsciously are then not examples of a lack of agency and a failure to exercise reason, but are merely expressions of the fact that there are often times when we act in ways which we may not understand – and therefore, they appear irrational – that arise from unknown unconscious conflicts in our mind (Frosh 2012:190). Ellin, for example, says, 'I remember a whole series of days that were like a fog where I stayed in my apartment eating' (Millman 1980:141).

> This thought horrified the woman, who described the fact that she had existed in a state where she felt as though she was not clearly making choices, and yet she continued to function, and to eat (Millman 1980:141).

Rather than being seen as an absence of reason and an absence of agency, this example, understood through psychoanalysis, signifies the perfectly normal fact that we often do things unconsciously which may, to others, and ourselves appear to be irrational, only because we are not aware of our unconscious thoughts.

Gardner (1993:3) says that

> the seeds of irrationality lie in a discrepancy between action and self-explanation, the recognition of which is bound up with the possibility of interrogation: if the result, actual or hypothesised, of interrogating a person – calling him to account for his actions – reveals inconsistency between how he represents himself, and how his action shows him to be, then he is on the verge, at least, of being irrational.

This is how we, particularly those attempting to understand the 'obesity epidemic', have come to understand irrational behaviour today. Yet, if we can accept that irrational behaviour is a function of the nature of the unconscious, and, more specifically of unconscious conflicts, then we can accept that irrationality is perfectly normal and that the problem is, in fact, contemporary understandings of rationality and agency which need to be addressed. Therefore, I argue that the problem is not fat people themselves, but rather the lenses we are using in attempting to understand their actions.

Millman (1980:141) has argued that some people have understood binge eating

> not only as taking place outside of rational consciousness, but, like getting drunk, as being an activity that produces a state of unconsciousness.

Claire Stewart says that when she binge eats, she avoids thinking of other things and that binging usually occurs when she has 'experiences I don't want to remember, feelings I don't want to keep' (Millman 1980:141). While this may seem irrational to many, psychoanalysis might understand such a phenomenon as a defense mechanism which helps to repress unwanted feelings (Frosh 2012:56–58).

In this instance, being fat can be seen both as an instance of 'asserting' and 'abdicating' control (Millman 1980:145). The act of gaining weight can be described as an attempt to take control; for example, many children feel that their parents might only love them conditionally, and 'to assuage this painful feeling, many flaunt their excess weight, convincing themselves that they have personally triggered rejection by *choosing* to be fat' (Millman 1980:146). Other examples suggest that some women gain weight to achieve 'a false sense of control over [a partner's] lack of sexual interest' (Millman 1980:146). The implication here, for the child, is that their parent would love them if they lost weight and for the women that they could at any moment become attractive to their partners if they lost weight (Millman 1980:146).

In these instances, fatness can be understood as an unconscious choice, which is precisely the exercise of agency, rather than the absence of it. Is it not perfectly rational for a child to hide behind their weight as a means to (incorrectly) understand a parent's lack of love? Some

women have recounted feeling empowered by excess weight and argue that being fat allows the individual to occupy more space, making them feel more powerful (Millman 1980). Others have described the uncomfortable feeling associated with unwanted male attention, and choosing to be fat as a way to stave off that kind of attention (Millman 1980:173). For example, one study suggests that high levels of sexual violence among black girls and women might have a role to play in the high levels of obesity (Terrell 2011). In this study, Terrell (2011) argues that weight may be seen as a protective barrier to guard against unwanted sexual contact. As girls develop, they are often the victims of unwanted sexual attention and putting on weight may be seen as a way of empowering themselves and warding off unwanted attention (Terrell 2011).

These examples demonstrate that fat is being used as a means to control narratives about our relationships with others. They demonstrate that people today may unconsciously use the revulsion or disgust of fat in various ways to make themselves feel better. These examples suggest that we can make sense of fatness in various ways and that weight gain should not necessarily be linked to irrationality and a lack of agency. Narratives asserting the choices of fat people fly in the face of arguments that fatness must connote a lack of agency.

