

FAT BODIES, HEALTH AND THE MEDIA

JAYNE RAISBOROUGH



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Jayne Raisborough
School of Applied Social Science
University of Brighton
Brighton, United Kingdom

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In memory of Anthony Wardner Kick, 1940–2015

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1

Introduction: Fat, the Media, and a Fat Sensibility

Thirty-stone Sharon avoids looking in the mirror. She can't leave her house for fear of people commenting on her weight. At only 40 years of age, she realizes that her life is just wasting away and that her own self-confessed greed and laziness is the cause. Her self-esteem is at rock bottom. With the threat of heart disease hanging over her, she needs to do something and she can't do it alone. Luckily, help is on hand in the form of a fitness expert. With tough love, a grueling exercise regime and punishing diet, he'll give this woman her waist and life back again. He'll believe in her so she can start believing in herself.

If this sounds familiar it is because stories like this wind their way through weight-loss television shows found in many parts of the world. In the UK, shows such as *Supersize vs Superskinny*, *Secret Eaters*, and *Embarrassing Fat Bodies* join the re-runs of *You Are What You Eat* to compete with satellite broadcasts such as America's *Obese: A Year to Save my Life* and New Zealand's *Down Size Me*. It is not just the UK that is treated to such a menu of weight-loss shows: *The Biggest Loser*, the most lucrative format of this genre, has been sold and aired in over 25 countries, with China being the latest to host the show. The global success of *The Biggest Loser*

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has encouraged a multitude of new television weight-loss formats, as this journalist's report of American television indicates:

The CW's 'Shedding for the Wedding' features overweight couples competing in weight-loss challenges to earn elements of their dream wedding. Oxygen's 'Dance Your A** Off' scores plus-sized participants on their dance abilities and pounds lost. Lifetime's 'DietTribe' tracked the weight-loss progress of five real women over four months of intense diet and exercise. The Style Network has 'Ruby', a series that follows its morbidly obese namesake star on her journey to regain her health. There's also MTV's 'I Used to Be Fat', Discovery's 'One Big Happy Family' and A&E's 'Heavy'. Two more weight-related series premiere this week: Lifetime's 'Love Handles', featuring overweight couples working to heal their relationships as they shed pounds... (Cohen 2011).

Of course, weight is also making the news. Take, for example, recent newspaper headlines; as the *Bangkok Post* reports on the speed of weight gain in the Thai population, *Malta Today* shares the latest World Health Organization research that identifies Malta as hosting the most obese population in the European Union. The UK's *Guardian* offers a sober warning that obesity rates could be far worse than predicted, with dire consequences for the National Health Service. Similarly *The Australian* tells its readers to 'Forget smoking—Obesity is our biggest health menace'. Their neighbours at the *The New Zealand Herald* claim that the number of obese citizens has quadrupled since the 1980s and demand to know just who will pay for the care of these people, while across an expanse of water, Canada's *The Globe and Mail* and the US's *New York Times* remind their readers that obesity as a *disease* now affects increasing numbers of teenagers and young children. It may seem that just as the news provides us with worrying statistics of widening girths, spiralling health costs, and dire future predictions, television shows are not only helping people like Sharon get their lives back, but are also educating audiences about healthier lifestyles and motivating them. There seems that there is little to worry about—perhaps television shows are reflecting a real societal risk and, through entertainment, are mobilizing us all back to health. We'd better watch more telly!

Concerns start, however, when we consider that even a cursory glance at television schedules and news headlines suggest that our bathroom scales can tell us all we ever need know about our health. Our concerns may deepen when we hear claims that the range and scale of the obesity ‘epidemic’ have been over-exaggerated (Blaine 2007). It is, as Gard and Wright (2005) argue, one thing to recognize what may be a trend in weight increase but is quite another to suggest that there is agreement over the severity and extent of that trend. Indeed, they add that there are a number of problems in assuming that medical science is the only or is an unproblematic way of apprehending obesity. Not only are there deep concerns within the medical profession about possible iatrogenic and stigmatizing impacts of the obesity epidemic (Monaghan 2013), but there is also little clear-cut epidemiological evidence linking overweight with illness and death (Holland et al. 2011), or that which connects weight loss with health gain (Throsby 2008), or evidence to suggest anti-obesity measures actually *work* (Warin et al. 2015). Things become more muddled when we look at increasing evidence of the so-called ‘healthy obese’—larger individuals who have comparable metabolic health to ‘normally’ (or rather *normatively*) weighted persons. Along this line of thinking, we can also add that there is growing support for the idea that obesity may well have health-enhancing properties for the elderly (Murphy 2014). There seems ample support then for sociologist Lee Monaghan’s claim that the ‘actual extent of risks and deaths assumed to be due to fatness is scientifically indeterminable and, like any currency, subject to potentially massive inflation’ (2005: 304). For many scholars this ‘inflation’ is due in no small part to a creeping conflation between ‘overweight’ and ‘obesity’ and the inaccuracy of the most ubiquitous measurement of the obesity epidemic—the body mass index (BMI) (Moffat 2010; Murphy 2014). We’ll return to the BMI in Chap. 3.

Yet, if we accept, as even some of the most ardent sceptics of the idea of an ‘obesity epidemic’ do, that there is an intensity of correlations between certain illnesses/diseases and weight at *extreme* weight ranges (Monaghan 2013; Wray and Deery 2008), we may be alarmed to realize that the people most likely to encounter the risks are also those most unfavourably situated at the intersections of socially stratifying power relations (van Amsterdam 2013; Warin et al. 2015). We may feel very uneasy when we

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acknowledge the sociological point that poverty, deprivation, and social inequalities drawn along the lines of social class, gender, and ethnicity, amongst others, are major drivers of ill health (Jovanovic 2014). We may even start to wonder why our societies are not more fully supporting solutions to illnesses and disease that are geared towards social justice and redistribution as opposed to solely behaviour or lifestyle change—the very solutions we see dramatized in the weight-loss television show. In this light, we may start to be suspicious of the weight-loss show.

We may also start to feel uneasy about ‘epidemic claims’ once we consider too the vested interests that the global pharmaceutical, insurance, and diet industries have in the obesity epidemic, despite, for example, increasing evidence demonstrating the ineffectiveness of dieting for weight reduction—no matter how miraculous the diet may claim to be (de Ridder et al. 2014). We could feel a little troubled when we remember that fat makes for big business and not just for the enterprising few exploiting the market gap in oversized clothes, toilet seats, and caskets; food companies have quickly realized increased profitability in products that can boast their health-enhancement qualities alongside their low or no fat content (Oliver 2006). The economic crisis is not slowing down this industry; indeed, some are looking to weight-loss products to boost flagging sales elsewhere. Take, for example, Amway in Thailand who hope to counter slowing sales of their food supplements with a new weight-loss product that will take its place on a market worth some 10 billion bhat, with 8 % growth (Jitpleecheep 2015). For those of you looking to invest state-side: The U.S. Weight Loss Market: 2015 Status Report & Forecast by Marketdata Enterprise Inc. observes a flattening of the diet drink market but tags medical weight-loss programmes and their meal replacements as future money-spinners.

Yet, there is more we can still say: if we pan out from the specifics of fat, we might reflect too on the ways that market rationalities are redefining health from a state free from illness to a site of individual responsibility (Parker 2014): it is now up to each of us to navigate a sea of health risks and our success is increasingly read from the body. It is no exaggeration to state that the body, in our neoliberal contexts, serves as a moral canvas—the look, tone, shape, and stance of the body speaks not only of a person’s health, but of their *worth* and, as this book will argue,

of personhood itself. Once these wider, *contextual* issues are considered, when, in other words, the relationship between fat and health is regarded with more curiosity or suspicion, then it is possible and necessary to ask why transformative stories like Sharon's, which privilege a weight/health relationship and individualized, *privatized*, lifestyle solutions, are increasingly filling our television screens.

Why the Media Matters: Health Literacies and Stigma

Scholars who are critical of the over-simplification of weight/health have been concerned with media representations of fat and obesity for some time. By and large, they have focused their attention on the news coverage of the obesity epidemic because fact-based alarmist claims ('fat bomb' statistics, for example) have become commonplace in this genre (discussed here in Chap. 3). This scholarship argues that the media plays an important role in the construction and circulation of health literacies. I am using this term to refer specifically to the way we understand health and, in this case, 'read' it from our bodies and from the bodies of others (see Murray's (2008) discussion of lipo-literacies). These literacies are significant because not only do they inform our subjective experiences of our bodies and health and give us a way of understanding the bodies and health status of others, but they also inform and are informed by wider societal ideals around personhood and citizenship. As this book will demonstrate, health literacies tend to sweep up other, wider, sometimes seemingly unrelated social anxieties about, for example, classed, racialized Others, about welfare, about dependency and the imagined threats these pose for prevailing notions of progression, modernization and civilization (see Chap. 7). Health literacies are then always more than diagnostic tools or neutral, discrete ways of knowing—they are always and already imbricated in broader political contexts and thus in power relations.

Health literacies circulate at personal, interpersonal, and societal (structural) levels and are able through this circulation to shape common sense and policy (e.g. Barry et al. (2009) have demonstrated that our beliefs about obesity affect our support for various public policies and

state interventions). Health literacies are also related to expressions of lipophobia (Gracia-Arnaiz 2013), weightism (Ata and Thompson 2010), and fatism (Maturio 2014). These terms capture the degrees and extent of stigma and weight discrimination encountered by larger people in all spheres of life from intimate interpersonal relationships in the physical and online world to more formal experiences with institutions, organizations, and services (De Brún et al. 2014; Farhat et al. 2015). Taking employment as an example, Flint and Snook's (2014) literature review suggests that larger people can face less favourable treatment in job interviews; suffer more workplace stress; are more likely to be allocated the 'worse' jobs; work longer hours; and in some cases earn less money than employees considered to be of 'normal weight'. The authors suggest that prevailing understandings of weight and obesity 'might cause pre-conceived notions about indolence, negative consumer attitudes and stereotypical responses from work peers' (ibid: 3).

For Gracia-Arnaiz (2013) and others these prejudicial pre-conceived attitudes are related to media representations that repeatedly link obesity and weight to excessive, uncontrolled food consumption and sloth. These representations insist that fat is a product of greed, that weight equates to ill-health, and that increased weight is a predictable consequence of repeated and wilful wrong choices, or, as I explain later, as *lifestyle crimes*. Such media representations, Gracia-Arnaiz (2013) argues, not only grossly simplify the complexity of health issues, but they also work to re-signify fat in moral terms so that prejudice is morally justified and socially sanctioned. As Kathleen LeBesco (2011) has it: it may be thought unpleasant or downright rude to mock someone's size, but when fat is regarded as a health violation, any 'encouragement' (ridicule, belittlement, humiliation, or discrimination) is seen less as rude and more as a moral duty—it seems, she says, that 'we are not being mean—we are helping' (ibid: 161).

There are two points to draw out here; the first is that this 'helping' has what Major et al. term an 'ironic effect' on larger peoples' diets and food consumption (2014: 74). The researchers found that stigma threatened the social identity of individuals who perceive themselves as overweight, 'depleting executive resources necessary for exercising self-control when presented with high calorie food'. If we believe that overweight is simply

a consequence of over-eating (something the ‘epidemic’ encourages us to believe), then stigma and humiliation exacerbate the problem (Puhl and Heurer 2010). The second point I wish to make takes us back to LeBesco, who regards this ‘helping’ as a direct expression of a cultural zero tolerance towards a diversity of human body shapes. For her and others this intolerance actively motivates health-endangering activities in *us all*. By way of explanation, it is useful to turn here to Charlotta Levay who is clear that any panic over weight has the slender population as its target (2014: 569). Although larger bodies are more aggressively problematized and stigmatized, she argues that a social obsession with weight and a ‘fear of fat’ works to pull all women, and increasingly men, into ‘constant micropractices of self-monitoring’, which link health with weight loss. Dieting, restrictive clothing, disordered eating, laxative use, smoking, excessive exercise, fasting, even elective surgery—very few of us are not personally acquainted with one or more of these activities, which we undertake to look, feel, and *be* healthy. It is clear, then, that the media *matters*. It matters by legitimating and naturalizing weight-based discrimination and those ‘cultural conditions’ that orientate us to unhealthy practices. It matters to the very particular relationship we are encouraged to take up with our bodies and health.

Reality Representations

This book continues an established focus on the relationship between media representations and health literacies because it wants to further explore the ways media representations can impact on the relationship we have with our health and bodies. The majority of work in this area to date has focused on news media (discussed in Chap. 3). My main focus is reality television weight-loss shows. By expanding the focus from the news media to reality television, I am not simply showing that health literacies circulate in a range of sites; rather, I am proposing that different mediums offer different representational possibilities (see Jones 2006). In other words, my starting position is that reality television may offer us different images, different stories, and differing health literacies than more ‘serious’ news media.

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This is not an unreasonable starting point given the growing awareness of the role other media play in the ways audiences construct meanings around health and other social issues. Entertainment media has, for example, attracted steady interest over the years; hospital dramas and soap operas have been identified as sources of health/social information for vast audiences (Klein 2012). Still, reality television is rather different from soap operas and popular dramas. The reality genre is characterized by an unflinching focus on ordinary people and ordinary lives, often depicting people in humiliating and sensationalized ways (Mendible 2004; Scarborough and McCoy 2014). Often referred to as ‘trash’ or ‘car crash TV’, reality television is commonly associated with ‘dumbing down’ and the very sedentary lifestyles that purportedly make us fat. It seems strange, then, to locate an investigation of health literacies in such a site—surely all that can be expected is grossly sensationalized and denigrating representations of fat, weight, and obesity?

Indeed, as later chapters demonstrate, reality television representations of weight could be easily regarded as a modern-day freak show. Many of us might agree with the physician Robert Lustig’s (2014) likening of *The Biggest Loser* to a ‘blood sport’. Yet, for me there is more than can be said about weight-loss reality television shows and, given their sheer ubiquity, it is important that further detailed examination is attempted. I argue that more can be said when we focus in on the makeover narrative—the transformative journey from the ‘before’ to the ‘after’—that characterizes most, if not all, weight-loss television shows. I argue that this makeover narrative has the potential to offer seemingly benign and even benevolent representations of fat, larger people, and obesity. Indeed, the makeover narrative depends on, and so works to produce, a certain audience sympathy with its participants. This is required so that the ‘after’ (the reveal) is experienced positively, even joyfully, as we, the audience, share the emotional roller coaster ride that is the journey of weight-loss and self-accomplishment. By taking such a focus, I am not suggesting that there are simply ‘bad’ (freak show) and ‘good’ (sympathetic) representations; this book is more concerned with what is invoked in and enacted through these different representations of fat bodies and obesity. This book asks what these different representations *achieve*. This question allows this book to throw more critical light on the complex cultural

labours that produce fat as a moral and social problem—an important task if we are to further interrogate the relationship between the increase and social acceptability of weightism (Fikkan and Rothblum 2012), and the cultural insistence that the management of health risks is a moralized obligation of all citizens.

Apprehending Obesity: Focusing on Fat

Obesity can appear so self-evidently a major social and medical problem that we can forget to question just why obesity looms so large. After all, even if we momentarily put aside our scepticism and regard obesity as an epidemic, it is not the *only* epidemic nor is it the only health-endangering ‘lifestyle’ practice or risk, yet obesity receives more news print columns than AIDS, pollution, or smoking (Boreo 2012), and our prime-time television makeover shows are not avidly detailing the transformation of, say, smokers into non-smokers. Why the interest? Perhaps our concern over obesity may not necessarily be about weight—after all, the revered bodies of our muscular male actors and athletes often sport high BMI scores (Murphy 2014). Of course, there are a number of gendered, classed, and racialized aspects that can weigh in here—currently some heavy bodies are more acceptable than others—yet, the more basic point I wish to make here is that heaviness *in itself* may not be the reason we are so concerned with obesity. What fuels our appetite for obesity is *fat*.

The next chapter takes fat as its subject, but it is worth saying here, by means of an introduction, that fat is saturated with different meanings: the word ‘fat’ performs different functions. It can, for example, refer to human adipose tissue, made up of a number of fatty acids held together by glycerol. It is around our internal organs, in our bone marrow and our breast tissue. It works to protect, cushion, and insulate. Fat stores the body’s energy as lipids (potentially harmful to other parts of the body) so that they can be ‘burnt up’ when the body demands. It also acts to trigger hunger, satiety, and dietary messages to the brain. Recently, researchers have distinguished between different types of fat—white, brown, and beige—some of which may well play a role in *countering* obesity by regulating the body’s metabolism (Owens 2014). Fat may also play an

important role in regulating our body clocks, a point that may caution us against sudden weight loss (Henriksson and Lamia 2015). Additionally, fat—specifically our layer of subcutaneous fat—makes us unique amongst the primates. This evolutionary gift, which was given over 10 million years, presents a challenge to orthodox evolutionary theory, but nonetheless does go some way to explain why early hominids lost their fur (why, as consequence, we are now smooth skinned, because fur and fat would be overkill) and it may even offer an important clue to why and how we became bipedal (Morgan 1985).¹ Fat, then, is not only key to our biological functioning but forms a part of what makes us *Homo sapiens*.

While ‘fat’ may purport to give us some access to the biophysical materiality of the body and to its evolution, it can also immediately take us to the social context and to the social body. To think about some of the complex social relations we have with fat, we might consider the way large bodies are described. Interestingly, ‘fat’ quickly dissolves into a multitude of synonyms as soon as it serves as a bodily adjective: descriptions such as ‘rotund’ or ‘portly’ may stir the imagination with notions of status and social role (Forth 2012), yet ‘cheese hog’, ‘dough-boy’, ‘pot-bellied’, ‘beer-bellied’, ‘lard arse’, ‘muffin top’, and ‘jelly belly’ conjure up a host of different associations.

There are three quick observations to make here. The first is that these latter terms are clearly pejorative—they are easily imagined as being shouted across the street, used in cruel jest and even turned upon the self. The second is that they link the body to specific (often ‘bad’) foods either by similarity (a body *like* jelly) and/or as consequence of overconsumption of ‘bad’ food (too much beer), definitions of which are often classed. As the fat body’s practices and habits are thus imagined, terms like ‘beer belly’ deftly combine insult *and* culpability. Fat, then, doesn’t just purport to describe the body but describes what that body is imagined to *do*—or, in many cases, *not do* (it is imagined not to exercise restraint, for example). The third point is that these descriptions immediately foreground culturally specific ‘problem areas’, namely the belly, the butt, and

¹ Morgan (1985) explains how early hominids moved into the seas and rivers to escape heat. The need to keep the head above water combined with the supportive weight of the water enabled the body to move slowly to an upright position.

more recently the thigh. These areas become both metonyms for poor self-control and personal irresponsibility (see Bordo 1993) *and* sites for our anxiety and intervention ('Worried about that flabby belly? Lose it in six weeks!', shout the adverts stalking me across Facebook). These stereotypical presumptions are not just of concern because of their function in specific stigmatizing encounters (being stared at in restaurants, jeered in public places, and discriminated against in the workplace) but because of the way they also work in and through biomedical science, which, as sets of situated knowledge(s), *cannot* remain untouched by cultural prejudices (Gard and Wright 2005; Wray and Deery 2008). We may want to question then the objective or neutral status of *any* knowledge about fat and of the stories it may tell us, or which it enables to be told, about ourselves. The overall point for now is that fat, a material entity, quickly translates our bodies into highly specific interpretative registers—currently the fat body is known, diagnosed, and placed on a single causal narrative: *you are what you eat*.

This book aims to unpack these interpretative registers. In order to do so it approaches fat not as biologically self-evident but as a cultural category, which like other categories has a historicity and a contextual malleability (Levy-Navarro 2010). That is to say that what fat is understood as, what fat may signify, and what it means to be fat vary with time and socio-cultural contexts. Quite how fat is rendered meaningful in terms of *individualized responsibility for health* is therefore of interest, especially for what it may reveal about contemporary notions and organization of health itself. Yet, as Richard Klein reminds us, 'fat is a thing that has a natural existence, inside and outside me' (1996: 31), so it is important to consider too the materiality and physicality of fat and to think how these shape the way fat is thought about in different social contexts and historical times—a point that Chap. 2 discusses further.

More specifically, this book regards the current interest in fat as part of a prevailing *fat sensibility*. A fat sensibility speaks to a discernable tenor in media representations of fat, fat people, and obesity, which runs in and across a heterogeneous mash of novel (re)iterations, seeming contradictions, consistencies, instabilities, *and* confident assertions that all work to render fat and fat bodies meaningful and intelligible. In this book I map out the defining characteristics of a current fat sensibility

and I argue that they engender a particular and highly situated orientation towards specifically imagined ideals of health, corporeality, and consumer citizenry.

Working with Sensibility: Relating Representations to Subjecthood

Agirre describes a sensibility as a ‘tone, a mainstream media tendency based on a number of interrelated themes’ (2012: 156). Yet, the usefulness of apprehending fat through a sensibility doesn’t just lie in the observation or description of particular keynotes. For Ros Gill (2007, 2008) a sensibility offers the means of a more analytic and critical interrogation of cultural representations by enabling an examination of their role in the production of a particular *subjectivity*. Gill does not address fat, yet her development of a ‘post-feminist sensibility’, that is her stress on current productions of a contemporary feminine subjectivity, can help me think how particular notions of health are mobilized in the formation of a specifically imagined self. It is important then, to offer a brief outline of her work.

Gill’s concern is to tease out the relationship between culture and subjectivity. This task draws her focus to the interrelationship between changes in social relations, political organization, *and* the changing ways in which subjecthood and subjectivities are being shaped and experienced. More specifically, she is concerned with the emergence of a new feminine subjectivity, which she observes across a range of popular cultural products and genres (e.g. advertising and ‘chick lit’). This new femininity is characterized by, amongst other things, a sassy, ‘up for it’ sexuality, a tightly drawn agency (expressed in and through overt self-sexualization), and a celebration of self-determination expressed through empowered choice-making (choosing to be sexualized and choosing to express this through various acts of consumerism). While some scholars may be happy to accept at face value that women simply ‘choose’ to take up this new femininity, Gill takes her fight to the notion of choice itself. Gill argues that ‘choice’ is not, and never can be, neutral, unproblematic, or unrelated to societal values and power relations. Her task then is to

exert sharp critical attention to the emergence of this new femininity and to think through its implications for women.

As a way of doing this Gill develops a 'post-feminist sensibility'. This has two related functions. Firstly, it foregrounds the way repeated and patterned representations are both shaped by and chime with prevailing neoliberal ideals (e.g. the self-entrepreneurism of neoliberal rationalities resonate with an 'up for it' empowerment, assumed, at the level of representation at least, of women). This allows Gill to stress the contextual and political nature of media representations. Secondly, her post-feminist sensibility highlights the relationship of these deeply contextualized representations to selfhood. Gill argues that patterned representations offer an invitation, promotion, or coercion towards a very particular type of self. Gill's post-feminist sensibility, then, refers to a discernable structuring of understandings and perceptions of what passes as ideal or approved selfhood that can be taken up 'as a way of constructing the self' (2007: 152). A sensibility helps her to think just how culture 'gets inside' so that this new way of being is not felt as an 'external position' but is internalized to be felt 'really, truly, deeply our own' as 'authentically ours' (2008: 436).

The wider importance of her work rests in the questions she can start to ask regarding the consequences of this new femininity: she can, for example, ask how it may be able to 'transform(s) and reshape(s) our relationship to ourselves and others' (2008: 433). This question makes explicit Gill's concern with the ways neoliberal ideals circulate not just at the level of social or economic organization (which is problematic enough), but in the very ways *we understand and imagine ourselves*. If we accept the point made by James Hay (2000) and others, that neoliberalism requires and relies upon 'new kinds of citizen subjects', then the characteristics of the new femininity take on a sinister hue when regarded not as freely made choices (if such were possible) but 'compulsions and expectations' set by the market rationalities of neoliberalism (Honneth 2004: 474). Of specific concern to Gill is the heightened sexualization at play (a point that doesn't directly concern us here) and upon the rampant individualization (which does) on which this redrawing of femininity depends. She observes a compulsion and expectation for us to construct biographies that relay life chances and opportunities as if they were the

sole result of self-determination and skilful, strategic choice making. What immediately occurs in these biographies is an erasure of the social, cultural, and economic contexts that still determine life chances. At best, these contexts are recast as obstacles or challenges that the contemporary citizen-subject is expected to *personally* work around rather than regard as crushing systems of exploitation and marginalization on which neoliberalism depends (Tyler 2013). Indeed, as this book will go on to argue, the labour of ‘working around’ becomes a key marker for a responsabilized citizen-subject.

Before we return to what this means for fat, it’s worth lingering a little longer on the problems of individualization and offering some demonstration of how it may transform our relations to our selves and others, as Gill (2008) argues.

Joanne Baker’s empirical work gives us some insight into the consequences of a heightened individualism (2010: 199). Baker’s 55 women participants spoke of themselves in terms of the ‘post-feminist’ markers of success (independence, self-reliance, and so forth) so consistently that there was ‘little room to raise questions of gender inequality or to articulate the experience of difficulty and disadvantage’ (ibid: 186). Indeed, as the women framed out any talk of vulnerability, social injustice, and dependency (or recast these as medical/psychological issues that were one’s duty to repair), they denigrated and *blamed* socially disadvantaged Others who were perceived as making wrong choices or lacking the will-power and determination to overcome them. Racialized and marginalized groups, the unemployed, and abuse survivors were amongst those who attracted consistent criticism because of a ‘perceived lack of personal effort and initiative’ (ibid: 199). Significantly, Baker observed that as her research participants distanced themselves from vulnerability and dependency, these now undesirable states were projected as pathological and *essentialized* traits of Others.

Baker concluded that a ‘volitional imperative’ shaped and played through her women participants’ biographies, forcing their critical thought only to their own personalized acts of choice-making (Could I make better choices? What can I learn from my past choices?) not the wider contexts of power in which choices are presented, recognized, and taken up—indeed this is a trend that Ros Gill (2007, 2008) observes even

in social science scholarship whereby declarations of choice (I choose to be sexualized) seem to dampen critical thought about the contexts that present this choice as intelligible. Gill and others have noted that not only is there a worrying depoliticization circulating in everyday and academic accounts, but there is also a *distraction*. This distraction is created when a focus on individual choice-making and the acceptance of a presumably decontextualized, asocial ‘I’ as choice-maker draws critical attention *away* from processes producing an ever-increasing consolidation of political and economic power in the hands of the few (Brabazon 2005), and deepening social inequalities (Tyler 2013).

To return our discussion back to fat; Baker’s volitional imperative seems to speak immediately to a number of authorized and everyday discourses that seek out, and generate, causal narratives of culpability around fat and obesity. By erasing wider contexts and influences, fat materializes as a result of an easily identifiable fault—you eat too much/the wrong food or you aren’t active. More specifically, the exercise of blame places weight very firmly within a specific register and site of agency—choice. As Baker’s and Gill’s respective work demonstrates, the shift to choice puts the ‘chooser’ centre stage and exaggerates an individual’s agency both in continuing to make wrong choices (wilful and stubborn) and in using that agency, expressed as will power and self-determination, to switch to the right, notably responsibilized choices. Furthermore, as the chooser becomes the focus for anti-obesity discourses, the question that easily takes hold in the cultural imagination is not just why would one choose a fat life (itself a question we need to be critical of), but rather just *what kind of person* is making such choices. Who wouldn’t want to be healthy, right? The question ‘just what kind of person?’ contributes to the construction of weight as a personal and moral issue. In such logics, a fat body makes immediately visible a character flaw.

What I want to take from this discussion so far is Gill’s acute concern with a reshaping of subjecthood; a keen awareness of how the very conditions of a new subjecthood also form the conditions of a culture of culpability and stigmatization for structurally disadvantaged Others; and a heightened concern with a very specific framing of problems and their solutions as exercises of personalized responsibilities. And, significantly, as Gill and Baker both argue, a likely corrosion of any critical reflection

on these processes. What Gill and Baker suggest is that there is a specific relation between choice, culpability and stigma, which confront personhood. It is that relation this book aims to tackle through a fat sensibility.

A Fat Sensibility

My development of a fat sensibility serves to shift the critical lens Gill has skilfully applied to gender and the production of a new feminine subject towards the construction of new *healthy subject*. What interests me here is the way fat operates to regulate and discipline bodies and selves while simultaneously providing a mobilization and orientation to a personalized responsibility for health as a condition of what Hay calls the 'citizen-subject'. There are, as may be expected from the discussion above, two related tasks. The fat sensibility will refer in this book to a media tendency to repeat and recirculate certain dominant, culturally authorized, and familiar representations of fat and obesity. My first task is to chart these in order to argue that these repetitions and recirculations operate with differing degrees of intensity across various forms of popular culture to produce persistent and, I argue, *insistent* meanings about fat. This book is interested in the impact of genre on the degrees of intensity at play and the shape of these repetitions and the ways they inform health literacies.

The second task, following from Gill's work, relates to the formation of selves endorsed through these repetitions. I am particularly interested in the ways fat bodies and larger people are rendered as abject for the purpose of mobilizing healthy citizen-subjects. There are two lines of critical inquiry I want to pursue within this second task. Firstly, I explore the ways agency is being redrawn and redirected through current cultural representations of fat and obesity. To return to Gill, her precise mapping of the new femininity shows how agency is clearly drawn and *confined* to certain self-sexualized performances (body monitoring) and the necessary consumption to support this (fashion, cosmetics): simply put, 'being' clearly involves very particular sets of 'doing'. But these are not freely drawn 'doings'; they are conjured up and corralled within specific moral and disciplinary schemas. As Gill has it, 'notions of autonomy,

choice and self-improvement sit side-by-side with surveillance, discipline and the vilification of those who make the wrong choices' (2008: 442). A fat sensibility enables a similar focus on the ways that selves and bodies are re-orientated to sites, performances, and practices of what we can refer to as health agency. These, following from Gill, are characterized by heightened self-surveillance, specialist consumption, body monitoring, and, I would add, a particular public display of the body that holds it up for evaluation and *diagnosis*. I argue in Chap. 3 that these performances and practices are increasing normalized when fat is understood through epidemiological language and metaphors. Throughout the book, I explore how health agency is mobilized by a celebration of responsibility in the face of weighty risks on one hand and the hauntings of an abject self characterized by faulty agency (at best), or an abdication of agency (at worse), on the other.

This leads to the second line of inquiry. I explore the different ways abjection is secured through various narrative devices in specific genres (with specific focus on reality television programming). My argument here is that abjection is not solely expressed through explicit humiliation. To that end, I will be focusing on what is achieved when representations of fat are benevolent and seemingly benign. In this regard, I am drawn to work in social psychology that seeks to interrogate the relationship between stereotypes and prejudice. I am specifically referring to Peter Glick and Susan Fiske's understanding of sexism. They proceed from a realization that prejudice is not as previously thought an 'unallayed antipathy' (2001: 109) to think through the more complex ways prejudice is exercised and experienced. They pay particular attention to what they call benevolent sexism, 'a subjectively favourable, chivalrous ideology that offers protection and affection to women who embrace conventional roles' (Glick and Fiske 2001: 109). What Glick and Fiske offer is an understanding of how sexism works to keep women *in their place*; while hostile sexism aggressively polices and confronts women who challenge traditional gender norms, benevolent sexism actively rewards women who fulfil them. Indeed, as more recent work indicates, women who endorse benevolent sexism gain personal satisfaction from this form of sexism: they may feel protected and cherished by systems of power that nonetheless curtail their agency and social participation (Hammond

et al. 2014). In this light, prejudice is produced and sustained by complementary forms that encourage those targeted to seek their subjecthood in the very processes that seek to diminish them.

I believe that there are interesting parallels between sexism and fatism; both forms of prejudice operate and are produced through complementary discursive processes of hostility, an aggressive response to obesity and larger individuals, and benevolence, which may manifest as supporting, sympathetic, friendly, and paternal. Thinking of fat stigma through these complimentary processes offers further insight into the durability and social acceptability of fatism. It also allows some purchase on weight-loss shows that tend to move the audience from brutal, humiliating visual displays of fat (think of the near-naked public weigh-ins) to the backrubs, hugs, high fives, and ‘tough love’ that often accompany the transition to a thinner body and self. I am interested in how weight-loss shows deploy hostile fatism to keep larger people ‘in their place’ as villains in the new responsabilized health order. I am also interested in the ways benevolent fatism promises a return back ‘into place’ in that order once larger people comply with instructions that effectively seek their reduction and erasure. Arguing that what we see in weight-loss television shows is a visual display of redemption, I am interested in what is revealed about ideal, normative healthy-citizen subjecthood when we focus on how an escape from abjection is imagined, packaged, and presented as fat is shed (as a body gets thinner). My question here is *what self are we are asked to diet into?* I will conclude that an investigation into the construction of fat as a social problem and the ways it is translated into ready solutions have implications for debates about what counts as ‘health’, and who gets to count as a citizen-subject. This is a book then about all bodies and the ways specifically drawn notions of responsibility, risk, danger, and culpability are enfolded into approved selfhood.

How the Book Is Organized

Chapter 2 starts the book off with fat itself. Following the historian Christopher Forth’s (2012, 2013) interest in the materiality of fat, I discuss how fat has long-held contradictory and ambivalent associations.

This chapter takes a historical focus to argue that fat is folded into societal anxieties and fears related to social change (e.g. industrialization) and external threats such as the Cold War. Fat is then, always, and already heavily *situated*—the meanings we attach to it are always related to the ways our societies are organized and, more specifically, to societal fears and aspirations. In short, this chapter orientates the book to the sociological point that fat is always ‘about’ power. As we move into more contemporary times, I argue that fat’s materiality, particularly its ability to change physical states (to become liquid and drain away) helps bodily fat to emerge as a substance that can and ought to be worked upon, making it a prime target in neoliberal redefinitions of health. The fat sensibility is introduced in this chapter to steer the book to the task of charting repeated representations of fat across the mediascape with a keen eye on the way these attempt to shape an ideal health subjectivity.

Fat is now so intertwined with the ‘obesity epidemic’ that it seems impossible to discuss the former without the latter. Chapter 3 takes the representation of the obesity epidemic as its focus and in so doing introduces the mass media as a key site for information about health and social issues and for mobilizing public support for social policy. My starting point is to observe that critical scholarship tends to assume that epidemics themselves are passive in their representation. I argue that epidemics have dramatic qualities that suggest melodramatic news headlines. I take some time in this chapter to think through just why melodramatic framings are problematic before discussing a recent observable shift in the news reporting of obesity and weight. I argue that more benevolent representations are emerging in news reportage of surgery and of the ‘obesogenic environment’, and I start to tease out just how these support the usual (often hostile) representational fare to position fat as a stigmatizing attribute of faulty citizens. This chapter introduces both the mediated nature of the obesity epidemic and the diversity in its representation.

To date fat studies scholarship has privileged news media in their critical examination of representations of fat. Chapter 4 explains that a decline in news consumption in combination with an explosion of reality television programming has meant that reality shows are now the main site for the representations of larger people and issues of weight. Rather than

merely add reality television as a further place where we might examine the production of stigmatizing relations, I argue that reality television brings different, more affectively charged, and diverse representations of fat to our attention. Here I make two suggestions: the first is that reality fat has a highly specific political saliency: it serves as a form of biopedagogy to instruct us into market-based relations and mentalities on one hand, and on the other, it helps mobilize our support for a wider transition from a welfare to a post-welfare state. This second suggestion engages with emerging critiques of pedagogy to argue that complementary 'sets' of representations (hostile and benevolent) allow for audiences to reject some aspects of the pedagogical address while adapting others in accordance with their situational desires, anxieties, and positions in stratified power relations.

Chapters 5 and 6 take us into the workings of makeover shows. I follow the narrative trajectory of the makeover show over these chapters. Chapter 5 takes the 'before' to argue that although larger people are over-represented on reality television, it is the largest of people or those most desperate for change who populate our makeovers. I argue that their self-disgust is a *condition* of their media presence. Chapter 6 leads us through the 'sweat and tears' of the labours of transformation often depicted as gruelling 'boot camp' exercise to the celebration of the reveal. Both chapters work to illustrate how representations of fat are anchored to wider prevailing social values and ideas. Chapter 5 apprehends the 'before' of the makeover through the 'self-control ethos' of Hélène Joffe and Christian Staerkle (2007). Their argument that denigrating cultural representations of low-status groups revolve around their presumed violation of the core western value of self-control allows this chapter to demonstrate how larger peoples' *lack* and moral failing is over-determined over and above a manipulation of disgust towards their near-naked fat bodies. In this chapter, we can start to see how a new subjectivity is forged from the abject nature of the old.

