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All the News that's Fat to Print: The American "Obesity Epidemic" and the Media

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Introduction: Timeline of an Epidemic

Increasingly the term "epidemic" is being used in the media, medical journals, and public health policy literature to describe the current prevalence of fatness in the United States. Supposedly skyrocketing rates of obesity among all groups of Americans, in particular children, the poor, and minorities, have become a major public health concern. Indeed, it is becoming difficult to open a newspaper or magazine without in some way encountering a discussion of the "expanding American waistline" and the health problems and risks associated therewith.

Between 1990 and 2001 the New York Times published over 750 articles on obesity, a disproportionate number of these since 1998.[1] In comparison, during the same period, the New York Times published 544 articles on tobacco and smoking, 672 articles on the AIDS epidemic, and 531 articles on pollution.[2] In the broadest sense, these 751 articles are about obesity, fatness, and body size, yet these themes arise in a vast array of contexts ranging from articles on health, weight-loss, children, beauty, worker productivity, public health, discrimination, and economics to name but a few. Many take the "epidemic of obesity" for granted, yet these articles do far more than simply reflect the existence of a biomedical epidemic. The media is integral to the construction of the epidemic itself and, in doing so, it relies heavily on discourses of fatness, morality, risk, and science that long pre-date obesity's designation as a medical entity or American epidemic.

This article draws from 751 articles that appeared in the New York Times between 1990 and 2001 in order to sketch a timeline of the obesity epidemic, draw out its main themes, and trace the contours of the epidemic. Then, I focus more intensely on the 40 most substantive articles, particularly a 7 article series on the "Fat Epidemic" published in the fall of 2000. I identify three "discursive pairings", chaos and containment, professionalization and "common sense" and, nature and culture. An analysis of these three pairings highlights the tension, contradictions, and contested nature of this epidemic. Through this analysis, I will argue that we get a picture of the obesity epidemic as a new breed of post-modern epidemic in which everyone is a potential victim.

I have chosen The New York Times as my main source for two reasons, first, the "obesity epidemic" has been portrayed as a national crisis of major significance and any study of the media construction of this epidemic should rely heavily on a leading national news source. The New York Times also occupies a privileged place as a leading opinion center and setter among intellectuals, professionals, and policy makers (Gitlin 1980). Second, the New York Times is

particularly noted for its science writing and as many of the contradictions and complexities of this epidemic orbit around questions of science and medicine, this makes the Times an ideal site from which to analyze the "science" of the epidemic.

This study, with its focus on the construction of the "obesity epidemic" since 1990 can be looked at as a genealogy of the present. However, analyzing American conceptualizations of obesity in the recent past and present must reflect knowledge of the historical trajectory of American understandings of "excess" weight. Given the importance of older approaches to body size to the current obesity "epidemic", I will briefly summarize some of the main themes that arise in those works that trace the history of fatness in the United States.[3]

In broad strokes, concern with overweight in the United States passes through three overlapping historical periods, pre-1900, 1900-1945, and the post-war years. In his cultural history of "diets, fantasy, and fat", Hillel Schwartz suggests that the first American weight watchers were Sylvester Graham and his disciples (1986). In the 1830's Graham began his crusade against gluttony and sexual excess, urging a return to a "simple" and "natural" diet of bland foods. For Graham, and others like him, excesses in food and sex were forms of self-pollution born of civilization (Lewis 1988). In addition to a diet of bland foods, Graham's crusade also hinged on the participation of women, particularly as mothers. For Graham, the battle against excesses in food would be fought "within the home, at table, by women"(Schwartz 1986:25). Graham's focus on food simplicity generally reflected the moral reformism of the time and the need to defeat the evil of gluttony.[4]

In his comparative history of French and American approaches to children's weight, Peter Stearns (1997, 1999) asserts that the "American rhetorical commitment to weight control" began in early 20th century (1999:12). According to Stearns, this commitment was spread through diet advice that began to appear in popular women's magazines around the turn of the 20th century. Though women were the focus of this weight loss advice, Stearns cites the growth of a muscular aesthetic for men and a general devaluation of any kind of "fleshiness."[5] As with the previous period of moral reform, the target of this new American trend towards slimness was white middle and upper class women. With the decline of the corset and the rise of the flapper in the 1920's there also arose a valuing of "natural" thinness. This aesthetic of natural thinness ushered in a new standard of beauty for women and thinness became a necessary component of "boy catching" and marriageability (Sobal and Maurer 1999). During this period, a traditional American

association of fatness with wealth and prosperity begins to break down and thinness becomes a marker of high social status (Sobal 1995).

The post-war period marks the beginning of what Sobal (1995, 1999) calls the "medicalization of obesity." With an aesthetic of slimness already in place, Sobal suggests the moral model of fatness embraced by Graham and the moral reformers shifted to a medical model in which "obesity" was designated as a disease to be treated through medical intervention (Sobal 1995). It was in this period that the measurement of overweight became significant with the introduction of ideal height/weight charts by the Metropolitan Life Insurance Company (Gaesser 2002, Sobal 1995). Though the methods for measurement and classification of body weight have changed a great deal since the 1950's, the normative and "scientific" measurement of weight is remains a permanent feature of discussions of weight and weight loss (Gaesser 2002). Though Sobal is right to date the medicalization of obesity to the 1950's, he is wrong in suggesting that the rise of the medical model of fat left the moral model behind. Rather, as I show below, medical and moral models became layered in complex and often contradictory ways.

Early on, these medical treatments for obesity focused on drugs and jaw wiring but by the 1970's included intestinal bypass surgeries had become more common to treat "extreme" cases of obesity (Sobal 1995, Riessman 1983). What distinguishes this early medicalization of obesity from the medical/scientific language and interventions of the current "obesity epidemic" is the latter's focus on public health and health care costs. Starting in the 1950's obesity (however defined) was viewed as bad for one's health and a sign of weakness or moral lassitude. However, it is only in recent years (post-1990) that this concern for the health impacts of overweight and obesity has been parleyed into the public health crisis of an American "obesity epidemic".

Moving from this broad history to drawing a timeline of the contemporary "obesity epidemic", these 751 articles can be roughly grouped into three periods, the early 1990's, the mid 1990's, and 1998 to the present. Though this is a somewhat synthetic grouping, each of these periods represents a distinct phase in the media creation of the epidemic, with the final stage representing the current state of the epidemic.

The early 1990's

The early 1990's were the calm before the storm of the obesity epidemic. Articles on obesity published between 1990 and 1993 weren't really about obesity at all, and obesity had

yet to be concretely defined as a public health crisis. Rather, articles during this period tended to focus on two main issues, the prevalence of high cholesterol and heart disease among American males, and the variety and efficacy of various diets and diet programs. To be sure, obesity was not exactly viewed positively, or even neutrally during this period, yet there is evidence that the kind of obesity panic we see now had not yet taken form.

In articles on heart disease, it is dietary fat and cholesterol levels and not "obesity" per se that are of the greatest concern and rarely is a causal arrow drawn between being fat and heart disease. Most often, "obesity" is simply listed along with hypertension, diabetes, high cholesterol, and genetics as a correlate, but not a cause of heart disease. Thus, in the early 1990's, obesity is not yet *the* condition to which everything else is linked.

Oddly enough, given the current frenzy of the obesity epidemic, articles from the early 1990's present a relatively open attitude towards body weight and are critical of diets and the diet industry. Diets are often mocked as "fads" as health was not yet central *the* hallmark of dieting discourse. In an article on the anti-diet movement, doctors, experts and feminists call for an end to "diet dogma"[6], citing well-known studies that warn against the negative health effects of "yo-yo" dieting and the abysmally high failure rates of diets. In the words of one doctor, "the pendulum is swinging away from weight-loss."[7]

In this era before the "waif" look took over as an aesthetic ideal, there was a significant focus on the negative impact of dieting on women in particular. Several articles show concern over the apparent link between dieting and the increased prevalence of eating disorders observed in the early 1990's. Emblematic of articles in this period is an article from 1991 entitled "The 90's Woman: How Fat is Fat?" This piece critiques the ways in which American women have come to tailor their eating habits to "dutifully serve the reigning image of the body beautiful."[8] Tracing the history and vicissitudes of body style in the United States, this article proclaims that given what we know about diet failure rates, the danger of eating disorders, and the way diets prey on women, the "full female figure is back"[9]. Quoting doctors and therapists who advance the notion that people can be both fat and fit, the ideas presented in this article are precisely those that will come under attack as misguided and even dangerous as the epidemic begins.