Conclusion

This chapter has attempted to understand agency as something which can be promoted and which can also be denied. Through the use of five concepts, namely, rationality, power, embodiment, time/context and the self, which can be seen as aspects of agency, this chapter has attempted to understand the construction of the fat body as lacking agency by looking at the ways in which fat is represented in the corpus. The chapter has also attempted to critique this reading by suggesting that there are various ways in which the fat body can be understood as having agency by problematising the notion of rationality, by drawing attention to the objectification of fat people, by insisting upon the necessity of attending to context, by problematising Western contemporary conceptions of the self and by suggesting counter-narratives which associate fatness with choice.

Chapter 7
Conclusion

Conclusions

The analysis of the corpus reveals various representations of obesity through discursive practices. These representations suggest that the 'obesity epidemic' – a function of the medicalisation of obesity – is overwhelmingly framed as being diseased in the South African media. This framing is so dominant that oppositional framings which contest the existence of an 'obesity epidemic', or suggest that weight and health may not be related, are completely silenced. The belief that big is beautiful – ascribed to black South Africans – is silenced in favour of a Western understanding of excess weight as something to be ashamed of, and which necessitates work on the part of the individual to rid them of it so that their true thin self can fully emerge.

South African participants in the GlaxoSmithKlein research who were categorised as obese and said that they felt well were also silenced through the incredulity expressed by 'experts' as to how these people could be so mistaken about the state of their health. The dominant framing of fat as diseased therefore serves to portray fat and fat people in one way only.

The corpus was replete with stories about fat shame, how obesity is linked to a plethora of medical conditions – even morbidity – and how fat people are deviants who represent a social and financial cost to society, for example, that they take up too much space on airplanes and need to be weighed at check-in along with their luggage and fined if their body weight, like their luggage, exceeds a certain limit. This image is an appropriate metaphor for the ways in which we view fat people in society. Fat people are ridiculed, excluded, studied and acted upon until they accept that they are in need of repair and take steps to excise the fat from their bodies by following the latest Noakes or Atkins diet and exercising to relieve themselves of their unsightly burden.

The medicalisation of obesity contributes to the naturalisation of negative assumptions about obesity, which are pervasive throughout the corpus and much contemporary theory on obesity as well. This ensures that the dominant framing of obesity goes unquestioned and oppositional framings, where they exist, are ignored, scoffed at and denied. The constructed nature of this framing also goes unquestioned as it maintains particular power relations dominated by a white male ideal. Statistics on obesity dominate this framing, all of which

suggest that obesity is a serious problem which is getting worse and which is having a negative effect on our society and South Africa's health. Despite the fact that there are a growing number or critics who contest the notion of an 'obesity epidemic', these counter-narratives are absent in the corpus and in the ways we talk about obesity as part of the most mundane aspects of our lives. Medicalisation can therefore be seen can be seen as the disciplinary practices employed to identify and control unruly and 'slack' bodies in a society where thinness is prized as the norm (Dyer 1997:21).

The 'obesity epidemic', as represented in the corpus is characterised by oversimplification and contradictions. The reduction of obesity to a condition caused by an imbalance in the equation of inputs and outputs ignores the complex macro and individual aspects of our lives, which may play a role in excess weight. Despite the fact that obesity is consistently reduced to an excess of calories and sedentary behaviour, research demonstrates that the causes of obesity remain obscure and are probably affected by a variety of factors often ignored in the medicalisation of obesity. Obesity and fatness as labels are used interchangeably to suggest that despite the fact that morbid obesity is clearly worse than simply being overweight, any and all excess weight is viewed as a deficit and as a barrier to good health. Excess weight, be it five kilograms or ten, is merely seen as being a precursor to obesity, which warrants the intrusion of weight loss 'experts' in our lives. There are also various contradictions in the weight loss prescriptions by 'experts'. Some say carbohydrates are bad, others target fats and sugars and some even focus on certain fruits and vegetables. This leaves us in little doubt that all food is in some way dangerous for its ability to make us fat. It also ensures that diets continue to be unsuccessful. If Weight Watchers does not work, we can simply try another fad diet – in what one person in the corpus identified as the treadmill of weight obsession which we cannot seem to stop. These contradictions go unquestioned. The fat body is therefore portrayed as a body in need of repair. The fat person in turn is reduced to their body and to a diagnosis which classifies them as unwell.