Chapter 6 is drawn to Kenneth Burke's (1954) cycle of redemption as he too keeps social values at the fore of critical analysis in his argument that guilt and shame are socially produced and are followed by social rituals of purification and redemption. For Burke, however, guilt and redemption are part of an endless cycle, and I question what this means for our reading of new subjectivity modelled in the final 'reveal'.

Chapter 7 is interested in the ways obesity and fat are deployed in a number of recent programming concerned with people who are in receipt of welfare benefits in the context of current austerity measures in the UK. Through close reading of one show, *87 Stone: Fat Chance of Work*, I make two arguments: the first is that the show can be counted as ‘poverty porn’ (Jensen 2013), because fat serves a symbolic function for a wider political project (the transition from a welfare to a post-welfare society). The second argument builds from Imogen Tyler’s (2013) powerful work charting how neoliberal rationalities depend on and progress through the making abject of certain social types. I have coined the term ‘abese’ to capture the always and already abject nature of medicalized corporeality, which is amplified when put to use in austerity contexts. Yet, I suggest that cultural labours of Othering also take the form of more benevolent representations. In an extension of the argument developed in Chap. 3, I chart benevolent representations in weight-focused shows and discuss how these may offer more palatable ways of securing public consent for policies that threaten to radically reshape the UK welfare system.

The concept of moral panic is widely deployed in critical responses to obesity epidemic rhetoric. By means of a conclusion, Chap. 8 examines some of its limitations via a brief discussion of Nicole Arbour’s video blog ‘Dear Fat People’ (launched on 3rd September 2015). The chapter argues that hostile and benevolent perceptions of obesity and larger people expressed in public reactions to the blog question the utility of a concept that largely speaks to ‘panic’. This book concludes by presenting the fat sensibility as providing a better critical purchase on the varied, yet patterned, representations that attempt to mobilize investments in some bodies and disinvestment in others. The fat sensibility is concerned with the impact of representations on subjectivity: this chapter summarizes the book’s core argument that the purpose of the various staging and sculpturing of bodies is to help get neoliberal rationalities under the skin, into our very understanding of our selves and our relationship to ‘health’. The argument made in this book is that relations of abjection and redemption orchestrate our handing our lives to the brutal, fatal, and dehumanizing logics of the market. As such this book sits within critical work, such as that of Valentine and Harris (2014: 84), that is concerned

with the impact of naturalized beliefs of personal volition and the relentless processes of de-socialization upon values of care, compassion, and social responsibility. This is a book about all bodies.

Dear Reader: A Personal Note on Language

Throughout this book I use the phrases ‘larger people’ and ‘fat bodies’ but I do so with a sense of inadequacy born from the realization that many of the terms, phrases, and descriptions of weight and bodies are value-laden. My concern is not to re-objectify, re-offend, or re-stigmatize but I am both humbled and haunted by the possibility and likelihood of this. I use ‘fat bodies’ as way of capturing just why it is that some bodies are overrepresented in reality media. In other words, ‘fat’ with its host of meanings is how bodies materialize on the television shows discussed here and it is how these representations are responded to. I am using the term ‘larger people’ in an attempt to create some distance from the negative association of fat, to allow for personhood (often erased in news reporting) and to reach for some neutrality if this can ever be possible. It is here that I am most acutely aware of my own weight privilege. I benefit from being and moving through a social and physical landscape, or, more correctly those bits reserved for women, that may call out my body in terms of objectifying relations of gender but not in terms of fat/largeness or (over)weight. As such, I stand outside the communities/groups/individuals who have used their lived experiences to reclaim ‘fat’ in more positive, political, and life-affirming ways: I question my legitimate right to use ‘fat’ in this same way, while applauding those who do. What we have, then, is some clumsiness. Please regard my terms as ‘work in progress’ and a starting point for wider reflection on terms and descriptions, which reveal so much about the affective, politically and culturally charged terrain of weight and bodies. I am influenced here by the open discussions around language at the International Weight Stigma Conference in 2015 for which I am very thankful.

Part I

**Dramatis Personae: Introducing Fat,
Health and Mass Media**

2

The Matter of Fat

Introduction

Fat is ‘the most sustained focus of our concentrated attention, the single most important material object of meditation in our lives’, proclaimed the academic and social commenter Richard Klein (1996: xv). What is it about fat that so preoccupies us? That the answer may seem self-evident says much about the ability of the ‘obesity epidemic’ to mute our critical thinking. Yet, to linger on the question allows some reflection upon not just *why* fat, but also *how* fat has emerged through recent history to take up its current villainous role. This chapter offers a brief and selective outline of fat’s marbled history to highlight how notions of utility, form, and societal changes are folded into our meanings and understandings of fat. It is important to offer some historical depth, because what emerges through the various tales we can regale of fat is our enduring ambivalent regard for it. As this book unfolds, I will argue that our ambivalence plays out in our contemporary panic over obesity and the shape media representations take in what I have termed the fat sensibility. This chapter makes two suggestions. The first is that the material properties and symbolic dimensions of fat position it as a repository for wider contemporary

cultural anxieties and concerns—an appreciation of which can help explain just why fat helps to construct us as healthy citizen-subjects and, as later chapters will more critically explore, as potentially *governable*. The second suggestion speaks to what happens to meanings of fat in the context of contemporary understandings and organizations of health. Arguing that neoliberalism interferes with health to produce health as an outcome of lifestyle choices, this chapter argues that fat emerges simultaneously as both the cause of the vilification of larger people *and* as the means for their redemption. Understanding both of these as expressions of weight stigma, I wish to capture these simultaneous plays of vilification and redemption through the notion of hostile and benevolent fatism later on in this book.

Fat Past

The novelist L.P. Hartley (1953) famously likened the past to a foreign country where he imagined things were done and perceived differently. We might have hope then that in contrast with current times, the past would be a country characterized by a greater body diversity and, as a result, fat might be read as a celebratory marker of abundance, status, and fertility, if noted at all. Yet, this hope obliges us to seek a tipping point—that historical time when fat became bad. Instead, however, there appears to be an enduring ambivalence surrounding fat that emerges across time. For example, the scattering of the Venus figurines across Paleolithic Europe, whose full, large bodies decorate religious and ceremonial sites, as in Malta's Hagar Qim,¹ are often held as evidence of a 'pro-fat' past. Yet, the Venus figurines are not solely large; they include more slender forms. Analysis suggests that the presence of 'skinny legs' on the larger figures may represent bodily fantasies in a time characterized by the harshest of climates and famine, rather than marking an acceptance of fat bodies (Jozsa 2011). A further plundering of history may throw up the large-bellied Egyptian god Hapy, whose fat is argued to symbolize and promise fertile land (Hill 2011), but then we are confronted with a single larger

¹ Thanks to James Prendergast for an introduction to these sites.

figure in the 8000-statue Terracotta Army said to represent the Emperor Qin's Entertainer, allowing some speculation that he was 'included to ensure the Emperor could enjoy a good laugh at someone else's expense even after his death' (Haslam and Rigby 2010: 86). Another dip into the past takes us to Hippocrates, whose prejudice towards the Scythians was expressed in what we would now regard as fatism. He linked the obesity of Others to sexual dysfunction and laziness, yet for his own people, fat was understood as an important resource against illness: 'in all maladies, those who are fat about the belly do best; it is bad to be thin and wasted there', although he did note that the corpulent, more than the lean, were prone to 'sudden death' (cited in Haslam and Rigby 2010: 85). Although the spectre of the wasted, thin body (a symbol and result of famine, disease, and plague) helped present body fat as a form of 'health insurance' in the Middle Ages and beyond, there was still ridicule and satire attacking the corpulent, even as fatness was an accepted sign of status and prosperity (Klein 1996; Vigarello 2013). We can also look to the Greeks and Romans, who managed to stretch 'fat' to serve as a marker of high social status, a visible sign of the corrupting nature of Others, the abject bodies of slaves, *and* the softness of women's bodies (see Forth 2013).

It seems that fat and corpulence have always been with us—they are not 'new' issues—and that we, across our diverse collectives, cultures, and codes, have perceived fat in rather mixed ways. There is support, then, for Gard and Wright's assertion that it is rather 'simplistic and naïve' to suggest anti-fat attitudes are a recent phenomenon and that once fat was the subject of praise (2005: 69); they argue that it is more useful and accurate to perceive any celebration of larger bodies as existing *alongside* denigration. Yet, the question remains of why fat attracts such enduring ambivalence. Part of the answer may lie in the material properties of fat itself.

Fat as Thing

It is useful to regard fat as a 'thing', which, as Klein reminds us, has a 'natural existence' inside and outside of the body (1996: 31). The historian Christopher Forth (2012, 2013) takes this further to ask if

our perceptions and reactions to corporeality may be related to our perceptions and reactions to fat as a substance—as a ‘thing’ with its own material properties that can be seen, handled, used, felt, and smelt. Forth pulls on the recent scholarship of materiality, particularly the work of Nicole Boivin. Boivin departs from a constructionist theorizing that solely regards material objects as mere texts awaiting the imposition of meaning. Instead, she argues that the physicality of objects ‘resists and enables’ interpretations, and thus has an active role in the construction of their meaning. This encourages Forth to explore just how the material properties of fat ‘motivate, without determining’ some of the complex and often ambivalent ways fat bodies and people have been regarded in the past and in the current ‘obesity epidemic’ (2013: 138).

What is immediately striking is fat’s ability to change state (liquid, grease, vapour, and solid). This has afforded fat great versatility; human-kind uses fat for, amongst other things, cooking, heating, insulation, sealing, varnishing, healing, and lubrication (Forth 2012; Klein 1996). Human fat may have also been exploited by the enterprising. Forth repeats the nineteenth-century rumours surrounding the Parisian Cemetery of Innocents. When the Parisians dealt with the problem of overcrowding in the cemetery, they noticed that decay had reduced the bodies to a fatty substance they called ‘adipocere’ (cemetery fat), which, rumour told, was sold to the soap boilers and chandlers for the making of soaps and candles. Indeed, human fat seems a Parisian speciality, as human-fat toilet soap, supposedly from mortuary cadavers, was touted as a better, albeit more expensive, replacement for ordinary soap in elite circles in the early 1890s. Before we leave this use of ‘cemetery fat’, Forth reminds us of revolutionary ideas in the 1880s to convert New York’s daily death toll (250 bodies) into ‘190,000 cubic feet of bright illuminating gas’ (2012: 85).

While its materiality affords fat such utility, its changeable state, accompanying changes in colour and texture (clear, dull, waxy), and its ability to ripen encourages our ambivalence. On one hand, fat can be associated with bounty and abundance, rendering it ripe for a number of symbolic and metaphorical associations. Klein reminds us, for example, that ‘seven lean cows in Joseph’s dream mean 7 years of famine of the Pharaoh’, whereas fat cows promise abundance (1996: 36). As such,

larger human bodies can be read as signs of prosperity, fertility, health, and generosity (Jutel 2009; Klein 1996); interestingly, fat may also indicate that these large, prosperous, fertile bodies may have *use*—as heads of business on which others depend; as philanthropists, as patrons, or as securing future generations. On the other hand, abundance can only hold a specific temporal moment before it presents as excess (too much to be used or eaten, or too much to be of use) and decomposes into waste. The slide from exchange and user value to waste is accompanied not only by lost promise and wasted labour, but also with the visible and olfactory accompaniment to decay and stagnation. Think too of the pests, flies, and diseases, which, as now, would have posed serious challenges to the fate of communities in the past. Of course, there are contemporary issues with excess and what is significantly referred to as *spent* fat. Most cities have deemed it illegal for restaurants and fast food outlets to dispose of their fat by pouring it down the drain. Still, fat enters the sewer system and there it hardens to form ‘fatbergs’, such as the 80-metre mass found in West London in 2013 (Webb 2014). The problem, as this journalist from the *Wall Street Journal* explains, is:

...it accretes. Sewer rats love sewer fat: high protein builds their sex drive. Solid sticks in fat. Slowly, pipes occlude. Sewage backs up into basements or worse, the fat hardens, a chunk breaks off and rides down the pipe until it jams in the machinery of an underground floodgate. That, to use a more digestible metaphor causes a municipal heart-attack (Newman 2001, quoted in Marvin and Medd 2006: 318).

As Newman’s likening of a sewer blockage to a heart attack indicates, perceptions and experiences of fat as a substance slide into our interpretative registers with regard to larger bodies. While Newman may allow us to imagine the actions of fat in a large body—clogging, slowing, sticking—there is space also to imagine that it is the fat body itself that disrupts otherwise smooth-running social organization. Yet, the point to make here is that it is *useless* fat that is deemed a growing threat and not the fat that has a purpose and productivity. What this means for ‘fat bodies’ in terms of how mobility and productivity are tied to a particularly active personhood are explored in Part 2 of the book.

It is to the fat body that Forth returns in his thoughts on the relationship between the materiality of fat and social stigma. Forth argues that there is a compelling relationship between the greasiness of fat and enduring stereotypes that associate fat with laziness, greed, and corruption. He focuses on three physical characteristics of fat—unctuousness, softness, and insensateness—that play out in stereotypes of larger people as ‘sweaty, smelly, greasy’ (2013: 137). Although these reach out through western history, they were privileged at specific historic junctures; taking the twentieth-century interest in physiognomy as an example, Forth cites the work of Mary Olmstead Stanton (1890), who drew very explicit parallels between the properties of fat and the character of large people: ‘the excessively fat are usually quite selfish, for fat is a tissue that is *negative* in nature and is not endowed with *feeling or sensitiveness*’ (cited in Forth 2013: 49, his emphasis). We can see in Stanton’s work some of the content that fuels our own stereotypes a century or so later: an excessive, unfeeling, selfish body that threatens to jam, disrupt, and obstruct the flows of society, just as fast food fat is seen to be blocking vital infrastructure.

What we can draw from this discussion so far is the idea that fat is a precarious substance that exists within a number of seemingly mutually exclusive states: hard/soft, liquid/solid, abundance/excess, lubricant/blockage. It has a certain temporality that is tied to physical processes of decay and a limited utility, the end of which seems to render fat as problematic. As fat slides between its different uses and material states, our regard for it oscillates between positive and negative poles, with implications for the ways larger bodies are regarded. This is useful because approaching fat as a ‘thing’, as Klein has it, allows me to regard fat as an ambiguous substance that attracts ambivalent responses not just or only monolithic hostility/disgust. This may go some way to explain why, even in the context of the ‘obesity epidemic’, it is possible to see positive, even life-affirming, perceptions of larger bodies and contestations of anti-fat medical science struggling but nonetheless *existing* alongside stigma and denigration. It also affords me some space to start thinking just how stigma is achieved against and within the mixed messages of fat, and I will do this in Part 2 of the book by developing the notion of ‘hostile’ and ‘benevolent’ fatism.

Fat as Repository

Despite enduring oscillating perceptions of fat found inside and outside the body, there has been a dampening action on these oscillations, resulting in smaller movements around the more negative pole. This dampening action is evident from the sixteenth and seventeenth centuries (Forth 2013; Jutel 2009). That there remained (and remains) some ambivalence toward fat is suggested by Georges Vigarello, for whom what emerges across various and diverse courtly, religious, and medical codes at this time was not an outright or dramatic rejection of fat itself but a 'steady privileging of lightness' (2013, p. x). This privileging, by no means even or consistent, can be attributed to greater food security and the growing hegemony of Puritan ideals of self-restraint and self-denial, and, as Robertson (2001) adds, some changes in the ways social distinctions were made. He describes how wealthy merchants exercised a more *discerning* consumption through the notion of *appetite* as opposed to signalling their status through sheer volume of food. It seems, then, undesirable and impossible to divorce perceptions of fat and larger bodies from wider cultural, economic, and commercial concerns and ideals.

Indeed, this is the point that drives Amy Farrell's (2011) engaging cultural history of fat. Picking up fat's history from the eighteenth century, she argues that an emerging fat stigma grew not from health concerns, as we might expect from our current viewpoint; instead, she suggests fat stigma is related to a growing ambivalence around the rate of industrialization and an awareness of unfair, corrupt, and unethical practice such as the creation of monopolies, use of child labour, corruption, and bribery. While fat as a marker of wealth and prosperity still remained in the eighteenth century and onwards, it was slowly undermined by a suspicion of just how that wealth was accrued and at what social cost. What is becoming clear here is the way fat is emerging through history as a repository for cultural anxieties and concerns. That said, any concerns with fat tended to be lodged against individual bodies and still against a backdrop that regarded skinny frames as symptoms and consequences of illness. Broadly speaking, it is not until the late nineteenth century that fat emerges as a specifically *social* problem. Significantly, this again has less to do with any supposed health risks but takes hold when fat bodies

are regarded not as solely reserved for wealthy and elite individuals, or indeed the freaks and wonders of the touring circuses, but when fat is perceived as softening the contours of specific sections of the population, most notably the middle classes.

The Middle Classes

The middle classes came under scrutiny because they erupted from a constellation of radical economic and social changes. They were different because of the novelty of their position in the class order and the seemingly inauthentic labours of white-collar work: these differences attracted general anxieties about urbanization and consumer capitalism in the social imagination. Disquiet about a ‘fat’ middle class then became a way of expressing and directing wider concerns about economic and social change. More specifically, Farrell (2011) argues that unease over a heavy-weight middle class in the early 1900s was a re-expression of ideals around self-discipline and a championing of values of ‘thrift and economy’ in the face of potentially excessive, wasteful, consumer capitalism. Additionally, Stern’s (1997) historical account shows how guilt pervades the middle classes themselves as they jostle a privileged lifestyle alongside Puritan hang-ups of hard work and self-sacrifice, all of which become swept up and projected on and from a fatter middle-class body. It may be unsurprising then that it was the middle classes who were the most vocal in their efforts to get fatness recognized as a medical issue (Farrell 2011). Yet this guilt was hedged by middle-class anxiety about its ability to distinguish itself from the lower orders—and there was a need to do so because the lower orders were also gaining the waistline once associated with fine living and social privilege. Vigarello notes how in the 1920s ‘adiposity [was] suddenly more present in everyday life’ (2013: 167). He argues that an increase in meat and dairy consumption and the relative ease of some manual labours through the introduction of machinery suddenly conspired to mean that ‘the “poor” who had traditionally been represented as half-starved, suddenly acquire a physical volume they didn’t have before’ (ibid: 167). Vigarello argues that the result was a middle-class taste for thinner frames. This taste was reflected

and promoted in popular culture. Fashion and advertising in 1920s and onwards are filled with ideals of female beauty and manhood that are svelte, toned, and wiry: thin was in and the anxious and guilt-ridden middle classes made for a ready market.

Yet classed dimensions of fat were also racialized and gendered. Apprehension over middle-class girths was complemented, at various historical points, by stereotypes of immigrants and foreign Others as fat—a sign of their supposed uncivilized state (Forth 2012). They were also complemented by stereotypes of ‘soft’ and ‘feminized’ fat white middle-class men who were assumed unable to protect and defend the supposed civilized purity of whiteness (Levy-Navarro 2010). This, as Farrell (2011) rightfully emphasizes, was as much about the crisis over the constitution of nation and whiteness as it was about any threat from Others or fat itself. Indeed, the intersections of race, nation, fat, and masculinity are well documented, as Deborah McPhail’s (2009) analysis of Canada’s obesity crisis in the 1950s demonstrates.

McPhail neatly positions Canada’s 1950s obesity crisis at the intersection of three larger social anxieties; the first was the nuclear threat posed by Russia in the Cold War and a worry about the physical strength of fat-bodied middle-class men to survive an attack and rebuild; the second revolved around disruptions to traditional gender roles caused by a range of economic changes that simultaneously directed more men into service-based labour (perceived as more sedentary and feminized work) and more women into paid employment; the third was the perception that growing immigration was threatening Canada’s normative image as the home of the white, middle-class family. McPhail argues that public health initiatives aimed at women to help slim down their ‘tubby hubbies’ were intended to restore some traditional gendered divisions between the public and private spheres and help reassert the cultural value and utility of the white nuclear family unit. Furthermore, it provided a site of agency where a crisis in masculinity could be played out (men were encouraged and supported to regain their strength as their waistlines reduced). McPhail concluded that the reduction of fat from the white male body was a symbolic recalibration towards traditional gendered, race, and class orders. Fat, or rather its *removal*, had a symbolic function to ‘re-articulate the breadwinner husband, homemaker wife, division of labour and to

reposition Canada as a nation of white, middle-class nuclear families' (McPhail 2009: 1022).

What emerges from this discussion is an understanding that fat's material and semiotic properties interfere with each other to afford fat a symbolic malleability. As such, fat can be folded into wider and highly contextualized concerns and anxieties and be implicated in mediating the relationship between the social body and the physical body. That said, we are still some way off understanding just how the slippery semiotic stuff of fat came to be a disease of such epi(demi)c proportions. While I tackle the obesity epidemic more fully in Chap. 3, here I want to sketch out briefly just how fat's disease status has much to do with technological advances that allowed fat to be quantified, the professionalization of medicine, and, to bring up us to our contemporary moment, the impact of neoliberal rationalities on western healthcare.

Preparing Fat to Meet Health: Statistics and Scales

Despite our current preoccupation with the 'obesity epidemic' and our ability to repeat, as if learnt from rote, a horrifying list of the medical ailments that are argued to beset larger bodies, medical science has in the past been more concerned with the excesses of *thinness*. Annemarie Jutel for example, recounts recommendations to doctors in 1929 to regard a 'moderate accumulation' of fat as sign of longevity (2009: 60). A favouring of fat may owe much to what Pat Rogers describes as a 'historic fear' of thinness that derived from its association with wasting diseases, such as tuberculosis, for which a fatter body was imagined as both cure and prevention (2010: 23).² Indeed, there were pockets of resistance even once fat started to gain medical attention: in the late 1800s Dr. John Harvey, a British physician, complained about the undue attention given to the 'fatties', arguing that thinness constituted a more serious medical and

² Diseases like tuberculosis and the starvation diets favoured by England's Poor Laws in the 1830s would have triggered the body's stress response, *protein catabolism* (Mehta 2014): the body turns to its own mass for resources.

moral problem caused by diet, ‘anxiety, care, too much brain work, an impure mind and masturbation’ (Farrell 2011: 37). Harvey’s list reflects some unease with social changes of his day, especially those that interfered with traditional gender roles: ‘too much brain work’, for example, was widely held as the cost of modern ‘city’ women’s misguided and health-endangering attempts to keep up with the men. The ‘rest cure’ was, tellingly, a response to rebalance the physical body and the social body: to calm and fatten women to their ‘rightful’ gender identities, roles, and relations (Bassuk 1985).

Yet, before we consider a debate about the merits or otherwise of under-/overweight, Georges Vigarello (2013) argues that it is more useful to think through just what was needed for fat to emerge as *the* predominant health risk. For Vigarello, what was needed was *numbers*—more specifically measurements and quantification: ‘numbers change the way people think’ (ibid: 111). He argues that while the biggest of bodies have always appealed to scientists and philosophers, the beginning of the nineteenth century saw a change in the ways these bodies were viewed. He notes a ‘flurry of numbers’ as measurements of arms, calves, necks, and then of height were collected and used as a way of *knowing* larger bodies (ibid). An acceleration of interest occurred when statisticians became involved in the 1830s. In 1832, Adolphe Quetelet used scales of weight and height to produce a grid proclaiming the statistical normal weight for each height. This is significant because Quetelet’s grid was dusted off by the Metropolitan Life Insurance Company in the 1940s and in the form of ‘tables of ideal body weight’ was used to trace the death rates of its policy holders (Oliver 2006). It was rebadged body mass index (BMI) in the 1970s, and recognized by the World Health Organization as the authorized standard measure of ideal weight/height for both individuals and populations in 1977 (Levay 2014).

Vigarello is interested in what is achieved by the translation of corporeality into numbers, or, more specifically, what is enabled once those numbers are manipulated into statistical norms. We are, he argues, offered a distance from physical, living bodies and the people who inhabit them. This is no trifling point: Jutel (2009), speaking of contemporary bodies, argues that many claims of illness and suffering purported as caused by ‘excess’ fat are not always or consistently felt or experienced by the

people inhabiting those bodies. Numbers, then, orientate us to the viewpoint of 'objective' science and its experts: the numbers become a new way of looking and knowing about bodies and illness (Vigarello 2013). Guthman (2013) takes this point further to suggest that statistical and other measurements enact a *foreclosure* on the kind of questions we can go on to ask and the range of solutions we produce. Our technologies, she argues, bring obesity and weight into being in very particular ways and in ways that can quickly escape critical attention. In thinking about what else is achieved by the translation of weight into 'numbers', we can also add that the social and political contexts in which people are enmeshed and in which they are constituted in gendered, racialized, and classed terms—with all this means for access to resources and the ability to flourish—are reduced to 'variables', easily added, subtracted, and manipulated to change the stories statistics may tell of fat. But, just as statistics can move us away from 'the human', they secure a new relation: that of *comparison*. Rather than simply understand weight as polarized (thin and fat), statistical manipulation produces a fine gradient of new levels of comparison with the past/present and future body, with other bodies and with populations. Over time, these comparisons will afford new and multiple sites of anxiety and interventions—all bodies, not just the 'too large' or 'too thin' will soon be called into registers of comparison and surveillance.

Of course, weight/height numbers weren't the only 'numbers' circulating at this time: they fed into a wider industry cataloguing the human body, seeking biological 'truths' to legitimate existing social hierarchies by accessing the character of an individual. For example, Paul Broca (1824–1880) was arguing that skull shape was a factual statement of European Man's racial superiority; Mary Olmstead Stanton was researching her *Physiognomy. A Practical and Scientific Treatise* to be published in 1881, and Lombroso was working on his 1876 *Criminal Mind*, which identified criminal character through body morphology (particularly a sloping forehead and asymmetric skull). These ideas had public appeal and cast a long shadow in popular culture. Take, for example, the ways that the characters in J. Jefferson Farjeon's recently reprinted classic novel *Mystery in White* describe the only working-class and likely criminal amongst their number as possessed not only of eyes 'too close together'

but with ‘low forehead and a bluntness of the back of his head and neck’ (1934/2014: 125).

The circulation of these ‘corporeal codes’ served to lodge identity into body shape (Rogers 2010: 31), with implications for fat as an *identity*. Yet, it is important to stress that it is the malleable nature of fat and our cultural knowledge of it that allow fat a different relation to identity than, say, the ‘low forehead’ that marks the criminal: while the low forehead cannot be changed (and thus neither character it depicts), fat is imagined as something that can be changed, and with it, character. This explains why as fat becomes attached to character flaws in the social imagination, there is a perception that larger people are ‘burdened by an “obese personality” which must be overcome to uncover the “true self”—the “thin person” within’ (Levy-Navarro 2010: 8). Of course, the idea of a trapped or submerged thinner person who can be freed depends much on pre-existing understandings of fat as a substance that can be changed, moved, and burnt off. What we can see here are the ways a ‘flurry of numbers’ mingle with existing understandings of fat (simultaneously practical, metaphorical, and sensory) to present fat as a *changeable* identity characteristic. Once changeable, fat enters a potentially stigmatizing terrain: what can be changed can quickly slip into what *ought* to be changed.

Scales

The ‘flurry’ of numbers also depended on measuring devices. John Joseph Merlin, a Belgian instrument maker, brought to London in the late 1700s what we would recognize as weighing scales (Rogers 2010). Merlin enjoyed some celebrity and was able to place his scales in fashionable locations where he could appeal to a trend-setting crowd (‘Merlin’s Mechanical Museum’ in Hanover Square). The public nature of weighing discouraged women for whom such activities may have been deemed ‘unbecoming’. That said, Rogers suggests that the fashion of the time meant that female body shape was camouflaged, resulting in less pressure on women to ‘manage their body outline’ (ibid: 25). It was, then, mostly socially privileged men who were jumping on the scales in the spirit of scientific enquiry.

Merlin later developed a weighing scale for home use, which, at a cost of seven guineas, was solely aimed at the wealthy. While routine self-weighing was not yet established and the lower classes were kept off the scales by the cost and their own superstition, the scales did have royal approval: Rogers notes how the Prince of Wales was an active user in the 1790s, as was Lord Palmerston and other nobles, some of whom entered into wagers as to how much weight could be lost and gained. Significantly, these experiments had little to do with health. Rogers concludes that 'an interest in shape (was) largely detached from any worry about the function of the bodily parts inside' (2010: 26).

The move to the home brought the opportunity for women's usage and more everyday routines of self-weighing. Mass production meant more scales started appearing in more homes from about 1913 (Stern 1997). But it was changes in clothing fashion (clothes that hugged body contours—the 'flapper' fashions) and celebrity endorsement that helped ensure their use. For example, Annette Kellerman (1886–1975), the Australian long-distance swimmer turned Hollywood silent screen star, is regarded as the first celebrity slimming entrepreneur. In 1905, she invented the first bathing costume for women designed for the purpose of swimming not for the protection of Victorian modesty. Her costume was so tight fitting that she was arrested for indecency on her visit to a Massachusetts beach in 1907 to a riot of press coverage (Mason 2013). Able to show her body, Kellerman started to give advice to others on how they may also fit into the latest fashions. If thin was in, it was also modern and progressive as it dared, in its form-fitting bathing suits, to defy Victorian codes. Yet, a celebration of the female form simultaneously cast the body, particularly young female bodies, as a target for stigma: a failure to live up to the new aesthetic standards became regarded as a sign of poor self-discipline (Rasmussen 2014).

Still, *clinical* use of scales was rare. Jutel cites an article from *The Lancet* in 1897 explaining that weighing scales were expensive and 'had taken too much room in a consulting room' (2009: 67). Yet, as weighing scales started to appear in public places and as statistical knowledge demanded reliable and accurate measurements, scales joined other 'instruments of precision' (such as microscopes and thermometers) to make up the physicians' 'armoury' as we move into the 1900s and beyond (Robinson 2002

cited in Jutel 2009: 67). We might also consider that space was made for scales because their presence signalled the success of the medical profession in wrestling fat and weight from the quacks and tricksters.

The medical profession had been slow to recognize fat and weight as health issues, but others had happily exploited the commercial opportunities of a more weight-aware and weight-anxious populations in the middle 1800s and early 1900s. Newspaper reports avidly covered the latest innovations in fat reduction and magazines were stuffed with adverts for weight-loss ‘treatments’. Dr. Vincent’s Anti-Stout pills, Sanitone Wafers, and Kellogg’s Safe Fat Reducer were amongst the various products promising the ‘remarkable reduction of flesh’ (Kellogg’s Reducer). If it wasn’t pills or potions, or the consumption of tapeworms, it was ‘marvellous’ stretching machines or sweat-inducing undergarments such as Dr. Jeanne Walter’s Famous Medicated Rubber Garments (For Men and Women! Induced Perspiration for Safe Fat Reduction!). Various medical authorities, for instance the American Medical Association in 1912, decried these cures, arguing that they were little more than a mixture of sugar, talc, laxatives, and, in the case of Kellogg’s Safe Fat Reducer, extract of thyroid gland, and they smarted at the commercial successes of these fakes and forgeries. That some purveyors of these miracle cures laboured under self-styled titles of ‘Doctor’ and cited medical authorization was a serious affront to the reputation of a medical profession still establishing its own authority (see Illouz 2008). An expansion into fat was one way of exerting some regulation and control over a booming fat-reduction market, bringing some of that commercial success to the physicians and helped to cement the professions’ social authority over all things bodily (Farrell 2011).³ The middle classes, especially, now felt that their new

³Not that this meant more safety. In 1935 the first synthetic weight-loss drug was derived from a compound used in pesticides—dinitrophenol (DNP). DNP was found to greatly accelerate human metabolism. Within a year, more than 100,000 Americans were ingesting this until death rates and long-term side effects became known and it was banned. Yet, in the 1980s, a physician, Nicholas Bachynsky, revived DNP in his own miracle obesity cure (his treatments retailed at \$1000)—a scam that resulted in his being struck off and imprisoned amid an extensive health scare. DNP, however, is still in circulation. Sadly, at the time of writing DNP had claimed another victim, Eloise Aimee Parry, aged 21 years, who died in April 2015 after taking diet pills purchased over the internet. DNP is currently thought plentiful on the body-building circuit as a way of losing body fat (Food Standards Agency, 2012; USA versus Nicholas Bachynsky).

health needs were being better met, but it is fair to say that physicians were more motivated by the audacity of quacks, their commercial success, and the side effects of their cures. The result was that fat, or rather its reduction, came more firmly under medical authority.

From Guilty Glands to Deviant Addicts

Of course, medical practitioners and scientists are not immune to prevailing cultural attitudes so it comes as no surprise that some of these were folded into the medicalization of fat and reproduced through its diagnosis/treatment and later amplified in the current obesity epidemic (Gard and Wright 2005). Dr. Williams' diet book in the 1920s, by way of example, is unapologetic in linking obesity to self-indulgence, greed, and gormandizing. Yet, the story of fat is not straightforward; as fat becomes medicalized we see antipathy and hostility mingled with other sentiments and attitudes to weight, making it important to reiterate Gard and Wright's earlier point that complex and contradictory views of bodily fat did, and continue to, co-exist. Additionally, we can see fat becoming implicated in power plays within the medical profession itself and in its ambitions to extend its power. For example, endocrinology in the early twentieth century offered fat what the historian Nicolas Rasmussen called a 'diagnostic shield' against increasing cultural perceptions of larger bodies as ill-disciplined and greedy (2014: 218). Endocrinology managed this because it associated fat not with character, but rather with faulty glands and metabolic rates. The so-called 'guilty glands' model had the potential to turn 'badness into sickness' (Rasmussen 2012: 882), but, we should add, was effective in more thoroughly handing over the responsibility of fat to medical experts and the range of commercial thyroid hormone therapies they happily and profitably applied. Yet, the shield was contested by an increasing cultural appetite for 'badness' over 'sickness', as evidenced in newspaper reports in 1930s, which started to undermine the public credibility of rogue glands explanations, as did research noting normal metabolic levels in larger people. But, most significantly, endocrinological explanations for overweight and obesity were the first causalities in a wider paradigm shift

to psychological and psychiatric explanations for human behaviour: the potential for a renewed blame game was back on.⁴

What Nik Rose describes as ‘Psy’ discourses refer to ‘heterogeneous knowledges, forms of authority and practical techniques that constitute psychological expertise’ (1999: vii), have, as we might expect, their own complex history. While there had been growing psychological expertise in the US for some time, treating such things as ‘hysteria’ (Chang and Christakis 2002), the discipline was divided and locked in a bitter conflict with religious authorities over the care and cure of the mentally ill. Eva Illouz (2008) argues that fortunes changed with Freud’s visit to the USA in 1909. Freud, she argues, conjured together popular myths, beliefs, and metaphors to create a coherent and accessible narrative of interiority that he relentlessly applied to everyday life. The Freudian slip, for example, turned misused words into signs of hidden ‘needs and dependencies’ requiring medical attention (Rose 1999: 255), and in so doing Freud managed to pathologize *normality* (Illouz 2008). What emerges from this is a centre-staging of the self as a site of concern, intervention, and labour.