The mid-1990's: 1994-1998

By the mid 1990's skepticism about diets and critiques of rigid beauty standards have all but disappeared from the New York Times. It is during this period that the obesity epidemic emerges as a named entity and a public health concern.

A key moment in this period was the 1994 release of an National Center for Health Statistics (NCHS) report which declared that according to the Body Mass Index (BMI)[10] fully one third of the U.S. population was overweight or obese. Reporting on this study the New York Times opined that, "Obesity has reached epidemic proportions in the U.S. and nobody knows quite what to do about it."[11] With this declaration comes an urgency about containing the epidemic that had previously not existed. Fear comes to characterize the epidemic early on, as one researcher put it; "We're frightened right now because obesity is an epidemic that has made all of us wake up."[12] As I show in the next section, this sense of chaos and fear is central to the creation and spread of the obesity epidemic.

It is at this point that obesity truly emerges as a public health issue. According to the NCHS study, in 1990, obesity cost the nation an estimated 69 million dollars.[13] Comparing the public health impact of obesity with that of cigarette smoking becomes an important barometer of the epidemic with the declaration that, "It won't be long before obesity surpasses cigarette smoking as the leading cause of death in this country."[14] It is also in this period that there is a push to have the government "take action" against the epidemic whether in the form of programs in schools, the rapid approval of drugs, or through the development of public service campaigns.[15] In this period, obesity becomes linked with any number of deadly illnesses and there is what appears to be a push to medicalize obesity. Obesity comes to be seen by many as a chronic condition and quotes like "Once you have it [obesity], it is very difficult to treat". Diet drugs, which were still shunned in the early 1990's[16], begin to regain their popularity, most notably, the notorious Fen-Phen.

The epidemic: 1998-2001

Starting in 1998, the obesity epidemic reaches a fevered pitch. Though the Fen-Phen and Redux scandals of 1996-1997 might have renewed skepticism about dieting and diet drugs, the 1998 release of new National Institutes of Health (NIH) guidelines for the Body Mass Index (BMI) overshadowed even these scandals. According to the guidelines, "more than half the population is too heavily larded, which makes us by far the fattest people on earth."[17] With this shift in measures of obesity, there emerges a new sense of urgency surrounding the "epidemic". It is

this period that statistics like "obesity causes 300,000 early deaths each year"[18], "obesity related costs soar to over 97 billion dollars per year"[19], and the ever-present "obesity linked to…" become part and parcel of medical and media parlance around obesity. Extreme interventions like intestinal surgeries come to be seen as necessary to quell the tide of death and disease. At this point, the epidemic has fully taken hold and to question its existence becomes increasingly suspect.

A timeline can trace the key moments of the epidemic, and follow the development of the discourse of the "obesity epidemic. However, it is in unpacking the language, tensions, production, and contradictions of the obesity epidemic that we can truly begin to situate obesity as an American epidemic and understand the material and cultural consequences of this designation.

So, how can we understand this shift from obesity as a correlate to heart disease in men to obesity as an epidemic and public health crisis spreading most rapidly among children, minorities, and the poor? Some have suggested (Sobal 1998, 1994) that the focus on obesity as an epidemic is indicative of its medicalization. However, if one analyzes these articles further, the scientific contradictions, moral discourses of obesity, and the focus on individuals and culture indicate that the obesity epidemic is about far more than coming to understand previously unmedicalized phenomena in medical terms. Though science and medicine have undoubtedly become central to this epidemic, in this article, I argue that this medicalization is both incomplete and uneven. To this end, I identify and explore three discursive pairings, chaos and containment, professionalization and "common sense", and nature and culture. The contradictions and workings of these pairings show us that the progression of obesity to an epidemic is not about a progression from moral to psychological to medical understandings of body size. Rather the epidemic is about the complex interaction of all three. This analysis shows that the language of health and illness layer historical moral and cultural assumptions about obesity. This layering serves to individualize obesity and has serious material and cultural consequences, particularly in the realm of treatments for obesity.

Chaos and Containment

"*Any parent who raises a fat child is raising a premature death*."

-Former Surgeon General C. Everett Koop[20]

"*The proportion of the population that is obese is incredible. If this was about tuberculosis, it would be called an epidemic*"

-Obesity researcher Dr. F. Xavier Pi Sunyer[21]

As the above quotes show, the obesity epidemic is characterized by chaos. The New York Times conveys a sense that people and particularly bodies are out of control in terms of their weight and that the consequences of this are both widespread and dire. The Times report that, "obesity *causes*[22] 318,000 excess deaths a year"[23], that "obesity is the second leading cause (after smoking) of preventable death"[24], that "obesity-related disease costs the nation about $100 billion a year"[25], and, given all of this, "obese" people themselves are described as "fat and frantic."[26] As the quote from Dr. Koop shows, there is particular concern about the "spread" of this epidemic among children, the poor, and minorities-those groups who are typically hardest hit by epidemic disease (Rosenberg 1964). Given these statistics of death, expense, and contagion and the sense of panic they have inspired, one would expect to see the streets of American cities littered with the bodies of fat people. However, the obesity epidemic is not a traditional epidemic of contagion and mass death, rather it is what I call a "post-modern epidemic", one in which unevenly medicalized phenomena lacking a clear pathological basis get cast in the language and moral panic of more "traditional" epidemics.

A sense of chaos is a general characteristic of the epidemic as a social form (Rosenberg 1992). In this section I show the ways in which the creation of this sense of chaos and the methods developed for containing this chaos both highlight the uniqueness of the obesity epidemic as a post-modern epidemic and point out macro and micro techniques for the regulation of fat, or potentially fat, bodies.

Both "traditional" epidemics[27] like cholera and influenza and "post-modern" epidemics[28] like obesity, youth violence, and drug use involve a rapid spread of fear and calls for vigilance. In the case of obesity, an epidemic whose biological basis is questionable, this fear and sense of chaos cannot be fueled by the existence of or even "spread" of fatness alone, there must

also be a shift in the signification of fatness and fat bodies. In her work on the AIDS epidemic Paula Treichler suggests that, along with biomedical epidemics there often exists a "parallel epidemic of meanings, definitions, and attributions" this is what she terms the "epidemic of signification." (1999:19). The idea of an epidemic of signification is especially important when looking at an "epidemic" like obesity. Indeed, this sense of chaos is a central part of constructing obesity as an epidemic and works with the designation of fat bodies as out of control and threatening.

Though officially there is no real contagion theory of fatness, fatness is often represented as a contagious disease, something that can strike suddenly and unexpectedly and threaten the physical and fiscal health of an entire nation. Food becomes devious and insidious, it "basically runs riot through our lives"[29] and extra vigilance is required to avoid or combat fatness, "families need to be more aware of where calories lurk"[30]. Because fatness and calories lurk in the strangest of places, common sense is not enough to either tell us who is fat or what contains fat. Doctors warn that you can't tell who is overweight by just looking at them, looks can be deceiving, we need specific measures to tell us what our eyes can't.[31] In a way, this assumption works to make obesity seem more like "traditional" epidemics of contagion, though sometimes overweight and obesity are self-evident, when trusting our eyes and experience; we often arrive at false (and potentially dangerous) negatives. Like the invisible virus, obesity and its carrier, the calorie "lurks" and we can't be trusted to identify it without the expertise of scientists and technology.