The theory of the division between the mind and the body makes plain that underlying society's panic about obesity is the idea that the mind is superior to the body. The mind is the rational seat of agency in individuals, whereas the body represents emotion, desire and appetites and is seen to be of a lower order than the mind. The body, as has been explained, is sometimes likened to a broken part which fails to function as we would like it to. This is why it is the role of the mind to regulate, control and police the body and its desires. Medicalisation can be viewed as part of an effort to curb excess and to ensure that the higher

values of the mind are lauded over those negative appetites of the body. Overindulgence of the kind thought to lead to obesity represents a kind of devolution of human nature and 'civility' in the face of a world which prizes rationality over the uncertainty of emotion.

I mentioned briefly in Chapter Four that women are seen as being of the body, while men are seen to be of the mind. This is particularly clear in a society such as South Africa, which continues to operate on patriarchal values. Responses to Judge Thokozile Masipa after her verdict in the Oscar Pistorius trial are a good example of this. Those who disagreed with her verdict, disagreed on the basis of her gender and her race. They argued that it was because of her gender and her race that she was foolish enough to have delivered the 'wrong' verdict and suggested that had she been a white man, this mistake would not have happened (Premhid 2014). The perhaps unconscious view that certain identities (such as race, gender and fat for example) lack rationality because they are understood as being of the body is therefore not new to South Africa. Similarly, I argued in Chapter Five that black people – who are represented in a disproportional number of articles in the corpus – are said to be of the body, rather than of the mind. This is espoused in racial stereotypes highlighting the hypersexualisation of black people, their supposed affinity to dancing and music, dependence on others, and general lack of intelligence and rationality. In my analysis, I noted that in particular the stereotypes about black people lacking rationality and being unintelligent, as well as the stereotypes of black people being perpetually dependent on white others to survive and flourish come across plainly in the corpus through appeals by 'experts' for the need to intervene in the black community, to educate them and to alter their presumed problematic and inaccurate beliefs regarding body size and beauty.

The focus on black bodies suggests that it makes sense for us to focus on black people as being particularly at risk of obesity because they lack those crucial aspects of the mind, assigned to white people, to be able to control their bodily impulses. This too reveals the ways in which black people in South Africa are constructed as lacking agency. Where white people are rational, thinking agents capable of regulating their bodily desires and appetites, black people are seen as being slaves to those desires and appetites, resulting in the excess that obesity is so frequently associated with. Therefore the medicalisation of obesity contributes to the maintenance of white male power structures which function to ensure white male superiority at the expense of black people and women. These representations of obesity are also classed, as Elias' work demonstrates, so that obesity and blackness are both markers of 'incivility' and are therefore seen as lower class. Medicalisation therefore exerts powerful

levels of social control designed to identify and police fat bodies, and in particular the fat bodies of minorities such as black people and women.

Since the mind is the seat of agency and rationality, naturally those associated with the body are as seen as lacking that capacity themselves. Fat people, in particular, as was discussed in Chapter Six, are represented as lacking agency. The very nature of obesity as a condition of excess suggests an inability to properly control and regulate the body. This also speaks to the individualistic nature of weight loss interventions that centre on individuals and their lifestyle choices, often disregarding context. An individual is seen as being responsible for their body weight, which leads to the interesting conundrum presented by the fat person who is both lacking agency but also still held responsible for their lifestyle choices. This is one of the many contradictions of the 'obesity epidemic'. Representations of fat people as being addicted to foods like carbohydrates, according to Tim Noakes, further serves to entrench the idea of fat people as lacking agency.