So we have the work of the psychiatrist Hilde Bruch who, in the 1940s, argued that obesity was the consequence of exposure to the ministrations of an overbearing mother, which lead to overeating as a form of escapism and oral fixation. Rasmussen (2012, 2014) draws out two points; the first is that Bruch expresses what will become a popular refrain, that overweight and obesity are the consequence of character flaws prompted by poor parenting. The second is that Bruch’s use of oral fixation, already a standard explanation for alcoholism, started to bring overeating, fat, weight, and obesity into the registers of *addiction*. Fat enters a dangerous part of its history now because, as Rasmussen notes, addiction was heavily and negatively over-determined. At this time in the US, addiction was associated with drugs and the presumed criminal cultures of immigrant minorities. Valverde (1998: 5) reports that an international panic over opium traffic in the early 1900s condensed into the figure of the ‘drug fiend’, but she is also clear that general anxieties about choice, habits,

⁴ This was not the end of the discipline but rather marks its ‘adolescence’—see Wilson (2005) for a detailed history.

personal freedom, state control, and self-control were all herded into cultural perceptions of addiction and state responses, making addiction an extremely value-laden site. Additionally, we should note, too, how the grip of psychiatric explanations tightened in the post-war years, as they were called to treat expressions of non-conformity in the time of the Cold War. Fat, then, becomes saturated with political meanings, as larger bodies, already stigmatized, are rendered suspicious in a time characterized by McCarthyist witch hunts.

As addiction became a means to medicalize non-appropriate behaviour (Benford and Gough 2006), it served to mobilize and enforce values of self-control and personal responsibility in the ways it imagined non-addicts as being powerfully self-managed (this is how they avoided temptation), just as it imagined that addicts only required strength of will to overcome their character flaws. As Eve Kosofsky Sedgwick explained, addiction discourses only allowed for two outcomes, decline or redemption: the addict, she argues, is 'propelled into a narrative of inexorable decline and fatality, from which she cannot dis-implicate herself except by leaping into that other, more pathos-ridden narrative called kicking the habit' (1993: 131). Rasmussen notes how Bruch herself was alarmed at the forms of treatment 'kicking the habit' took. She objected against 'the 'moralistic, even punitive treatment of fat patients by doctors, and the brutal "fat camps" and "gluttons anonymous" crash programmes driven by self-loathing that soon became common, thanks to her obesity-as-addiction concept' (2014: 222). We should not think then of stigma as an always intended consequence, but as a result of the ways weight is conceptualized and how these conceptualizations are taken up; in other words, medical knowledge, in common with all knowledge, takes on a social life. Still, while addiction mingled with fat to entrench fat stigma it did so in ways that allowed for an interesting co-existence of understandings of fat/weight/obesity as both a symptom of emotional trauma or chemical/hormonal imbalance *and* as personal attribution in not seeking the right interventions and persevering with them. As a result, fat becomes heavily implicated in the expression of personal 'will', despite and alongside understandings that places 'causes' of fat elsewhere. Of course, we should not forget that what we are seeing here is the attempted normalization of fat as a *problem*. Once fat is located in willpower it

becomes a site of personalized responsibility: medical experts are needed to diagnose, develop a cure regime, quantify progress, and legitimate any results—but the *real* work lies in the moralized actions of the self: addicts may be victims of past harms but only they can ‘kick the habit’ and they have a civic responsibility to do so. That this responsibility may need a kick start is being considered by the UK government, whose consultation paper in July 2015 debates the reduction of welfare payments to drug addicts, alcoholics, and ‘obese people’ to encourage compliance to medical intervention (Department of Work and Pensions, 2015).

Fat Becomes Common Sense

How fat superseded thinness as a predominant health issue involves reconfigurations of both fat *and* health. Fat, as this chapter has attempted to convey, is saturated with a number of meanings that in recent history present it as ‘a disruptive potential to the prevailing order’ (Atayurt 2010: 47). It is then already bordering on the problematic, even as plumpness still retains some social acceptability *and* as weight loss becomes a desired activity, as people, seduced by life-changing claims of the various quacks, confront fashion changes in the 1900s. That *health* can be reconfigured may seem counter-intuitive, yet understandings of health as a state free of illness have, over the years, and particularly under the auspices of neoliberal governance, undergone radical transformation. Health now refers instead to a site of agency of illness *prevention* and self-surveillance that is overshadowed by threats of culpability, shame, and stigma.

Various commentators have expressed now well-established concerns about the impact of neoliberal rationalities on health. Neoliberalism generally refers to an aggressive form of liberal economics favoured by Thatcher/Major governments in the UK and Reagan/Bush administrations in the US (Peck and Tickell 2002), which still flourish regardless of political persuasion and despite a spectacular failure evidenced in the market collapse in 2007/8. Characterized by a belief that a free market can, through the natural ecology of market forces, result in efficient and socially just distribution of resources, neoliberalism consists of relentless privatization, marketization, and de-regulation, or at least ‘light-touch’

state interference (Gurrieri et al. 2013). It is not an even nor monolithic beast (He and Wu 2009), but is marked by inconsistencies and is met with resistance (see Tyler 2013). However, it has nonetheless escaped the confines of the economic sphere to transform not just social and cultural life, but also the very ways we imagine and make sense of ourselves, our biographies and the lives of others. It has become, as Peck and Tikhell (2002: 381) argue, ‘a common sense of our times’.

This ‘common sense’ shifts the acts of citizenship into choice-making and recasts citizens as consumers or market actors (Brown 2015). As such, the consumer-citizen is imagined as one who is market-savvy (able to read and understand the marketplace); one who is able and willing to survive and thrive on the often-brutal fluctuations of the market; and one who is imbued with a strategic rationality so that they can individually produce a viable life in this changing terrain. If rationality and choice loom large in the neoliberal imagination so does responsibility. As the state ‘rolls back’ its concerns, often through brutal cuts in public/welfare funding, the responsibility of the state rolls onto the shoulders of its citizens tasking them ‘with the project of self-governance’ (Parker 2014: 104), and opens the opportunity for punishments of shame/stigmatization and marginalization for those who fail in this task (Gurrieri et al. 2014). In this terrain, health becomes just a further site in which we are educated ‘in the techniques for governing ourselves’ (Rose 1990: 221). It is important to stress then that neoliberalism is *productive* of selves and of ways of seeing and being in the world. The consequences are clearly expressed by Dardot and Laval:

Neoliberalism defines a certain existential norm. ... This norm enjoins everyone to live in a world of generalized competition; it calls upon wage-earning classes and populations to engage in economic struggle against one another; it aligns social relations with the model of the market; it promotes the justification of ever greater inequalities; it even transforms the individual, now called on to conceive and conduct him- or herself as an enterprise (2013: 3).

As neoliberal rationalities interfere with health there is, as may be expected, an increased privatization and marketization of healthcare provision and goods. These processes are accompanied by much-touted promises of

better competition and efficiency that are measured by a frenzy of target setting and assessment. There is also an explosion of commercial interest in creating solutions for a variety of problems that are either rebadged as ‘health’ or have their health-affecting properties exaggerated. This has the effect of melting the traditional health/illness binary because we are encouraged to regard our bodies as sites of potential internal risks or as vulnerable to external risks. In the face of mounting risks, the ‘healthy body’ is rendered as either asymptomatic or pre-symptomatic (Rose 2001); indeed, the presence of some risk markers is regarded as signalling a *pre-disease* state (Jovanovic 2014). In this heightened diagnostic environment some symptoms have been upgraded to diseases in their own right (see Kroll-Smith’s (2003) discussion of ‘excessive daytime sleepiness’). This flurry of activity is argued to be the main vehicle for the medicalization of everyday life—a term that refers to both the processes through which the medical profession extends its authority and to the ways we are encouraged to translate our lives, experiences, feelings—those ‘everyday problems of living’ into medical concepts and language (Barker 2014). Conrad (2005) is clear that while the medical profession is still at the core, the key drivers of medicalization are now various commercial enterprises and administration. The current disease-risk status of sitting down offers a recent example. For Apple’s CEO, Tim Cook, sitting down is ‘the new cancer’: a risk that can be reduced through the purchase of the new Apple Watch (launched March 2015), which sends alarms to remind its wearer to stand up. Other products advertise their solutions to what they call ‘sitting disease’: adverts for veridesk.com argue that workspace technologies can quickly tackle the ‘increased risk of death’ posed by the new disease of sitting. My point lies not with the veracity of the benefits of standing over sitting; rather, my point is to draw out the commercialized interests in the medicalization of everyday life.

As we can expect from Dardot and Laval’s (2013) quote above, this reshaping of health has profound implications for subjecthood and agency. Principles of self-control, risk-avoidance, and self-entrepreneurialism are dragged into health with the effect of recasting it from a *state* free from illness to a *site* of consumer activities. As such, ‘being healthy’ involves individualized, and responsibilized labours, practices, and performances (health agency) that are characterized by heightened levels of body

surveillance encouraged by epidemiological calculations of risk factors and enticements from marketers to seek preventative strategies and devices: we might not be as far removed from the allure of market cures like Dr. Jeanne Walter's Famous Medicated Rubber Garments as we may like to think. Health, then, is not what one *has* but what one *does* in the face of present 'bodily betrayals' and our future potential to be ill/diseased/infected/contaminated/injured—even old (Cardona 2008). The *doing* of health and *being* healthy reconfigures health as the exercise of personal control and demonstrable compliance with a newly moralized obligation to 'live a balanced existence, valuing vigilance, self-restraint and the avoidance of risk' (Hodgetts et al. 2005: 124). As health becomes a matter of individualized responsibility, which as Gurrieri et al. (2014: 1) make clear, is couched in terms of consumer choice, states of illness, and those of vulnerability or dependency appear as *personal failings* and become markers of a failed or flawed consumer. You aren't *still* sitting down are you?

Lifestyled Health

Within this new imagining of health, there remains the need for a site where risks can be identified and where the health agency required to manage them may be channelled and exercised: *lifestyle* is that site. Lifestyle is an interesting development because it cements health as an individual responsibility (*your* lifestyle), and as it runs over the course of one's life, it signals a life-long *suite* of choices so that one is *always* engaged with the market. Furthermore, it immediately frames out any health/well-being risks or events that are not within personal control: it does so by effectively denying those risks or re-appropriating them into lifestyle issues. In other words, complex health states are reduced to lifestyle-sized chunks of behaviour modification and consumable solutions. Significantly, for our interest in fat stigma, while vilification can and does operate as punishment for those who make 'wrong choices' (wilful, ignorant, arrogant, etc.), lifestyle nonetheless offers constant *redemptive moments* where past wrong choices can be reversed and the damage repaired. Lifestyle is therefore as filled with the optimism of new starts as it is with condemnations for lifestyle crimes; as later chapters will argue, these redemptions are necessary to keep us orientated to the market place

and focused as market actors—they serve to make us both ‘players and partners’ in newly marketized health (Cardona 2008: 477).

Maja Jovanovic’s (2014) voice is the most recent in a growing chorus of concern over this lifestyling of health. She launches her critique against the spread and range of so-called functional foods—so-defined because of their alleged health risk-reducing benefits. She argues that the presence and advertising of these goods represent the ‘false empowerment’ of personal responsibility because the social and political determinants of health cannot be addressed by individuated consumer choices. Indeed, she claims that social determinants of health struggle to be heard amidst the excited chatter of risk-reducing margarines and foods, the existence of which further normalizes disease as a lifestyle issue. She adds, too, that the supposed democratization offered by the market—namely that these risk-reducing goods are available to all—masks the fact that it is only sections of the middle classes who can afford to effect changes in their lifestyle, and indeed to have lifestyles to modify! It is clear that as health is redefined as lifestyle choices, the already socially privileged are rewarded/approved for enactments of their privilege. Meanwhile those who ‘fail’ to make the right choices, or enough of them, often because of structural injustices, have to shoulder the responsibility for their (in)actions. We should not forget that the lifestyling of health may well be driving us to health-endangering activities such as disordered eating and excessive exercise (Rich and Evans 2005).

In sum, neoliberalism interferes with health to reconfigure it as a matter of individual responsibility ‘while neglecting the social and political culture in which individual responsibility is embedded and experienced’ (Gray 2009: 328). The result is what Hodgetts et al. refer to as a ‘morality of health’ (2005: 124), where health manifests ‘as a badge of honour by which we can claim to be responsible and worthy as citizens and individuals’ (Cheek 2008: 974).

When Fat Meets Lifestyled Health

If, as Benford and Gough put it, ‘to be healthy is to be a good person’ (2006: 428), there are implications for all bodies as they are recast as

ethical substances on which we are required to labour: bodily aesthetics, shape, and size become linked to the performativity and display of good choice making. In this context, the larger body becomes entangled not only with notions of inaction (not making the right consumer choices), but also in faulty action (making the wrong consumer choices), the results of which are *visibly* marked on the body. As Irmgard Tischner notes, there are other health villains in this new health landscape, but if smokers, for example, can hide their vice or declare they have given up, fat cannot be so easily hidden or denied: bodies are then ‘always visible and always-already constituted as “health-offenders”’ (2013: 5). Fat, then, renders fat bodies and large people as health offenders, opening them up to stigmatization, marginalization, and prejudice, some of which can be internalized with devastating consequences to self-esteem, health, and well-being (Levy 2014).

Yet, we should also consider that just as larger bodies are presented as the visible constitutive limits of acceptable health citizenship, the fat body is also a credible site for multi-billion-dollar industries (Campos et al. 2006). If the BBC’s (2014) calculation that the cost of UK obesity is £47 billion is correct then we need to regard fat and obesity as extremely profitable sites for those providing newly sized medical equipment, supplying pharmaceuticals, delivering weight-reducing surgeries, diets, functional foods, and wearable devices and apps.⁵ It is interesting that news reportage of the spiralling costs of obesity seldom discuss those for whom these costs translate into profits. There are then vested interests in keeping fat visible as a health violation. My point is that fat in this context has a highly specific luminosity achieved through discourses of health-as-choice and profit-making activities.

Visibility, however, is not the only reason why fat becomes entangled with the reconfigurations of health. As we have seen, fat has a malleable materiality (its ability to be stored up and burnt off; to be solid and then fluid; to block and then be mobile). This renders fat an ideal *redemptive* substance for our healthy times—and thus the perfect substance for life-styled health. By this I mean that fat emerges in the health consciousness

⁵‘NHS Embraces Wearable Health Devices Such as the Apple Watch to Improve Care’ reports the *Guardian* just after Apple’s launch in March 2015.

as something that can be worked on; it can be built up *and* reduced, and is therefore easily imagined as something upon which our health agency can be directed and exercised. As it is imagined as something that *can* be worked on, it is a small step for fat to be regarded as a something that *ought* to be worked on; as such, our labours to reduce fat become morally infused. As quantified (no matter just how problematic and meaningless those measurements may be), fat flies further into the orbit of personal responsibility as we translate ‘health’ from our body’s everyday fluctuations around what we imagine to be our ideal weight. Indeed, this translation is itself a key part of the performativity of lifestyle health—is it not expected that one should immediately know one’s weight? Not knowing, is, tellingly, regarded as a sign of ‘having let one’s *self* go’—a considerable issue in a context where ‘being oneself’ is a cultural and moral requirement (Allen and Mendick 2012). A combination of visibilized larger bodies, the moral injunction to make health a project (from a ‘having’ to a ‘doing’ of health), the steady marketization of life, and the ability to measure and define fat, all conspire to make fat a perfect health substance for our times. It is tempting to make the flippant remark that if fat didn’t exist, one feels we’d have to make it up, but the point, surely, is that *we have*.

Summary

The purpose of this book’s labours are not only to unpick the complexities of fat stigma, but also to understand just how panics over obesity and fat form part of a wider rationality and mobilization of all bodies to a highly particular understanding and accompanying performances of health. In this book’s introduction, I termed this mobilization of understanding and performances a fat sensibility. In this chapter I aimed to give some historical depth to the fat sensibility in order to think through just why fat is of such enduring interest. I have suggested here that fat so preoccupies us because of its materiality. Its ability to change states gives it temporality and a utility that enables fat to barrel through western history with enduring, contradictory associations. Its materiality makes it ripe for metaphor—offering it up for stigmatizing associations on one

hand, but, on the other, especially in a social context that presents health as a matter of choice, fat emerges as an ideal substance to be worked on, reshaped, pummelled, beaten into submission, or brought under control. In this imagination, fat emerges as a redemptive substance; as later chapters will argue, it becomes a site for our confessions, self-determination, and our exercise of moral conduct in becoming active consumer-citizens and patients (Inthorn and Boyce 2010). While fat has been constructed to stand as the sum of all of our health fears, the promise of redemption reveals much of current aspirations for a carefully prescribed 'free' citizenship. In short, fat matters because it provides a site where one can exercise health agency and earn one's 'badge of honour' of responsible citizenship (Cheek 2008: 974). It remains, however, to explore just how fat became a health issue of epidemic proportions and this is explored in the next chapter.

3

Fat Gets Melodramatic: The Obesity Epidemic and the News

Introduction

It is necessary to turn now to the ‘obesity epidemic’ because fat is now so conjoined with the terms ‘obesity’ and ‘epidemic’ that it seems impossible to discuss it without reference to these medicalized terms. It is certainly hard to escape the four constitutive claims of the obesity epidemic that parade across the mass media. These are, firstly, that obesity levels are continuing to rise; secondly, that obesity is directly associated with a list of diseases and death; thirdly, that obesity presents a clear danger to all societies and communities; fourthly, that the epidemic will result in a ‘lost generation’ because obese children will die before their parents (Gard 2010). These claims have been roundly debunked in both medical and social science by what we may loosely refer to as ‘epidemic sceptics’. They point to a lack of clear evidence supporting any exponential increase in weight or that which links obesity and weight to a terrifying parade of life-changing illnesses (Oliver 2006; Flegal et al. 2013).¹

¹A recent meta-analysis of more than 100 studies found *decreased* mortality risks relating to overweight and *no* increase in mortality risks until body mass index (BMI) scores reached 35 and over (Flegal et al. 2013).

Further criticisms weigh in to suggest that the epidemic is a recent *construction* that advances the commercial interests of food and weight-loss industries, the medical profession (notably public health), and may serve as a political tool in both aiding the neoliberal project of self-management (governance) and in distracting a waist-watching population from a consolidation of political and economic power in health and other spheres (Campos et al. 2006; Gard 2010; Jutel 2009). What drives ‘epidemic sceptics’ is their deep-seated concern with the iatrogenic and stigmatizing impacts of the epidemic (Monaghan 2013).

Epidemic sceptics turn their attention to the mass media because it is believed to be the primary site for our information about health and social issues (Klos et al. 2015), and there is a strong relationship between media representations, public support for issues, and the formation of social policy (Wright 2015). Although we can be clear that mass media cannot tell us *what* to think, Boyce (2007) is confident that it is pretty effective in telling us what to think *about*. A concern here is that we are encouraged to think *about* the ‘deviant’ people who are increasingly positioned at the heart of these social and health issues (de Vries 2007). There are, then, important concerns with the way mass media orientate our understandings and perceptions, particularly when the result may be stigmatizing and prejudicial perceptions of larger people (Klos et al. 2015; Saguy et al. 2014).

The concept of moral panic is often deployed in scholarly accounts of media representations of the epidemic, but it is not what I wish to explore here (I will return to the issue of panic, in Chap. 8, when I position the fat sensibility against the current use of ‘moral panic’ in critical obesity scholarship). For now, as a way of leading up to this point, I want to address a tendency in the scholarship around media framings of the epidemic to assume that the epidemic is passive in its representation. I think this tendency forecloses critique of the epidemic and funnels critical attention towards particular, often overtly, stigmatizing media coverage. To address this, I present epidemics as possessing dramatic qualities necessary for their existence and survival. These resonate with genre-specific values of the news (e.g. newsworthiness) to co-produce particular representations of obesity and fat. Pursuing this point allows me to explore how some tensions in the constitution of the epidemic

might play out in media representations. More specifically, as this chapter discusses below, epidemics comprise a tension between individual and collective responsibility (Boreo 2012; Murray 2008): an exploration of how this tension is played through mass media allows us to pan out from just overtly hostile representations to examine how seemingly benign and benevolent representations can also exist. My aim is not to suggest the existence of ‘good’ or ‘bad’ representations, but rather to grasp some of the complexity of stigmatizing relations that form the fat sensibility. This chapter starts then with the ‘epidemic’; as fat is not a communicable nor an infectious disease, how is it possible that it can be understood as such and with what consequence for the way fat is culturally imagined?

What is an Epidemic?

The term ‘epidemic’ refers to an increase of disease ‘over and above what could normally be expected, during a particular period of time, in cases of disease, within a community or region’ (Dry and Leach 2010: 2). It describes the spread of established diseases like malaria and the rapid spread of new diseases such as those created by zoonosis (diseases of animals that mutate to infect humans). As authorities regard epidemics as posing dire security threats (e.g. infrastructure breakdown, movement across borders), they respond using strategies of containment (quarantine) and damage limitation; the latter includes public health initiatives, stock-piling drugs, and regulations or surveillance on people/livestock movements, food processing, and animal husbandry (Dry and Leach 2010; Waggoner 2013).

Epidemics are also rhetorical sites of promotion and mobilization. These sites work to isolate and define a phenomenon as a disease/problem and then persuade others that it constitutes a threat requiring urgent attention (Tomes 2002). Dry and Leach (2010: 5) argue that these unique labours depend on a ‘particular interpretation of disease dynamics’ that make the epidemic a time-framed event with a highly specific framing of problems and solutions. Teasing out the narratives involved in this framing, Dry and Leach highlight the ‘outbreak narrative’. This focuses

on the novelty of diseases or of their appearance, and stitches the disease into a linear narrative with a starting point—the outbreak. The linearity and novelty has a particular affect on the ways diseases are apprehended; it tends, for example, to *acknowledge* the role of long-term factors and structural issues contributing to the disease (e.g. poverty, overcrowding, habitat upheaval caused by wars and conflict) but leaves them relatively undisturbed as focus is pulled to the immediacy of the problem at hand and practical, actionable labours around the specific here and now of the disease outbreak.

That the tendency towards the immediate has strategic importance is highlighted by Thacker (2009), who argues that the threat and chaos of the immediate create ‘doomsday scenario’ narratives that are used to mobilize diverse groups from, say, the World Health Organization (WHO) to public–private partnerships, charities, and governments. The outbreak narrative creates a definable field of action, where such groups can focus their own attentions, and exercise their own narratives of preparedness and reassurance (ibid). In this regard, these (loosely) complementary sets of epidemic narratives (outbreak and preparedness) help diseases to become *actionable* entities. Of course, that these narratives—outbreak, doomsday, and preparedness—are the stuff of blockbuster films offers us an early glimpse into the narrative resonance between epidemics and the popular media, which I pick up later in this chapter. It is useful to note for now that epidemic narratives have a particular discursive mobility; they are able to shift to different genres and sites, further mobilizing its mediation and representation.

The consequence of these framings is that structural tributaries to disease are abstracted with two consequences. The first is that the ‘underlying drivers of outbreaks’ are left unaddressed (Dry and Leach 2010: xi), a significant issue given that new, re-emerging, and drug-resistant disease strains, which hit the world’s poorest hardest, are outmatching our ability to deal with them. The second is that the abstraction of long-term issues, such as poverty, helps present outbreaks as emerging from places, populations, and practices that are newly cast in varying degrees as *culpable* either through fault or ignorance. The worry here is that moralizing judgements and a fearful suspicion of Others soon follows (Strong 1990). In short, there is a tendency to enact a displacement from conditions and

contexts *to* people and their lifestyles (see Lantz and Booth 1998), the result of which may amplify existing stigmatizing perceptions towards those Others. For example, Dry and Leach (2010) argue that colonialist and racist perceptions of 'primitive' and 'exotic' Others are reproduced in a number of overlapping ways; in the ways diseases are defined (particularly those of poorer Asian or African countries) and in the ways epidemics are declared and responded to. They conclude that epidemic narratives are always and already 'shaped by politics and power' (ibid: 15).

Yet, this is not to suggest that authorities are unreflexive: in May 2015, the WHO issued advice on disease naming to 'minimize unnecessary negative impact of disease names on trade, travel, tourism or animal welfare, and avoid causing offence to any cultural, social, national, regional, professional or ethnic groups' (WHO 2015). This advice indicates the scale of the problem with the conceptualization and representation of disease. It also gestures towards the pervasive way that pre-existing prejudicial attitudes surface and are reproduced in the site of disease. Further, the fact that the WHO has issued advice on this matter reminds us not to cast the medical professions and their allies as deliberate and consistent villains of the piece. There are concerted efforts to disrupt conventional epidemic narratives by bringing structural issues to the fore. Indeed, there is growing tension within epidemiological science between the need to deal with the immediate and the long-term goals such as poverty and overcrowding (Dry and Leach 2010).

It is possible to make three quick points at this stage. As the designation 'epidemic' is intended to both define a problem *and* to mobilize resources, it speaks to an urgent and excitable industry of disease. This urgency pushes structural and contextual tributaries of disease into the background, creating a tension between these and the specifics of the disease itself. The second point is that we can already see different groups of narratives that seem placed in complementary relations: so we have threat and fear (spun from contamination and infection) complemented by narratives of reassurance and preparedness. This observation opens some space to think about the ways stigma may operate, or indeed be challenged, through the relations between hostility (threat/fear) and benevolence (reassurance/control). The third point is that the designation and operations of an epidemic are sites where complex power relations of border-making between

groups/peoples/nations are folded into what counts as an epidemic and how the drama of that epidemic unfolds. These points pull our attention to the conditions in which different relations of stigma may exist.

Yet fat is not an infectious disease. That obesity and epidemic are now such eager bedfellows is the outcome of three broad moves: the first is an aggressive pathologization of fat predicated on the idea of an uncontrolled growth of obesity rates and of obesity as an uncontrolled corporeality. The second is the development of epidemics into what Boreo (2012) has named 'postmodern epidemics', which allows chronic diseases and social issues to be apprehended *as if* infectious. The third is the cultural pervasiveness of epidemiology as a way of understanding social problems (Levin and Russill 2010). These are discussed below because they can add to our understanding of the dramatic form and expression of the obesity epidemic.

Turning Fat into Big Numbers

The obesity epidemic depends on the translation of fat into 'obesity'—a register of body disorder and chronic illness—and on an understanding of obesity as an increasing problem. For Julie Guthman (2013) these are achieved by the everyday working conventions and measurements of epidemiological science. She makes her case through an examination of the body mass index (BMI), a calculation derived from weight divided by height squared. Despite its inability to distinguish fat from mass (muscle and bone) and its 'stature bias' (as height, the denominator, is squared, higher denominators will secure lower scores), the BMI has taken a life of its own as a measure of fat. It has acquired what Hann and Peckham (2010) call the 'gold effect'. This is a term they reserve for ideas that take hold as a generally accepted truth in professional and lay understanding. The BMI owes its golden fortune to its ease (a simple formula we can each add our own self-measurements into, making it the ideal lifestyle measure for lifestyled health) and cheapness (fit-for-purpose measures such as skin fold tests, underwater weighting, or X-rays incur equipment and staffing costs but, significantly, offer very different results).

Guthman argues that BMI scores, relatively meaningless in themselves, gain significance when banded into categories—‘underweight’, ‘normal’, ‘overweight’, ‘obese’, and ‘morbidly obese’ (e.g. the category ‘normal’ speaks to a BMI score of between 18.5 and 24.9). These categories are worrying for two reasons. The first is that the thresholds amplify any upward trend, meaning that a relatively small weight gain, say 7 lbs, could result in millions of people tipping over into a higher category. In this regard, the BMI can encourage us to think that a large percentage of the population has spontaneously become overweight/obese, rather than thinking that a number of larger people may have become slightly larger (Guthman 2009: 268). Blaine (2007) makes a similar point but draws attention to the time frames involved. He argues that changes around the thresholds have accumulated over some 15 years. His point is that populations have gained weight very slowly yet these increases are depicted as sudden, prompting panic, news headlines, and government action. Levin and Russill (2010: 72) argue that this compression of time helps attach ‘fat’ to ‘disease’ in our common sense understanding. It is significant, they argue, that the BMI is used to help us imagine the rate and spread of fat increase as progressing at ‘virus-like speed’.

The second concern is that these categories translate BMI scores into mortality and morbidity risks and, further, confuse the *probability* of illnesses and death with their *cause*. The BMI can only, at its very best, suggest probabilistic relations between weight and fat: fat, then, may be thought of as a *risk marker* for some diseases, meaning that a great many people will experience no fat-related illnesses or symptoms at all (Gracia-Arnaiz 2013). Yet, by suggesting that the relationship between weight and illness is predictable and inevitable, ‘risk’ starts to gesture towards future certainties. This represents a highly worrying extension of the BMI functionality because BMI values, once turned into categories, conflate size (already problematic as we have seen above) and health *outcomes*. So when the National Institutes of Health nudged down the BMI threshold for ‘overweight’ in June 1998, the result was not only that a staggering 29 million Americans crashed from ‘normal’ into the ‘overweight’ category, providing alarming headlines about the increase in rates of obesity, but it also plunged those individuals into medical and insurance risk categories and, in consequence, regarded them as in need of intervention,

surveillance, and higher levels of self-care (Levay 2014). Natalie Boreo (2012) adds that such statistical adjustments are not unusual, but what makes them significant is that the act of adjustment is lost in media reporting. Media reporting then leaps on the immediate, sensationalized headlines declaring that now some 60 % of Americans are overweight or obese. For Hubbard (2000) and others, it is clear that the knowledge and tools we have to make sense of fat are themselves part of the production of the big numbers needed for its epidemic status.

While Guthman is concerned with this threshold effect, Levay (2014) looks to the classifications themselves. The term ‘morbid obesity’, she argues, was minted in the 1960s by an American bariatric surgeon in his campaign to convince health insurance providers that surgery was a much-needed intervention in the fight against fat. In making this point, Levay offers us a timely reminder that vested interests play over and above the mundane workings of the obesity epidemic. Guthman’s final point is that its ubiquity, combined with the seemingly general acceptance of its conflation, allow the BMI to shift from scoring ideal weight/height ratios to stating what normal BMI *ought* to be. There is, in other words, a shift to the *normative*; bodies with higher-than-average BMI scores are quickly regarded as abnormal, excessive, and pathological (not natural variants that help produce a statistical mean). For Evans and Colls, what these various folds and conflation mean is not only a pathologization of larger bodies, problematic in itself, but also a further *shift* to the wider task of ‘controlling fatness (as abnormality)’ (2009: 1060). The BMI’s achievement, then, is not only to spin fat into obesity, but also its ability to circle back round to re-problematize fat with an added legitimization that the disease justification brings. In other words, *fat*—not necessarily or solely obesity—becomes problematic. For Mabel Gracia-Arnaiz (2013), what we see here is nothing less than the promotion of fat’s epistemic status—it is upgraded from an inadequate risk marker for other diseases to being a chronic disease *in itself*.

Guthman offers us an insight into ways that working practices produce the large-scale numbers needed to present fat as a spreading and growing threat. She also shows just how simple-to-use measurements fold together a statistical mean with normative notions of ideal body weight, to mark outliers as abnormal and in need of remedy and intervention. The BMI, then, helps to problematize fat just as it helps to present the

problem of fat as actionable. For our specific concern with the stigmatizing effects of the epidemic, the idea that size is related to health outcomes is able to spiral quickly away from any evidence base to colonize common sense attitudes towards fat and weight, producing what Atayurt (2010: 47) describes as ‘broad cultural fear’ of fat that works above and beyond any medical conceptualizations.

The ‘Postmodern’ Epidemic and Epidemiological Imagination

The making of the obesity epidemic also depends on the development of epidemics themselves. Boreo (2012) has coined the term ‘postmodern epidemics’ as a way of referring to the hitching of recently medicalized and, I would add, lifestyled phenomena to ‘traditional’ definitions of epidemics as spreads of infection and contamination. This is possible, she argues, because of a drift away from a ‘discrete disease entity’ (ibid: 4) required for more ‘traditional’ epidemics (e.g. the Ebola virus is a discrete entity at the heart of the Ebola epidemic). This drift from the anchor of disease has enabled a ‘diagnostic expansion’ (ibid: 5). In other words, by moving from the presumed certainties of a pathological base, epidemiological language and concepts can be applied to a wider range of health and social issues beyond those of infectious disease. As there is a more fluid, or passing, relationship with pathology, responses also become untethered from the ‘traditional’, encouraging an industry of emerging treatments, interventions, cures, and their contestation. Waggoner’s (2013) analysis of the peanut allergy epidemic offers a good case in point; she suggests that the nut epidemic is more accurately characterized by the urgent response (nut-free zones, food labelling, training, dramatic news headlines) than it is about the numbers of individuals affected, or any ontological disease status of allergies and intolerances. Indeed, it is because allergies and food intolerances are such highly contested fields that they can provide highly lucrative sites for medical and pharmaceutical enterprise. Drawing from this we can expect that the pathological uncertainties of obesity are an important aspect of its epidemic status—the ‘fact’ that it is not a disease is what makes it such an attractive and lucrative site for obesity entrepreneurs. What this means

is that any cause and cure can be invented and exploited for its commercial value. Waggoner (2013) concludes that the designation 'epidemic' now has a *metaphorical* usage, allowing the diagnostic expansion that Boreo observes into chronic illness, the contested areas of allergies, and, as Malcolm Gladwell (2002) has most profitably observed, social phenomena ranging from crime rates to pregnancy rates to fashion trends.

It is worth lingering on metaphors a little longer. Metaphors may simply be a way to understand 'one thing in terms of another', but as Lakoff and Johnson (1980: 5) argue, metaphors have the power to organize our thinking *and* open space to challenge prevailing meanings. This latter political possibility is created when metaphors apprehend social phenomena 'as if' they were something else and therefore bring two frames of seeing and understanding into a critical relationship (Levin and Russill 2010). Andrew McKinnon (2013) explains just why this is important: metaphors resonate with prevailing social orders and as such offer space for their critical examination. Yet, this political possibility is quickly closed when metaphors are taken *literally*. He observes a collapse of the metaphorical to the literal occurring across academic and wider social discourse in a number of fields, and he suggests that it is one way that neoliberal rationalities are reproduced: neoliberal versions and visions of human and social life appear as 'natural' (ibid: 531).

McKinnon's canvas is not epidemics, but approaching them through his thinking fosters awareness that understandings of fat 'as if' it was a disease can inform cultural and common sense understanding of fat *as* a disease. Although there is still some space for critique (there are, of course, epidemic sceptics), the collapse of the metaphor nonetheless drags and confines perceptions and discussions about weight and fat to the frame of the epidemic; after all, the epidemic has to be invoked in order to be challenged. As a result, it becomes more difficult to perceive, discuss, and to experience fat and weight outside of medical/epidemic/health discourses (for a related discussion see Bettini 2013). Even in the lively and critical space of the International Weight Stigma Conference 2014, health risks were deployed in some questions from the floor as factual proof of the limitations of arguments that weight was socially constructed or could be life affirming. This insistence on health risks can, in some cases, such as in the careful work of Tina Moffat (2010), help draw

attention to the relationship between social inequalities, poverty, and health (which, as Moffat argues, the obesity epidemic is most efficient in masking); however, it is also likely to derail constructive, critical debates and new imaginings of fat, weight, and size. We need to find space to ask just what investments inform and are reproduced in the insistence that fat can ultimately be thought of *as* disease. Yet, it is important to realize that such insistence is a result of the naturalizing affect of the move from the metaphorical to the literal: the health risks of fat and associated logics (often variants of ideas relating to energy intake/expenditure and health outcomes) enter everyday common sense and can naturalize our orientation to relatively new meanings of health and self-management.