In the meantime, the propagation of fear of weight gain is blatant. Families involved in a program to prevent obesity in children are described as "shocked" to find that low fat yogurt is a "red light food".[32] Researchers warn that you don't have to binge to get fat, "researchers note that it takes just a tiny energy imbalance, a few more calories eaten than burned- for pounds to creep on"[33]. According to obesity researcher, Dr. Thomas Robinson, "To gain 15 lbs. in a year, you only have to have an imbalance of 150 calories per day, which is one soft drink…even a Lifesaver has 11 calories. An extra Lifesaver a day is an extra pound per year."[34] Unlike "traditional" epidemics, real and potential victims of the obesity epidemic are not a circumscribed group, we all have to eat, and therefore, we are all "at risk" and must be vigilant. Dr. Wurtman, a scientist at MIT and chronic dieter, says that the knowledge that he is "a fat person in a thin person's body"[35] keeps him fearful of weight gain and allows him to maintain his strict diet and exercise regimen. This extreme anxiety feeds on the assumption that if one does not exercise the strictest control, that fat person will come bursting out. This play on the common diet rhetoric that

inside of every fat person, there is a thin person waiting to get out will emerge especially clearly in the representation of weight loss surgeries analyzed below.[36]

Much of this fear of fat is perpetuated by the idea that anyone can become fat at any time and with very little effort, that becoming fat is both outside of one's normal control yet also eminently within it. This notion that everyone is a both potential victim of this epidemic yet personally responsible for their weight makes the obesity epidemic an ideal site for examining the construction of post-modern epidemics of risk and individual responsibility.

This sense of chaos and crisis creates a climate of fear and the need for vigilance and control and precludes a more cultural and linguistic analysis of the competing ideologies and knowledges around fatness. As Treichler (1999) suggests is the case with AIDS, the sense of urgency that arises when "people's lives are at stake" contributes to a general lack of theory that preempts an historical analysis of diagnostic categories and can have significant consequences for the development and dissemination of treatments. For example, in the rush to declare an epidemic, little attention has been paid to the fact that the largest recent increase in numbers of obese persons came in 1998 with the NIH lowering of the BMI threshold for overweight downward two points from 27 to 25[37]. Consequently, overnight an additional 50 million Americans became fat. When the initial decision to lower the threshold was made, two articles and one editorial on the subject appeared in the New York Times[38]. Though many articles since 1998 report that "more than half of all Americans are overweight, and 22 percent are heavy enough to qualify as obese",[39] rarely do they mention changes to the BMI. Even charts and graphs purporting to show the dramatic increase in the numbers of the obese fail to control for the fact that the huge increase seen since 1998 can be largely accounted for by the change in the official BMI guidelines, and not an increase in people's actual body weight. Thus, the history and constructedness of measures of fatness get washed away in a tide of chaos, and the actual existence of the epidemic is prima facia accepted.[40]

This chaos is necessarily connected to the development of methods to contain the obesity epidemic. Much of the urgency surrounding the epidemic arises from treatments developed to contain it. Though earlier theorists of epidemics like Rosenberg (1962, 1992) suggest a progression from general chaos to containment in the course of an epidemic, in the obesity epidemic these two "stages" reinforce rather than succeed each other. A brief look at two ideal typical forms of containing this "epidemic", bariatric surgery and behavior modification will both

show how chaos and containment work together. Though behavior modification and bariatric surgery seem to rely on radically different assumptions about the etiology and containment of fat, these two treatments are evidence of recourse to internal controls of bodies and individual behavior. Much of the underlying agreement between those who advocate either treatment can be accounted for by this focus on the internal and the individual.

From a behavioral perspective, it appears that only those who obsess and display behaviors that had previously been negatively associated with eating disorders and food compulsions have even the slightest chance at avoiding becoming fat or maintaining even "moderate" weight loss[41]. Obsessing about what to eat and when becomes desirable and the most dedicated dieters are,

> Exquisitely aware of food, planning their eating and planning exercise to burn off calories and never letting a day go by when what to eat and how much to eat and how much to exercise is not on their minds.[42]

The "success" stories shown in articles about obsessive dieting are far from random. Looking at an article on chronic dieting from the "Fat Epidemic" series, all are white, middle class, 30-50 year old women that have lost and kept off relatively small amounts of weight (20-30 lbs.) for a long period of time. Though only one white male is included in the article, the gendered nature of this food and exercise compulsion is not mentioned[43]. Though these women were never "obese" they are lauded for having the characteristics of an eating disordered person. Women who count every calorie, who exercise every day, and who never "take a day off" are described as "skillful" and "dedicated", as having overcome nature.[44]

Beyond this behavioral focus, containment also comes through medico/scientific interventions like bariatric surgery and weight loss drugs. Both behavioral approaches and medical/scientific treatments pre-existed obesity's designation as epidemic, however, without the tandem discourse of chaos, these methods of containment are unlikely to be so widespread and attract such attention. As others (Epstein 1998, Treichler 1998) have pointed out in a critique of the rapid development of poorly tested AIDS drugs, the language of chaos and containment legitimizes and necessitates even more extreme interventions, namely, weight loss surgery[45].

Consequently, the first article in the "Fat Epidemic" series is about gastric bypass surgery[46]. There are several varieties of weight loss surgeries, but all in some way involve sealing off or removing most of the stomach to limit food intake, and bypassing parts of the intestines to

prevent food absorption.[47] Though originally designed to treat the most extreme cases of "morbid" obesity, in the face of an epidemic, the surgeries are becoming more and more common. It is estimated that there are now over 40,000 of these operations performed in the United States each year, up from 20,000 in 1995.[48] Over 80% of these surgeries are performed on women.[49] While surgery is still portrayed as an extreme intervention, as long as people demand what can seem like an "easy" solution, bariatric surgery will continue to grow in popularity.

The placement of this article in the series is significant because the "necessity" of such drastic surgeries is as much a part of the creation of a sense of chaos as it is a method of containment. Though the article focuses significantly on the transformation of the lives of the "morbidly" obese, the surgery is also seen as a last ditch effort to contain the epidemic. The cases presented in the article are all "people who had been massively overweight, had tried and failed at nearly every diet invented."[50] Though "ideally" bodies and people would regulate themselves behaviorally, there are some bodies that are so out of control, and such a threat to public health that they need to be surgically altered to facilitate the kind of obsession with controlled eating that characterizes the women above. While the diet and exercise article in the obesity epidemic series basically prescribes anorexia for weight loss and maintenance through obsessing over food, skipping meals, and accounting for every calorie, gastric bypass surgery could be seen as a surgically enforced bulimia. As one patient put it, "I walk around queasy a lot of the time…and I'm afraid of being sick while I'm commuting or at work."[51] At first glance, behavioral methods seem to be a primarily internal control while surgery comes across as an external intervention to be resorted to in the event that internal controls fail, however, the focus on the individual and control indicates that even external interventions rely on internal controls.

The "Fat Epidemic" series article on weight-loss surgeries begins with several narratives of transformation among the formerly 'massively overweight". Typical of these narratives is the story of Lori Silverman. Ms. Silverman, who lost 106 pounds in the seven months after her surgery, says that she had the surgery because at 306 pounds her doctor told her "you have to do something, you're going to die."[52] Ms. Silverman describes a total transformation in the ways others react to her and the way she sees herself. Doctors suggest that the main motivation for surgery should be health, yet these narratives suggest that social factors are as much a driving force as health considerations. Though she complains about the nausea, vomiting, and diarrhea that accompany the surgery, she maintains that "the weight loss makes up for everything. I've never

had a life. I don't know what it's about. I've always been on the outside looking in. I believe I'll be given a chance at life that I never had."[53]

Alongside these transformation narratives, the article gives statistics about rates, costs, and risks of obesity and cites widespread diet failure as a reason for such drastic measures. Interestingly, it does not emphasize the role of surgery entrepreneurs; rather the increased popularity and "success" of these surgeries, with only minor attention paid to their risks and costs. As a method of control of an epidemic, gastric bypass surgeries are dramatic, profitable, and dangerous- the most direct possible control of problematic bodies[54]. However, given the transformative nature of these surgeries, and their seemingly magical potential, the benefits are assumed to outweigh the risks[55] even though no comprehensive long-term studies of the consequences of these types of surgeries have been done. The perceived overwhelming chaos of the epidemic accounts for much of this lack of concern over the risks of bariatric surgery. Obesity is seen as so beyond an individual's control and so overwhelming that it is unlikely that any risks of the surgery could outweigh the need to quell this epidemic. Bariatric surgeries become a "remedy of last resort"[56], the most effective, if brutal solution to the excesses of obesity.