Another consequence of focusing on individuals is the facilitation of fat shaming. The moralising language of the media somehow suggests that if we cannot force fat people to diet and exercise, we can at least shame them for their unsightly bodies. Gareth Cliff's (2011) letter to the Sunday Times, for example, depicts fat people as mindless beasts out to destroy society. These descriptions serve only to discriminate against fat people and to dehumanise them. They also, unsurprisingly, do not foster weight loss and in fact promote poor health.

Recommendations

In many ways, the entire study is a recommendation for us to think more carefully about the ways in which we think about obesity and fatness and obese and fat people. The dominant framing of obesity as disease makes this difficult, as I explained in Chapter Four. Part of what makes the framing of obesity so difficult to change is the fact that a lot of funding goes towards this framing. The 'obesity epidemic' is a multi-billion dollar industry and those who sponsor the framing of fat as diseased have a vested interest in ensuring the on-going strength of this framing (see Vincent & Malan 2013). Framing is also often an unconscious response of the journalist, rather than something done in an overtly malicious way. The framing of obesity merely identifies the underlying assumptions and ideological positioning of the author. This can never be a neutral process, since our ideological leanings form an important part of our identities. Therefore it would be unreasonable for me to suggest that we no longer frame obesity as diseased. What would be useful is if oppositional framings and

counterframings were more prevalent. However, again, this is the consequence of dominant framing, which routinely silences other frames so as to make it appear as if they never existed in the first place. Even the most critical of individuals seem to find it difficult to accept that the representations of the 'obesity epidemic' are anything more than accurate facts about the problems regarding obesity in our society. In order for oppositional framings to exist, we need to cultivate more critical thinking on this topic.

Linda Bacon's (2008) *Health at Every Size* is a good example of the kind of thinking which would be useful to individuals and society as a whole. Her study delinks health and weight by demonstrating that health is a matter of exercise, rather than body size. It allows for a far more nuanced understanding of health, rather than the 'thin equals healthy, fat equals unhealthy' model we operate with today. Her work shows that thin people can be unhealthy and fat people can be healthy – ultimately, that health is independent of body size. This eliminates the obsession with dieting and many other aspects of medicalisation which may not even be promoting health. As Gaesser notes, the real problem today is in fact yo-yo dieting, which is promoted by a culture obsessed with weight loss. If we could undo some of these harmful representations, it would likely result in a far more nuanced reading of the 'obesity epidemic', which might have a positive impact on the ways people respond to these discourses in their day-to-day lives.

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Appendix A: Conventional Content Analysis Codes

Race

Gender

Childhood obesity

Motherhood

Social dysfunction

Lunchboxes

Naturalisation

Breastfeeding

Exercise interventions

Sedentary lifestyles

Disease

Social cost

Individual responsibility

Airplane seats

TV, Computer games

Positivist information

Blame

School tuckshops

Other diseases

Crisis metaphors

Fat shaming

Disgust

Abdominal obesity

Sponsors

Appendix B: A list of all the word searches using directed content analysis

“Disease” – present in 205 articles

“Addiction” – present in 12 articles

“Responsibility” – present in 24 articles

“Illness” – present in 50 articles

“Doctor” – present in 75 articles

“Dietician” – present in 51 articles

“Professor” – present in 92 articles

“Nurse” – present in 13 articles

“Surgeon” – present in 15 articles

“Nutritionist” – present in 7 articles

“Doctor Craig Nossel” – cited in 14 articles

“Doctor Nelia Steyn” – cited in 7 articles

“Doctor Thandi Puoane” – cited in 6 articles

“Professor Tim Noakes” – cited in 14 articles

“Professor Tessa van der Merwe” – cited in 15 articles

“Epidemic” – present in 55 articles

“Crisis” – present in 10 articles

“Disaster” – present in 7 articles

“Excess” – present in 61 articles