For Stan Cohen (2002) this naturalization is progressed by persistent reiterations and repetitions of certain truths and logics. Along this direction of thought we can also find Chad Levin and Chris Russill's (2010) 'epidemiological imagination': the spread of epidemiological language, concepts, and metaphors throughout popular culture. Levin and Russill are influenced by Charles Taylor's 'social imaginary' as a critical understanding of the way selves, social existence, and normative expectations are imagined and take hold as common sense. As such, Levin and Russill's epidemiological imaginary is not just observation of the ubiquity of epidemiological language outside epidemiological science, but they are also concerned with its consequences for the ways social issues, events, and relations are being problematized and addressed. They conclude that a 'metaphorics of infection' (ibid: 65) resonates keenly with prevailing political ideologies because they play on anxieties around national borders (germs do not respect geopolitical lines), immigrants or disreputable Others (Others carry new germs), and unpredictability (disease can threaten social hierarchy, order, and progress). The point of this resonance is to advance neoliberal tools of surveillance, intervention, data collection, population mapping, and to amplify the neoliberal stress on individual responsibility and personal safety. For Levin and Russill, the epidemiological imagination is the latest vehicle of medicalization (discussed in Chap. 2), and for others it enables the designation of epidemic, with its germly associations of disease and infection, to pathologize people, practices, and populations deemed socially and politically unacceptable

(de Vries 2007). Sam Murray makes clear the consequences when fat is understood within these frames:

It has powerful, productive implications, many of which remain tacit. If, for example, a community is in the grip of an infectious disease epidemic, it is expected and understood that all members of this community will take rigorous steps to protect themselves and their families from, and to prevent the spread of, the pathogen that threatens not only their own bodies, but the body politic more generally (2008: 16)

Yet, before we leave this introduction to fat as epidemic, it is important to point out that the relations of stigmatization are not immediately nor clearly drawn, even in the drama of threat and response that Sam Murray's writing wonderfully mimics here. Boreo (2012) skilfully teases out a tension. She recognizes that, on one hand, the medicalization of obesity helps remove moral responsibility from larger people. They are ill and demand treatment: illness provides what Rasmussen refers to as a 'diagnostic shield' (2014: 218) against cultural perceptions of larger people as ill-disciplined and greedy (see Chap. 2). On the other hand, medicalization both depoliticizes and individualizes obesity so that the larger person is back in the frame of culpability. I argue that this 'dual-edged sword' (Boreo 2012: 5) offers different representational possibilities when the epidemic takes its form as circulating stories, and arguably as 'moral panics', in the mass media (I return to moral panics in Chap. 8).

A Recipe for Melodrama: Epidemics and the News Media

What endures across all epidemics, 'traditional' or 'postmodern', is their discursive mobility. As Nancy Tomes (2002) points out, epidemics make for good plot lines. We only need look to the number of epidemic-themed Hollywood blockbusters: *Quarantine* (2008: director J Dowdle), Steven Soderbergh's *Contagion* in 2011, *Carriers* directed by David Pastor in 2009, the *Resident Evil* franchise, and Marc Foster's *World War Z* (2013), and variations of the outbreak narrative in the *Jurassic Park* portfolio and

similar films, as evidence of a cultural fascination with epidemics. While these do not feature fat, they do nonetheless feed on cultural anxieties around self-control, societal collapse, and dark fantasies about populations driven by insatiable needs and unrestrained consumption. There are then striking parallels between mass-mediated fat bodies and the zombies and monsters who feature in many of these blockbusters (Raisborough 2011).

As might be expected from these examples the discursive mobility of 'epidemics' depends on an amplification of its inherent dramatic qualities into melodrama. This is not in itself new nor restricted to effect-enhanced movies: Tomes (2002) finds its origins in the late 1800s when advances in bacteriology and those in the printing industry brought scientists, activists, policy-makers, and newspaper owners into a mutually beneficial, if not always easy, relationship. That relationship was, and still is, forged through the need to survive market competition: activists competing to get their diseases recognized for intensive scientific study; scientists competing to make a reputation, get their work valued/funded, and fighting for the attention of policy-makers; and newspapers (and, later, other media platforms) competing for audience share and, in many cases, the advertising revenue that follows. As epidemic viability and media profitability depended much on what story could be told and *sold*, 'beliefs about what attracted or entertained the "masses" played a crucial role in shaping the flow of information and images' (ibid: 628).

That drama attracts 'the masses' is well understood by journalists and newsrooms. Reuven Frank, once an NBC executive, who is widely accredited as the maker of contemporary news reporting, sent the following to his newsroom to drive home the importance of drama to the news:

Every news story should, without any sacrifice of probity or responsibility, display the attributes of fiction, of drama. It should have structure and conflict, problems and denouement, rising action and falling action, a beginning, a middle and an end. These are not only the essentials of drama; they are the essentials of narrative (cited in Johnson-Cartee 2005: 139).

We are moving away here from understanding the mass media working as a *transmitter* of medical knowledge: this 'linear reflectionist model' of a media/science relationship has been smartly chastised by Hallin and Berg

(2015: 8), who simply and powerfully assert that ‘journalists are resistant to the idea that it is their role to be “used” by anyone’. As Garland (2008) and others argue, journalists and newsmakers work to their own values and institutional imperatives (through which power relations circulate), and these are often commercial. Michael Schudson (2007) argues that news media can deploy different frames—irony, for example. To answer why journalists choose the frames they do, Schudson argues that it is the ‘character of “the events themselves” [that] helps limit what narrative frames journalists select’ (ibid: 253). This point slams us back to the ‘character’ of the epidemic: it is not passive in its representation, rather its dramatic qualities suggest and co-produce its news framing. Epidemiology, for instance, helpfully provides the ‘latest’, the headlines of the ‘breakthrough’, and it provides reports that can make for good copy (see Holland et al. 2011). Epidemiology, too, as part of the epidemiological imagination draws its oxygen from wider anxieties over plagues, diseases, and the various Others who are cast as both victims and suspects. As Jovanovic (2014) neatly puts it, fear of disease *sells*.

In short, the industry of any epidemic depends on attraction for its cultural survival and mass media is driven by its competition for audience share. Taken together, these have enabled melodrama to emerge as the primary rhetorical form in the mass media (Altheide 2009; Wright 2015). Why might this be problematic? Melodramas are popular narratives that have a long historical reach in our cultural repertory. They are linear narratives characterized by overdrawn villains, victims, and heroes locked in battle until, often, ‘good’ or justice wins the day. Crammed with dread (will the villain succeed in their dastardly plan?), suspense (will the hero win the day?), moral gravity, and pathos, melodramas produce discrete and polarized markers of ‘good’ and ‘bad’. As such, melodramas have drawn considerable criticism when they are used to mediate cultural and political issues. Concern clusters around their simplification of complex issues, the high levels of exaggerated personalization and individualization that result from their character positions and roles, and the ways readers are emotionally pulled into identifying with polarized victims/heroes through anger, fear, sympathy, relief, and joy (Anker 2005; Schwarze 2006). It is argued that melodramas are inherently moralistic because they orientate readers and audiences, via their

emotional identification, to the primary values of society (Schwarze 2006). Brooks (1995: 12–13) explains that melodrama establishes a ‘moral legibility’ as ‘conflict suggests the need to recognize and confront evil, to combat and expel it, to purge the social order’ (cited in Anker 2005: 24). Elisabeth Anker goes further, in her discussion of media reporting of 9/11, to state that ‘melodrama is not merely a type of film or literary genre, but a pervasive cultural mode that structures the presentation of political discourse and national identity’ and ‘establishes its own moral virtue through victimization and heroic restitution’ (2005: 22–5).

Informed by Anker’s work, I suggest that it is possible to see that the highly personalized characterisation and emotionally infused reporting of the threat/danger of melodramas bring four issues centre stage. The first is that the polarized character positions offered by melodrama construct an ‘us’, or rather the collective belonging of ‘we’, who are positioned against an over-determined ‘them’. This, as Christopher Williams argues, creates the potential for inequality and stigmatization; he states, ‘where our interpersonal realities are defined by difference and dissimilarity, the promise of injustice is amplified’ (2008: 7). The second is that the requirement to define ‘them’ and contain ‘their’ epidemic threat serves to re-energize and intensify the roll-out of the tools so central to the terraforming of society by neoliberalism: ‘hard’ and ‘soft’ surveillance,² data management, interventions, and, as Levin and Russill (2010) observed above, a more strident responsabilization. The third refers to the way melodrama naturalizes *retribution* and restitution as a logical means of resolution (Anker 2005), which in the context of the obesity epidemic is expressed in the promise and actuality of stigma, prejudice, and discrimination in all spheres of life. That retribution and restitution should become discursively and materially intermingled with health says much of the nature and ambitions of ‘neoliberalized’ health (see Chap. 2). It is reasonable, then, to apprehend melodrama as a key rhetorical device deployed in the terraforming actions of neoliberalism. Anker drives home this point

²Tina Patel (2012: 215) draws a distinction between ‘hard’ and ‘soft’ surveillance. ‘Hard’ could refer to the epidemiological data gathering, but soft surveillance is of interest here because it refers to ‘the enhanced gaze of the public in everyday interactions’.

in her argument that the purpose of melodrama is to create a villain and the ‘villain thus becomes the catalyst for state action’ (2005: 26). Yet, it is important to realize that state action may not deal a single or, indeed, a final blow. This brings me to the forth point.

The fourth point speaks to the various industries and entrepreneurialism that mushroom in and around epidemics. Melodrama may depict the war between good and evil, but the recent flood of sequels, prequels, backstories, and spin-offs in our literary and cinematic texts help educate us that it is *battles* not wars that are won.³ This is because any war winning would restrict profit-making opportunities, such as those driving what Finkelstein and Zuckerman call the ‘obese economy’ (2008: 203)—the industry of services, technologies, and drugs that feed from the epidemic. A focus on battles also helps melodrama *move* public interest and state responses to different sites, spaces, and threats and thus becomes itself constitutive of the growth and spread of *the idea* of an obesity epidemic; we have had, for example, a series of successive news melodramas around obesity and heart disease, diabetes, pregnancy, middle-aged men, children, sugar, saturated fat, vitamin D uptake, fast-food, fat tax, and, more recently, dementia. This melodramatic mobility helps the epidemic’s longevity (see Holland et al. 2011), and helps fuel media industries that are reliant on the novelty demanded by newsworthy headlines and reports: as Roy et al. (2011) note, the values of newsworthiness—sensationalization, timeliness, controversy—*demand* new angles and stories to keep the news *new*, particularly when public attention to any single issue is rarely sustained over time (Downs 1972).

In the reminder of this chapter, I want to focus on the melodramatic forms of news media because news media has attracted the most critical interest from obesity epidemic sceptics. It has attracted this interest because, to reiterate, it is argued to be a major provider of health information (Patterson and Hilton 2013), and, additionally, has a strong influence on public opinion, cultural attitudes, and policy (Roy et al. 2011). I argue in the next chapter that we should widen our critical

³ Lucasfilm’s *Star Wars* is a good example. A further chapter of the space saga has just been released in the UK (17 December 2015) and there are rumours of a spin-off in the form of a backstory for Han Solo, due for release in May 2018. The Force is certainly keeping strong.

lens to reality television and I will take that argument forward into the remainder of the book, but, for now, it is useful to explore not only the melodrama of news reportage, but also how the quest for novelty and the tension within epidemics between individual and collective responsibility has enabled different representations to emerge. What I am teasing out here are the possibilities of different representations—hostile and benevolent—which, I argue, sustain the cultural acceptability of fatism (weight prejudice and discrimination). To date, the possibilities of different sets of representations and their relation to stigma has escaped sustained critical attention.

Obese News: Bellies, Butts, and Benevolence

Our discussion so far suggests that melodrama bends news stories into a narrative arc populated with risk, threat, villains, victims, and heroes (Wright 2015). Melodramatic representations of the obesity epidemic are suggested by the dramatic qualities of epidemics themselves and by concerns of the news media to create instant, lively, and attention-grabbing headlining stories. Broadly, scholarly attention has focused on the construction of the epidemic *threat* and the way blame has been targeted on specific bodies and individual lifestyle choices (Ata and Thompson 2010; Elliott 2007; Penkler et al. 2014). Yet, before we enter these debates, it is important to start by stating, as Patterson and Hilton (2013) do, that the first consequence of media representation is the normalization of the epidemic as the principle mode of understanding body fat. Other explanations, perceptions, and experiences of fat are shouldered aside by the doomsday story lines of the epidemic. Indeed, we are so bombarded with obesity-themed headlines that, recently, obesity no longer needs to be explicitly mentioned but emerges as a tacit knowledge working between the (head)lines warning of dire increases in diabetes and the other diseases herded under the term ‘obesity’. This is an important point to make because research indicates a considerable bias in news reporting towards personal behavioural and lifestyle causes (and cures) for obesity (Saguy et al. 2014), with stigmatizing consequences for those considered culpable (Klos et al. 2015). Indeed, even the suggestion of larger weight is

enough *in itself* to evoke fearful associations, blaming, and stigma (Puhl et al. 2013). Why blaming should follow from individualized explanations is explained by Christopher Williams, who argues that sympathy and compassion are withheld if suffering is understood to be caused by ‘malfeasance, negligence’ or ‘dangerous risk-taking’ (2008: 10). Following from this, it is possible to see that individualist explanations can pave the way for stigmatizing and prejudicial attitudes towards larger people, who are regarded as responsible for the health risks and moral decline that their body is read to indicate (Saguy et al. 2014). Additionally, these attitudes are extended to people with diseases now *fat-tainted* because of their association with obesity, with implications for people accessing care/resources for illness such as diabetes (Schabert et al. 2013).

Whereas the lists of illnesses hitched to fat make for ideal sensationalized news headlines and fuel social marketing (Jovanovic 2014), it is the *cost* of illness that makes for recent scaremongering headlines. In 2014 *The New York Times* ran a story under the headline ‘Global Obesity Costs Hit \$2 Trillion’. In the same month, the *Guardian* headlined that the cost of obesity to the UK was greater than that presented by war *and* terrorism, thereby neatly stitching obesity into a tableau of fear and anxiety. Why has cost emerged? Elliott (2007) explains that for a society characterized by technology, and creative and service work, it makes little sense to vilify people solely on physical fitness, as has been the case in the past (see McPhail 2009). Instead, Elliott (2007) argues that larger people are vilified in *economic* terms. It seems then, that we get a fat villain for our times—a point that speaks to fat’s ability to soak up and be remodelled by the anxieties and fears of its day (see Chap. 2). There is, as yet, no mention of the profits that these costs translate into, and for whom, but what the news reportage of economic costs achieves is a widening of the obesity threat: far from being a matter of health, obesity is now a threat to all *tax payers*, the ‘hardworking people’—presumably thin - who are frequently invoked by blue-hued party political rhetoric. The individual body is thus imagined as posing a threat to the normal well-being of the social body with larger bodies marking the ‘failed citizen’ (ibid). As such, the cost of obesity refer to a *waste* in the context of punitive austerity measures currently shaping many countries and, further, larger people are imagined as *cheating* more deserving recipients of diminishing healthcare

resources (this is discussed in more detail in Chap. 7). What is so striking about these headlines is their *efficiency*; they need not state who, why, or how, they just need to repeatedly link obesity to economic cost to reify the epidemic and secure its ontological status.

The visual imagery accompanying news reports has also attracted critical comment (e.g. McClure et al. 2011; Patterson and Hilton 2013). This research argues that news stories of obesity statistics and costs are predominantly accompanied by images of *morbidly* obese people and bodies (Blaine 2007; Paterson and Hilton 2013), who are captured in stereotypical ways: as overeating junk food, as immobile, as not engaged in productive work, as entombed ‘couch potatoes’, as frequenting fast-food establishments, and as being ‘poorly or scantily dressed’ (McClure et al. 2011: 360). While it is isolated, often single bodies, that are caught on film we are led to believe that these bodies stand as proxy for a wider social type. Gender, class, and ethnic relations are heavily drawn in this typecasting and this is something I pick up in Part 2. For now, it is enough to state that such imagery underscores the worthless life that obesity promises (at least by the terms of the neoliberally hijacked values of self-determination and individualization), and emphasizes that this life is self-induced by poor lifestyle choices and personal failings. If this wasn’t enough, without fail larger people are depicted as unhappy or having neutral expressions (Paterson and Hilton 2013). Yet faces or heads are not always shown; instead, cameras linger on bellies, butts, and thighs, pictured in unflattering or comical ways, to emphasize distortion presumably produced by excess. All too often people appear only as a collection of these body parts (Tompson Morrison 2009). While this may be intended to protect the privacy of the people filmed, Thomson Morrison makes two points. The first is that removing the head is a dehumanizing act; the act of decapitation removes larger peoples’ access to their individuality and personhood. The second is that this visual reduction to body parts enables the body to be more easily recast onto a specific frame of medical and economic reference and moralizing judgement. Removing the head and focusing squarely on the ‘problem’ areas—now not problematic for their respective bodies but for the appraising gaze of the social body—makes the act of recasting to the degraded status of Other all the easier.

This framing does not worry all scholars. For Holmes, news accounts of the epidemic provide a vehicle for the stimulation of health research enterprise (we keep our jobs) while giving a welcome ‘prod ... needed for overweight individuals to get into shape’ (2009: 230). Thankfully, others are critical of the way the obesity epidemic is framed as a matter of individual personal responsibility; they are acutely conscious of the stigmatization that follows from this attribution (Tischner and Malson 2008) and they regard stigma as a ‘barbaric form of social control’ (Burris 2008: 3). They note how a reductionist logic pertaining to the causes and solutions of the epidemic is privileged in this framing such as the explanations that mainly revolve around food and exercise—an approach that takes little account of the failure rate of most diets over the long term and assumes a link between exercise, weight loss, and health (see Campos et al. 2006 for a critique). They note too how commercial interests and pharmaceutical stakes in the idea of an epidemic and in the neoliberalized health order (healthism) in which the obesity epidemic is nestled, escape news agendas (Oliver 2006; Saguy and Almeling 2008). It is fair to conclude that fat is framed so effectively in terms of individual ‘badness and sickness’ that ‘fat may as well be a four letter word’ (Monaghan 2007: 605).

A Shift to Benevolent Representations?

There are signs, however, that recent news media are moving away from explicit individual blaming towards an awareness of contextual and structural tributaries. In the context of the obesity epidemic these tend to be expressed in terms of the obesogenic environment. The obesogenic environment refers to ‘features of the post-industrial built, economic, political and sociocultural environments that create barriers to healthy eating and active lifestyles’ (Chang and Christakis 2002: 151). It can refer to corporations, industries (e.g. food and diet), landscapes, housing, food access, leisure spaces (Colls and Evans 2014), and also to biological templates (genes), which may predispose some people to obesity. By reporting on the obesogenic environment, news reporting appears more willing to de-emphasize individual responsibility for obesity and outline *societal* solutions to obesity such as regulatory change on sugar content

and healthy school food (Barry et al. 2011; Hilton et al 2012; Kim and Willis 2007). Additionally, there is a move in news media to promote medical experts, their advances, technologies, and their concerns to help tackle obesity. In a recent analysis of news reports of weight-loss surgery, Nicole Glenn et al. (2013) found that surgeons were represented as benevolent heroes engaged a selfless fight against obesity. They argued that news celebrations of weight-loss innovation serve to position the state and medical profession as caring (not blaming) and responsive to the needs of its citizens (ibid: 634).

We still know little about how and why representations change (Markula 2008), but there are three partial explanations that suggest themselves here. The first is prompted by the role of the epidemic in its own representation. At the heart of the epidemic is a tension surrounding the attribution of responsibility—individual and collective—the privileging of one over the other has profound consequences for the ways epidemics are dealt with. Over time there has been a discernable bias towards individuals, small communities, groups, or countries (or, indeed, discrete and easily identifiable lifestyles or practices), but contextual factors have yet to be silenced in epidemiology and have slowly been growing in prominence (Dry and Leach 2010). Take, for example, Chang and Christakis's (2002) analysis of entries in medical textbooks for obesity. They observe that while certain narratives endure (e.g. the intake and expenditure of calories), there emerges, over a time, a perceptible change in emphasis from individual behaviours as the root cause of obesity to a favouring of genetic and environmental issues: Chang and Christakis go so far as to state that, 'initially cast as a social parasite, the [obese] patient is later transformed into a societal victim' (2002: 155). Dry and Leach (2010) suggest that this shift has much to do with a bioscience's struggle in the face of new diseases and a growing awareness that structural long-term issues have to be brought to the table if new epidemics are going to be adequately dealt with.

The shift from 'parasite' to 'victim' is more pronounced in medical literature and news coverage of childhood obesity—and this is the second explanation for why representational frames have changed. Sarah Gollust et al. (2012) have observed an increasing rate of news media pictures of 'overweight' children since 2001; children change the dynamics of the

usual blame game because they hold an ambiguous relation to ‘responsibility’. That is to say that they are positioned as savvy consumers on the one hand (and thus blameworthy for making ‘bad’ choices) and yet, on the other hand, their choices are perceived to be governed by their caregivers, rendering children ‘victims’ of neglectful even abusive caregiving (Hilton et al. 2012). Third, the representations of obesity have also changed because of the nature of the news itself, namely its quest for new and novel stories. What now makes the news ‘new’ are the causes of obesity (e.g. genes/hormones/neglect, and abuse) and ‘new’ interventions/solutions (‘Experts Targeting Obesity Raise Hope of Drugs to Stop Us Feeling Hungry’ reports McKie (2011) of the *Guardian*).

There may well be grounds here to conclude that news media is more sympathetic to problems of weight and fat (Holmes 2009); certainly, headlines such as the recent ‘Obesity: More Similar to Anorexia than We Think’ (Williams 2013) suggest a welcome shift from the stereotypical staples of indulgent and lazy individuals. Indeed, there may be potential here to actually counter stigmatizing perceptions of larger people; research has demonstrated that non-behavioural explanations for obesity can help to decrease public perceptions of controllability, reduce blame, and also lead to a willingness to help (Jeong 2007). Furthermore, there is an opportunity to bring food and diet industries to account, and, as a recent news report on the relationship between shift work, body clocks, and obesity suggests, to generate questions about exploitative employment arrangements and their impact on our bodies and health (Are Night Shifts Killing Me?, asked Sarah Montague in 2015).

Yet, melodramatic narratives limit any potential here; fat still emerges as highly problematic and in need of address. As Colls and Evans acutely observe, obesogenic environment discourses persist in exploring what makes people fat not, as is hoped, to ask what it is about our socio-cultural environment that ‘make fat bodies *problematic*’ (2014: 733, my emphasis). Additionally, Roy et al. (2011) argue that new obesity research only makes the headlines ‘primarily because it fits into news values’, not because the news is seriously engaging with the complexities of obesity and weight. Indeed, there is a suggestion here that melodramatic framing *conspires* against ‘critical engagement with the concept of obesity’ (ibid: 36). It is also significant that while the individual health offender is so carefully drawn as

described above, corporations and industries are only vaguely drawn, with unspecified reference made to 'the sugar industry'. The result is that larger people remain as the most identifiable suspects of the obesity epidemic. The analysis of Glenn et al. (2013) of news coverage of weight-loss surgery found that while denigrating imagery/representations of large people were reduced, they were *not* replaced, but their main point was that despite a broader focus on obesity science, overly simplistic and reductionist accounts of obesity and of larger individuals worked through the news to 'ultimately promote weight-based stigmatization' (ibid: 641). We should also add that it is significant that interventions such as surgery are also costed in news reports: the profit margins here are often justified in comparison with the cost of non-intervention, yet the patient remains positioned as a 'drain' and now enters an appraising frame of cost-related adherence.

What struck Glenn et al. (2013) was that representations of surgeons as benevolent heroes were complemented by the emergence of a newly configured fat individual: one who is rewritten as the 'ideal patient', who is complicit—and grateful—for weight-loss intervention. In the benevolent frame, then, is the larger person who is positioned as making the *right*—namely expert-endorsed—choices about their negotiation of an obesogenic environment. It is not unreasonable to suggest that blame could be in the process of being detached (or at least loosened) from an individualized cause of obesity only to be *reattached* to an individual's ability, and willingness, to seek interventions, especially when they are so benevolently offered in the obesogenic environment. Regarded as such, it is possible to see how obesity is incorporated into a wider neoliberal project—how, to misquote Shugart (2010), fatness and fat bodies are 'neoliberated' from explicit blame into new signification.

It is this last point that returns us to the model of prejudicial relations underpinning this book: Glick and Fiske, working in the field of stereotype content, have taken as their starting point the idea that prejudice proceeds from complex attitudes and perceptions not, as previously thought, from 'unalloyed antipathy' (2001: 109). Their ambivalent sexism theory has been particularly useful in highlighting how prejudice operates through complimentary processes of hostility (overt, aggressive, degradation) and benevolence (high regard, chivalry, paternalism, sympathy, or pity). Benevolence is a 'relatively agreeable form' of prejudice

(Hammond et al. 2014: 422) but is prejudice nonetheless because it operates to support hostile sexism in keeping women *in their place*. In other words, benevolent sexism complements hostile sexism in policing women's compliance to normative gendered roles and identities: it is both reward and complement to women who comply. It is for these reasons that Hammond et al. (2014) argue that benevolent sexism *incentivizes* compliance. The benevolent representations in Glenn et al. (2013) analysis of news coverage of weight-loss surgery offers striking parallels; the larger person is rewarded with paternalistic kindness and medical care *if* they comply with biomedical perceptions of their body as faulty and comply with interventions necessary to restore larger people to their dutiful place in the new health order. Indeed, the work of Glenn et al. (2013) demonstrates that news coverage of weight-loss surgery is characterized by strict entry requirements and *deserving* cases, suggesting that the 'deserving' large person is retrievable, but the other—the non-deserving—is doubly damned for their refusal to accept kindly offered help. In short, there remains little space to consider fat as 'original or life affirming' (Cooper 2010: 1020). It seems that fat, no matter the frame, is still a problem of epidemic proportions demanding an urgent response.

Yet, while some account has been given of this sea change in news representation above, there is more that can be said about why this change has been to more *benevolent* representations: why not more hostility and overt blaming? We know from Bourdieu (1984) that health and bodily aesthetics become sites for distinction making and that these run along classed lines ('body-for-others'). There is some suggestion from the work on socioeconomic class distinction that overt humiliation and degradation of the working class, while still existing, may be distasteful to cultural elites who consider their class to be marked by more tolerant and privilege-aware attitudes and opinions (see Raisborough and Adams 2008). Drawing on this work, it is possible to suggest that benevolence may allow subtle and more palatable forms of distancing and border-making for those invested in normative health practices (risk-literate, self-managed, lifestyle-driven health expressed in and through body aesthetics) than ridicule alone. Anna Kirkland (2011: 476) drives home this point by asking whether the turn to the obesogenic environment is one way that elite groups can express their distaste of larger people and their 'tacky, low-class' consumer choices

under the guise of concern and support. Arguing that a 'latent moralism' (ibid: 476) runs through benevolent obesogenic environment discourses, Kirkland claims that as social elites are represented as somehow immune to the environmental and biological forces that wreck such havoc with Others' bodies, they are afforded a position from which to universalize their choices, forgetting that they are only accessed by certain privileges, as 'good' and healthy (e.g. an emphasis on fresh farm produce). Kirkland concludes that environmental discourses hide this moralism and in so doing distract from a much-needed discussion about 'sustainability, food production, poverty, and environmental justice' and leave us continually circling around issues of correct lifestyle choices (ibid).

In short, obesogenic environment discourses may still deny the long-term structural conditions for a range of illnesses, which remain stubbornly reduced to weight. Yet, it is the *consequences* of this hidden moralism that Kirkland punches home, bringing us back to a concern with surveillance, interventions, and the justifications for state action that Anker (2005: 26) earlier identified as working through melodramatic new reporting. Kirkland reminds us of the logical consequences of environmental discourses: welfare surveillance child protective services interventions, mandatory arrests, and 'increased state surveillance means increased opportunities for detecting failure and for triggering a second-order set of rules that punishes nonresponse to the state's orders' (2011: 478). There are, then, deeper political currents working through fat and its association with illness: our everyday lives, now 'neutral' lifestyles, are soaked through with power.

Summary

This book argues that our current preoccupation with fat can be best understood as a fat sensibility. The fat sensibility speaks to the materialization of fat as a disciplinary tool that helps orientate us towards particularly defined health performances and practices (what I am calling health agency) that form the condition of our citizen-subjecthood. It speaks specifically to repeated media representations that insist on fat as a social and moral problem, which, in so doing, conjures up problematic

subject positions and stigmatizing relations. This chapter has shown how melodramatic framings of the obesity epidemic in news media serve to vilify larger bodies on the grounds of pathology and economic cost/drain. This framing not only has a tendency to oversimplify health issues, but also has a bias towards individual responsibility and thus is argued to fuel stigmatizing perceptions towards larger people.

Yet, rather than focus solely on hostile and overtly stigmatizing representations, the fat sensibility is concerned with how diverse, particularly benevolent representations complement the hostile to secure our orientation to a new health order. Although this is a recent departure in media analysis of obesity representation, it is interesting to note how individual bias continues to be expressed even in news stories concerned with the obesogenic environment, which seems to shift blame to the food industry *inter alia*. By pulling on Glick and Fiske's (2001) understanding of the roles of hostility and benevolence to prejudice, it is possible to see how the potential for stigma, via attribution of responsibility, is achieved by reserving kindly, paternalistic, sympathetic representations to large people on the condition of their demonstrable compliance with a health order poised for their eradication or resizing. What also starts to emerge from this discussion are the ways benevolent framing may well offer cultural elites more palatable ways of expressing and enacting class-based distinction work—not only are larger people kept in their place in the new health order, but the operations of policing also become less vexing for the elites charged with the defence of neoliberal morality (values of self-control and self-management as expressed through bodily aesthetics).

Yet, as Jeffrey Jones (2006: 367) reminds us the news does not comprise the 'mass media' and it is vital to appreciate that 'different media can and often do present different narratives'. If it is the newsworthy values of news that help to produce particular framings of obesity and larger people, then questions can be asked about the influence of other media genres when they interact with the dramatic properties of epidemics. The next chapter turns to reality television, as this is fast becoming the main site for representation of larger people, issues of fat and diet, and spectacles of weight loss. Reality television is still relatively under-researched, especially in the field of Fat Studies and Critical Weight Studies, so the next chapter serves as a critical introduction to this genre.

4

Fat Finds Lifestyle: Introducing Reality Television

Introduction

In December 2014, Broadbean Media issued an invitation for people and their dogs to be involved in a new weight-loss television show:

DO YOU STRUGGLE WITH YOUR WEIGHT?

Could your dog do with losing a few pounds? How about you and your dog shifting the inches together at an exciting, bespoke bootcamp in the heart of Yorkshire? It will be filmed for a potential new television show.

This yet-untitled show will be the latest addition to a raft of weight-loss shows competing for audience attention in the genre of reality television. It already shares many of the characteristics of more established shows such as *The Biggest Loser*, *Obese: A Year to Save my Life*, and *Down Size Me*. For example, it focuses on ordinary people (the ‘you’ is not qualified or limited to celebrities); it is interested in the reduction of fat (‘losing’/‘shifting’ the pounds) and presumes its participants desire to do so because of their ‘struggle’ with weight. Additionally, it has a competitive and dramatic element (‘exciting’) and it reproduces very particular obesity logics: namely,

understanding weight gain as a direct consequence of faulty self-control and sedentary lifestyles, both of which can be fixed by expert-led regimes ('bespoke') of discipline, diet, and exercise, all of which are neatly achieved in the 'boot camp', a key staple in the weight-loss format. This potential show is part of a relentless drive to find different and creative re-workings of the weight-loss format; Broadbean Media may be going for the yet exclusive pets-in-Yorkshire angle, but its rivals, Renegade Pictures, want to focus more closely on the combustible situations that are likely to arise in 'Couples who want to lose weight at the same time'. No doubt there will soon be a show that combines both angles.

Our television screens are already bulging with weight-loss shows, yet, despite their cultural prevalence, weight-loss reality television shows, more specifically the representations of fat within them, and their relation to wider stigmatizing attitudes and perceptions, remain under-researched. We therefore lack a strong critical purchase on the ways this genre may reproduce or disrupt weight bias and prejudice. It is not just the ubiquity of these shows that demands our attention; we may also want to regard reality television as the *main site* where larger people are overrepresented and where conflation of health/weight are at their most normalized. I have suggested elsewhere that two retreats serve to foreground reality television for critical study (Raisborough 2014). The first is the retreat of larger bodies from news coverage. As the last chapter argued, via Glenn et al. (2013), the shift to more benevolent representations of obesity has pushed obesity scientists, their work environments, and the labours of science more generally into the limelight; while degrading images of larger people are not entirely replaced, they are reduced. As a result, reality television's preoccupation with larger people and issues of bodily fat means that this genre is fast becoming the primary site for their representation. The second is a retreat from news media itself. Shugart (2010) and Klein (2012) point to a decline in consumption of news media products; Jones (2006) adds that recent scandals over ownership, poor reporting, and, we could add the UK phone hacking scandal have generated some distrust of more serious news media. It is for these reasons that Bethany Klein (2012), among others, suggests that popular entertainment media may now be key sources of information about health and social issues.

I use this chapter to introduce reality television as a way of encouraging the growth of a still nascent body of work around this genre and as a way of providing a critical context for the next section of the book, which offers analysis of the ways responsibility, competition, class, and whiteness are folded into reality representations of weight. It is worth reiterating that my concern over this book is to present the *fat sensibility* as a way of apprehending repeated media representations of fat, their role in the constructions of an ideal citizen-subject (involving the drawing of a specific health subjectivity), and a consequent orientation to health as it is reconfigured in neoliberal rationalities. Accordingly, I am undertaking a forensic examination of reality television not just to see how fat/weight and obesity are represented, but also to consider what fuels these representations and what they might achieve. As a starting point, in this chapter I draw on media and cultural studies scholarship to present debates around the resonance between reality television and neoliberal rationalities. I embrace recent critiques of governance scholarship, which emphasize its affective dimension, to approach self-production as more messy, temporal, and contradictory than is often assumed in this body of work (mine included). Indeed, it is through this messiness—the constant microprocesses of positioning, assertion, and navigation—that the consent for neoliberal rationalities is expressed as it is momentarily reworked on individual and bodily levels. Additionally, following on from a concern in previous chapters to ask not just how fat is represented, but *why* fat so preoccupies us, I use this chapter to argue that fat has a specificity that lends itself to the cultural project required for the terraforming (roll-out and normalization) of neoliberalism.

The Trashy Matter of Television

Christenson and Ivancin (2006) argue that any serious engagement with reality television needs to start with an understanding of what makes this genre different. A quick tour of its background and evolution can offer some insight. Misha Kavka's (2012) detailed history of reality television identifies three waves in its evolution. The first wave refers to the origins of reality television that reach back to radio quiz shows in the 1940s, 1950s

television game shows, and the ‘secret filming’ used to comic effect in the hugely successful *Candid Camera* franchise in 1960s and 1970s. These origins give reality TV its distinctive signature of using ordinary people, at times in unscripted situations (ordinary people acting ‘naturally’), to claim authentic, intimate, and ‘real’ screen moments. The second wave, circa the 1980s, sees a pronounced interest in reality crime shows, and it’s here we focus on the gritty aspects of ‘normal’ life, the perspective of the experts, and the liveliness of action as it unfolds. Additionally, we the audience, are permitted into scenes and encounters we were once previously excluded from. The third wave, evident in and around the late 1990s, is characterized by interest in and use of surveillance technologies: *Big Brother* and *Survivor* are prime examples of programmes that focus on ordinary people in extraordinary situations. By offering participants little privacy and placing them into competing teams, the audience is invited to make emotive and moral judgements as human ‘nature’ is played out in front of them—and in some shows are invited to exercise that judgement by voting people out of the house/island/jungle/situation.

I suggest that the key characteristics, ordinariness, deviance, competition, and surveillance identified by Kavka swell into a fourth wave characterized by *lifestyle*, specifically lifestyles deemed risky and in need of intervention. Given the wider social connotations of weight and health (see previous chapters), fat and obesity are key staples in this ‘wave’, but these matters are increasingly represented as issues of the white working class (see Chap. 7). Within this fourth wave bobs various programming around health crises (*Mystery Diagnosis*), the ailing (*Embarrassing Bodies*), the ‘troubled’ (*16 and Pregnant*), the ‘troubling’ (*Too Fat to Work*), the addicted (*Intervention*), the psychologically distressed (*Hoarders*), the trapped (*65 Stone and Trapped in My House*), and a raft of shows focusing on bodies-becoming-thinner in makeover transformation shows: *Extreme Makeover: Weight Loss Edition*; *Honey, We’re Killing the Kids*; *Supersize vs Superskinny*, and *Fatonomics*. Focusing just on fat and weight shows, it is possible to make a rough distinction between weight-loss shows (often makeovers such as *The Biggest Loser*), weight-focused shows (documentaries such as *Too Fat to Work*), and weight-themed shows, where weight is brought in to help the coding of other issues and events, such as unemployment and problems of lifestyle (*Can’t Work, Won’t Work*). Positioning these

shows in this fourth wave alerts us to the possibility that fat is recruited into an over-determining of particular bodies in the reality mediascape. It seems that we should approach the 'ordinary' at the heart of reality television with some suspicion and regard it as a means of problematizing, intervening, and perhaps sanitizing the lifestyles of those deemed faulty.