In one sense, the proponents of the surgeries represented in these articles and the tone of the article itself is intended to take the "blame" off fat people[57] by saying that fat is genetic and, even if it isn't, diets don't work, so, why beat ourselves up for failing at a game it is impossible to win? In this sense, it is these doctors who also lament the tangible discrimination against and oppression of fat people in American society. However, the way to eradicate this oppression is still not to transform the culture, but to transform the bodies of fat people.[58]

Though proponents try to take the blame and stigma off of fat people in the midst of all this chaos, media representations of the surgery still imply that fatness is a moral transgression, particularly for the "morbidly obese" in that surgery is not "an easy way out" and that though the surgery makes it "difficult to cheat", it is not impossible and thus even the high failure rates of these surgeries can be blamed on fat people themselves.[59] For the most part, this difficulty cheating is a result of the fact that if patients eat more than six tablespoons of solid food a day (for the rest of their lives, not just immediately following surgery) they spontaneously vomit and often suffer from intestinal distress and diarrhea referred to by bariatricians as "dumping syndrome"[60]. According to the article surgery, "forces people to change their eating habits radically, makes them violently ill if they overeat, and puts them at life-long risk for major nutritional deficiencies…but it

works"[61] People's lives are turned around, and according to one surgeon they are "no longer trapped in a prison of fat"[62] again drawing on the metaphor of there being a thin person trapped inside of every fat person.

Thus, we can draw two conclusions from the twin discourses of chaos and containment. First, unlike traditional theories of epidemics, in post-modern epidemics, these two phases of chaos and containment are not diachronous but simultaneous. They reinforce each other, often through their representation in the media. Second, problematic bodies are at the center of this epidemic, with two different treatments I discussed, I show that even those who advocate surgery by taking a genetic approach fall back on individual moral and behavioral explanations for its potential failure. Thus, the disciplining of bodies through the chaos of the obesity epidemic does not represent a single strategy that follows from an agreement about the science of obesity. Rather these treatments and others represent a layering of techniques at the bottom of which is always a recourse to individual will or will power.[63]

Professionalization and "Common Sense"

Headline: *Scientists Unmask Diet Myth: Willpower*

> *"The simplest and most judgmental explanation for the difference in behavior (between fat and thin people) is willpower. Some seem to have it but others do not, and the common wisdom is that they ought to get some."*[64]

The second discursive pairing characterizing the "obesity epidemic" is that of professionalization and "common sense". In the last twelve years there has been a remarkable increase in scientific and medical research on and treatment of obesity. This boom both results from and feeds the chaos and methods of containment described above. Obesity research, once considered to be a very low-prestige field, a former "scientific backwater"[65], has quickly become a respected field and Bariatric surgery was recently added as a surgical sub-specialty in the American Medical Association[66]. Genetic research into the causes of obesity has boomed, and research on potential viral or hormonal causes of obesity has been given much press. Yet as the

above quote illustrates, these same scientists and the lay public cling to individualistic theories of willpower and "sensible" eating (Gaesser 2002, Stearns, 1997, Schwartz 1986, Millman 1980) that would seem to be at scientific odds with the bulk of medical/scientific research on obesity. Even at the extremes of genetic or biological theories that assert that due to genetic predisposition and/or hormonal imbalances, body size is largely beyond an individual's control; willpower remains the default explanation for obesity. A 1997 article illustrates this well. The article is about possible viral explanations for obesity, yet the final line reads, "poor diet and lack of exercise are the overall main causes of obesity, doctors agree."[67]

In this section, I focus on the relationship between professional knowledge and "common sense" as it emerges within the obesity "epidemic". I again use a textual analysis of the New York Times to elaborate two central points. First, I use the example of the tandem 1994 release of the National Institutes of Health guidelines for the treatment of obesity and the launch of the "Shape Up America" program to show how professional disagreement is obscured and mediated by the media and professionals themselves through recourse to unexamined "common sense" understandings of obesity. Second, I look at the increasing professionalization of common sense within the "epidemic" using articles on the possibility of being fat and fit and on the perceived medical need for professional treatment and diagnosis of obesity. Here I show that in the absence of scientific consensus, the professionalization of "common sense" serves to reinforce our dependence on doctors and diet professionals.

A characteristic example of the ways in which widely divergent medical theories are mediated by moral and individual messages came in December 1994 with the release of an Institutes of Medicine[68] (IM) report and the launching of former surgeon general C. Everett Koop's "Shape Up America Program", both of which were extensively covered in the New York Times.[69]

On December 4, 1994 the Institutes of Medicine released a report entitled "Weighing the Options: Criteria for Evaluating Weight Management Programs". In this report, distributed to all U.S. physicians, obesity is defined as "…an important, chronic, degenerative disease that debilitates individuals and kills prematurely"[70]. Treatment recommendations set out in this report mention behavioral recommendations focused on diet and exercise, but most significantly, this report emphasizes a "new approach to weight loss drugs" namely, that these drugs be administered for weight loss, and also for longer periods of weight maintenance. The IM report

represented the first national "comprehensive guidelines for waging a successful war against the worsening epidemic of obesity."[71]

On December 5, 1994, the day after the Institute of Medicine report was issued, former Surgeon General C. Everett Koop launched his "Shape Up America" program. "Shape Up America" is a "crusade to get the nation's weight down and activity level up."[72] The New York Times reports that Koop consciously planned the "Shape Up America" debut to coincide with the release of the Institute of Medicine report only one day earlier.[73] At one level, it seems logical that Koop should launch the "Shape Up America" campaign just as the Institutes of Medicine, a highly respected organization, released its report. After all, the Institute of Medicine report and the "Shape Up America" program are headed by highly "credible" doctors and scientists, emphasize obesity as a medical problem, a risk factor for any number of diseases, and a threat to public health. Both measure the prevalence of obesity using the Body Mass Index (BMI), point to the economic costs of obesity, express specific concern about growing rates of obesity among minorities, children, and the poor, make recommendations for the "treatment" of obesity, and legitimate their claims as scientific. Further, both cite the same statistics about public health costs and co-morbidity rates with other diseases. However, if one looks below the surface it is easy to see that though there is a loose agreement about the rates and costs of obesity, there is little agreement in the scientific assumptions that lie behind the Institute of Medicine report and the development of "Shape Up America".

Indeed, while the Institute of Medicine report emphasizes obesity as a disease and focuses on the potential benefits of drug therapies and surgery, Koop and "Shape Up America" view obesity as a problem of lifestyle. This divergence is of major significance if one is concerned with understanding the assumptions behind the different "treatment" options advanced by each group[74]. In advancing a disease model of obesity, the Institutes of Medicine also advances a medical program for its "cure" or "containment" that is heavily reliant on chemical, surgical, and physician interventions. In contrast, Dr. Koop's program sees obesity as arising from and maintained by certain individual lifestyle choices, which are then reinforced at a national level and reflect certain problems with American culture. However, for Koop, while obesity has dire consequences for the individual and for public health, it is not a disease and should first and primarily be combated through adjustments in diet and exercise.[75]

Though it is not unusual to have scientific disagreement about the etiology and treatment of diseases and medical conditions, what makes this situation worth noting is that despite their disagreements, the Institute of Medicine report and the "Shape Up America" recommendations were seen by both their proponents and the media as complements. Given the lack of scientific agreement in these reports, the consensus they inspired must be about more than science.

While discourses of health and public health have become central to our understandings of fatness, the "obesity epidemic" is about far more than the medicalization of fatness or identification and treatment of a disease. In his work on the AIDS epidemic, Epstein (1995), following Latour (1987), looks at the construction of scientific "black boxes", or issues that are considered to be accepted scientific wisdom and no longer open to debate[76]. Epstein claims that "masked beneath a hard exterior [of a black box] is an entire social history of social actions, decisions, experiments, and arguments, claims and counterclaims-often enough a disorderly history of contingency, controversy, and uncertainty." (1995:28) In spite of its entry into the realm of science and biomedicine, the above discussion of the Institute of Medicine report and the "Shape Up America" program indicates that the "obesity epidemic", while portrayed by the media as a scientific reality, has emerged from a "cultural black box" rather than a scientific black box. By "cultural black box" I mean that pre-existing yet unexamined cultural understandings of fatness form the unspoken plinth of scientific debate or agreement about body weight.