Although there is a regular turnover of shows, reality television formats are popular: the habit of watching 'becomes embedded in the routine structures of the audience's everyday lives' (Turner 2006: 155), which explains why reality shows routinely appear at or near the top of the ratings charts (Christenson and Ivancin 2006; Shugart 2010). Reality television's success is due, in good part, to its cheapness—'ordinary' people are not unionized and the industry is heavily casualized (Grindstaff and Murray 2015), making reality television a profit-easy filler for an explosion of television channels (Sender 2012). Reality television also owes its success to its *restlessness*: Kafka's metaphor of waves can help identify broad characteristics but cannot grasp the stormy turbulence of constant bastardizations, re-creations, and mash-ups of fly-on-the-wall documentaries, musicals, competitions, dramas, chat shows, games shows, makeovers, and even dog shows, of a commercial genre seeking new and growing audience share. Such is the frenzied activity of reinvention that reality television is hard to pin down to a single definition—with most scholars satisfied with labelling it a hybrid or sprawling genre (Raisborough 2011: 3).

Despite, or rather because of, its popularity, reality television is a heavily stigmatized genre. Anxieties about reality television seem to percolate from its focus on ordinary people and the spectacle of private lives and 'private' issues that follows. While there is much that can be said about the political importance of making public private issues (Lunt and Lewis 2008), reality television sensationalizes the private to such a degree that it can be fairly accused of being a modern-day freak show that pampers to and encourages base voyeurism in its audiences (Montemurro 2008). Jonathan Gray argues that a focus on *excess* is what helps reality TV achieve a status of 'can't-look-away, must-talk-about' television (2009: 260). For Laura Grindstaff and Susan Murray (2015), it is the excess of emotion and affect—the emotional outbursts and the raw emotion of ordinary people—that helps this genre claim to represent an authentic reality. It seems then

that the monikers ‘trash’, ‘cheap, or ‘car crash’ television are apt. Given its ‘trashy’ appeal, it has taken some time for reality television to receive academic attention, and there has been, as Bev Skeggs (2009) notes, a certain scholarly snobbery directed towards those who take it seriously.

Yet, this ‘snobbery’ gives pause for thought and is itself suggestive, in part, of why reality television demands critical attention. Scarborough and McCoy (2014) argue that expressions of disgust at reality television are socially patterned, with cultural elites passing moral judgement on the industry and audiences. The industry stands accused of accelerating the tabloidization of culture—‘dumbing down’ (Wood 2009: 14) that is perceived in ‘everything from voter apathy to family breakdown’ (Lumby 1997: 117). Moral judgement is also passed on those ‘wasting their time’ watching reality television. More specifically, for our interests, reality television is regularly imagined as a contributor to the obesity epidemic as a marker of the sedentary and tasteless lifestyle that is thought to contribute to ‘uncontrolled’ weight gain (Klos et al. 2015). It won’t be long before the newly discussed perils of sitting-down disease are linked to the watching of reality television (see Chap. 2). As Scarborough and McCoy (2014) argue, reactions to reality television are not neutral expressions of taste, if such were possible, but ways that ‘taste’ can serve as a vehicle of moral approbation of Others, particularly the lower socioeconomic classes. In this regard, reality television is implicated in class wars and the changing ways in which class distinction is exercised and expressed in culture. As we have seen in the previous chapters, fat has regularly been called into class dynamics: reality television presents itself as a latest incarnation of this historical relationship. As such, further critical suspicion can be heaped on the seeming neutrality and purportedly democratizing move of placing ‘ordinary’, larger people and their lives on the small screen.

Teaching Lo-fat Citizenship: The Pedagogical Function of Reality Television

Critical reception of reality television has drawn heavily on Foucault’s later thinking on power, namely his work on governmentality—the ‘conduct of conduct’, which refers to ‘techniques and procedures for

directing human behaviour' (Foucault 1977: 81). Direction takes the form of instructions, guidance, and prompts, which feed from a modern rationality of management, whereby management is privileged in the social imagination as the best way to secure and then maximize the best interests of a population. Governance also speaks to a related notion of 'techniques of self', which refers to ways individuals are recruited into management by realizing that their own best interests can be secured through the exercise of self-management, self-surveillance, and self-regulation: as we work *on* ourselves, we are working *into* and *from* wider prevailing relations of power. Foucault makes clear that governance is not about force—this is not just doing 'what the governor wants' (1993: 203), rather it is 'about' a cultivation of self doing the work of governmental agencies through self-regulation (Holland et al. 2015). In short, Foucault is critically observing 'governing at a distance', which as Cruikshank so wonderfully and clearly explains can be understood as 'acting on ourselves so that the police, the guards and the doctors do not have to' (1993: 327).

Media and cultural studies scholars have deployed Foucault to identify the *pedagogical function* of reality television. By displaying the abject and celebrating the transformed, reality television can be regarded as guiding and attempting to shape the self and citizenship through the endorsement of, and instruction in, the values neoliberalism works on and through, namely self-control, self-responsibility, self-entrepreneurialism, and self-improvement (Bratich 2006). In other words, scholarship has interrogated the instructions that recruit us into the modes of self and citizenship upon which neoliberal political organization depends on (and even profits from). So, we have Ouellette and Hay arguing that makeovers, in particular, lay bare certain 'informal guidelines for living that we are (at times) called upon to learn from and follow' (2008: 2). Looking at the makeover more closely, it is possible to argue that as experts lead the show's participant through the redemptive trajectory of transformation, audiences are taught the shape and look of deviant, marginal, and potentially threatening bodies (and the social groups they purportedly represent (McRobbie 2004)). Further, we are taught the practices and technologies of producing an ideal-aspiring body and life. As we are taught what not to be, we are also taught what we should be and how to

achieve this: audiences, then, are instructed in the 'neoliberal policies for conducting oneself in private' (Ouellette 2009: 239).

Other Scholars have argued that lifestyle television shows, deploying a range of narrative and rhetorical devices, instruct us that 'problems with living' (poverty, loneliness, etc.) are problems that reside within the scope of personal and individual responsibility, the cures for which lie in expert-endorsed, notably individualized market-based strategies and health choices (Raisborough 2014). It is for these reasons that Toby Miller regards this kind of programming as an extension of a wider project of neoliberal governance that 'seeks to manage subjectivity through culture' (2007: 2), and is part of wider project of governing at a distance. For others, this is not just a management project, but also part of an active constitution of new subjectivities (Gill 2007). It remains for Ouellette (2009) to underscore this line of argument with her claim that reality television can be seen as a specific *technology* of neoliberal governance.

But what of our central interest in fat? Valerie Harwood, in her introduction to the term *biopedagogy*, explains:

Across a range of contemporary contexts are instructions on *bios*: how to live, how to eat, how much to eat, how to move, how much to move. In short an extensive pedagogy is aimed at us: a pedagogue of bios, or what can be termed biopedagogy (2009: 15).

More specifically, the term biopedagogies is produced through the critical hitching of Foucault's governance and his thinking on biopower (the 'administration of bodies and the calculated management of life' (Foucault 1984: 139–40)) to capture the ways discipline, regulation, work, and the formation of the self are achieved through health (Holland et al. 2015). What is useful for our purposes is that the scholarship around 'biopedagogies' is developed from a critique of the obesity epidemic, mainly from an alarm with the way policies, interventions, and everyday understandings of fat/weight are saturated with the rhetoric and logics of the obesity epidemic. For Jan Wright (2009) what is of concern is not just that we are instructed in certain practices (eating, moving), but also that we are instructed to *understand* fat and health in highly specific and problematic ways. These points draw us more closely into the workings of pedagogy.

Scholars drawing on Berstein's claim that we live in a 'totally pedgogized society' have taken as their starting point his argument that pedagogy saturates everyday life, creating 'sites of socialisation' (Rich 2011: 4), which encourage the public to engage in risk avoidance, the accompanying technologies of self-surveillance, and endless re-fashionings of the self as a means of achieving citizenship and selfhood (Evans et al. 2008; Rich 2011). Two lines of argument are underscored in this scholarship: that public pedagogy extends from formal educational spaces almost without limit, allowing us to apprehend reality television as a pedagogical site. The second argument is that biopedagogy has a performative aspect. In other words, it incites and normalizes our orientation towards a set of prescribed regulative dispositions, practices, which are increasingly read from the appearance and utility of bodies. Evans et al. (2008) go further to argue pedagogies invite new modes of being, which themselves necessitate systems of measurement, accountability, and comparison. These create what Ball (2004, cited in Evans et al. 2008), writing in a different context, describes as a performative culture—whereby citizens are obliged to *display* their willingness to work upon themselves and their bodies. This point reminds us that biopedagogy involves *doing*, and that this doing is morally infused—it is not just that we could be acting more 'healthily' in the ways defined for us, but rather that we *should*.

We can make a critical point here about choice: biopedagogies make clear a central working contradiction: that the ideal citizen is fully engaged in health responsibility, rational choice making, and autonomy, yet the ability to express and exercise these are delimited by expert-sanctioned prescriptions of 'right' choices/practices. All free choices are then produced and realized in conditions of constraint. Lest we forget, a policing action provided in the form of moralizing judgement attends to any deviation, which can be institutionalized *and* operate in daily mundane, but nonetheless devastating, experiences such as being stared at (Peuravaara 2015). Why the stares? As Armstrong (2006) would observe, one achievement of the public health policies mushrooming around the obesity epidemic is the translation of social ills into individual poor risk management and then amplifying that management failure into a threat levelled at the very integrity of the social body itself (cited in Lhussier and Carr 2008): these moves fuel stigmatization and denigration of selves

and bodies that appear to be visibly ‘refusing’ to be instructed by biopedagogies.

This body of work has provided a crucial critique of the cultural politics underpinning prevailing social organization. It has raised concerns about the heavily individualized, and by logical extension, depoliticizing, messaging argued to pulsate through lifestyle instructions. We can see how the social determinants of health are jostled aside by persistent messaging around diet, exercise, and the willpower needed for both. One result of this is that audiences are instructed to translate the unfolding of their everyday lives, specifically their health and well-being, into problems with individualized, market solutions (Raisborough 2011): as Neil Maycroft so eloquently argues, we are witnessing ‘the handing over of life to the market’, with lifestyle serving ‘as consumerist carapace, resisting and defending against the possibilities of a life lived away from consumerism’ (2004: 62). There are two avenues I wish to take here: the first is to think through how the biopedagogical function of reality television can help smooth our consent towards the handing of life to the market, and the second is to think further about its individualizing consequences. I take these in turn below.

Fat Goes to Market

The act of ‘handing over of life to market’ mobilizes fat in complex ways: Helene Shugart (2010), for example, is interested in the ways the obese body materializes in a context of what she calls the ‘double bind’ of consumption. The double bind refers to a nexus of ambiguities and tensions that surround the cultural imperative to exercise restraint upon consumption (austerity measures, for example, but restraint may also be an expression of taste, social positioning—both of which may be caught up in ethical/political consumption) *and* yet drive us to consume as both a civic duty and as a means of establishing selfhood. The larger body is mobilized, argues Shugart, because it materializes through the rhetoric of the obesity epidemic to stand as a literal manifestation and product of *overconsumption* (a body produced by unrestrained appetites and habits). As such, larger bodies can potentially represent a wider *challenge* to con-

sumer culture, by drawing attention to faulty logics of consumption and more widely to the obsession with growth of capital. Shugart sees reality television as doing crucial work in defusing that challenge by reconfiguring obesity not just as an illness (as we might expect once ‘obesity’ and ‘epidemic’ have been deployed), but also as a *manifestation of illness on ‘bad’ consumer choices* and incorrect consumption. Focusing on makeover shows, she argues that television presents the problem of weight (and thus ill health) as an individual’s faulty relationship *to* ‘choice’ and to consumption more generally, not as a problem that emerges *from* consumption. To achieve this, the makeover actively endorses ‘certain (hyper) consumptive practices and bodies as ‘healthier’ than others’ (ibid: 112) and in so doing neatly ties weight loss into the rebuilding of a happy, healthy ‘fulfilled, neoliberal *consumer* citizen’ (ibid, my emphasis). This deflection occurs through a specific pathologization of fat that aids the emergence of ‘health’ as an outcome of specific consumer choices of medical knowledge and expertise (the healthism discussed in Chap. 2). We need only think here of the *The Biggest Loser* franchise to see just how we are encouraged to buy our way back into health; it has successful cross-platform products, including books, DVDs, online members’ clubs, specialist magazines, and its own resort.

In keeping with this focus on the function of fat for the market: Schee and Kline (2013) suggest that the weight-loss makeover works to promote and reflect what they see as worrying trend—the wider commercialization of public welfare. Their starting point rests in Ouellette and Hay’s argument that neoliberal reform has worked to produce what they have called a post-welfare society: a society characterized by ‘the absence of public welfare programmes’ (2008: 4), and the removal of ‘social safety nets’ (McMurria 2008: 306). A worrying consequence is that ‘hundreds of thousands of people now apply directly to reality TV’ (Ouellette and Hay 2008: 32) for the very things once provided by the public welfare (e.g. housing and affordable healthcare).

Regarding reality television as an emerging substitute for public welfare, Schee and Kline warn that only *specific* public issues/problems are rendered suitable for the makeover—those that can be hyper-sensationalized and those that come with easy pre-packed solutions. Obesity, coming as it does with the panic and drama of an epidemic and its ‘common sense’

cause (overeating) and cure (diet and exercise) makes ideal fodder for the melodrama of reality television. But their main point is that obesity serves as ideal platform for the maximization of profit in the promotion and sale of weight-loss gadgets, diets, pills, and plans. Schee and Kline (2013) are also concerned with what they see as the production and maintenance of celebrity, namely those who ‘peddle’ their own weight-loss miracle products or achieve and exercise their celebrity in the area of obesity and weight loss. Where there has already been some concern over stealth marketing and product placement *within* health makeovers (Christenson and Ivancin 2006), Schee and Kline see the makeover *itself* as gross advert for the lifestyle experts who achieve and maintain celebrity and personal profit through reality television.

Schee and Kline (2013) are concerned here with the relationship between privatized health and the celebrity-endorsed spectacle. Not only is the obesity epidemic exaggerated in the interests of melodrama, as we saw in Chap. 3, but it is also represented to wider audiences as a problem that can only be addressed through ‘a dramatic, Hollywood-style intervention’ (ibid: 565). As a consequence, obesity is simplified, structural aspects of fat and cultural obsessions with slenderness are erased, and we are left with hyperbolic problems with solutions that may themselves be at best inefficient and at worst are ‘antithetical to health’ (ibid), but nonetheless are successful in the ‘generation of capital and the maintenance and viability of celebrity’ (ibid: 569).

The respective work of Shugart (2010) and Schee and Kline (2013), even in this brief rehearsal, suggests that it is not sufficient to merely argue that reality television makeovers reproduce simplistic logics of obesity as part of a wider social construction of the obesity epidemic. Their work encourages us to think that there is something socially–temporally *specific* about fat/obesity and to question how that specificity is deployed with wider consequence, be that a diversion from the potentially disruptive ambiguities of consumer culture or as precursor of commercialized welfare in a post-welfare, celebrity-obsessed culture. There is good reason here to underscore the importance of questioning not just how fat is represented in the makeover, but also to think about what can be enabled through its representation.

Individualizing Obesity: Thinking About Context and Class

As choice-making is so heavily celebrated and dramatized on reality television—whether it be the humiliation and degrading presentations of the consequences of long-term bad choices, or overt and subtle instructions in making the right ones—any awareness of the *contexts* in which choices are presented, understood, and made is erased (Gill 2007, 2008). As we saw in the last chapter, along with context go the very things that structure our relationship to ‘good’ choices (indeed, define them as ‘good’ and healthy). These include, for example, class, ethnicity, and gender power relations, which as they go, or are deemed out-dated and out-moded when shouted down by the cheerfully democratic rally cry of ‘just do it’ choice-making, fatally weaken our critical purchase in current orchestrations of power is fatally weakened.

That there is a need to maintain a tenacious grip is provided, in part, by the critical awareness that the normative self peddled across reality television is conjured up from the values, aspirations, and tasteful dispositions that have been historically colonized to stand as essential characteristics of the middle class (Allen and Mendick 2012). This comes as no surprise to those who have already discerned that despite the dogged rhetoric of individualism expressed through the freedom of choice-making, neoliberalism is a *classed project*, ‘an ideology which aims to restore and consolidate class power’ (Tyler 2013: 7). Imogen Tyler (2013) goes on to explain that the devastating consequences of neoliberal rationalities—‘the social decomposition’ produced by privatization and the erosion of welfare—are presented as if the fault of disenfranchised and precarious groups (made so by the very operations of neoliberal organization). Not only do the disenfranchised operate as *scapegoats*, but the hyperbolized ‘threats’ to the social body ascribed to them help the terraforming actions of neoliberalism. In this line of argument, Tyler draws on Wacquant’s (2010: 197) observation that neoliberalism depends and relies on a constant generation of ‘social insecurity’—namely threats, fears, panics, and suspicions, the dealing of which helps garner public consent for further interventions, surveillance, and, to repeat Neil Maycroft, increased efforts to hand life over to the market. We have encountered a similar

argument in previous chapters, where it was argued that the rhetoric of epidemics, notably the outbreak and doomsday scenario narratives, served to empower governmental agencies with renewed powers to intervene in, *and thus access*, further parts of the social body.

Following Tyler's argument, it is possible to regard reality television as one site constructing necessary fat scapegoats who are often displayed in degrading, denigrating ways as lazy, unattractive, unintelligent, and self-indulgent (Klos et al. 2015). Thinking specifically about class, Levay is clear that obesity rhetoric, specifically that of the epidemic, 'fits' with the class project: obesity, she argues, becomes an additional means of 'social sorting', working not only to forge prejudicial relations between people, but to also legitimate health as a means for such sorting and the wider hierarchical orders from which it speaks (2014: 566; see also Chap. 7). Yet, it is worth stating that although reality television is implicated in divisive class wars, class itself is rarely spoken as such (Norman et al. 2014); instead, it is often abstracted so that the weight of historical and systemic social inequalities, misdistribution of wealth, and a denied access to the means to acquire a range of capitals is presented squarely and solely as a matter of personal, individual, failing. One pedagogical function of reality television, then, is that we are taught that those found lacking, namely those without the social privilege and the material and discursive resources to recognize and make 'good' choices, are required, in *their own interests*, to 'work on themselves and move towards a set of dispositions and ways of being in the world associated with the middle class' (Allen and Mendick 2012: 462). Yet, it is one thing to argue that these lessons are there in the text of reality television programmes; it is quite another to suggest that they are simply or straightforwardly taken up and learnt.

Reactions to Biopedagogies

A focus on biopedagogies has helped launch careful and forensic examination of cultural representations of fat, with specific attention given to the way the obesity epidemic is exaggerated, its threats amplified, and the way larger people are presented in popular culture in melodramatic scripts. The majority of this work has focused on news media, but there

is a growing interest in entertainment media, specifically reality television (by way of example see Holland et al. 2015; Inthorn and Boyce 2010; Sender 2012). That there are very few of us who cannot speak of the risks of fat and read its presumed horrors, whether we believe these or not, speaks volumes about the pedagogical power of the media; indeed, as Lori Klos et al. (2015) remind us, television is now the primary source of information about weight loss and weight management for most adults in the USA. Rail et al. (2010: 261) explain that Foucault-inspired work enables an insight into the 'awesome political power' of the obesity epidemic to spawn a host of cultural industries in support of itself and in generating and disseminating ideal modes of 'being' in relation to health risks (to turn corporeality into risk and then to forge selfhood/citizenship from a response to that risk is a major achievement). Yet, while a focus on the pedagogical function of reality television to citizenship more widely and to healthy citizenship more specifically offers a useful way into thinking about the position of reality television in the prevailing social order, there are attendant assumptions built into much governance-focused scholarship that could ultimately limit our understanding of the workings of contemporary power.

There are two main issues. The first is the unintended echoing of early hypodermic models of media reception, whereby the mass media is apprehended in reductionist ways, in a 'linear reflectionist' (Hallin and Berg 2015: 8) or transmitter role that tends to position it as the 'handmaiden of the status quo' (Kavka 2008: 3). This denies that mass media has a 'degree of self-determination and authority' that is primarily orientated to commercial agendas (Hjarvard 2013: 3). Similarly, audiences are imagined as unproblematically filling the role of 'viewer-pupil' (Skeggs and Wood 2012: 220), and assumptions are made on behalf of this imagined audience. The consequence, as Kate Holland and colleagues (2015: 18) have recently argued, is that governmentality scholarship has tended to 'gloss' over major considerations of just how and if pedagogies are recognized, valued, and taken up by audiences. The second issue is a tendency to deny some of the defining features of reality television, which, for Skeggs and Wood (2012), include liveliness, immediacy, and intimacy. These characteristics are crucial for their argument that reality television is first and foremost an 'affective scene', which

generates emotional reactions and responses in individual members of audience (also see Grindstaff and Murray 2015). By arguing that audiences *react* to and not just *read* reality television shows, Skeggs and Woods are not suggesting that an ideological encounter is absent, rather they relocate it from the programme itself to the more diverse, changeable terrain of the emotional responses from socially situated individuals. Skeggs and Wood argue affective responses can disrupt any pedagogical encounter, so that it and any reactions ‘may be guessed at but never fully known in advance’ (2012: 221). They conclude that reality television ‘may secure ideological consent’ but in ambiguous ways and not the straightforward ways suggested by governmental scholarship.

Some of the complexity Skeggs and Wood (2012) alert us to has emerged in audience research into reality television viewing. Of these, Holland et al. (2015) is the more recent. Holland et al. (2015) focused on obese people watching *The Biggest Loser* and argued that affective responses to the show, particularly to the imagery and scenarios that involved public shaming, embarrassment, and ridiculous diet/exercise challenges, were so pronounced that it actively *discouraged* viewers from its version of healthy-living messaging. Laura Grindstaff and Susan Murray (2015) also note a fatigue or unease with the now standard humiliation and denigrating tropes of reality television. Such work lends some support to Katherine Sender’s conclusion that ‘the model of the obliging viewer’ who is propelled to transform to good citizenship by participating in the shaming of their bodies and lifestyles, is not evident (2012: 12). Yet, what was also clear, but not expanded upon, from the work of Holland et al. was the way affective responses to other—namely *benevolent*—imagery and practices were reported as motivating and inspiring, and which orientated viewers towards the overall pedagogical aims of the show. Further on this point, Sender and Sullivan concluded that the viewers in their study resisted overtly pedagogical addresses but *nonetheless* left the ‘normative thrust’ of the shows ‘intact’ (2008: 583). Other work has indicated that this ‘thrust’ contains the clear and accepted instruction that some bodies are more preferable to others and that fat is a problem that demands addressing (Inthorn and Boyce 2010). Sender and Sullivan concluded that this ambiguity was a result of ‘the congruence between the shows

and broader discourses of obesity' (2008: 582), suggesting that audiences draw upon wider situated knowledge(s) and interpretations of health and obesity in their viewings. For Tracey Jensen and Imogen Tyler it is essential, then, that we regard audiences as located with 'a broader pre-existing architecture of mediations' (2015: 9), in our case of fat, health, and citizenship so as not to simply assume that emotional and affective responses are simply resistance or refusal.

This work suggests that rather than regard biopedagogy as overt, consistent messaging with predictable results, it should be regarded as circulating through a series of temporal, affective *encounters*, themselves shaped by various commercial interests of the media and by various genre-specific agendas and narrative devices. They are also shaped, as Skeggs and Wood (2012) argue, with the loyalties, anxieties, histories, and futures that socially situated viewers heap into their viewing and express through their emotional reactions to the melodrama of reality television. Indeed, this understanding of biopedagogy is more suitable to apprehending neoliberal rationalities, which can be overly *sanitized* in reality television critiques: imagined as monolithic, focused, and orderly roll-outs of colonizing economic power. In contrast, neoliberalism has been understood elsewhere as a site of flux, contradictions, and tensions (He and Wu 2009); rather than smooth, ordered, and self-assured, neoliberal rationalities can be regarded as a form of an 'anxiety-ridden form of crisis management', papering over the cracks but is no less resilient in its attempts to construct favourable social realities for its own heterogeneous sprawl (Wilson 2014). The point here is that flux and 'messiness' do not signal decline or weakness but are the ways in which neoliberalism as assemblage, and as a constant assemblage-in-the-making, exists and persists.

We cannot lose sight then of the fact that culture does have an *effect*, even if this effect is not straightforward. For Ros Gill, that the shaping of selves and the circulations of ideology through popular culture is complex, does not mean that there is nothing left to be said about culture. In a series of provocative questions, Gill asks:

Do we really believe—for example—that the shamefully low conviction rates for rape, have nothing to do with cultural representations and myths of male and female sexuality? Can we seriously suggest that there is no

relationship between a profoundly gerontophobic media and current fears and anxieties around ageing? Do the forms of racism and abuse experienced by asylum seekers really have no connection to popular newspaper constructions? (2008: 434)

Gill's concern is to map out what she calls a 'cultural habitat' in order to tease out just how the repeated messaging about the shape, appearance, and performances of ideal citizenship seem to work themselves within us. She asks, just how do social constructed ideals become 'internalized and made our own, that is really, truly, deeply our own, felt not as external impositions but as authentically ours' (2008: 436). To attend to this question, she calls for us to look at the simultaneous intersections of the affective, the discursive, and the material. For our interest in the fat sensibility, attention has to be dragged to the investments, desires, fears, and anxieties that propel 'lifestyle' as an organizing principle that manifests in performances of healthy citizenship and constitutes new health-orientated subjectivities.

An interest in cultural habitat also preoccupies Norman et al., whose starting point in their investigation of weight stigma and reality television, is to argue that obesity as a problem is 'felt', by which they mean that 'we come to *know* fat to be a problem because we *feel* it to be a problem' (2014: 19), even when we may be doubtful of obesity science or critical of explicit expert intervention. Why this may be the case—why obesity as a problem becomes 'felt into reality' (ibid: 17) is not solely down to reality television, which they see as only a single node in an 'expansive interwoven network of discourses, sites and technologies' (ibid) that comprise obesity, but reality television is nonetheless of interest because its melodramatic narrative allows for an *intensification* of emotion. Weight-loss reality shows are, after all, drenched in emotion—fear, pity, anger, frustration, hope, empathy, and guilt are all finely drawn and aggravated in many programmes to elicit affective responses in the audience (indeed, we may be learning the 'correct' affective responses to fat bodies through the ways they are presented to us). Yet, their point is that the intensification of emotion is also a result of reality television's connections to the expansive

network, described above, from which it can draw on wider and seemingly unrelated anxieties about families, parenting, consumption, femininity, and social class, all of which are fed into the fat bodies paraded on the small screen. This allows scope to think of the ways fat is folded into the cultural politics of neoliberalism: Chap. 7 will take this point up further in its argument that fat helps racialize and class the bodies and people that feature in ‘poverty porn’ (Jensen 2013), a description of reality television programming focusing on (predominantly) white working class people who receive welfare assistance and benefit.

Norman et al. (2014) help us to contextualize reality television so that its effects are not over-exaggerated and in ways that helps us also think about the situated nature of viewers and participants. By thinking of it as a node, Norman et al. argue that reality television is not in itself *imposing* biopedagogies, rather it ‘collaborates, intensifies and articulates’ (2014: 28) with other power-ridden technologies in order to generate that deep-down feeling—a ‘felt reality’ of obesity and weight as problematic. In this regard, fat becomes over-determined, overly saturated, and heavily inscribed so that there is room for some resistance, rejection, or dismissal *but* without necessarily threatening the bulk of accumulated meanings and feelings—the normative thrust of which Sender and Sullivan (2008) speak. These feelings work over and above any explicit lessons in exercise or nutrition; indeed, recent shows have dispensed with these instructions, or reduced the air time given to them, or provide them off-screen (see Klos et al. 2015). This suggests that the pedagogical messaging may be rather more focused than we may have thought: the ‘lesson’ may simply be that the non-normative is ‘bad’ and given that Norman et al. (2014) help us locate reality television in a wider context of ideas, beliefs, opinions, and feelings about bodies and health, it seems that we bring some of that lesson with us and help in its co-production. It remains then to think about how emotions are intensified in framings that orientate perception and narratives that reduce and simplify but nonetheless, and perhaps in more haphazard ways, work to normalize particular ‘lifestyles, conduct and value’.

Summary

To keep us abreast of changes in media consumption patterns and representations of fat and weight, Glenn et al. (2013) argued that we needed to expand our critical analysis past the news media to other media genres. I have presented reality television as a useful starting point in this expansion because it is here that issues of weight are most heavily drawn on and larger people are overrepresented.

While the ubiquity of reality television is enough to appeal to scholarly interest, it is its relationship to prevailing neoliberal political and economic organization that attracts critical attention. Reality television has been widely argued to provide a *pedagogical function*, yet the ways instructions are reacted to (affectively) has cast some doubt on its efficacy and the relations of governance it serves. Skeggs and Wood have been at the fore of arguments proposing that affective responses can disrupt any pedagogical encounter, because responses ‘may be guessed at but never fully known in advance’ (2012: 221). This critique forces attention to the complexity of power relations, particularly the affective dimension of social life, and demands, as Ros Gill argues elsewhere, for a sharper appreciation of the intersections of discourse, affect, and materiality. It also demands that reality television is more carefully placed not as a single coherent transmitter of pedagogy, but as a node in wider, messy framework of complex heterogeneous power relations and technologies.

With these points in mind, I am interested in how hostile and benevolent representations attracted different affective responses in the work of Holland et al. (2015) and how specific pedagogical elements and address could be *rejected* while the overall normative thrust remained intact in Sender and Sullivan’s study. What interests me here, in light of our discussion so far, is how our complex affective reactions to governmental pedagogical encounters encourage us, or at least set the context for us, to *try things on*, and by selection, refusal, resistance, adaptation, and modification *make them fit* with our individual investments, desires, and social locations. The affective scene of reality television invites—and gets—engagement with normative injunctions for citizenship as it attempts to write on the body, so it remains important to critically map out what audiences

are *responding to* just as it is to examine how audiences are being imagined and constructed in the pedagogical address of reality television programming. The next section of this book attempts this by taking a closer look at what happens when fat dominates our primetime reality viewing.

Part II

Fat Hits the Small Screen

5

The Before: Fat Gets Ready for a Makeover

Introduction

The makeover offers a fertile site to discuss the representational repertoire that constitutes the fat sensibility because its movement—the propulsion from a ‘before’ (the untransformed state) to the ‘after’ or ‘reveal’ (the transformed state)—depends on a shift between different ‘sets’ of representations. Although the relations of hostile and benevolent fatism are more muddled than the discrete narrative bookends of ‘before’ and ‘after’ suggest, these bookends enable discussion of these ‘sets’ at their most starkly drawn. The ‘before’ and ‘after’, then, can be approached as the modelling of a dysfunctional and ideal selfhood, to allow our critical interrogation of what/who is imagined as needing a makeover and what passes as the successful result. Over this and the next chapter I follow the trajectory of the makeover: this chapter concerns itself with ‘before’; the next examines the often neglected ‘middle’ and the ‘after’. These chapters suggest that the pedagogical function of these shows lies not in weight loss but in a celebration of a new ‘healthy’ subjectivity and guidance around its shape and performativity. As such, these chapters support the central concern of this book to think about what repre-

sentations of fat achieve: the fat sensibility not only charts the patterns of repeated representations of fat, but, more crucially, also thinks about how these offer up new subjectivities, the contours of which flow into the terraforming ambitions of various neoliberal projects. In this chapter, we can start to see how a new subjectivity is forged from the abject nature of the old.

The Makeover

Downsize Me is the ultimate weight loss series which guarantees a super-sized serving of sweat, tears and sensational results as diet guru Damian Kristof and straight-talking trainer Lee-Anne Wann help overweight New Zealanders to get on the path to lifelong good health in only two months, whilst the ‘Crash Diet Dummies’ stomach the downsizers’ appalling old diets to see the effects it has on their healthy bodies. The results are astounding! (<https://au.tv.yahoo.com/plus7/downsize-me/>)

This advertisement for a New Zealand weight-loss show offers a useful introduction to the makeover because it contains its five defining characteristics. Firstly, the makeover is a trajectory of transformation: a movement from the ‘before’ to the ‘after’. The transformation may purport to be about slimming down those overweight New Zealanders in this example, but all weight loss makeovers link the reduction of fat to the transformation of life itself (Guthman 2009). Secondly, makeovers are characterized by showcasing the ‘life-changers’, namely the experts and their expertise. Doctors, trainers, nutrition gurus, psychologists, surgeons, stylists, and lifestyle coaches feature among the many experts who devise personalized ‘regimes’ and then quantify/authorize the final results. Thirdly, makeovers give considerable airtime to the labours of transformation (the ‘sweat’): no weight loss is easily achieved in this genre, and many ‘tears’ are spent along the way. Fourthly, weight loss is dramatized by the addition of competition: participants are competing against the clock (*Down Size Me* gives its participants 2 months), or against others in game-style weight-loss formats such as *The Biggest Loser*, and/or against their own (faulty) attitudes and beliefs. The reveal is the fifth defining

feature of the makeover. Referred to as ‘the money shot’ (Grindstaff and Murray 2015), the reveal is the emotional and affective climax of the show where transformed bodies are showcased, experts are endorsed, and the dawn of a new life celebrated.

Scholarly attention has placed makeovers firmly within the wider biopedagogical reach of neoliberal governance and market rationalities (they are, after all lessons in lifestyle: the ‘path to lifelong good health’), even as some, such as Holland et al. (2015) and Sender (2012), are curious about the ways biopedagogy is taken up by audiences and cautious about the claims we can make in this regard. That said, in the knowledge that television is now cited as a primary source of information about weight loss (Holland et al. 2015), scholars have expressed concerns with the circulation of highly simplistic, but visually dramatic, remedies to the ‘problem’ of fat such as bootcamp-like exercise regimes or punishing diets, both of which are the main staples of weight-loss makeovers (Sukhan 2012). More specifically, Lori Klos and colleagues have argued that *The Biggest Loser*, the most successful and lucrative weight-loss makeover to date, offers little health advice (2015: 639). Their close analysis concludes that only 33 % of the show’s air time was given over to weight-management strategies. Of this, over 85 % related to exercise, 13.5 % to diet, and 1.2 % to other advice. They conclude that the privileging of physical exercise ‘misrepresents the behaviour change necessary to achieve substantial weight loss’ (ibid), and go further to argue that the punishing exercise/diet regimes presented on the show were not sustainable in everyday life. Tiara Sukhan (2012) writes with some horror of how weight-loss regimes in *The Last Ten Pounds* bear no resemblance to medical guidelines; indeed, they may be health-endangering when they restrict calorie consumption to 1500 calories per day when participants are engaged in gruelling exercise regimes that require between 2300 and 2500 calories to complete safely. These are significant concerns, but my interest is less in the quantity and quality of weight-loss advice on the show and more about how fat and larger people are staged in makeover programming. My argument is that the pedagogical function of the makeover does not necessarily rest in weight-loss instruction, but rather rests in the various incitements to take up a specifically imagined personhood; the instruction then, is in the celebration of self-management,

autonomy, and individualization—in other words, the acquisition of a self that best chimes with the prevailing values of neoliberal rationalities. If the makeover is about changing lives, then we need to ask just what counts as a life worth transforming into.