In opening this firmly closed black box, a tension becomes evident between professional "scientific" knowledge about fatness and "common sense" knowledge about eating right and exercising which we might expect. Rather we find no tension where there should be tension and that it is the black box of fatness that underlie all of these seemingly divergent perspectives. Thus, it is these unexamined assumptions about fatness that are at the heart of the seeming lack of tension between professional knowledge and "common sense" in the obesity epidemic. Differences which in many other cases might constitute major scientific cleavages – the difference between behavioral and genetic theories of fatness for example- are made irrelevant by the notion of individual will. Thus, even the most scientifically committed researchers will still say that obesity is "a condition that will yield to good old-fashioned willpower[77]" even as they continue the search for hormones and genes linked to weight.

This tension or rather lack of tension, again reveals that obesity is not completely medicalized, yet it illustrates something broader about scientific knowledge generally and the

creation of an epidemic. While the obesity epidemic has emerged alongside the development of medical and research specialties, the balance between seemingly contradictory scientific perspectives is struck and legitimated by the second focus of this section, what I call the "professionalization of common sense." If doctors and scientists fall back on new incarnations of long-standing assumptions about willpower and individual behavior when science fails to produce adequate scientific explanations for the epidemic, by professionalizing what they see as common sense we should all have, they still reinforce our need for them. Thus, although "Americans adults may be more aware of the need to exercise and count calories than they once were, more of them than ever are overweight"[78] and it is up to professionals to translate this common sense into action.

With medicine and science unable to offer any legitimate scientific answers, they have fallen back on medicine's need to bolster and reinforce what used to be considered common sense about weight and weight loss, but which, as seen in the above quote, doctors and researchers fear is no longer "common". In this way doctors and researchers both reconcile the scientific contradictions of their work with recourse to "common sense" and ensure our continued need for their "expertise" to contain this epidemic. According to one article, in the midst of this epidemic, "people are confused" by the mixed messages they are getting. Is obesity genetic? Are carbohydrates the enemy? What about fat and calories? Do drugs work? Thus, even those doctors most committed to scientific theories of obesity are centrally concerned with bringing people back to an understanding of the "root causes of obesity in this country-a sedentary lifestyle, and an abundance of food."[79]

One central way this professionalization of common sense happens is through the medical/professional co-optation of our ability to know for ourselves when and if we are fat and/or fit, and our ability to know for ourselves when we are hungry and when we need to eat. Indeed, as one Doctor put it, "it is the responsibility of obesity researchers to tell the public that they really do have to think about food and exercise all the time."[80] In the section on chaos and containment, I discussed the way in which a reliance on "scientific" measures of overweight and obesity has helped make this epidemic more closely resemble traditional epidemics of contagion and to reinforce the types of food and exercise compulsion that experts deem necessary in order to lose weight and maintain weight loss. This reliance on "scientific" measures also has the effect of professionalizing common sense. Theoretically, a person could rely on visual cues, or even numbers on a scale to know if they are "fat" but in an epidemic, more specific measures are

required. We must know our BMI, our body fat ratio, and the precise distribution of fat on our bodies to be sure that we aren't at a high risk for obesity. Each of these measures involves some degree of professional diagnosis or confirmation and must be checked often.

In an article on compulsive dieting, one dieter, Ms. Barton takes solace in these measures; when she gets depressed about her weight she "goes to a website that gives body mass indices…and verifies that she is not even close to being too fat." Again reinforcing the notion that even the eye or the scale is not enough to tell us who is fat. Of course, measures of fatness are constantly in flux (Gaesser 2002, Stearns 1997, Sobal 1996), thus keeping us on our toes and keeping doctors one step ahead. Because we are being almost desensitized to the prevalence of fatness, it is culture run amuck that has destroyed our ability to evaluate our own size.

This professionalization of common knowledge is unlike past medical co-optations in that it represents the professionalization of existing knowledge, not the replacement of traditional knowledges with scientific and medical knowledge[81]. It is not just that new knowledge takes over, but that the old "common sense" is elevated and made to appear scientific.

The cultural black box of obesity obscures the history of scientific ideas and the history and true meaning of what we come to see as an eternal "common sense". For at least the past century in the language of American public health "eat right and exercise" has been extolled as high virtue regardless of the vicissitudes of body size (Wann 2000, Stearns 1997, Schwartz 1986) and ever-changing opinions on what it means to "eat right". Yet more recently and most certainly in the obesity epidemic this long-standing approbation has become code for "lose weight". Indeed, "eating right"[82] is not really enough in and of itself and there is a professional distrust of people who are fat yet claim to eat right and exercise. Professional "common sense" says if you really did this, then you would lose weight. "Even if we have five studies saying that if you are fit you alleviate some of the consequences of obesity, obese people, by and large, are not fit and they don't exercise…ninety percent of then will never be active. If they were, they would not be obese, that's the reality."[83]

In a 1998 article on people who are both "fit" and "fat"- who eat a balanced diet and exercise, yet who remain "overweight" or "obese"- we are given the story of Ms. Gregory, a woman weighing over 200 pounds who "tries to eat a balanced diet, sleeps well, and works an hour of exercise into her busy schedule almost every day.[84]" Though Ms. Gregory seems to be doing what common sense dictates, professional common sense suggests that in the absence of weight

loss, her efforts are largely in vain. One researcher interviewed for the article encapsulated this view when he said, "it was marvelous that she (Ms. Gregory) exercised regularly, but that exercise alone was not going to prevent heart disease, cancer, or diabetes."[85] Being comfortable with one's body is also seen as downright dangerous. As one researcher put it, "People who stopped dieting may be able to get comfortable with their bodies, but I don't see them getting comfortable with an increased risk of mortality."[86] Some researchers even go so far as to suggest that doctors who follow the "fat" *and* "fit" doctrine are doing a disservice to their patients, that it is, "Irresponsible to encourage women with weight problems to eat what they feel like"[87]. This quote is important for two reasons; first, it suggests that without the expertise of doctors, women eating what they "feel like" would necessarily result in fat and sugar-laden binges. Second, this quote again highlights both the overall gendering of the epidemic as well as suggestion that it is dangerous for women to be comfortable with their bodies.

In looking at the relationship between professionalization and common sense, I have shown that it is not professional disagreements that underlie scientific knowledge on obesity, but rather a lack of such disagreements, which point us to the way in which "common sense" or cultural assumptions fill in the gaps where these disagreements would appear were this a "traditional"epidemic. Second, I have shown that the professional co-optation of "common sense" has served to increase our reliance on healthcare professionals in the midst of this "epidemic".

What these functions of "common sense" show is that to a large degree, the "obesity epidemic" is a cultural epidemic in which pre-scientific understandings of fatness supercede and structure scientific knowledge of fatness. In the next section I explore the question of culture at a different level, looking at the different usages of the concept in the articles I analyzed, as well as the relationship between lay understandings of culture to nature in this epidemic. As I will show, culture in its various forms, emerges as the way to explain the existence of this epidemic.

Nature and Culture

> *"Pediatricians and Nutritionists say the reason for children's expanding girth are not mysterious. They include a more sedentary life, with hours spent watching television, logging onto the computer, or playing Nintendo, which is coupled with a high-fat diet of processed food."*[88]

"We live in a toxic environment with regard to obesity. Food is very palatable, very cheap, very easy to get. Labor saving devices are everywhere. Everybody is working at desks, expending a lot less energy and eating a lot more."[89]

-Obesity researcher Dr. F. Xavier Pi Sunyer

As the previous section showed, "common sense" about eating and weight loss has become the default explanation for the epidemic of obesity. Though fatness appears to have become medicalized in the course of this "epidemic", my data show that beneath the language of science, cultural and individual explanations tend to win out, even with the most scientifically oriented obesity researchers.

In this section I will more fully examine the place of "culture" and its relationship to "nature" in the obesity epidemic. As the above quotes show, culture, in a general sense has become the "obvious" target of researcher's ire over this epidemic. Working together with this indictment of culture is a belief in a natural or normal weight and way of eating. This manifests itself in an opposition between nature and culture, which, despite its complexity, continues to place the blame squarely on culture.

In this section I examine two main issues. First, I look at the confused relationship between nature and culture. I use the place of women in this discursive tangle to show that in spite of a perceived relationship to nature, women's association with culture and the socialization of children often holds them implicitly accountable for the spread of the epidemic among children. My use of the term "culture" in this first part refers to "American" culture generally. My second main point looks to how "ethnic" cultures come to be targeted as particularly dangerous. The association of obesity and "culture" comes together most clearly in the case of programs developed as interventions into obesity in poor and minority communities.

Epidemics are rarely seen solely in terms of naturally spread contagion, but also reflect a concern with the state of the social world (Rosenberg 1964). The focus on culture in these articles, as well as its presumed opposition to nature represents the third discursive pairing central to this epidemic. The opposition of nature and culture in this epidemic is often contradictory and what counts as "nature" and what counts as "culture" is often unclear. This lack of clarity is evident in

confusion over the "causes" and "consequences" of obesity but it also raises larger questions about the malleability and intractability of both nature and culture as analytic categories.

A return to a natural regulation of weight and the overcoming of nature are both at the center of containing the epidemic. As seen below, a return to nature, implicit in a critique of culture in its various forms, is seen as key to the prevention and management of obesity. However, nature itself is often problematic. As one researcher stated in an article on diet vigilance, "if you leave it to nature, you are going to gain weight."[90] Nature can't be trusted and ignoring "drives", "cravings" and "urges" is central to long-term weight loss. Most of the articles around dieting and curbing desires for food orbit around case histories of women. Though this should not be surprising, given the fact that women are far and away the main consumers of diet services and products.

The association of women with "cravings" and "urges" also points to an association of women with nature, especially when it comes to eating. As others have shown (Eckerman 1994, Bordo 1993, Spitzack 1990) the control of women's "naturally" uncontrollable desires and appetites is central to dieting discourse. This is in part why it is women who are targeted when new methods of containment are developed. Yet, as others (Ortner 1989) have shown, a simplistic association of women with nature does not hold in this case because women's position in the nature/culture dichotomy is far more tenuous than early second wave American feminist theorizing figured, particularly in regard to the socialization of children. Though women are associated with nature when it is convenient, women more often straddle the divide as conduits and mediators of culture.

Nature, in these articles is seen simultaneously as out of control and as the most functional regulator of body weight. This tension is particularly highlighted in articles on genetics and their relationship to "natural weight" and obesity. Many of the articles suggest that while a certain range in weight is natural, at some point, weights at the high end of the range can be pinpointed as unnatural and also changeable. Genetics are an even more complex issue as they straddle both the "natural" realm of the body and the "cultural" realm of science and knowledge production though in these articles, they are associated far more often with nature.

Eating is portrayed in many of these articles as a simple, natural, and basic activity, and the social nature of eating is given only lip service in discussions of tastes, especially those of various ethnic groups. However, the social nature of eating is rarely addressed at an economic or historical level and the existence of a "natural" way of eating to which we all have access is often assumed. As we will see below, these "natural" eating habits are almost always implicitly white,

educated, and middle class. The idea that we don't control what we eat in any other than an individual sense is absent. Forces like income, access to leisure time, school lunch menus, geographic location, ethnicity, taste (and all that goes into that) all circumscribe our food choices and nostalgia for "natural eating patterns" fails to recognize any of this, particularly as it is manifested within families.

Though in many of these articles nature is portrayed as out of control and in need of harnessing, culture emerges as the true culprit in this epidemic. Indeed, if nature is out of balance, it is culture that is to blame. These articles embody two meanings of the term "culture". First and most prominent is the notion that something is wrong with American culture generally. Video games, fast food, television, lack of physical activity, "super-size" portions, and more are blamed for creating a situation in which people will "become as fat as their genes will allow"[91]. A 1994 article on culture and the obesity epidemic entitled "Truly Gross economic Product" suggests that, "Nature averts such portliness with the equivalent of a built-in thermostat that keeps the body at a more or less fixed weight."[92] Though this statement suggests that nature regulates weight, we are reminded that, "Unfortunately, its [nature's thermostat's] settings are easily deranged by greed, genetics, and the influences of culture."[93]. Ironically, culture, in the form of dieting, vigilance, medicine, surgery and exercise, is also seen as the way out of this situation.

A culture of sloth and a sedentary lifestyle are especially to blame when looking for the origins of obesity in children. Implicit in this critique of American culture is a blame of working mothers for children watching too much TV, for not having their eating habits more closely monitored, and for relying of fast food and other highly processed convenience foods for more meals. "In many households today, both parents work, so kids return to an empty house and settle in front of the television."[94] Though this quote doesn't explicitly mention mothers, when "both parents work", it is working mothers, whose paid work is often seen as secondary or unnecessary, who are to blame for children being home alone (Hochschild 1989). It is also the case that families generally are more often targets of blame in the epidemic. Again taking the focus off more macro structural issues such as availability of nutritious food, childcare, and healthcare and bringing it back to the family, one article reports that, "Experts say they are now beginning to realize what sociologists and family therapists have long understood: that just about everything begins at home-in this case, health and fitness. Unfortunately, many noted, they also appear to end there."[95] Similar to the individualizing concepts of control and willpower in explaining adult obesity,

explanations of childhood obesity focus on culture generally and the family specifically.[96] Given their association with nature as well as their role in the transmission of culture, mothers come under fire from researchers studying childhood obesity. Fat moms in particular are viewed as passing on poor eating habits to children. As one researcher put it,

> "If the child learns to eat from their overweight parent, who learned from their overweight parent, and Mom buys the same way and does the same thing she did years ago, and now that kid isn't even running and jumping the way kids used to, that child is in trouble."[97]

However, it is in the second usage of culture that gender, race, family, ethnicity and class truly emerge as problematic to those concerned with public health and public health costs.

The second usage of culture in these articles refers to specific "ethnic" cultures. The first usage of culture is a critique of "American" culture generally, but specific "ethnic" cultures are also targeted in these articles. As the quote below shows, the eating habits of "other" cultures are not always seen in a negative light. Indeed as the quote below illustrated, stereotypes are employed to make these cultures (particularly Japanese culture) a quick foil to American ways of eating.

> To see the national fat crisis in truly stark perspective, fly to Tokyo…the streets are thronged with slim, fit looking people among whom the only corpulence belongs to American tourists or the occasional Japanese teenager who may have passed too often through the golden arches of Makudonarudos.[98]

Drawing on an even cruder than usual version of the "Asian as model minority" myth, this quote suggests that in a culture that eats a more natural "traditional" diet, what little fatness there is can be directly attributed to the encroachment of an American fast food culture.

Though "Asian"[99] cultures are lauded as having healthy eating habits, it is Mexican American and African American cultures that get the most attention and are constructed as the most problematic. While "traditional" diets may benefit the Japanese, culture and tradition again becomes the "enemy" when looking at "ethnic" populations within the United States. As mentioned above, culture, in any form is seen as especially significant in the spread of childhood obesity. In an article in which a program to prevent childhood obesity is explored, ethnic culture specifically emerges as culprit.

This article starts with the story of Maria Sanchez and her children. Though the children themselves were worried about their weight, they didn't know how to do anything about it until they got involved in an experimental weight-loss program for Mexican-American families at Stanford University. The article goes on to detail what the Sanchez family (who come to represent all Mexican-American families) are "doing wrong"[100]. The focus is particularly on the hidden dangers of ethnic food. These families are willing participants in the program, described in the article as "two dozen beaming parents and shy children[101]."

The Sanchez family used to eat Pan Dulce for breakfast "every single day", seemingly unaware that Pan Dulce was little more than "a version of donuts"[102] Luckily for the Sanchez family, "they discovered that the Stanford program, which labels foods red, yellow, or green, with meanings like a traffic signal's, deem Pan Dulce to be red."[103] Having discovered this, the Sanchez family quickly switched to cereal and nonfat milk for breakfast as even low-fat yogurt is labeled a "red light food"[104].