The Staging of the Fat Body

To this end, it is interesting to think about the *content* of the cultural representations that make up the ‘sets’ of hostile and benevolent representations. To do so, I turn to Hélène Joffe and Christian Staerklé (2007), because in their identification of the ‘self-control ethos’ they forge an immediate link between the content and shape of stereotypes and prevailing socio-cultural values. Their work starts from an observation that many denigrating stereotypes of low-status groups are strikingly similar. They look to wider societal values to question their influence. Arguing that individualization is a core value in western societies, they proceed to unpack it to argue that individualization is primarily understood and recognized through performances and demonstrations of self-control. They argue that as self-control becomes increasingly entrenched as the defining feature of approved personhood—as a benchmark—it serves as a mechanism for social inclusion and exclusion. That is to say, the formation of out-groups and in-groups become based on perceptions and judgements about the ability to embody, perform, and articulate self-control and to describe one’s life as if the outcome of self-control management. These perceptions and judgements form the shape and content of our stereotypes. It follows then that Others are cast as such because of a presumed *lack* of self-management or their *excess* of indulgent, unrestrained behaviour. This provides some explanation of just why mainstream stereotypical representations of larger people are drenched with notions of weak willpower, excess (greed/laziness), and lack of self-discipline (feckless, self-centred, and irresponsible), and why these have a strong affinity with stereotypes of other low-status groups, such as the white working class. Joffe and Staerklé go on to suggest that stereotypical cultural representations are comprised of presumptions around three main areas: the body (its shape, its practice), the mind (the attitude and will of the Other), and destiny (the lack of self-reliance,

ambition, and achievement). These have the potential to dissect the appearance of large people at the ‘before’ start of the weight-loss makeover in order to better understand just how reality makeovers can be described as exercises in humiliation (Mendible 2004), as freak shows, or blood sports (Lustig 2014). How, then, is humiliation and hostility constructed?

The ‘Before’ Body

The ‘before’ is, of course, not the start. People are first recruited, auditioned, and then selected before reaching the starting point of the ‘before’. Some reality programmes, like *X Factor*, make a feature of the selection process (indeed, the audition stages often attract the highest viewing figures); in weight-loss makeovers, however, selection is left off-screen. This has two consequences. The first is that audiences do not see a range and diversity of body sizes and shapes (in contrast, we *do* see a range of ‘talent’ on *X Factor*). Blaine (2007) argues only the largest of bodies are selected and presented. This, he argues, cements the scale of the obesity epidemic in the cultural imaginary *and* adds to the drama of the makeover—the bigger the body, the bigger the problem and the more heroic the intervention (*Obese: A Year to Save My Life*, for example, only features what it calls the ‘super morbidly obese’). Only the largest of largest bodies are then ushered into the ‘before’. Secondly, those responding to casting calls (or are volunteered by ‘concerned’ family members) are already at a level of distress with their lives and, significantly, are fatigued by the real and perceived judgements upon their body, *to the extent that they are willing to parade their lives across national television*. The significance of this is underscored when we consider that larger people are overrepresented in this genre and that it forms their main media presence. A good deal of symbolic work is achieved when larger people, presented as representatives of a wider ‘social type’, materialize only through discourses of self-disgust, unhappiness, and wasted lives. There are consequences for stigmatizing relations when, in one of the rare times larger people are given voice in mainstream, prime time television, they express overwhelming shame, regret, disgust, and distress over their fat bodies. Indeed, this as a *condition* of their media presence in the makeover.

As we enter the screened 'before' stage, fat is *immediately* and deftly translated into a consequence of a lack of self-control, a deficit that provides an opportunity to engage in humiliating and denigrating images as fat bodies are *paraded* as the shameful consequence of greed and sloth. Rachel Kendrick (2008) argues that this immediately frames out any other explanation (structural, cultural, etc.). I agree, but we should also add that the fat body is first presented as *requiring* an explanation: this is a body that *must* account for itself. It cannot just *be* (see Elliott 2007). In contrast, the normative body of the expert requires no such 'coming out' for its privilege flows from its naturalization. Yet, before the body can speak for itself, many shows like *Secret Eaters* and *Supersize vs Superskinny* impose their explanations by screening a series of rapid images of homogeneous larger people snacking on fast food (often 'sneakily': alone in cars or hidden from the family) or engaged in 'couch potato' lifestyles (eating fast food in front of the television is a standard representation). Food and its consumption are represented in ways that contrast to the fine dining and cuisine we see celebrated in other television fare and to the social rituals of eating, which often figure in representations of the normative family. The larger person is a loner, driven to secrecy by the shame of their uncontrolled addiction to cheap, fast food; their only horizon is the television screen. All this is achieved within the first minute of most makeover shows.

This imagery serves to locate the show's participant as a member of a known social group with mismanaged lifestyles, and provides an emotive backdrop to a voiceover regurgitating the '3d' litany of the obesity epidemic (disease, death, and (national) debt). Before the body is fully presented, before it speaks, we already know the causes and the costs of fat and the urgency of immediate intervention. Not all shows deploy explicit use of obesity rhetoric: *Fat: The Fight of My Life* (first broadcast in 2013), relies on existing health literacies to ask quietly and sadly 'why do people eat so much that their weight becomes life-threatening?'

As Kendrick acutely observes in her analysis of *Honey, We're Killing the Kids*, crisis in the makeover world begins and, after intervention, ends with food (2008: 390). As imagery shifts from that of a wider population to focus on the show's participant, we learn more about their eating. The food pile is now a stock narrative device in the 'before' stage of the

makeover; in *You are What You Eat* a week's worth of food is tipped, in all its glutinous glory, into an industrial garbage bin. In *Supersize vs Superskinny*, food, with sickening sodden thumps, is thrown down a vertical person-sized transparent plastic tube, so that we can all too easily imagine what the food looks like in a stomach. *Secret Eaters* takes a different tack and represents the calorific content of the food pile with equivalent slabs of fat or bulging sacks of sugar. The message seems clear: you are what you eat. These visualizations work to elicit revulsion in the audience and help what Throsby calls the enfreakment of the large body (2008: 121). They also work to further shame the larger person by prompting an expression of self-disgust. The inescapable and over-determined message is that larger people are fat because they overeat: they overeat 'bad' food and they overeat indiscriminately.

The consequences of such poor self-control are, of course, written on the body. In the 'before' stage, larger people are visibly reduced to fat bodies when all other markers of identity are stripped away in the near-naked, fetishistically filmed body shots that feature so frequently in this genre. In a clear ethical violation of dignity, respect, and privacy, the 'before' provides grotesque presentations of the bodies that many of the participants have hidden from view for years (consider, for example, that Sue,¹ a participant in *Fat: The Fight of my Life*, confesses that her husband has not seen her body in over 10 years). As Gailey (2014) has recently argued, visibility is the means by which we are both recognized and acknowledged as human, a point that invites us to appreciate just how these crucial psychic and interpersonal links are corrupted in these 'before' body shots. Gailey proceeds to state that 'marginalized bodies are dissected and overly made into a spectacle' (2014: 14), certainly as the camera lingers on 'problem' body parts (the stomach, the thigh, the back-side), the body is presented for the audience to apply their own health literacies—to enact a living autopsy by reading obesity-related illnesses onto the exposed and vulnerable body.

We started this discussion with Joffe and Staerklé's appreciation of the way the body is deployed in denigrating stereotype content: they are

¹ In an attempt to reduce the further objectification of the participants in the makeover shows, I am not using their real names.

interested in how 'social representations concerning body control propagate images of in-control bodies associated with moral rectitude and civility and out-of-control bodies linked to their converse' (2007: 404). In the 'before' of the makeover, we see out-of-control bodies spectacularly distorted as shameful consequences of indiscriminate and unrestrained eating. While the focus on food provides a logic for the interventions that follow (exercise and diet) and firmly places the issues of weight and health as matters of lifestyle, food also speaks to what Laura Knowlton-Le Roux describes as a 'morbid fascination with deviant acts of consumption' (2007: 19), which, as we saw in Chap. 2, has long dogged fat. That this fascination is related to social class is a point suggested by Brenda Beagan and colleagues for whom, 'eating isn't just swallowing food' for the middle class, but is wrapped in 'discourses of cosmopolitan and omnivorous eating, ethical eating, and healthy eating, as well as the moral virtue of frugality' (2015: 75). Chapter 2 argued that fat had long been folded into class relations and anxieties over class borders, it is interesting, then, to compare the food pile with the beautifully shot programmes that celebrate the creativity and artistry of everyday *cuisine*, which Bogunia-Borowska (2014) argues is a further resource for middle-class sensibility.

The Before 'Mind'

Self-control over one's mind is the second facet of Joffe and Staerklé's self-control ethos. They argue that 'a competent self is a rational and logical one with mastery over his/her cognitive faculties' and its lack is evidenced in 'irrational-emotive thinking' (2007: 407). This provides a useful lens through which to see how constructions of the overeater are further built up.

In the makeover, irrationality manifests as a faulty attitude to health: larger people are depicted as childlike and selfishly irresponsible. In such instances there is an interesting contrast between their gleeful (wilful) ignorance of health advice and the scientific rationality of the body mass index (BMI): in *Supersize*, Julie may start off celebrating her feelings about food ('I just like food'), but Dr. Christian Jessen insists and succeeds in orientating her faulty attitude and wrong thinking to the objective facts

of the obesity epidemic: high BMI means increased risk, no matter how you might 'feel' about your body, 'you are at very, very high risk of death from your weight. So this is serious'. Julie's acceptance of this new interpretative framework is, tellingly, depicted in her acceptance of the responsibilities of adulthood; she leaves her parents' home and starts planning for employment (Raisborough 2011). If fat is regressive, then weight loss is progressive, and the thinner Julie can now lead a more productive life.

As we might expect from the discussion above, irrationality is primarily coded as poor self-control over food consumption. In some shows, participants are presented as dishonest and sneaky. *Three Fat Brides, One Thin Dress* starts with the humiliating footage of women trying to fit into a designer dress that is several sizes smaller than their bodies. The result is a distorted, ripped, crumpled dress and a shamefaced, frustrated, humiliated woman in a cruel parody of the heteronormative ideals and aspirations of the white wedding. The brides-to-be may then promise to diet but the show uses surveillance footage and recruits friends and colleagues as spies to collect evidence of their 'cheating'. Exposed as dishonest, the women's eating habits, and places of their 'sneaky eating', filmed through grainy black and white footage, appear to the audience as knowingly sneaky, mean-spirited, and disgusting. The overriding message is that larger people cannot be trusted and as such deserve the humiliation and ridicule the host unleashes upon them.

In other makeover shows, the distrust of larger people is expressed in more benevolent ways and it is here that we start to see more blurring of the relations of hostility and benevolence. This blurring occurs when makeover shows deploy psychological and therapeutic terms to frame the deviant behaviour of its participants. *Secret Eaters*, for example, features participants who 'have tried everything' but continue to 'pile on the weight'. The perplexed and bemused participants keep a food diary little knowing that private detectives armed with surveillance equipment are logging every mouthful consumed in order to get at the 'facts'. The calories are totted up by the resident nutritionist (the 'science' is signalled by her white coat and protective gloves) and participants are confronted with the 'truth' of their weight gain, the humiliating shock of which mobilizes their transformation: 'I had no idea' mumbles a mortified participant when told she consumes 750 calories a day tasting the food she makes for

others; 'ah', nods the host knowingly, 'you are in denial'. No longer able to trust themselves, participants gratefully hand themselves over to expert intervention. *Secret Eaters* is not the only show to circulate a popularized psychopathology, *SuperSize* and *Fat* both readily diagnose 'emotional eating' when participants struggle to recognize their 'disordered' relationship with food. In *Fat*, the trainer refers to 'the psychological thing' and promises it will be 'fixed' over the course of his weight-loss regime.

Much of the stigmatizing power of the obesity epidemic lies in its ability to convince us that fat has an impact *beyond* the bodies of larger people; it is significant, then, that irrationality is signalled and represented as a threat to the normal function of the home and family. Kendrick (2008) observes that 'before' moments are often filmed within the participants' homes. *Obese* has taken its viewers into homes that are cluttered and disordered, where larger people sleep and live on a sofa rather than disturb their partner by using the bedroom for its purpose or because they can no longer manage the stairs. The home has symbolic weight, for, as Heyes argues, it is culturally imagined as 'an extension of the personality and status of its occupants' (2007: 20). Weintraub (2012) makes the interesting point that the presence of clutter means that the house/home cannot achieve its *function*, or at least that imagined in home-improvement makeovers, which 'zone' the house for discrete, compartmentalized activities such as entertaining, cooking, mobile working, romantic nights, and interacting with children. The inert body on the sofa is thus portrayed as an obstacle to the workings of normatively happy family life and as selfish for allowing the situation to arise and to continue. As disorder, born from uncontrolled eating, threatens home functionality, 'irrational' fears are also presented as threatening family relationships: *Fat's Sue*, for example, is frightened of being seen eating; in consequence, she has not sat with her family to eat for the last 10 years—she eats secretly, late into the night. 'Cheating' is also evident but this time through representations of larger parents who are unable to play with their children and are thus cheating them of their childhood.

Whether as 'deniers' or 'cheats', larger people are presented with disordered attitudes and practices that are expressed in sneaky, dishonest behaviour (secret eating), which, in turn, has major consequences for the home, family, and the ability to take up adult responsibilities such

as parenting and work. The irrationality of poor self-control over eating is stressed by the ‘facts’, science, and now the common sense of the BMI and the obesity rhetoric that supports it. It is important to stress here how this aspect of denigrating stereotype content further serves to individualize health, eating, and mental well-being by confining matters to the parameter of the home and within orbit of personal agency. Yet, although the individual is foregrounded, larger people displayed at the ‘before’ make for unreliable witnesses to the experience of fat and weight. Their lived testimony, explanations, and experiences of their bodies are dismissed, ignored, or rendered symptomatic of denial or emotional disorders. If the makeover is the main television genre where larger people have a voice, it seems clear that this voice is rendered suspect until it can start to speak in harmony with the experts’ perceptions of their reality. This silence is necessary not just to create the site for expert labours, but for its social impact—it allows us to remain attentive to the problems of the fat body and to further ignore just what it is about our societal structures, landscapes, and body fears that make fat bodies *problematic* (Colls and Evans 2014).

The Before ‘Destiny’

The third and final facet of Joffe and Staerklé’s (2007) self-control ethos is destiny. This speaks to self-management strategies that help secure a determination over the future. Often aspirational, self-control over ‘destiny’ involves imagining a future for oneself and a flexible project of strategic planning to realize future goals. As can be expected self-control in this regard is expressed in terms of deferred gratification, personal sacrifice, and violation as ‘a lack of motivation and laziness, coupled with an inability to be self-sustaining and an incapacity for long-term planning’ (ibid: 408).

This facet of the self-control ethos has a specific resonance with obesity, for as Megan Warin et al. (2015) point out, the discourses of health risk and strategies of risk prevention huddled into anti-obesity public health strategies depend on the imagining of a future. This imagining encompasses both the desire to secure arrival (i.e. not to die prematurely/

needlessly) and a positive outcome (a 'good' healthy future). Yet, Warin et al. make the more critical point that material circumstances produced through socially patterned prejudice and poverty create a 'temporal disjuncture' between the ideal of future orientation and the 'immediacy of poverty, contingencies and survival that mark people's day to day lives' (ibid: 309). Their argument immediately points to the constructed nature of time, its political saliency for neoliberal imaginaries, and, more crucially, to the impact of real material realities. Not only do future-orientated messages miss the mark because they cannot speak to the temporal realities of some populations (they note that there is no evidence of successful anti-obesity interventions), but, it seems, *the future is not for everyone*.

Honey We Are Killing the Kids is one of the few makeovers that feature children, or rather the 'bad parenting' that produces the fat child. The show skilfully brings the future into the present by using computer-generated, age-progressed images of the child growing to the age of 40 projected onto building-size screens. There are two futures on offer in *Honey*, the second, the 'good future', is shown later in the show. In this future the impacts of intervention are rewarded by a clear-skinned, bright-eyed, energetic, young-looking 40-year-old, sporting a fashionable hairstyle and dressed for professional employment. The image screams social mobility, confidence, independence, and happiness. Ringrose and Walkerdine (2008: 228) would argue that this future 'coded universal, normal and attainable for all' is a reflection and reproduction of bourgeois privilege and thus only accessible to some. If this point needed underscoring then this is achieved by a final image of the child-as-adult who looks nothing like its parents (themselves class coded by their poor parenting and a catalogue of faulty and tasteless consumer choices). This lack of resemblance may, of course, provide some comfort to those concerned about the reproduction of the feckless classes (see Skeggs 2004). But that 'future' comes later. In the 'before' we are confronted with the shocking image of the 'bad' future: age-progressed imagery charts show the child grow, sullen and spotty, to reach their 40-year-old self. This self is, of course, fat, but it is a particular fat—a fat with lacklustre eyes, poor skin, a greasy pallor, thinning hair, and with a shifty, defensive gaze. This adult is unkempt, prematurely ageing, and wears non-descript clothes that suggest that the adult is not in employment. There is neither social mobility

nor confidence here; indeed, it is hard to discern a 'good' life, or life, in this unhappy, shuffling figure. The child-as-adult resembles their parents, whose insistence on reproducing the degeneracy of their class will have such a consequence for not just their child's weight, but for every aspect of life that fat is imagined to corrupt.

In *Honey's* appropriation of the future we see the slippage between risk probabilities and health outcomes. As shown in Chap. 3, Guthman (2013) argued that this slippage is central to the medical 'truth' that weight is not just a predictor, but also a *guarantor* of health. Fat, then, collapses from a risk marker (should we accept it as a disease) to a disease certainty, and this disease is written in the thin-haired, pallid skin, and lifeless eyes of an adult with *no future*. Indeed, as the child-as-adult resembles the parents we get the strong impression that fat stops the future; it traps us in an endless recycling of the present. *Honey*, like every other makeover, proceeds to tell us that only 'good' choices, notably expert-endorsed, will break us free and restore a future horizon.

What is life like for that time-trapped adult? There are plenty of makeovers willing to tell us. Shugart observes that the before body is 'portrayed as overwhelmingly passive, absent, and nonproductive' (2010: 115). I have described it as a 'zombie' body driven only by unthinking and undiscerning appetite (Raisborough 2011). Take Sue in *Fat*. At 43 years of age and weighing twenty-five and a half stone (described as super morbidly obese in the show's own fashioning of the BMI), her body appears as if the progression of time has slowed and pooled around the contours of her body. The coming and goings of her family swirl around her (she waves them off on their day out while she returns to the loneliness of her sofa) and she is missing her children 'growing up'. She even occupies different time zones from her family as she stays up late into the night (eating, or so we are led to believe). Her horizons shrink to the sofa and to her regular trips from one side of the kitchen to the other in order to nibble at a packet of crisps (her 'secret eating' is in excess of 5000 calories a day, we are told; just in case we should start to look for non-food-related explanation, this is a timely reminder that Sue's life is a product of poor self-control). The sense of her loneliness is so profound it almost serves to dislodge the disgust and horror that the show has already invited by parading her near-naked body for our inspection. Sue's control over her

future is so deficient that she cannot begin imagine one ('when I am alone, I think I will just die' she says) or if so she envisages a future without her, 'I won't be there at my children's weddings'. It is this point that causes her distress because her death will mean she has failed as a parent—'I won't be there when they need their mum there' she anguishes.

The work of Warin et al. (2015) prompts insight into two workings of the future in the makeover. The first regards the explicit mobilization of risk to present good and bad futures to showcase the benefits of future orientation: it is clear that there is no room for fat in the 'good' future. The second showcases the wasted life that is presumed to be a consequence once the future is abandoned or feared. In this case, the fat body operates as a haunting presence on the constitutive limits of neoliberal personhood and offers an individualized explanation for the temporal disjuncture that Warin et al. (2015) argue is a direct consequence of structural inequalities. What I am suggesting here is that individualized explanations work to distract from those inequalities. A core argument working through this book is that these acts of depoliticization are central to the construction and generation of lifestyle as an animating trope and organizing principle of western societies.

Classing the Fat Body

What we can draw from the discussion so far is that the 'before' section of the makeover is the site of the most humiliating and denigrating representations and characterizations of the people/bodies/lives who are presented as in need of transformation. Denigration is necessary so that the transformation is not regarded as frivolous or as an expression of vanity; bodies are held as both appalling and disgusting so that the need for intervention is both unquestionable and urgent (as the host of *Obese* says, 'this is do or die. This is it'). Humiliation is required so that the sins of lifestyle crimes are not just washed away, they must be first paid for (as Anker (2005) argued in Chap. 3, melodrama requires both the crime and the retribution). Joffe and Staerklé's (2007) work helps to clarify how humiliation and denigration circle around various failures of self-control and its devastating cost (failed bodies, failed homes, failed parenting,

failing health, failed future, and, ultimately, a failed self). The result is an over-determination of fat and its presumed health risks, as they caught up and spun into a densely woven web of multiple failings.

Moss Norman et al. argue these accumulated and overlain failings serve to present the fat body as an ‘abject, “uninhabitable” subject position’ (2014: 24), and draws attention to the class dynamics at play throughout the makeover. To be sure, the creation of a new subjectivity is always and already classed. It’s worth saying here that thinking about social class and popular culture necessitates an extension of our conceptualization of class from solely economic terms to cultural aspects of recognition, privilege, taste, and worth. As Beverley Skeggs explains, ‘class is insinuated in the intimate making of self and culture’ more than ever (2005: 969). She argues for the need ‘to move beyond (but still with) the economic ... into understanding value more generally to understand how class is made through cultural values premised on morality, embodied in personhood and realized (or not) as a property value in symbolic systems of exchange’ (ibid). Thinking about how ‘class is made’ highlights the role of culture in boundary-making between classes. Mike Savage, for example, regards class-making as a way that the middle class can imagine, create and define values, tastes, aspirations and lifestyles that they take as their own, as ‘the normal, indeed, the *social*’ (Savage 2003: 536). He calls for a ‘kind of forensic, detective work’ that enables the ‘normality of the middle class ... to be carefully unpicked’ across the sites of the everyday (2003: 537).

Mike Savage’s stress on the need for detailed *forensic* work indicates something very striking about the way class emerges on reality television and more widely across popular culture: it is very rarely or ever directly spoken about or explicitly referred to (a reflection, perhaps, of an increasing cultural persuasion to emphasize individual and personal aspects of live over structural and collective ones). Instead, as Andrew Sayer (2005) argues, class is *coded*. He identifies three overlapping lines of code through which class materializes with unbridled symbolic, affective, and material might. These lines are the aesthetic (appearance, bearing, and taste), the performative (behaviour, such as poor parenting), and the moral (attitudes and will, for example ‘choosing’ a life of welfare dependency). These share some resemblance to the body, mind, and destiny facets of

Joffe and Staerklé's self-control, but they have a more specific target than individualization, because their starting point is that individualization is itself a classed project.

It is then important to apprehend the makeover as part of a wider process of 'class-making'. The overlain failures, discussed above, presented as the consequence of a lack of self-control, help construct an abject self that 'one shouldn't be' and help orientate participants and audiences to an aesthetically ordered, thinner, upwardly mobile 'generalized and normalized bourgeois' selfhood (Ringrose and Walkerdine 2008: 227), that itself is often and increasingly equated with 'health' (Levy-Navarro 2012). The gap between larger people's realities and the normalized bourgeois selfhood is one that is presented as keenly *felt*. There is, as Norman et al. argue, an 'intensity of feeling' in the guilt, tears, shame and regret that saturates the 'before' moments of the show (2014: 24). Sue in *Fat*, in high levels of distress says, 'I actually hate myself'. The abject, then, is not a place to reside: it is not a place where one *can* reside. It cannot be an 'opt-out' option. It is social death, a death of self, and when one adds obesity rhetoric, a *physical* death. In contrast, a life worth living is understood in terms of the 'clean, proper, bourgeois feminine subject' that Sue feels is so beyond her, but with a reassuring twinkle in his eye, her square-jawed trainer reaches out his hand and says 'we can fix it'.

Summary

The 'before' takes up a mere three or so minutes of the makeover. The bulk of a show's airtime is given over to the process of transformation. Nonetheless, this section of the show is densely packed with abjectifying and objectifying symbolic labours that strive to fix the fat body as in *lack*. Although explicit obesity rhetoric works its way into some shows (*Supersize*), other shows presume this knowledge and launch into disordered relations with food as explanations for the sorry state of the near-naked bodies offered for our living autopsy. This chapter has deployed Joffe and Staerklé's (2007) self-control ethos to dissect the internal content of stereotypical cultural representation of fat and larger people. In conclusion, it's possible to see how denigration and socially excluding

representations drift a little way from the mooring of health/illness and start to seek other means to over-determine the fat body as failure. Norman et al. (2014) argue that constructions of multiple failures help ensure that a life of fatness cannot be tolerated *as a life*. While denigration helps mobilize an orientation to classed and 'healthy' behaviours, we can also see a move towards a possible redemption, through expert intervention, that is shepherded by the introduction of popularized psychopathology (denial, emotional eating). This alerts us to the potential of different representational possibilities (after all, the abject self can't remain abject: it is there to be madeover). The possibility to change/transform is, of course, key to foundational values of social mobility and meritocracy, and requirement of neoliberal rationalities for flexible and adaptable citizens. The point I wish to end on, however, is that change reinforces the compelling tale that abject positions are just a matter of choice—the future can be and must be changed!

6

Sweat and Tears: Working at Redemption

Introduction

The fat sensibility speaks to varied, yet patterned, representations that attend to the cultural knowingness of the fat body. This book argues that there are two mutually supporting forms of fat stigma: hostility and benevolence. The last chapter started to unpack some of the ways 'hostile' representations present the fat body as abject through multiple failings of self-control. This chapter suggests that makeovers cannot proceed without an escape from the abject and that this is achieved by a narrative shift to benevolent representations. I explore how benevolence increases as a particularly defined personhood materializes in place of the fat body as the foci of concern in the show. I frame this discussion of makeovers, with particular attention to *Fat: A Year to Save My Life* (broadcast in 2013), through Kenneth Burke's (1954) cycle of redemption. Burke offers a useful frame as he allows a continuity of this book's concern with prevailing social values and norms. More specifically, social values are at the fore of his argument that guilt and shame are socially produced and are followed by social rituals of purification and redemption. I argue that the makeover enlivens and dramatizes these rituals. For Burke, however, guilt and

redemption are in an endless, ongoing cycle, and I question what this means for our reading of new subjectivity modelled in the final ‘reveal’.

Cycles of Redemption

Burke’s cycle of redemption is motored by what he calls two ‘great movements’ of ‘original sin’ and ‘redemption’ (1954: 283).¹ These create the cycle’s three stages of pollution (guilt), purification (cleansing), and redemption (the achievement of a new state). In Burkean terms, guilt is necessarily social for it emerges from social orders, values, and ideals, or rather from our inability or failure to live up to them (Lavelle 2015). Given the increased moralization of everyday life (Hier 2008), guilt is a pervasive state: ‘for who can keep commandments!’ (Burke 1961: 4, cited in Spoel et al. 2012). Redemption, then, is only a temporary achievement (we are likely to sin again!) but is accessed through purification, one route of which is mortification: ‘mortification is the process of inflicting mental or physical pain to regain worthiness’ (French and Brown 2011: 3). Burke describes it as ‘an extreme form of self control’ (1970: 190). The successful accomplishment of this stage has to be recognized and acknowledged, a task that involves the guilty party passing a social judgement that the purification act was equal to the weight of the sin (Cormack 2014).

There is an immediate resonance between Burke’s cycle of redemption and the weight-loss makeover: the makeover propels its participants from the public shame and humiliation of the ‘before’ (the polluted state), through diet and exercise regimes of ‘extreme self-control’ (purification) to the ‘reveal’—the new, ‘cleansed’, and thinner self (redemption). The narrative movement between the stages depends, however, on changes in the way fat and larger people are represented in the show. These changes shift the show’s participant from a being ‘just’ a ‘fat body’, rendered object by prodding, poking, being weighed and spied on, to a recognizable, socially legitimate, subject, with desire and desires. I suggest that benevolent representations make this possible, not because they describe or react

¹ Spoel et al. argue that this is a ‘neutralized theological terminology’ (2012: 622), not a suggestion of a religious or spiritual dimension at play.

to the changes taking place over the transformation, but because they produce and generate the socially recognizable subject they purport to reflect.

Confessions of the Polluted

If there is a discrete moment or tipping point when humiliation starts to give some ground to more benevolent representations, it is in the confession. The confession is not just a staple of the makeover, but is also a key narrative device in self-help books and commercial diet programmes such as *Weight Watchers*, where confessions invite us to fold ourselves into the their rhetoric. Confessions are also regularly found across celebrity press (French and Brown 2011). By way of example, a quick Google search of ‘celebrity confesses to weight’ achieves over 500,000 hits—the top three below are typical of the rest:

Vicky Pattison admits 12 pound weight gain as strict diet and fitness regime ‘isn’t her main focus anymore’;
 Channele Hayes reveals weight gain after confessing to putting on pounds;
 Kim Kardashian admits to 20 pound weight gain;
 Jonah Hill is barely recognisable as he reveals huge weight gain on set of new movie.

What these illustrate is that weight is shameful—something to be admitted and revealed in the supplicant mode of confession. They also suggest that confessions are not discrete private mumblings in places of worship. Rather, confessions are the means by which the private becomes public: as Levy-Navarro (2012) and others argue, confessions are one mode in which authentic selfhood is presented and performed. In a context where ‘authenticity is central to moral economies of personhood’ (Allen and Mendrick 2012: 461), and, crucially, a ‘requirement of contemporary social relations of governance’ (ibid: 460), it is not surprising that Levy-Navarro argues that confessions are a cultural imperative. She cites Peter Brooks (2000: 4), for whom contemporary American culture is organized around a ‘tyranny of the requirement to confess’ (Levy-Navarro 2012: 341). We are then, she argues, *compelled* to confess.

The makeover, then, is not unique in its inclusion of a confessional address; although it does much to circulate confession as a mode of self-making. Within the show the confession contains a number of significant movements required for the trajectory of redemption. Firstly, the confession recasts and cements daily habits as problematic and as shameful crimes: eating is not just 'secret' because we suspect so—it is now a fact because it has been confessed to. What also comes to be fact is that the fat body is such because of lies, deceit, and cheating. Secondly, the confession functions as a testament of *truth* (Levy-Navarro 2012). The makeover confession operates as a moment of interpellation to hegemonic facts of obesity: participants are compelled to translate their experiences and bodies into the discourses of the expert—I am a secret eater/I have lost control/I am a failure. In this action, fat bodies are reformulated as 'obese' and are effectively recast into registers that are developed for and targeted at their eradication. Thirdly, as the confession acknowledges the 'pollution' of multiple failings, it also starts to demonstrate ownership and responsibility for them: I have let my children down/I am not a proper partner/I have been selfish. This leads into a determined 'I will change to be a better parent/partner'. In so doing, the fat body starts to melt into responsibilized moral economies and offers us a glimpse of the person struggling with the weight of an abject body. It is this *person* who turns in despair to the expert (read: market) for help. Liz, in *Fat: A Year to Save My Life*, cries 'I am in such a bad habit. I need something major to happen so I can do new habits'. What we have here is the start of Liz exercising moral choices: not only she is choosing to change, but she is also reaching to the market for the means of that change. With fledging signs of good consumer citizenry, she realizes she cannot get 'new habits' herself; indeed nor should she, for her role is to look to the market for the best help and services possible.

As the confession slowly suggests that there exists the potential for personhood, the harsh, explicit, humiliation towards the passive, inert body is replaced with therapeutic-toned discourses targeted at the person *within*. The host of *Fat* looks to Liz and says, 'I think you have a problem with food ... you've tried to stop but can't and that's a problem. That's a big problem'. This diagnosis moves 'the problem' from that of the fat body to an understanding of a damaged or emotionally wounded self.

The notion of a wounded self has much wider social currency; it forms the backbone of what Frank Furedi (2004) calls the therapy culture. Hazelden (2003) argues that the notion of wounded self depends on the construction of two selves: the outer self and inner self. The inner is often imagined in self-help literature as the authentic self, working behind the public 'front' of the outer, or as a source of inner power and life-changing confidence. As Hazelden argues, self-help literature is predicated on the belief that the brutalities of the social world can cause a rift between the outer and inner—the inner retreats but in some frustration that can erupt 'behind our conduct' (Rose 1999: 256), or with the consequence that authentic self is so gravely diminished that we don't quite know just who we are. The solution—the *self-help*—is to repair the relation between the two selves. Hazelden draws the sharp sociological point here that self-help functions to recast social ills (structural, systematic injustice) to problems not just of the personal, but also of *interiority*, and this act of de-socialization and depoliticization further mobilizes constructions of ideal selfhood as controlled and self-managed, and as 'effective, well adjusted' and 'in charge of her emotional life' (2003: 424).

This is not to suggest that issues of greed or failure of self-control are replaced, and nor does this entail a disruption of the makeover's insistence in lodging fat as an issue with food; rather, we are presented with some mitigation and this takes the form of an interiority to Liz's behaviours. To support this, the show screens intimate interviews with family members. Liz's mum fights back her tears as she remembers a 'wonderful chubby child' but worries whether her own uneasy relationship with food has 'contributed' to her daughter's emotional issues. Liz herself remembers a childhood of 'restraint' around food that she felt she reacted to when she left home. That there isn't a coherent causal narrative here is not a concern of the show, which now, as in over makeover shows, jumps from suggestion to suggestion to *gesture* the wounded self to the centre stage. It is the wounded self, then, that needs remedying, and the host does so immediately: 'but what you need to remember, you're good enough. You deserve this and all of these things [the repairs she wants to make to her family relationships] will happen, although it will be scary'. The use of 'scary' gives us a sense of the mortification to come, after all, following Burke, Liz's penance has to match her crime in order for her redemption to be authentic. confession is never enough!

It may be a rather obvious point to make, but the use of ‘good’ and notions of deservingness used here are explicit examples of benevolence coming into the makeover narrative. Glick and Fiske (2001) highlighted how benevolence not only kept people in their ‘place’ in the social hierarchies, but also served to reward them for complying and fulfilling the roles and subject positions assigned to them. Liz is rewarded here for translating herself into registers of medical certainties of obesity and therapeutic frames. Once so recognized, humiliation and denigration are ill fitting. As I have previously argued, paternal benevolence better suits the new relationship of expert and compliant consumer, especially as that relationship serves to showcase commercialized solutions to the wider ‘worried well’ audiences (Raisborough 2014). Yet, as we move into the mortification stage with two selves—as the outer is deemed to be thwarting the aspirations of the inner—there is still scope for humiliating tactics to get this outer into shape.

Mortification

Burke’s cycle of redemption states that once guilt is realized and acknowledged it requires both penance and relief, both of which are highly ritualized. Mortification, as French and Brown (2011) explain, requires pain and self-sacrifice, and requires, as Cormack (2014) argues, a task or privation that is equal to the sin. This brings us to the middle section of the makeover. The middle is often neglected when we refer to the makeover in terms of its ‘before’ and ‘after’, but it is the middle that dominates a show’s air time. The significance of the middle is captured well by Meredith Jones’ (2008) ‘makeover culture’. Observing that the process of transformation is given more airtime than its result (the reveal), Jones questioned whether the act of ‘becoming’—that is a continual movement of change and movement—was a culturally preferred state to that ‘being’ (namely ‘as transformed’). She concluded that a neoliberal insistence on flexible, adaptable citizens played into much longer established narratives of transformation (e.g. fairy tales) to present change, self-work, and self-improvement as not just requirements for citizenry, but a way in which authentic and moral personhood is expressed and realized.

Her point is that authenticity lies less in the ‘results’ and more in the labours required for change, indeed Jones concludes that transformation is a cultural imperative to such a degree that it is possible to speak of a *makeover culture*: ‘a state where *becoming* is more desirable than *being*’ (Jones 2008: 12, original emphasis).

The makeover’s middle, then, fills the majority of the show’s airtime with the labours, techniques, and experiences of ‘becoming’. Yet processes of becoming are mainly depicted as laboursome, painful, angst-ridden, and uncomfortable. This may simply be a narrative device intended to emphasize the contrast between the struggle of change and the joyful reveal, but the more critical point is to be had in Jones’ suggestion that evidence of suffering is necessary to render the transformation as not only hard-won, but also *authentic*. Her point is that one just doesn’t buy change or have change done unto them, such would offend our work ethic and render change frivolous as it becomes too easily collapsed into unthinking consumption. Suffering makes the transformation real, thoughtful, and *worked at*, and also provides a sharper ‘public performance of moving from one self to another’ (ibid: 57), which Jones see as vital to the legitimacy of transformation. Jones’ interest is primarily in cosmetic–surgical makeovers and there is space here to suggest that weight-loss shows may differ on some grounds. The most obvious is that the fat body is dragged to the start of the transformation by two forces. The first is the medically endorsed rhetoric of the obesity epidemic that shrouds the fat body in a cloak of villainy violation—the fat body is then *offender*. The second is that in the context of wider social beliefs that personhood lies in the control and management of the body, the fat body presents as *offensive*. As such, it is a Burkean frame that can help explain why for some bodies, the labours of transformation are painful and arduous. For Burke pain is necessary to account for a neglected and abused body/life and to provide a portal, via purification, to a new life (French and Brown 2011).