Of course, the problem of culture here is larger than individual households, because these families also have to deal with other "social obstacles- like dinner at grandmother's house"[105]. Eating in extended families and community groups, also runs counter to a more "modern" meal schedule in which meals are eaten at home, prepared by mom and therefore, more tightly controlled (DeVault 1994, Orbach 1978). In this sense, culture is ethnic, and eating standardized, low and non fat "green light" foods within the context of the nuclear family comes to be seen as the "natural" and "healthy" way to eat. Given this, ethnic food is an obstacle; ethnicity something to be overcome and reaching children and mothers first is the way to do it. It is also notable, though not surprising that the only parents interviewed for this article are mothers. Indeed, as we will again see below, it is mothers and women who straddle the cultural attempt to achieve "natural", healthy eating.

Culture then is a key level of intervention in this epidemic. This comes across very clearly in an article detailing a program implemented in a small southern town by researchers from the University of Alabama. This program targets African American culture in the rural south, an area in which a "culture of obesity" pre-dates the Civil War and represents the most extreme contemporary example of "a nutritionist's bad dream."[106]. The town is described as one in which "there are three doctors, no hospitals, no ambulances, no 911 services," one in which "The population is 79 percent African American; the jobless rate is edging towards 14 percent and the

median family income is $12,497."[107] However, according to the article, the *real* problem is to be found in local food markets, where all one need do to see the real downfall of this community is to,

> "Browse the shelves: along with ingredients for Southern staples like corn bread and fried chicken stretches a range of pig parts from head to foot, including brains and fatty ham hocks and tails. Pork chitterlings for frying are available in ten-pound buckets; fatback by the slab and fatty beef parts are popular, too. Lard flies off the shelves in eight-pound cans."[108]

Thus, in this program, researchers are attempting to improve the health of the community by "teaching women how to stay well by changing their behavior…and doing the unthinkable-banishing collard greens smothered in fatback and other traditional high-fat favorites in the rural South."[109] Again, as feeders of families, socializers of children, and those most likely to engage in dieting, women are targeted as an entry point into specific cultures as potential preventers of obesity. Like the above quote on the dangers of overweight parents passing "bad" eating habits on to their children, but with a slightly more nostalgic tone, program leaders suggest they are, "Building on community talent with women who are cooking for their children and passing on behaviors to their children and their children's children."[110] Thus, an analysis of macro level social determinants of health is shunted aside in favor of a focus on the individual and "unhealthy" or ethic cultures.

The University of Alabama program centers on teaching Southern women to adapt traditional recipes. The program draws heavily on the language of southern religion and features monthly community dinners of "born again soul-food"[111] and "revered family recipes purged of their sins by two university nutritionists."[112] In a blatant example of the continuing association of fat and food with morality and sin, before diners can eat their baked catfish and greens without pork fat, they have to "ponder the nutritionists' sermon on the evils of fat, sodium, and heaping helpings of sugar."[113] Again, not only are culture and its reproduction the problem, but facile and essentializing caricatures of these cultures are seen as the solution. When culture is to blame, intervening into the health problems of the community at the level of collard greens seems to make more sense than looking at the availability and accessibility of healthcare services.

It is not surprising that the discursive tangle of nature and culture that emerges in the obesity epidemic should orbit around women, specifically women of color. Women's association with children, nature, and the passing down of specific ethnic ways of eating coalesce to make

women an easy and obvious target when attempting to understand childhood obesity and obesity in general. Though women may be associated with natural drives to eat, it is through both their mediation of culture through the preparation of food for families and children, and their entrance into the workplace that they are put at the center of the "obesity epidemic". Women's relationship to nature and culture also allows the focus of the epidemic to remain squarely on the shoulders of individuals and populations, virtually ignoring the structural level.

Conclusion: Problematic Bodies, Problematic Individuals, and Problematic Populations

In this paper I have unpacked the media representation and construction of the contemporary American "Obesity Epidemic". In analyzing articles from the New York Times, I have elucidated three discursive pairings central to this construction. I have shown that the obesity epidemic is far from a traditional epidemic in either the medical sense of mass contagion and death, or the in historical sense of following the same patterns of earlier American epidemics (i.e. cholera, influenza etc). Using the literature on epidemics, medical sociology, the sociology of science and knowledge, and feminist theory, I have shown that obesity remains far from medicalized even as it is increasingly cast in medico-scientific terms. As Valverde (1998) shows in her study of alcohol and alcoholism, notions of vice and habit intervened in the medicalization of alcoholism to the end that it has never truly been seen as an entirely biomedical disease. Similarly, historical and contemporary moral and individual understandings of obesity have interrupted the project of medicalizing obesity such that medical understandings layer moral and individual assumptions about the origins and "cure" of obesity. This incomplete medicalization is the hallmark of the emergence of a new kind of epidemic, what I can a post-modern epidemic in which ostensible concern for public health is diverted from structural forces and the focus is turned squarely on the individual.

In looking at the discursive pairing of chaos and containment. I have shown that while not necessarily sequential as in "traditional" epidemics, the creation of a sense of chaos and the development of methods of containment of problematic bodies work side by side to perpetuate the epidemic and the sense of urgency surrounding it as well as to normalize the extreme nature of "solutions" for the epidemic. Undergirding both behavioral and surgical methods of containment is

an understanding that the responsibility for this massive threat to public health remains within the individual. This resonates with an understanding of modern power as the control of individuals and populations through the development of new "technologies of the self". In the case of obesity, the concern for public health relies on the dissemination of these technologies. In the obesity epidemic, weight-loss surgery, diet programs, and diet drugs serve as individualizing interventions into public health (Valverde 1998, Foucault 1974), a layering of both "risk management" technologies with more individualized disciplinary forms of governance.

In the section on professionalization and "common sense" I have shown that scientific knowledge has borrowed from, and fallen back on widespread understandings of fatness and individual willpower. In uncovering a curious scientific agreement on the treatment and "common sense" of body weight, it is not science, but rather cultural understandings of fatness that accounts for this lack of scientific debate. Beyond this, I have shown how doctors and researchers continue to ensure our need for their expertise through a "professionalization of common sense" that feeds on the confusion among potential "victims" about the measures, "treatments", and risks of obesity and overweight. Doctors and researchers alert the public that we urgently need their expertise, lest we fall into the dangerous trap of believing that fat people can be healthy.

By analyzing the relationship between nature and culture we can see more clearly the gendered, racialized, and classed nature of the "obesity epidemic". In identifying two uses of the idea of culture and their relationship to nature I have shown that women, especially women of color, become the crucial link between individuals and populations as such are a key point of intervention into the epidemic. I have also demonstrated the ways in which facile characterizations of ethnic populations become the level of intervention, even when structural forces are far more significantly implicated in rates of ill health than ethnic foods and ways of eating.

When taken together, these three pairings show that whatever the strategies for containment or prevention is, the obesity epidemic is an epidemic of individual bodies, people and populations through which a new disciplining emerges in which blame is placed on individuals yet continued reliance on professionals is ensured. This results in a profitable research community and weight loss industry that can never truly be held accountable for its own failures. The obesity epidemic also emerges as a way to individualize ill health at a time when healthcare access and social support for healthy communities have been severely curtailed, and the welfare state has been dismantled. Not coincidentally, these "reforms" most negatively impact those communities

seen as most at risk from obesity. As Valverde (1998) re-working Foucault (1984) suggests, this individualization of poor health is not necessarily indicative in a shift from one form of power or disciplinary technique to another, but rather a layering of techniques in which older forms of disciplining combine with each other in new arenas. My analysis has shown the ways that science, medicine, historical assumptions about fatness, ethnicity and race, gender, and class are all drawn upon and employed in creating this epidemic. This is not to say that Americans do not weigh more than they once did or that there are no negative correlations to this increase in average weight, but rather that the designation of obesity as epidemic has unique material and cultural consequences that earlier discussions of body weight have not.

The point of this research is not only that obesity remains incompletely medicalized, but also that this partial medicalization points to a larger role of this epidemic in terms of the tandem control and disciplining of individuals and populations.

The epidemic is of course gendered in that women are always targets for weight loss and are always held to a higher standard of weight but the real gendering of this epidemic comes both through women's bodies and women's mothering capacities. Women as bodies and as mothers are the targets for both reform and manipulation, thus making them responsible for the epidemic. This comes across with particular clarity in the case of women of color. Thus, understandings of women and women of color's culpability in general regarding bodies, children and health serve naturalize the language of epidemic as much as discourses of individual responsibility do. In conclusion, we can see that techniques for governing fat people, and those at risk of becoming fat (seemingly all of us) within the context of an epidemic of obesity represents a piling up of rationalities of governance all connected to a location of the problem within the individual.