A tension arises in this stage of the weight-loss makeover as a shift to benevolence threatens to disrupt the mortification stage. Can people suffer *nice*ly? In the makeover it appears they can. *Fat*, for example, uses the therapeutic construction of the outer self (sometimes understood as the fat body, sometimes as poor will power) and the inner self (the ‘true’

self) to create two surfaces of address and labour. It is the body that is mortified, curtailed, restrained, bruised, and starved as it is disciplined—in both meanings ‘to punish’ and ‘to master’. The inner self, in contrast, is softly spoken to, it is cajoled, offered friendship, and at times boisterously championed into re-taking control over its destiny. This is the tough love of a traumatized, exhausted, aching body and the high fives, congratulations, cheerleading, declarations of worth, hugs, back slapping, and soft intimate talks about fears, doubts, and secret aspirations and ambitions. The site for tough love, however, is not food but exercise.

The mortification stage of the middle marks a dramatic change of focus from the food that has saturated every aspect of the show to this point. Indeed, in *Fat*, food is rarely mentioned or seen again apart from discrete images of Liz peeling a carrot (read healthy food) in her otherwise sparsely stocked kitchen. We are simply told that she is on a calorie-controlled diet. It would seem that her overwhelming and life-stopping addiction to secret eating has simply vanished in the face of the new Lycra-wearing Liz, who is now on a two-hours-a-day, five-days-a-week intensive exercise plan that is mingled with assault courses, boot camp training, and a series of physical challenges (10-km runs and swims and triathlons are regularly featured). Again, this may be a narrative strategy: if there is more entertainment to be had in watching someone tackle a military assault course than there is watching someone not eat, it is because in the endurance exercises favoured by makeovers, the ‘battle’ (for that is now how it is termed) between willpower and the body can be most spectacularly visualized with fuller affective impact. In exercise challenges we can cheer on that larger person as they dig deep for that last push to get them over an assault course or to reach a once-impossible finish line in record time. We can also reach for stereotyped explanations for their failure in an opportunity to express fat phobia at a becoming body that isn’t becoming quickly enough. The competitive weight-loss shows such as *The Biggest Loser*, where people compete to shed weight for big cash prize, offer brutal footage of fat bodies breathless, exhausted, clumsy, and in pain as they are ‘put through their paces’. It’s clear to see why Lustig (2014) describes the show as a blood sport.

That exercise is held as both mortifier and redeemer is clear as the inner self surfaces through the body. It has not yet triumphed; until that time

there is always a disjuncture between the intentions and desires of the 'true' self and the physical realities of the body. In other makeover shows, this disjuncture necessitates a series of intermittent confessions and more public displays of becoming (in Jones' terms), before a harmony between word and body is realized (French and Brown 2011). *The Biggest Loser*, *Fat*, and *Obese* work to visualize the not yet visible movement towards this harmony through regular weigh-ins (now because some personhood is restored, these weigh-ins are not near-naked) or through running commentary of weight loss. For example, online text in *Fat* charts Liz's weight loss as she moves through time with the discipline of monthly goals.

We have discussed already some of the concerns around the health and weight benefits of the exercise regimes broadcast over weight-loss makeovers (see Klos et al. 2015). Yet it is interesting to note how exercise is shouldered into the show. In *Fat*, Liz has already given some clues about exercise: she owns a bike that clearly looks used; additionally, she was a strong and keen swimmer before someone made a comment about her weight. Yet, in his role as trainer/expert it is Jessie that must bring exercise into the show and into her life. In so doing, he wipes away any evidence or knowledge of Liz's past life. As Jessie sees her mounting a bike later in the show he says 'the first time, right?', and as they swim together in one of their many endurance challenges, he wonders at her ability and strength, both of which are more astounding to him because 'you've never exercised before, right?'. Exercise is his gift to give. Liz says nothing, there is probably little that can be said in what appears as a relentless erasure and silencing of a past that does not fit with the expected stereotyped script of larger people as lazy, immobile, and exercise-adverse. The effect of this is (once again) the cultural unintelligibility of a fit, fat body.

The effect is also to present the intelligibility of exercise as a means to achieve and express selfhood. This could not be achieved if Liz was understood as fit yet failed. That exercise is aimed at the development of the self is made clear throughout the show; Jessie, for example, draws links between the benefits of exercise and Liz's sense of worth: 'hard work and dedication will be good for her and prove to her that she's worth it'. Fat and its control are now not lodged in addiction or emotional eating, but in self-belief and *attitude*. Later, it is belief that is Jessie's expressed gift: 'I believed in Liz. She didn't believe in herself'. The recirculation of faulty

attitudes, weak willpower, and poor choices once again slam us to the individualized, decontextualized master narrative that insists that larger people are faulty and culpable for their faultiness (see the next chapter for a discussion of how this narrative works through party political rhetoric aimed at dismantling the welfare state in the UK). Indeed, some months in, Liz declares, 'I feel now normal now', later, 'I feel excited and pleased', 'I feel different', but as the exercise intensifies (Jessie does not want Liz to 'just' enjoy a physical competency, no, she 'needs to excel at it'), Liz appears emboldened and empowered, both of which are expressed in her embracing self-control. Interestingly, her self-control is understood as a marker of adulthood, as we can see in this quote: 'I take full responsibility for how I am. I'm a grown-up and take responsibility for my part in this on my own'. The birth of the responsiblized citizen is within our sights then, as we drift towards the 'final' stage of the cycle of redemption: the reveal.

Redemption! Well, for now...

The reveal fills the closing minutes of the makeover show. It is generally a public event. In some cases, the 'results' of weight loss are declared at this stage to a deeply moved, proud audience of family and friends. Liz, for example, will have lost over 11 stone at this stage of *Fat. The Biggest Loser* may reward its biggest loser with a life-changing cash prize, but the rather more sedate, budget, offerings of *Fat* reward Liz by restoring her to her family as she emerges from a 10-km river swim ('her biggest challenge yet') to a cheering and teary crowd. There may be good reason for us to doubt the weight-loss claims declared in the makeover reveal. Klos et al. (2015) argue that they are not sustainable; indeed, there is some suspicion as to whether the weight loss is *achievable* within the regimes of most makeover shows. A recent exposé of *The Biggest Loser*, for example, gives some indication of the measures people undertook in order to win the cash prize. Kai Hibbard, a contestant in season three, when asked about preparations for the final weigh-in is reputed to have blogged:

I dehydrated off 19 pounds in the last two weeks before the BIG weigh in.
I stopped eating solid food after eating only protein and asparagus

(a diuretic) then I had two colonics and spent the night before the weigh in and out of a sauna. There really was no ‘diet’ the day of the weigh in, we weigh in as dehydrated as possible on empty stomachs after 2 hour workouts in the morning (accessed 1 September 2015) (Venuto n.d.).

These are very serious issues when weight and diet are paraded so effectively on reality television as solutions for the ‘problem of fat’. Yet, this is not all we can say about the reveal, for as Liz pulls herself from the muddy banks we can see a visual enactment of Burke’s final stage in his cycle of redemption—the moment of *rebirth*. Spoel et al. (2012) cite Burke’s (1957: 39) description of this stage as a ‘re identification’ and ‘symbolic transformation’ produced through the ‘sloughing off’ of guilt. Liz’s own testimony (believed now, dismissed earlier) easily maps onto Burke’s rebirth as she recounts her past failings (‘the real me had gone astray’), extols the benefits of purification (‘I surprised myself with the physical things I can do’), and stands not only realigned to the health dictates of neoliberal citizenry, but also declares herself now able to contribute as good citizens should (‘I feel emotionally stronger to cope with things’). The ‘result’, then, is not solely the weight loss but what this loss symbolizes and enables: participants across makeover shows are portrayed as liberated from their fat entombment and stand possessed of new energy, new challenges, and the potential new life that comes from being *active* (Raisborough 2014).

It is all too easy to forget that in the reveal/rebirth scenes we are witnessing and *celebrating* an expression of a zero tolerance of body shape and lifestyles. We are applauding as the stealthy workings of able-ism thread through the constructions of personal worth and personhood (Goodley et al. 2014). What we are celebrating here is a dramatic performance of *compliance*. Inthorn and Boyce (2010) argue that weight-loss shows are visual transformations of overweight individuals into ‘active patients’, that is, as informed, rational consumers of health products and knowledge. Following from the passionate insights of Ringrose and Walkerdine (2008), we also witness compliance to the values of bourgeois subjecthood expressed in a dramatic struggle, and then rejection, of a life deemed not worth living (indeed, it is instructive to recall the sheer intensity of cultural labour that represented Liz’s past life as such).

Yet, for both Burke and Jones the reveal is but a temporary moment, one of a success of getting just that little bit closer to the ideals, which, for Burke, we are likely to once again fail at, thus starting the cycle again. For Meredith Jones, this failure offers a necessary motor to the makeover culture. She argues that 'becoming' is not a point of arrival but are constant points of departure because one does not 'become'; selfhood is derived from the ongoing processes of change. Like every other larger person standing at the reveal, Liz is now restored to her dutiful place as an active consumer-citizen and to what Jones envisions as an endless project of transformation. Jones, with characteristic eloquence, states:

'Good citizens of makeover culture effect endless renovations, restorations and maintenance on themselves and their environments, stretching and designing their face, their bodies, their ages and their connections with technologies and other bodies (2008: 189).

It is telling, then, that *Fat* closes with the message that Liz now has her sights set on swimming the English Channel. We leave Liz on a wind-swept beach with her new challenges and goals, with her relentless pursuit of expanded horizons, for as life is understood through market logics 'nothing is left alone for too long' (Bratich 2006: 65).

Summary

This chapter has tackled the middle and after of the weight-loss reveal through the frames of Kenneth Burke's (1954) cycle of redemption and, latterly, Meredith Jones' (2008) makeover culture. A key concern of this chapter was to target the self-making that this book argues underpins and motors our current social concern with fat. That the health risks of obesity are dubious and uncertain means little for the makeover, which only needs a slight reference to these to activate regimes of fat removal. Indeed, sticking too closely to the 'facts' of health and weight would interfere with the makeover's ability to skip quickly from fat to secret eating to the therapeutic shores of emotional eating and then take root in the revealing of a true self, presumed smothered not just by a

fat body, but also by the impoverished, coded as classed, lifestyle, which fatness currently symbolizes. What we see through this section of the makeover is a clear re-orientation to a specifically prescribed subjectivity. As compliant, the rewards of social belonging cluster around the new body. It is highly telling of our current fat-phobia and stigma that the first of these rewards is a recognition of personhood. We should be attentive, however, to just how qualified that recognition is.

The makeovers are the main reality television programming where bodies are transformed, but they are not the only reality fare in which fat bodies and larger people are presented. In the next chapter I look at recent portrayals of fat in a raft of reality documentaries that explore life in 'Benefits Britain'. My concern there is to tease out the shape and expression of hostile and benevolent representations in a site not just dedicated to the redemption of larger people, but also to their eradication as a social type.

7

Fat and on Benefits: The Obese Turn Abese

Introduction

The makeover is not the only reality genre in which larger people and issues of fat and weight are overrepresented. This chapter shifts this book's interest in reality television from the transformative tales of the makeover to *weight-focused* shows. These are reality fly-on-the-wall documentaries, featuring an off-camera narrator, that purport to explore the lived realities of obesity from different angles and perspectives. By interviewing larger people and charting their daily lives (often by following people around) weight-focused shows offer an intimate viewing encounter: the audience has immediate access to the homes, lives, thoughts, and habits of the show's characters. This feeling of intimacy is enhanced by the absence of the ubiquitous expert, their clinical settings, and the transformation narrative that mediates and motors the makeover programming. This chapter is interested in a recent spate of weight-focused shows in the UK concentrating on larger people seeking paid employment and/or who are in receipt of benefits. It makes two suggestions: the first is that these shows can be usefully considered as the latest addition to a range of reality programming that has been described as 'poverty

porn' (Allen et al. 2014; Jensen 2013), and thus be considered as providing a symbolic function in a wider political project to effect a transition from a welfare to a post-welfare society (Jensen and Tyler 2015). The second suggestion builds from Imogen Tyler's (2013) arguments that neoliberal rationalities depend and progress through making certain social types abject. Tyler's work highlights the processes of denigration and associations of disgust that are central to the production of abject others. To capture the always and already abject nature of medicalized corporeality that seems intensified in our current economic crisis, I am referring to the fat body in this context as the 'abese'. Yet, I suggest that cultural labours of Othering also take the form of more benevolent representations. In an extension of the argument developed in Chap. 3, I chart benevolent representations in weight-focused shows and discuss how these may offer more palatable ways of securing public consent for policies that threaten to radically reshape the UK welfare system and the ideals of social democracy.

Poverty Porn and 'the Obese' in Austerity

Recently, a number of weight-focused reality documentaries were broadcast across Channel 4 and its smaller competitor Channel Five: *Shut-Ins: Britain's Fattest People*; *87 Stone: Fat Chance of Work*; *Too Fat to Work*; *65 Stone and Trapped In My House*; and *My Big Benefits Family*. What these have in common is obvious from the always-explicit titles; they focus on larger people—referred to as 'the obese'—who are in receipt of benefits or are unable or 'reluctant' to work. The antagonistic and provocative thrust of these shows is explicitly stated in the advertising synopsis: Channel 5 says of *Too Fat to Work*, 'we follow the people living on benefits and fast food, and ask if they are *really* too fat to work'. These shows represent the further reach of a specifically shaped television interest in benefits that was most pronounced in *Benefits Street* (first aired on Channel 4 on 6 January 2014) but has been playing out for some time in a number of confrontational chat shows. One example is the UK's *Jeremy Kyle Show*, where the lives of those considered the 'underclass' are

held up for scrutiny and damning judgement. *Benefits Street*, a fly-on-the-wall documentary, followed the lives of people residing on a road in Birmingham where, it was widely reported, some 90 % of the residents claimed benefits. *Benefits Street* generated great controversy over its accuracy and representation of the street's residents. This percolated through social media, tabloid newspaper headlines, magazine stories, and televised current affairs programming. *Benefits Street* also provided fuel for politicians keen for welfare reform: Iain Duncan Smith argued that the show documented the shocking reality of a defunct welfare system and evidenced the need for reform (see Wintour 2014). The 'appeal' of *Benefits Street* generated a range of similar programming keen to tap into the publicity, audience share, and related advertising revenue: Channel 5 developed a string of programming under the prosaic title 'Benefits' that included (and includes, for the popularity of these shows has not yet abated) *Gypsies on Benefits and Proud* ('an insight into how easily gypsies can get their hands on benefits'), *Benefits Britain: Me and My 14 Kids*, and *Benefits Britain: Life On The Dole*, and the recent spate of shows akin to *Too Fat to Work*.

Benefits Street and similar programming help make up what Tracy Jensen (2013) and others have called poverty porn. Poverty porn programming shares a number of characteristics. The first is that it creates polarized positions of *strivers* (the 'hardworking people' that feature so frequently in blue-hued party political rhetoric) and *shirkers* (the welfare claimants). Disgust is often generated to exaggerate this division, with claimants represented in ways that suggest abject lives (Jensen 2013). Secondly, poverty porn is an exercise in 'naming and shaming' welfare claimants in ways that may be explicit or are informed by more tacit 'truths' generated about the social types who claim benefits (Allen et al. 2014). The upshot of 'naming and shaming' is the abstraction of all but individualized explanations for poverty (Runswick-Cole and Goodley 2015). Thirdly, poverty porn operates on two foundational myths: that claimants do not *want* to work and that full and quality employment is a possibility in neoliberal conditions (Jensen 2013). Fourthly, poverty porn recasts social welfare *itself* as a major contributor to social and economic ills (Jensen and Tyler 2015).

Poverty porn is of interest not just because of its stereotypical and denigrating representations, which I return to below, but also because these representations resonate with constructions of the poor and ‘the obese’ in party political rhetoric and the social policy reforms that comprise the UK government’s response to the economic crisis triggered by the collapse of Lehman Brothers in 2007–8. ‘The obese’ have long been in the sights of David Cameron: in 2008, as leader of the opposition, he argued that a ‘decades-long erosion of responsibility, of social virtue, of self-discipline, respect for others, deferring gratification instead of instant gratification’ had produced three distinct social groups, ‘the obese, the idle and the poor’, whose decadent lifestyles were being bankrolled by an exhausted welfare system and the National Health Service (see Porter 2008). Over several speeches Cameron insisted that being fat and poor was a matter of personal choice for which people should be ashamed and held to account—‘Fat or poor? It’s probably your own fault, Cameron declares’ ran the headline in the *Daily Mail* on 8 July 2008. It comes as no surprise then that obesity should figure in the raft of austerity measures that characterized Cameron’s coalition government (2010–15) and his slight majority government from May 2015. In July 2015, The UK Department of Work and Pensions (DWP) launched an independent review into how to ‘best support benefit claimants with potentially treatable conditions, such as obesity, or addictions to drugs and alcohol, back into work’ (Department of Work and Pensions 2015: 4). In what is presented as an unholy trinity—the obese, drug addicts, and alcoholics—we can see a recent rendition of the historic association of fat/obesity with addiction, discussed in Chap. 2, and the accompanying complex swirl of the medical, the therapeutic, the criminal, and the degenerate (Rasmussen 2014). In short, obesity emerges across Tory-speak as controllable (self-inflicted), as treatable (there is no reason nor excuse to *remain* ‘obese’), and, as such, is an illegitimate claim on welfare. What Cameron’s move against obesity achieves is the tying of obesity into faulty lives and attitudes, which are spectacularly imagined as at the *heart* of the economic crisis, and thus as a site for solutions in the austerity agenda (we might want to reflect on who and what is being framed out when ‘the obese’ and poor are fingered as the usual suspects). It is worth briefly discussing austerity, as this provides both the ideological home and fuel for attacks against ‘the obese’.

Austerity

Austerity in the UK context speaks to a roll out of brutal cuts in public spending with devastating consequences for welfare, social services, and support. Despite the political rhetoric that ‘we are all in this together’—the suggestion that the burden of national debt is shouldered by all citizens—it has been the poorest and the most vulnerable who have been disproportionately and consistently affected by policies legitimated by the need to reduce the national debt (Piven 2015; Tyler 2013). Wide-ranging criticism focuses on how the common-sense logics of public spending cuts has dovetailed with neoliberal agendas to shrink the state and advance market freedom through deregulation and privatization (Allen et al. 2015; Taylor-Gooby 2012). As to the success of austerity measures, a lot depends on changing measures and definitions, but Paolo De Agostini et al. (2014) suggest that, to date, the fiscal impact is, at best, ‘neutral’, as many savings in public spending have been offset by a series of tax reductions, most notably the increase in personal allowances for Income Tax. The conclusion of Kim Allen et al. is that it is clear that the results of austerity measures are a widening of social inequalities and any ‘successes’ rest in the concentration of wealth for the few; for them, ‘austerity has facilitated a flow of wealth and power upwards’ (2015: 2).

The most notable feature of the austerity agenda is the reconfiguration of benefits as a means to mobilize people to work—the shift from welfare to *workfare* (Taylor-Gooby 2012). We can look back to 1834 when cutting welfare to encourage people to work was a key strategy of the Poor Law Amendment Act. This aimed to deny relief given to ‘able bodied men’ so that they would not be tempted to opt for charity over employment (Thane 1978). A suspicion of dependency and of the motivation and desires of workers is not, then, new. ‘Workfare’, the most recent rendition of this, was a staple of New Labour’s provision up to 2010, but the intention to *enforce* work through cutting benefits is now most aggressively applied (Deeming 2015). At the heart of the workfare approach resides the shadowy figure of the claimant who is imagined as *dependent* on welfare, has a disordered balance of rights and responsibilities to the state, and in addition to being *workshy*, is imagined as feeling *entitled* not *indebted* to the welfare state.

Around this imagined figure mushroom a privatized industry of tests/ checks on eligibility and surveillance-backed punitive measures to ensure compliance to the correct performances of job seeking (Piven 2015). For example, the Welfare Reform Act of 2012 dictates that claimants *will* apply for a set number of jobs, will have to accept any employment offered, and will have to visibly engage in work-preparation activities as defined by state. The penalties for less than full compliance range from deductions in payments to a complete benefit stop for up to 3 years (Deeming 2015). Sanctions are presented in a positive way by the DWP's publicity. Take this case study of Sarah in DWP promotion material:

I didn't complete the CV I agreed to do it in my action plan. I didn't think a CV would help me but my work coach told me that all employers need one. I didn't have a good reason for not doing it and I was told that I'd lose some of my payment. I decided to complete the CV and told my work coach. I got a letter to say my benefit would go down for two weeks, I was told it was longer than a week because I missed a meeting with my work coach back in March. My benefit is back to normal now and I am really pleased with how my CV looks. It's going to help me when I am ready to go back to work.¹

Sarah may be represented as misguided (I didn't think I needed a CV), untrustworthy (I broke my agreement), and feckless (missed appointments) but she has nonetheless responded well to a benefits cut that has left her feeling pleased with the tangible product of an attractive CV. This 'fair cop, guv' narrative has a warm glow of a cheeky rogue being brought back in line and thankful for the intervention. What is missed from 'Sarah's story' are the mass hardships, reliance on food banks, malnutrition of children outside of school time, increase in homelessness, and the proliferation of poor-quality, poorly paid, highly insecure work (the zero-hour contract is a recent abhorrent in employment practices), and a wider knock-on for working conditions and treatment of employees

¹ Claims that these case studies were fabricated caused the DWP leaflet to be removed in August 2015.

(Piven 2015).² It is hard to escape the conclusion that the targeting of austerity is predicated on a deeply ingrained suspicion of those who turn, or who may turn, to the state for support. By adding obesity to a list of usual suspects ('the idle and the poor'), austerity measures enforce understandings of obesity, fat, and weight as self-imposed indulgences stemming from an addiction to welfare that require hard measures so that 'the obese', like Sarah, can get back on track.

Poverty Porn and Policy

The politics of social policy always turn on the mental images we create of the beneficiaries (Morone 2005: 15, cited in Gollust et al. 2012).

To reiterate, austerity does not just provide a backdrop for poverty porn, there is a resonance between reality television and policy-making. This resonance is vital, argues Christopher Deeming (2015: 4), as welfare reforms require levels of public support and this is procured by media representations. What he finds particularly persuasive are media constructions of 'welfare dependents' and 'hardworking people', the central protagonists in austerity narratives, which, as we might expect from our discussion of melodrama in Chap. 4, are over-determined and set in an antagonistic relationship. He argues that news media accounts of 'welfare dependents' enjoying pleasures or lifestyles that 'hardworking' people have abstained from in the interests of personal fiscal prudence, hardens public opinion to recipients of the welfare. When media stories present 'hardworking people' as self-sacrificing but as nonetheless 'paying for' the (feckless) lives of 'welfare dependents', public opinion starts to turn against the provision of welfare itself. Not long after the broadcasting of *Benefits Street*, Iain Duncan Smith, the Work and Pensions Secretary, cited the show as a clear demonstration that the 'welfare system has become distorted, no longer the safety net it was intended to be. Too often it is an entrapment' (Wintour 2014). Deeming concludes that the

²As a recent example, the online retail giant Amazon has been accused of creating physical and mental illnesses in those working in its distribution centres. The *Guardian* reported that employees' work and personal lives were tracked and quantified.

mass media play a powerful role in undermining ‘collective solidarity for the principles of social protection’ (2015: 4) by abstracting structural factors for poverty and instead generating personalized and individualized explanations for why people are not in employment. Together, these representations help present benefit cuts as matters of *social justice*. In support of his claims, Deeming turns to the British Social Attitude Survey, which reflects a growing distrust of claimants and a growing belief that ‘claimants could get a job if they really wanted one’ (ibid: 19). He concludes that ‘British public attitudes appear to have followed the logic of government policy’ (ibid).

Deeming takes us to the cultural politics of austerity, where cultural studies theorists, Anita Biressi and Heather Nunn similarly perceive a powerful intersection between culture and the political, whereby culture ‘articulates, frames, organizes and produces stories’ (2013: 197) in an attempt to ‘legitimize certain kinds of conduct and attitudes and to marginalize others—all in the service of sustaining the neoliberal project’ (ibid: 12). To this body of work, Imogen Tyler (2013) offers both a methodology and a theoretical framework—social abjection—to hold together culture, specifically popular media representations, and neoliberal agendas as they relate to the context of austerity. A core question driving her work is just how public consent is procured for policies and interventions that further widen social inequalities and ‘fundamentally corrode democracy’ (ibid: 5). In what follows, I briefly outline Tyler’s figurative method and notion of ‘social abjection’ in order to use it as lens through which to view weight-focused reality television shows. I do so to make two arguments: the first is that weight-focused shows can be considered poverty porn. The second argument is that prejudicial relations and abjection can still be read from what may appear more benevolent depictions of abject obese—the abese—in this reality genre.

Social Abjection

The mass media and cultural representations are at the heart of Tyler’s (2013) powerful critique of neoliberal Britain and her understanding that state power depends on the generation of abject others for its very

constitution. This means that, firstly, abject Others come to represent and define the constitutive limits of contemporary citizenship and, secondly, that the problematization of abject Others is necessary for the authorization and legitimization of diverse neoliberal solutions and interventions as a response to these problems. What we have, then, are relations of exclusion and inclusion, for as the abject Others are pushed to the margins, through stigmatization, prejudice, intimidation, and discrimination, they are necessarily reintroduced at the heart of political life when policies and similar state armory is drawn against them, *through which neoliberal powers are articulated and extended*. In this regard, abject Others can be understood as symbolic and material scapegoats, and Tyler proceeds to narrow her focus to their construction. Arguing that abject Others are fabrications and hyperbolic stereotypes that whip together historic prejudice with current anxieties (themselves stemming from the precariousness of neoliberal life), she offers what she calls a 'figurative method'. This serves two related purposes. The first is to examine how the abject other is 'fetishistically overdetermined' (ibid: 10) in the way it is represented and takes hold in the cultural imagination (how it is figured). Her method involves 'tracking the fabrication and repetition of abject figures' across several sites, including the mass media, everyday talk, and policies (ibid). As Allen et al. (2015) explain, Tyler's method 'attends to the 'revolting aesthetics' by which some objects are deemed disgusting and made socially abject. The second is ascertaining the function of these fabrications and repetitions. Tyler suggests that they serve as a 'consensus apparatus' (2013: 25), meaning that they generate public support (or at least enough of it) to carry forward the logics of austerity, even when these logics 'frequently curtail the freedoms of all citizens and further impoverish democracy' (ibid: 10). In later work with Tracey Jensen, this orchestration of power is understood as technologies of control that also serve as technologies of consent (Jensen and Tyler 2015).

Tyler does not attend to the revolting aesthetics through which the fat and obese body is frequently materialized—her concern includes 'the chav', 'the bogus asylum seeker', and 'the gypsy', amongst others. Yet given the importance of crisis to the generation of the abject other, we can usefully look to the various 'panics' and state responses surrounding the obesity epidemic as a way of adding 'the obese' to Tyler's list. Additionally,

given that neoliberal terraforming depends on ‘an endless reconfiguration of abject others’ (2013: 9), it is interesting to chart the emergence of the figure of ‘the obese’ as a ‘new’ abject—what we might refer to as ‘the abese’ as a way of capturing that always and already abject nature of medicalized corporeality and to also consider the ways fat is folded into existing prejudicial relations to flesh out the stereotypes there.

The Abese: Fat Chance of Work

Britain is bulging with people too fat to work. And we are paying for their benefits, for their medical treatments. We are even forking out for cleaners and brand new kitchens.

And so starts Channel 5’s *87 Stone: Fat Chance to Work*, an episode in a series of programming entitled *Benefit Britain* launched in January 2015. The 87 refers to the combined weight of the show’s three participants who, as the always jocular narrator tells us, ‘can’t work or don’t work’. Even in this brief opening we can see the establishment of obesity as a national problem; a ‘bulge’, which in our health-literate times is read as risk-maker and as a site for our labours to reduce/trim the ‘problem’. We can also see a recirculation of the ‘dependents’ and ‘hardworking people’ dualism that Deeming (2015) places at the heart of welfare reform and which Jensen (2013) argues is a defining feature of poverty porn. Indeed, the use of ‘we’ is a normative positioning of the audience as the ‘hardworking’ who are imagined as ‘paying for’ the welfare of others. ‘Forking out’ is a colloquial expression meaning to pay unwillingly or reluctantly and often in excess of worth; in its use here rests a subtle distinction between ‘paying’ for some aspect of welfare (benefits and medicine, both of which the ‘hardworking people’ may rely on) and ‘forking out’ for what is starting to be represented as abuses and unnecessary expenditure (kitchens, domestic help, and, as later shows reveal, televisions, computer consoles, take-away food, pet food, and, in a particularly newsworthy example, a wedding reception). These expenditures are quickly conjured over the show and series to represent the ‘luxury’ of a benefit lifestyle and to suggest the failure of a welfare system that has somehow overreached itself and, as such, is configured as part of the ‘problem’.

As the narrative of 87 moves from its introduction, it presents its participants. They are white, coded as working class, and of working age. I am calling them Mary, Bob and Steve.³ Steve only appears in the second half on the show: we will return to him later because his appearance introduces different representations of the ‘abese’. In this documentary-like genre, it is the participants, not the processes of a makeover, that comprise the central focus. An intimate, fleshed-out characterization is important both for the ‘naming and shaming’ and the individualized explanations for poverty that are defining features of poverty porn (Jensen 2013). Accordingly, we are encouraged to feel that we ‘know’ the show’s participants and feel that we have some insight into their worlds: this felt knowledge is achieved through an intrusion into the private (the home) and into participants’ privacy (their shared thoughts, habits, and interactions with others in the home). Unlike the makeover show, the majority of filming in weight-focused shows is in and about the participants’ homes where a sense of intimacy is further established by filming around partially opened doors to give a sense of spying, ‘being’ in the participants’ homes, and particularly in the culturally defined *private* areas of bedrooms and bathrooms and watching/listening to participants interact with others ‘as if’ the cameras were not present. The resulting claustrophobic viewing experience is one that enacts both a depoliticization and increased individualization because socioeconomic, cultural, and political explanations for a ‘life on welfare’ are shunted aside (or rather *outside*) or recast as matters of the home, relationships, attitudes—the lifestyle habitat—of the show’s participants. The show’s confinement to the home also works on a further level by offering visual representations of the ‘entrapment’ that the welfare state is said to induce and the entombment that obesity epidemic narratives warn is a consequence of bodily fat.

Unusually for this genre, the participants on 87 have all had experience of paid labour: ‘Mary’ has been unemployed for 4 years, ‘Bob’ for

³ The participants’ real names were used on the show and their homes were identifiable. There was little privacy afforded to the participants and this failure helped to fuel the personalized nature of the vitriolic press and social media coverage that followed the show. To use the participants’ real names here reproduces that objectification and exploitation: as the shows are heavily edited and framed, it is more accurate and ethical to regard participants as *characters*, and thus the use of pseudonyms helps foreground their constructed presence.

‘some time’, and ‘Steve’ for 6 months. This represents a different narrative address of poverty porn. It is no longer solely targeting the chronic ‘wilfully’ work-shy (as the long-term unemployed are imagined in the mediascape) but is now reaching out to an increasing population whose lived realities are best characterized by a ‘longitudinal pattern of employment instability and movement between low-paid jobs and employment, usually accompanied by claiming of welfare benefits’ (Shildrick et al. 2012: 18, cited in Jensen 2013). This new reach may offer the possibility for some critical reflection on the precarious nature of neoliberal labour, but on the textual level of 87 it serves to reinforce the dangerous ‘wrong thinking’ of people who regard the system as an individualized saving scheme, and thus who pose a threat to welfare provision and to the ‘we’ who fund it. Hence, our first introduction to the participants is through their justification for their benefits ‘lifestyle’: ‘I’ve paid in, I’m entitled to the stuff we get’, ‘I have worked all my life, so why can’t I have a little bit back’. We, the audience, do not have access to the off-screen questions to which the participants respond, so these justifications are decontextualized; they appear bold, sometimes defensive and aggressive (in other Channel 5 offerings, such justification is described as ‘proud’, as if to underscore the audacity of welfare dependents). As always, messaging is over-determined in poverty porn shows, so as Mary states her entitlement, her words appear as a voiceover accompanying a slow-filmed profile of Mary standing tall, ‘proud’, and facing the camera squarely (her shame is that she has no shame). She then collapses into a raucous laugh—perhaps self-deprecating, perhaps a reaction to the obvious staging of the producer, but the laugh, repeated at significant moments of the show, is uncomfortably similar to that of a Bond villain. Indeed, it is as a villain that Mary dominates the show: this proved to be a lucrative editing choice because Mary’s comments and lifestyle made easy fodder for newspaper headlines, generated a largely vitriolic social media, including online death threats, and enabled a number of interest pieces on magazine-style breakfast news shows featuring Mary herself (ITV’s *This Morning*). Mary became a multi-media *event*.

It is clear from the public response to Mary that the show managed to trigger affective reactions of disgust: disgust, that visceral gut feeling of revulsion, is a central mechanism of social abjection (Tyler 2013) and is

a key characteristic of poverty porn (Jensen 2013). We might expect that disgust would be generated from the fat body. Indeed, fat allows for an additional stigmatizing quantification, as this description of Mary indicates; ‘21-stone Mary receives £1500 a year’. Mary is *only* introduced in terms of her weight (21-stone Mary) in ways that suggests that rather than weight qualifying Mary, it is Mary that serves as a qualifier of weight. The double quantification we can see here of weight and welfare payments (‘one *thousand* and five *hundred* pounds’, gasps the narrator) underscores the excess of both: this is a big body and the payments it receives are large, too. Should the audience need further reminder, Mary, lying on her bed, helpfully lists her benefits (housing benefit, disability benefits, carers allowance for her husband, and so on), and, later in the same show, Bob (‘31-stone Bob’) surrounded by pills and potions presumably related to his weight is jocular when recounting the number of medicines he takes, while the narrator reminds us that obesity costs the NHS ‘millions’ and ‘*we* are paying for *their* medical treatment’.

We might expect that the plays on excess would lead to a humiliating visual display of naked/near-naked bodies in a similar fashion to the makeover show, those visceral gratuitous, voyeuristic, images of larger bodies rendered comical, clumsy, painful, undignified, and *shame-filled*. Yet these staple images of fat bodies are not fully deployed in 87. Indeed, while Mary and Steve are always presented as appropriately dressed, it is only Bob who, *at times*, appears bare chested, wearing only shorts, as he sits uncomfortably on his sofa. That the body is not as exploited and objectified as we might expect suggests that the disgust reaction is elicited in other ways, opening an opportunity to question how obesity stereotypes intersect and bolster those supporting other social divisions and inequalities.

Gender

Fat helps elicit disgust because it can destabilize normative gender relations and identities of the claimants. LeBesco (2004: 87) notes that men’s body shape is not so aggressively policed as women’s but that nonetheless fat has a feared androgynous effect on the normative male

body; she cites Ganapati Durgadas (1998: 368) for whom, when fat attaches 'womanishness' to men's bodies, 'their relative male status is revoked'. We have already discussed in Chap. 2, via McPhail (2009), how 'chubby hubbies' in 1950s Canada prompted social anxiety as rounder, softer bodies were regarded as unfit for the purpose of rebuild after an expected nuclear attack.⁴ It seems then, that the precarious nature of our gender constructs are revealed/threatened when fat changes the contours of the body. This may explain why 87 gives airtime to Bob's body. If the camera is not lingering on Bob's stomach and chest, filming him as he applies lotion to painful-looking skin in the folds of his body, it seems firmly attached to his crotch. His sitting position and dress (shorts) conspire to present Bob as if he is without genitals, suggesting his masculine *lack* and feminization. This impression gains intensity, as Bob appears passive and inept. He is unsuccessful in his bid to access weight-loss surgery, he seems at turns bemused and confused by the complexity of his medications, and he appears helplessly caught between contradictory health advice. Bob although expressing a need for help (surgery) and is unhappy with his weight, appears resigned to his fate and seems to have accepted a life of dependency. The programme ensures that we understand that Bob's resignation, of course, comes at a cost to the taxpayer.

As Bob fails the markers of normative masculinity, Mary holds an ambiguous relationship to those of traditional normative femininity. She at once exceeds and inverts them and this becomes part of the unlikeability of her screen characterization. Mary is the lightest of the participants but her height lends her a towering presence. This impression is heightened as she leans over her shorter and more slender-framed husband. Her stance, voice, and disposition are forthright, bold, and assertive (we are presumed to read pushy/bossy/bitchy). Emboldened and determined, she has accessed (read exploited) the support available to her and has been able to negotiate adaptations to her home ('a council house')—a new kitchen and wet room. Furthermore, she has used her benefit payments for comfort: an £800 massaging mattress, a treadmill, and organic food for her cat (£71 on the cat', splutters the narrator). What features most

⁴ There is, of course, a latent misogyny at play here (Dykewomon 2014).

prominently are her computer game consoles. Camera shots of her Xbox 360, widely identified as an expensive and ‘must-have’ item, are regularly repeated through the show. The narrator has little to say (presumably shocked into silence), so we are left to draw our own conclusions about Mary’s spending habits. Additionally much airtime is given over to the filming of Mary playing computer games; as Helen Thornham reminds us, computer games are gendered, ‘they are gendered in terms of perceptions about gaming “itself” being always-already a “boys” activity’ (2008: 127). Indeed, that Mary plays ‘boy’s games’—violent games—is ‘confessed’ by her husband and this knowledge forms part of a tabloid vilification of Mary after the programme’s broadcast. We are led to believe that it is gaming, not her weight, that keeps Mary from her ‘household chores’. Normative femininity has always held some association with the home and domestic labour (for McRobbie (2015) this is perhaps now more the case as homemaking plays into the ‘have it all’ post-feminist imaginary), so Mary appears indulgent and lazy as she plays games while her husband and cleaner work around her, maintaining, we are told, Mary’s ‘extremely high standards’.

These standards and Mary’s control of the household locate her back within some markers of normative femininity, yet her control and organization is presented as out of alignment with her expected social status as an indebted and grateful claimant. She is filmed listing a set of orders to her cleaner (‘*luckily*, the council pay for a cleaner’, says the narrator; her voices pitches to add ‘*three times* a week’), and to her husband (the ‘council pay’ him to look after Mary; ‘it’s a full time job’, reports her husband, as we see Mary standing over him chiding him for his labours). She is depicted as demanding and ungrateful, critical of her husband and of the poor workmanship of her new kitchen (presumably she loses the right to complain because ‘we’ are paying). Rather than be defined by the ‘persistent maternalism’ that characterizes normative femininity and instead of engaging in the emotional labour that follows (Poole and Issacs 1997), Mary is presented as thriving on being cared *for*. In short, far from being resigned to her fate, Mary seems to have made the most of it; weight has not trapped her, rather it has enabled and then boosted her entitlement to benefits. Again, we, the audience, are left in no doubt just who is paying for this life of ‘luxury’.

On the Sick

The notion of a ‘deserving’ and ‘undeserving’ poor has always been at the heart of the welfare system (Jensen and Tyler 2015) and indeed within the more localized charitable solutions to poverty that preceded the welfare state (Thane 1978). The notion of ‘deservingness’ rests on a series of classificatory and thus disciplinary registers that seem now, more than ever, to proceed from a position of doubt and suspicion. These suspicions flow into disability welfare as part of the cultural politics necessary to secure public consent for radical and potentially fatal cuts to disability benefits.⁵ Kayleigh Garthwaite (2015) observes that government and media rhetoric present sick and disabled benefit recipients as fraudulent. Focusing more squarely on *Benefits Street*, Katherine Runswick-Cole and Dan Goodley argue that ‘disability’ is used in the show as a form of a ‘narrative prosthesis’ to support the impression that people on benefits are ‘unworthy scroungers’ (2015: 646). They go further to add that what is crucial to this construction is the nature of the impairment, or, more accurately, how the impairment is understood in popular culture and the degree to which individual failings or shortcomings can be attributed to its impact. By way of example they argue that television participants represented with learning difficulties will receive a warmer, supporting, and sympathetic public reaction than other mental illnesses where notions of personal culpability or doubt over the status of a disease may influence judgement. It appears then that some illnesses are represented as the grounds for more legitimate, more deserving, claims for welfare than others.

That Runswick-Cole and Goodley do not comment on the appearance of obesity in poverty porn speaks to both the novelty of such programming and to the still nascent emergence of obesity within disability studies.⁶ Yet, obesity is an interesting case in point because, on one hand,

⁵ ‘Campaigners demand welfare overhaul after statistics reveal 2380 people died between 2011 and 2014 shortly after being declared able to work’, reported the *Guardian* on 27 August 2015 (Butler 2015).

⁶ Anna Mollow (2015) recently argued that the disability studies social model could benefit fat studies scholarship and called for a closer working relationship between the two bodies of scholarship.

the obesity epidemic has done so much to associate fat with life-changing illnesses so that the charge of fraudulence might be expected not to stick, and, on the other, persistent beliefs that weight is controllable and thus that fat/obesity is a matter of choice, regardless of any environmental consideration, works to undercut any suspension of suspicion.

87 employ two strategies to find a way through these different and simultaneous views of obesity. The first is the ‘coming out story’. The second is a shift from physical illness to mental illness. Firstly, then, the coming out story: this is obligatory in the reality mediascape. It first problematizes fat by forcing it to account for itself and then moulds fat into a cause and effect narrative by encouraging participants to explain why and how they reached their current weight. In Bob’s past there was a work-based accident. The narrator, jarringly jocular, tells us that ‘it was an accident at work that caused him balloon’. This is the only comment made but is effective in dislodging Bob from any claim to be regarded as a ‘deserving victim’ and recasts him as culpable of personal failings and shortcomings. This is because of the way he *reacted* to his accident. He has not exercised resilience, as expected in our social ethos of individualization (Joffe and Staerklé 2007) nor the ambition to work around and through his injury; rather, Bob has relinquished his control (see Chap. 5) and responded to his injury by settling into dependency and passivity. This inaction is read to have consequences not just for Bob’s body (he has ‘ballooned’), but also for the social body that pays for his obesity treatment. The Twitter feed ran ‘he is a disgrace’.

Mary’s coming out story began as many others on reality television weight-loss shows: ‘I guess I just piled on the pounds, I just needed to stop drinking the Pepsi and eating the crisps and stuff like that’. Yet just as the audience settles down with the expectation of a confession, Mary continues, ‘you can’t just turn around and say to somebody “oh cos you’re obese it’s your fault”. It wasn’t my fault that weight came on’. This seeming contradiction and denial of responsibility helps the show to present Mary as an unreliable narrator of her life. Her unreliability is exaggerated by the now mirthful narrator, who explains that Mary ‘insists’ that she is frugal after describing her as ‘splashing out’ on organic cat food and describes her as ‘calorie conscious’ when she burns off 10 calories on her newly purchased treadmill. This undermining of Mary plays well for the

second narrative strategy in 87—the shift from physical impairment to mental illness. ‘I have OCD, Othello syndrome, fibroneuralgia, arthritis, facial palsy, and I have scoliosis’, says Mary dispassionately.

As we saw above, Runswick-Cole and Goodley (2015) argue that public support for welfare rests, in part, on how the specific illness/impairment is understood and represented. Mental illnesses have a long history of misleading, stigmatizing media representation, and of confused, fearful public responses, on one hand, and a dismissal (trivialization) of mental illness *as* illness, on the other; this is especially true for a range of emotional or anxiety-related illnesses and syndromes (Blaine 2007; Pavelko and Myrick 2015). As Mary lists her illness and thus her legitimacy to claim disability benefits, she prioritizes anxiety-related illnesses. These illnesses are highly individualized, can escape quantification, and lack a firm pathological base, but can nonetheless be regarded by the lay public as treatable (Coles et al. 2013). Indeed, social media and reality television has done much to both trivialize and sensationalize obsessive compulsion disorder (OCD), the first on Mary’s list. Pavelko and Myrick (2015: 1) argue that disease trivialization involves oversimplification, decreased severity, and mockery, but reality shows also tend to depict the *industry* of OCD sufferers (programmes put OCD sufferers to *work* cleaning the houses of self-confessed ‘slobs’) and seem to celebrate the ease with which OCD symptoms give way to in-show psychological intervention. Against this representational backdrop, Mary is not recognizable as an legitimate sufferer (she does not share the industry we have come to learn as a feature of OCD) and thus OCD, already a doubtful basis for a welfare claim, is presented as an excuse for Mary’s own personal shortcomings. Yet, whereas OCD is familiar territory for viewers of reality television, it was Othello syndrome (grievous jealousy) that 87 focused upon and that was picked up and apart by the tabloid press and social media. Dubbed ‘Britain’s most jealous woman’ by the tabloids, Mary’s Othello syndrome testified to the laxity of an overly liberal welfare system *and* questioned the veracity of Mary’s claim for benefit. For the redtop press and across social media, Mary was not ill, or not ill enough (she was, after all, able to play games and organize/manage her support staff): Othello syndrome seemed a con trick too far.

From our discussion so far, I suggest that fat is deployed to assist in the over-determination of the abject status of welfare claimants. Fat

materializes in poverty porn as the embodied maker of personal deficiencies. It materializes in an attempt to magic away the structural determinants of poverty and the precariousness of employment by directing moralizing judgement to the personal ‘lifestyles’ of those who claim benefits. Fat is able to perform this symbolic work because of its long association with excess greed and slothfulness. Yet, the fat body itself, in contrast to its presentation in other reality fare, is not overplayed for the disgust reaction required, as Tyler (2013) argues, to secure public consent. Rather, I suggest that a more politically salient work is underway that uses negative stereotypes of ‘the obese’ to help fix certain traits of laziness, dishonesty, passivity, and selfishness associated with the fat body as essential traits of *all* claimants. Regardless of body shape, all might be presumed to have ‘the obese’ mindset: a mindset that requires punitive state measures.

Of course, racialized class factors are forcefully kneaded into this representational dough; Campos et al. (2006) were aware some time ago of the correlation between negative attitudes towards obesity and those of ethnic minorities and the poor. Beliefs around the laziness and irresponsibility of Others have a useful discursive transportability and thus are reusable and ready to attach to the latest scapegoat. Yet, as Gollust et al. (2012: 1549) note, the news media have increasingly depicted obesity as a ‘white problem’⁷; this is also the case of the reality television programming referred to in this book. John Gabriel (1999) has critically observed that whiteness is attached to and also produced through notions of economic and moral superiority, national security, and is tied up with ideals of civilization and democracy. It is for these reasons that whiteness is mobilized to feed contemporary class antagonism. Chris Haylett (2001: 352) explains that the attacks upon a feckless working or underclass are fuelled by the notion that people inhabiting these class positions are ‘undeserving’ of their racial marking; they are ‘losing the material wherewithal and symbolic dignity’ and are represented as having ‘let down themselves, their children, their community, their class, their country and, ultimately their “race”’ (ibid: 358). Whiteness is pulled into the service of symbolic class warfare when large numbers of the population are poor *and* white. Whiteness is required

⁷ This reproduces ‘low recognition of the existence of racial health disparities’ (Gollust et al. 2012: 1549).

in these cases because the symbolic order of social hierarchy, race-based privilege, and even the hegemonic ideal of the Nation (Norman et al. 2014), start to look questionable and vulnerable when the privileges of whiteness appear not naturalized but produced, generated, and eroded by economic forces (Haylett 2001). In other words, a larger and growing number of dependent whites starts to problematize whiteness and the house of cards through which its privilege circulates. Whiteness thus becomes a problem to be managed—a point I return to below.

With all that said, despite these attempts at over-determination, abject representations can never fully contain nor condemn the ‘excess’ they purport to represent. Indeed, as Beverly Skeggs and Helen Wood’s (2012) work shows, a battle for value and worth is launched in reaction and response to the pressing, sticky, insistence of worthlessness. Imogen Tyler (2013) also deftly re-orientates ‘revolting’ to explore just how those made revolting (abject) can and do revolt (protest). Even in the grossly abjectifying terrain of *87*, there are brief moments of what Jensen (2013) calls eruption—opportunities for critical reflection and contestation: Bob sadly asks that we not judge until we have ‘walked in his shoes’ (i.e. to share his experiences) and Mary drags us into the frame of culpability when she says ‘it is a sad state of affairs that we can’t get the exercise we need for fear of other people’. Mary casts accusations against the ‘we’ and our weight prejudice and fat phobia that threaten her everyday life and forces her into her home. That we then see Mary walking without harassment further underscores her unreliability, but nonetheless it is this inability to hold, contain, and fix (and, arguably, the *undesirability* of fixity to the restlessness of the crisis management of neoliberal rationalities (Wilson 2014)) that gives rise to a different representational attack: it’s time to return to Steve—the last of the *87*’s participants.

Enter Steve

Steve weighs 31 stone and has been unemployed for ‘some months’. His entry into the show’s narrative is perfectly timed to provide a sharp contrast to Mary and Bob. Indeed, the filming cuts from Mary struggling on her new treadmill to Steve, who, we are informed, ‘can’t afford a treadmill’

yet he exercises both fiscal and health responsibility by walking; in so doing Steve breaks the claustrophobic filming that has so far characterized 87. That he is outside and walking with some purpose, despite being a similar weight to Bob and heavier than Mary, suggests that dealing with weight, once it has 'come on', is a matter of *attitude*. Steve's attitude is further marked by a thirst for transformation and the 'make do and mend' mentality that so cheerfully champions austerity common sense. We are told that Steve '*only* gets £73 pounds a week in Job Seekers' Allowance'. This contrasts with the multiple benefits that make up Mary's *monthly* £1500, yet a life on benefits 'is something he wants to change': there is no passive (Bob) or aggressive (Mary) acceptance of a benefit lifestyle for Steve ('the sooner I get back to work the better'). Steve is depicted as a man of action: he sells his pet fish as he could no longer afford to keep them (a contrast to Mary's organically fed cat). Adaptable, flexible Steve is rarely still; he is either dropping off his CV in the local shops or visiting the Job Centre. He knows that his weight is 'holding him back', but he is going to change this by getting his weight down. He also has aspirations: a dream job with fish, preferably sharks, because Steve can dream big. Steve is not without his computer and phone. We are not told the retail price of these because far from being trivial or luxury items, they are tools for job searching: his phone is always within easy reach for he is ever hopeful of a job offer: you just 'never know'.

Representations of Steve demonstrate the cultural labours that are herded around the problem of classed whiteness. To reiterate, Haylett (2001) argues that the naturalized status of racial privilege becomes threatened when an increasing number of people are poor and *white*. Haylett identifies three broad moves to counter this threat. The first is cultural labours that differentiate between groups of poor—between the deserving and underserving. The second is manufacturing *cultural differences*, and I would add individualized lifestyles as the sole causes of poverty (thereby enacting an erasure of structural determinants). The third is to make these cultures/lifestyles the grounds for intervention: 'backward' cultures are invited to be 'left behind', adapted, or assimilated into a wider neoliberal ethos of independence and self-management through measures ranging from the paternal to the punitive. The series of explicit contrasts between Steve, Mary, and Bob go some way to mark the differentiation between

the deserving and undeserving poor. He is represented as forward thinking (aspiring and planning), and as *literally* walking away from the home and lifestyle that confine and define Mary and Bob. His weight is also something that will be left behind. He has employment very much in his sights. This is important because, as Haylett (2001) argues, employment emerges as 'good in a moral sense and inclusionary in a social and cultural sense' (2001: 363). That Steve does not find employment does not threaten this inspiring story, for Steve is still fat, and this offers explanation enough for his continuing struggles to find work. We are not called upon to question what Jensen (2013) identifies as a foundational myth—namely that there is work should we look hard enough for it. We might pause for thought on the fatism he faces, and of which Steve himself is aware, but 87 saves us from any critical reflection as Steve arrives at his own conclusion: if society values thin, then Steve will drop his weight to get in.

Steve's fat plays an important part of his benevolent representation. His desire for work helps remove him from the characteristics of the 'abese' but still places him back into the symbolic repertoire of 'obese' and all of its connotations with illnesses, disease, and impairment. Fat, in this case, works as an example of what Dan Goodley et al. (2014) refer to as neo-liberalableism. This has two spurs. The first points to the entrenchment of ableism at the heart of neoliberal imaginaries of consumer/worker citizens (in other words, the worker is imagined, as always, and already able bodied). The second spur directs attention to the consequences of this privileging of ableism: Goodley et al. argue that in our transition to a post-welfare state, people are expected to 'overcome their disabling conditions' (2014: 981). Disability, then, becomes just another thing to work around, *not* an insurmountable obstacle to employment. This offers some explanation as to why Steve is presented as being in pain and struggling with the consequences of his weight but is nonetheless maintaining his industry. Goodley et al. would suggest here that the cultural labours we see in 87 help achieve two goals: the first is to help disarm any critical questions about *poverty* by redirecting concerns towards compliance to austerity. The second is a further attempt to foreclose the potential of non-normative bodies to provide alternatives to neoliberal visions such as 'new ethical maps' that stress interdependencies, and social and emotional well-being, collectivities, and social capital (ibid: 982), and

which can ultimately question whether *care* not work can be a place to find identity and recognition (ibid: 983).

Tyler (2013) argues that a hardening of public opinion into consent for welfare cuts relies on a repeated accumulation of expressions of disgust that create the abject figure. This may be seen clearly in the representations of Mary and Bob. Yet Steve's more benevolent representation manages to scaffold abjection by offering a lived proof that fat/disability/poverty can each be walked—worked—away from. Indeed, it is in Steve's own expressed interests that he does so, leaving us with a sense of fairness and justice. Structural determinants are thus sucked up into a personalized can-do attitude that reinforces perceptions of the personal failure on those who *can't do*. Indeed, as we see Steve walking from shop to shop handing out his CV and are drawn to compare his heroic efforts with game-playing Mary, those who 'can't do' are easily recast as those who *won't do*—a move that brings a lifestyle-supporting welfare system into question. If the abese—the abject obese—operate as constitutive, haunting limits of an acceptable, recognizable life worth living, then Steve provides pedagogical direction in how to respond, how to 'make and mend', how to struggle when the 'ill fortune' of unemployment or insecure employment should fall.

Steve also offers justification and explanation for feelings of disgust triggered by representations of Mary and Bob: 'we' are absolved from responsibility or critical reflection over the way we might respond, because we find Steve *likeable*. In liking Steve and hating Mary 'we' are not so immediately confronted with our prejudice, which can be now understood as responses to character flaws and traits. This is a 'feel-good' prejudice at work. Steve calls for pity or levels of sympathy, but as Susan Fiske would argue, these ambivalent or benevolent perceptions fully depend on Steve's marginality—he must keep his place and offer a buffer between us and the cruelty of unstable labour market forces (people 'like' Steve will be the first to be let go) and yet, while he must share our values he must not compete with us nor challenge us over scarce resources—his fat body ensures this. He must, then, be grateful, he must keep trying, but above and beyond this, he must remain Other—if only that 'we' might just feel that easier about Othering as we are distracted from the brutal, dehumanizing relations of neoliberal rationalities.

Summary

This chapter has positioned reality television within the context of party political rhetoric and social policies that comprise the austerity agenda in contemporary Britain. As such, it is the first critical toehold in the ways fat, as obesity, is represented in ‘poverty porn’. Poverty porn may reflect and reproduce ‘growing social antagonisms about who has the right to make claims on the state’ (Valentine and Harris 2014: 91), but this chapter, through a close reading of *87 Stone: Fat Chance of Work*, suggests that antagonisms are not produced through straight-forwardly hostile representations. Rather, what emerges are combinations and contrasts of hostility and benevolence that both work to abstract structural explanations of poverty and force personalized responses to austerity to the fore. As audiences are encouraged to regard their prejudices as responses—gut feelings—to character flaws and traits, fatism is reproduced without challenge. The consequences go further and beyond larger bodies: there is a hardening of perceptions and beliefs of individual volition and an aggressive process of de-socialization that starts to question and then attempts to erode values of care, compassion, and social responsibility (ibid: 84). What we see here is what Valentine and Harris describe as the ‘demonization of dependency’ (ibid).

8

Conclusion: Fat Sensibility or Moral Panic?

Introduction

This is one of the first books to focus on fat bodies in reality television, but it is not one of the first to be concerned with representations of fat. It is worth briefly mentioning here David and Fiona Haslam's (2009) *Fat, Gluttony and Sloth: Obesity in Literature, Art and Medicine* to show how this book, *Fat Bodies*, adopts a critical stance to the study of representations, one that is highly sensitive to contextual power relations and social organization. The Haslams' text offers a wonderfully detailed and beautifully illustrated history of fat and fat bodies, from those of Daniel Lambert to Robert Earl Hughes (who, on his death in 1958, was officially recorded as the heaviest person to date) to Elvis Presley (whose weight was read as a marker of his decline before he died). The book boasts a great collection of seaside postcards that in the past popularized enduring stereotypes of larger-bodied women and their puny, thwarted husbands (the message being that fat corrupted traditional and 'natural' social relations). I mention this text because this thorough collection and discussion of images is motivated by the authors' need to chronicle the historical evidence of fat/obese individuals because 'in a few decades' time', the social and physical

threat of fat will be ‘eliminated’ by biomedicine, and obese/fat people just won’t exist. This future prediction is made confidently on the back of a belief that once the scale of the obesity problem is fully realized, governments and the medical profession will mobilize to great effect. There will be ‘no expense spared in conquering the foe’ and success is secured because ‘when medical science sets out to deal with disease, as it did with smallpox, then it can be effectively eliminated’ (ibid: 1). Their book, then, documents the rise of obesity ‘prior to its fall’ (ibid: 3).

This book, *Fat Bodies*, has been freed from the medical certainty that structures the Haslams’ work, to regard representations of fat as constitutive, not reflective of the obesity epidemic and its associated worry mongering. Furthermore, this book takes its place in a wider, vibrant, and critical scholarship that doesn’t just call the veracity of the obesity epidemic into question, but asks what the epidemic achieves and enables for different expressions and mobilizations of power in a neoliberal state. More bluntly put: the point is that representations of obesity are *doing something*—they are always and already political. This book, then, is not cataloguing the ‘freak’ or humourous (ridiculing) images of what the Haslams hope may soon be an extinct group;¹ rather, it is charting the political saliency of corporeality in order to think about the complex and messy ways that abjection, stigmatized relations, prejudice, and discrimination target the fat body and larger people with such brutalizing consequences, *and* to think about the implications for all bodies and people, and the systems of social organization in which we are all nestled. As such, this book draws its oxygen from the critical scholarship that constitutes Fat Studies and Critical Weight Studies, and a range of disciplines concerned with expressions of power and the shaping of self- and humankind. This literature recasts matters of fat to matters of social justice. As part of this scholarship, this book has taken a social constructionist approach to fat but one that appreciates how the materiality of fat lends itself to a range of metaphorical associations and symbolism, which, in turn, have a material effect on the ways bodies and the selves that inhabit

¹ Of which Rachel Herrick’s Museum for Obeast Conservation Studies project is the most excellent satire (www.obeasts.org).

them are imagined and materialized. It has taken this approach to think further about the enduring nature of weight-based stigma.

To date, it is fair to say that many critics and ‘epidemic sceptics’ have alluded to, or deployed the concept of, ‘moral panic’ to capture the ways the media help construct the epidemic by generating and circulating threats and fears of fat as obesity with stigmatizing effect (Fraser et al. 2010). The news media, in particular, have largely favoured a grammar of panic and crisis to help deliver the punch of attention-grabbing headlines (Wright 2015). I have suggested in Chap. 3 that we risk over-exaggerating the role of media if we don’t also take into account the dramatic qualities of the epidemic itself; that said, there is more that can be said about moral panics in fat scholarship and I do so below in order to present the utility of the fat sensibility.

Moral Panic

It is fair to say that ‘moral panic’ features in many critical responses to media reports of the obesity epidemic (Fraser et al. 2010). Moral panic is a concept developed in the sociology of deviance and is mainly associated with the work of Stan Cohen (2002). In Cohen’s definition, moral panic describes the role of mass media in creating alarm and moral indignation towards already discrete marginalized Others (folk devils), defined as such because they pose a ‘threat to societal values and interests’ (2002: 9). As ideological mechanisms, panics work to cast Others as scapegoats for social anxieties, which often rest elsewhere, in order to re-assert and extend order and control. Cohen highlights the moralized industry involved in what is a time-framed, eruptive event of a panic: ‘moral barricades are manned by editors, bishops, politicians and other right-thinking people; socially accredited experts pronounce their diagnoses and solutions’ (ibid: 9). Since its conception, moral panic has been quickly taken up across a number of disciplines to capture the discrepancy between media reports and reality, with media *disproportionality* becoming a key site of investigation (Ungar 2001). In the latest rendition, Sarah Wright (2015: 2) argues that moral panics are constructed by the production of melodramatic news reportage, which tends to sweep ordinary citizens into the role of the

victim, marginalized groups as villains, while creating space for ‘moral entrepreneurs’ to emerge as heroes. Within critical responses to the obesity epidemic, moral panics can therefore speak well to the exaggerations and fabrications that constitute the epidemic, to the way weight becomes *moralized*, and, given our discussion of poverty porn in Chap. 7, to the way obesity is attached to already marginalized groups (the poor) to overdetermine their abject status (the ‘abese’).

However, the concept has suffered from its ubiquity in both academic and popular discourse, to the degree that there is a notable drift from its conceptual and theoretical moorings and from recent conceptual developments (Ungar 2001; Wright 2015). In our field, the term moral panic is often used to gesture to the moralized dimensions of the obesity epidemic or to describe alarmist headlines. It has, as Fraser et al. (2010: 194) argue, become something of a ‘place holder’ for further analysis and not a means of analysis in itself. Indeed, this seems to be the fate of the concept across other disciplines; Wright (2015) discerns a near-fatal hollowing out of the concept in the area of criminology. This hollowing out may have much to do with the concept’s struggle to remain relevant to a media and political landscape that is quite different to that of the 1970s when Cohen first aired the concept. Angela McRobbie and Sarah Thornton (1995) argued some time ago that the concept depended too much on transmission models of media influence (see Chap. 4). They doubted that a moral panic could be produced in the present day in the way Cohen imagined because of the diverse and fragmented mediascape and the ability of folk devils to use that mediascape to fight back and counter stigmatizing representations.

Furthermore, Fraser et al. note that current use of moral panics also ‘overplays’ panic and chaos as the expected response to melodramatic media representations of obesity and in so doing tends to limit our understanding of the emotional and affective engagements with media to the ‘destructive or inappropriate’ (2010: 200), while foreclosing the critical agency of the audience. Ungar (2001) and Hier (2008), with different emphases, also ask whether the concept, designed to speak to discrete events, can possibly capture the more diffuse, accumulated, and mundane anxieties that Ulrich Beck argues characterize our contemporary ‘risk society’. Ungar’s (2001) point is that many contemporary anxieties do not fit into the explosive scenarios envisaged by the moral panic.

For Hier (2008), the concept's limitations rest in its orientation to the *extraordinary*, not what he regards as the more everyday background anxieties that emerge from a society in which all choices, not just discrete behaviours, are moralized. Moralization, he argues, is not the ideological strategy as imagined by Cohen, but is more a 'routine feature of everyday life' (ibid: 181).

The concept of moral panic, with its stress on the discrete, the definable, and the temporary, struggles to speak to the slow burn of obesity epidemic rhetoric. It falters in the face of the complex affective scenes created in contemporary representation of fat across a diverse mediascape and it struggles to account for changeable or diverse representations, presented in this book as hostile and benevolent. This means that the pivotal role of the media in constructing the stigmatizing relations of the obesity epidemic and, given my earlier point, the *complexities* of that construction may be assumed or escape closer attention (Wright 2015). Some of these points can be demonstrated in Nicole Arbour's video blog 'Dear Fat People'.

'Dear Fat People'

The enduring nature of weight-based stigma and fatism can always be evidenced by contemporary examples—such is the sad state of persistent and everyday fat-phobia. It is not surprising, then, that at time of revising this book some weeks before it left my desk and flew to the editor, social media was popping with re-tweets, postings, comments, and shares of an illuminating expression of fatism and fat-phobia: Nicole Arbour's video blog 'Dear Fat People', which was posted on 3 September 2015.

The Canadian actor/comedian's jocular, fast-paced, performance-rich blog was billed as 'what we all want to say to fat people'. Dressing her blog in a concern that larger people were 'killing themselves' and wanting them to 'be around longer', Arbour claimed her message came from a position of 'love'. It was through this 'love' that she endorsed the increased humiliation of larger people to encourage their weight loss: she asked that viewers 'shame people with fucking bad habits until they stop'. She was to say later that her video was satirical, although it was

not clear whether it was her affection for larger people or her anti-fat messaging that was the expression of her satire. Nonetheless, the blog received over 25 million views before her video was removed (Devichand 2015). Online comments and posts indicated some considerable support of Arbour's 'straight talking', some denied it was fat shaming ('how is the brutal truth fat shaming?', asked one post), and others who declared themselves fat thanked Arbour for motivating them to lose weight. Yet the video blog was equally slammed, critiqued, and dismissed over social media and in news accounts of what became something of a media event when it was rumoured that Arbour had lost potential employment because of her views. Arbour was described across Facebook posts as a bully, as misinformed/unintelligent, and scathing comments were made about her claim to be a comedian.

It is clear that Arbour's message is firmly anchored in obesity epidemic rhetoric: such is the pervasiveness of this now tacit knowledge of fat, that Arbour doesn't need to regale statistics, costs, probabilities, and medical facts—she speaks directly to the assumed knowledge of her audience: fat equals ill health and death. While her work is backed by authorized and state-legitimized knowledge, it is true that Arbour herself lacks this source of legitimacy. This lack may weaken her message, and perhaps open her up for more critique than we might find levelled at public health initiatives or statements. Yet, in some ways, given the steady distrust of authority and authorities over the years (Grindstaff and Murray 2015), Arbour still commands some right to take to a public stage, if not by virtue of her status as a 'comedian' (something contested even as it is asserted), then by her number of 'followers'—a quantification that, in the social mediascape, gives a groundswell of support to the notion that Arbour may speak for the people (or 'her people', at least). In thinking about the responses to her video: the existence of such strong and impassioned support *and* condemnation of Arbour (see, e.g., Megan Tonjes' moving YouTube blog) is interesting in itself for it speaks again to Gard and Wright's (2005) insistence that contrasting and opposed perceptions, attitudes, and beliefs about fat can exist alongside each other. A basic point to make here is that this 'alongsideness' immediately weakens the conceptual purchase of the moral panic: condemnation and concern is not uniformly directed at larger people; indeed, some of the condemnation was targeted towards Arbour herself.

Yet, what is particularly interesting for this book's expressed wish to 'get at' the enduring and complex nature of stigma is that many of those who objected to Arbour's video focused their objection on her bullying or promotion of bullying, not necessarily on the 'truth claims' of her blog. As one post put it, 'whereas I think that fat shaming is wrong, we still shouldn't tiptoe over the fact that being overweight is unhealthy'. It is possible to suggest these critics were moved—affected—by the humiliation and prejudice on awful display (described as 'cruel and mean' in the *Guardian*) but in ways that left normative notions of fat as a social problem and as a form of individual harm relatively unscathed. These skirmishes around fat and obesity are indicative of the cultural power of obesity epidemic discourses as they meet with liberal sensibilities that are rightfully triggered in the face of the blatant fat-phobia displayed in Arbour's video blog. There is an interesting resonance here with work Matthew Adams and I have done in the field of class prejudice. We suggested that it was sometimes the *manner* or tone of prejudicial address (e.g. if it was cruel or mean), rather than the underpinning messaging, that caused unease and upset in those individuals and groups who saw themselves as 'more consciously liberal, tolerant, and ironic, and perhaps polite' (Raisborough and Adams 2008: 5.1). This is not a cynical point but gestures towards the complexity in negotiating an understanding of corporeality under the colossus of obesity epidemic rhetoric and logics.

It is the complexity of negotiating understandings of fat in the context of the current obesity epidemic, itself produced within the neoliberal terraforming of health and currently shaped by its location within austerity logics, that has preoccupied this book. This book has aimed to oppose stigmatizing relations of epidemic fat by exposing their working through cultural representations of fat in popular media. To do so it has moved past the moral panic and looked instead to extend understandings of sexism into the critical site of fat discrimination. More specifically, this extension has involved the travel of 'benevolent sexism' (Glick and Fiske 2001) and 'postfeminist sensibility' (Gill 2007, 2008) to issues of weight. The first offered an appreciation of the complex ways that stigmatizing and prejudicial relations reproduce and take hold. Glick and Fiske argued that sexism endured not solely through the persistence of antipathy and denigration (what they called hostility), but through the scaffolding and

support of paternalistic, kindly, *benevolent* attitudes that rewarded women who complied with and, indeed, *themselves invested in*, traditional gender relations and identities. Throughout this book, I have sought to unpick this scaffolding action through discussions of likable characterizations of larger people in poverty porn (Chap. 7), heroic surgeons in newspaper reports (Chap. 3), and in the reveals of ‘new improved’ larger people in makeover shows (Chap. 6). I have also attempted to think about the ways makeover shows depict a *transition* between these ‘sets’ of prejudice—suggesting that the transition from the ‘before’ to ‘after’ worked as a redemptive movement whereby larger people, once abject, had some aspects of humanness restored in exchange for visible compliant performances (Chap. 5).

The second traveller to issues of weight was Ros Gill’s post-feminist sensibility. Gill’s work pulls attention to repeated, insistent, persistent renditions resounding through popular culture that not only work to impose a way of understanding the world, but also, more crucially, a way of *being* in that world. The promotion of new subjectivities and their consequence is then the critical concern for her post-feminist sensibility. In the context of obesity epidemic, this book has charted how repetitious and diverse representations of fat have attempted to orientate our self-work to the sites and performances of a newly configured health. Glick and Fiske (2001) have inspired me to think more of the operations involved in this orientation. Both they and Gill are interested, albeit in different ways, in what helps create a sense of ‘being in place’—those normative places reserved for those who invest in socially approved selfhood and citizenship. By arguing for a fat sensibility, I am adding a more suspiciously hued ‘healthy’ to the list of defining features of the ideal neoliberal subject; that is, to argue that health and body management become prime sites for the making of the self through the expression of responsibility, adaptability, self-management, and individualization.

The fat sensibility, then, offers a way forward past the moral panic because it focuses on emerging and enduring patterns of representations across the different genres and platforms of the mediascape. Through a necessarily forensic action, the fat sensibility charts and traces what representations achieve; rather than focus on the creation of explosive, hyperbolic media events and their consequences for policy, the fat sensibility

looks to the generative power of obesity rhetoric to fashion ideal health-orientated subjectivities and from them the workings of compliance and consensus required for societal re-organization. Following Gill (2007, 2008), new subjectivities work by taking hold not as external impositions, but as self-generated (as authentically ours). It is here that a fat sensibility can reach beyond perceiving emotion and affect only in terms of panic or disgust and chart the moveable plays of constructions, desires, and investments that are all bound within the accomplishment of subjectivity.

Underpinning this book, and indeed my longer interest in reality television, is the question of just what function this genre has for a transition to a post-welfare society and for the feared consequences on interpersonal relations and values based on care, interdependency, and kindness. It is, then, heartening when Gollust et al. (2012: 1550) and others observe 'an increased sensitivity' on the part of newsmakers 'to the stigmatizing portrayals of obese individuals' because in the fight for social justice we need the all reflexive actors we can get on board. Yet what this book has attempted to argue is that we need to keep our critical sights keenly targeted on the benign and benevolent, for relations of social injustice can pulsate there too.

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