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[1] Of 751 articles on obesity published in the New York Times from 1990-2001, 315 were published from 1998 on. Source: Lexis-Nexis.
[2] Source: Lexis-Nexis.
[3] This overview is by no means an exhaustive account of the history of fat in America, for more information please see Sobal and Maurer 1999, Stearns 1997, Schwartz 1986, and Millman 1980.
[4] Graham was not the only popular health reformer of the time, Horace Fletcher's more scientific method of "Fletcherizing" or chewing food gained popularity around the same time (Schwartz 1986).
[5] As many have pointed out (Bordo 1993, Stearns 1997, 1999, Sobal 1994, and Schwartz 1986), before the turn of the century, and in times of scarcity, larger bodies were seen as robust and healthy.
[6] New York Times, April 12, 1992.
[7] Ibid.
[8] New York Times, January 2, 1991.
[9] Ibid.
[10] The Body Mass Index is a measure of body fat based on height and weight and is used for both men and women. A person's BMI is calculated by dividing weight (in kilograms) by height (in meters) squared.

According to guidelines published in 1998 by the National Institutes of Health, A BMI of more than 25 is overweight, higher than 30 is considered obese. Source: National Heart Lung and Blood Institute: http://www.nhlbi.nih.gov/index.html. I discuss the history and significance of the BMI in more depth below.

[11] New York Times, December 11, 1994.

[12] New York Times, December 5, 1994.

[13] New York Times, December 11, 1994.

[14] New York Times, September 14, 1995.

[15] New York Times, December 11, 1994.

[16] Diet drugs, namely amphetamines and various forms of speed lost popularity in the 1960's after the negative health consequences of these drugs were publicized (Schwartz 1986). It took until the early 1990's for prescription diet drugs to regain popularity in any significant way.

[17] New York Times, June 9, 1998.

[18]

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[20] Former Surgeon General, C. Everett Koop in a November 15, 1995 interview on CBS's news show, "48 Hours".

[21] New York Times, July 17, 1994.

[22] Emphasis added. This quote also illustrates the progression from understanding obesity as a *correlate* to any number of conditions (type-II diabetes, hypertension, heart disease, etc.) to an understanding obesity as a direct *cause* of those same conditions. In the media and much medical research on obesity, "cause" and "correlation" are often used interchangeably without a recognition of the major significance of the distinction between the two.

[23] New York Times, January 11, 1998.

[24] New York Times, June 9, 1998.

[25] Ibid.

[26] New York Times, October 18, 2000.

[27] A traditional definition of an epidemic is generally the presence of infectious disease and death "prevalent among a people or a community at a special time and produced by some special causes not generally present in the affected locality." (Rosenberg 1992:78).

[28] Based on Rosenberg's above definition of an epidemic, these modern phenomena aren't epidemics at all, but are rather endemic. Rosenberg suggests that to refer to these phenomena as epidemics is to "clothe certain undesirable but blandly tolerated social phenomena in the emotional urgency associated with the widespread death that comes with a 'real epidemic'". (1992:279). However, when one takes a more constructionist perspective questioning a purely biological model of epidemics, this distinction between real and contracted epidemics becomes problematic.

[29] New York Times, October 24, 2000.

[30] New York Times, October 19, 2000.

[31] New York Times, October 18, 2000.

[32] As is discussed below, this is a program particularly aimed at preventing obesity in Mexican-American children-those seen as particularly at risk by a culture that promotes obesity. In this program, children and parents are taught how to eat through the labeling of foods with red, yellow, or green lights.

[33] New York Times, October 19, 2000.

[34] Ibid.

[35] New York Times, October 18, 2000.

[36] This is similar to Valverde's (1998) discussion of alcoholics gaining freedom through control and the notion that in losing freedom, we have the chance to regain it.

[37] For more information on the BMI, see the NHLBI website: http://www.nhlbi.nih.gov/index.html.

[38] New York Times, June 4, 1998. New York Times, June 11, 1998.

[39] New York Times, October 29, 2000.

[40] This type of fetishization of the cultural origins of epidemics is not unique to the obesity epidemic. As Lantz and Booth (1998) point out in their study of the breast cancer epidemic, though increases in breast cancer rates in the 1980's can largely be explained by increased use of mammography and early screening, this is largely obscured by a focus on the purported pathological repercussions of women's changing social roles.

[41] Interestingly, this fear also acknowledges the fact that permanent weight loss is almost impossible. This actually contradicts the theme of "common sense" dieting so present in other articles.
[42] New York Times, October 18, 2000.
[43] As Bordo (1993) and others (Bartky 1997, Eckerman 1994) point out, this media focus on women's control or lack thereof of their bodies is evidence of how women's bodies have become central to the social control of women.
[44] New York Times, October 18, 2000. As seen below, in all of these articles, natures vs. culture are prominent themes. Though in general culture is something that tampers with nature, that disturbs our natural ability to regulate our weight, nature can also be portrayed as out of control and in need of containment.
[45] A discussion of the history, methods, and proponents of weight loss surgeries appears in the larger work from which this article is taken. For the purpose of doing an analysis of media, I am more interested in the representation of the surgery, its patients, and its role in "containing" the epidemic.
[46] New York Times, October 12, 2000.
[47] Ibid.
[48] Though originally seen as dangerous for people under 18 years of age, gastric bypass surgeries are now being performed on children as young as 13. This is happening despite concerns that the accompanying post-surgery malnutrition might have even more serious effects on children whose bones are still growing. (Source: CNN http://www.cnn.com/2002/HEALTH/diet.fitness/11/05/obesity.surgery.kids.ap/index.html).
[49] Ibid.
[50] Ibid.
[51] Ibid.
[52] Ibid.
[53] Ibid.
[54] Again, this evokes Valverde's (1998) notion of "freedom through control".
[55] New York Times, October 12, 2000. Something about risks.
[56] Ibid.
[57] This relieving of blame is a major way in which surgeons and weight loss surgery (WLS) proponents attract potential patients.
[58] All of the patients interviewed talk of how life changing it is to be thinner. To be able to go to movies, ride on airplanes, fit in restaurant booths, not to be stared at and publicly ridiculed etc. There is no mention that all of these things could have been changed without their having lost weight.
[59] New York Times, October 12, 2000.
[60] Ibid.
[61] Ibid.
[62] Ibid.
[63] This is similar to Valverde's (1998) writing on alcohol and the question of free will. She suggests that techniques for governing alcoholics and alcohol don't represent a shift in but rather a piling up of rationalities of governance all connected to a location of the problem within the individual.
[64] New York Times, October 25,1999.
[65]New York Times, October 18, 2000.
[66]
[67] New York Times, April 8, 1997.
[68] Part of the Academy of Sciences, the Institute of Medicine is a private, non-profit organization chartered by congress that advises the federal government on health policy.
[69] New York Times, December 5, 1994; New York Times, December 11, 1994.
[70] National Academies of Science press release December 6, 1994.
[71] Ibid.
[72] New York Times December 5, 1994.
[73] Ibid.
[74] As Lantz and Booth (1998) point out, how a problem is framed forms the basis of the policies and interventions designed to cure or ameliorate the problem.
[75] New York Times, December 5, 1994.
[76] Epstein (1995) focuses particularly on the black box of HIV causing AIDS.
[77] New York Times, 1996.

[78] New York Times, July 17, 1994.
[79] Ibid.
[80] New York Times, October 18, 2000.
[81] This represents a shift from the type of professionalization of knowledge described by Martin (1989) and Erenreich and English (1978) in which women's knowledge is undercut and delegitimized by the rise of science and medicine.
[82] Of course, there is much disagreement about just what "eating right" is. In some case it is a "balanced meal" in others it involves more or less protein, carbohydrates, and fat. Indeed, this ever-shifting notion of eating right further indentures us to doctors and science.
[83] New York Times, June 23, 1998.
[84] New York Times, June 23, 1998.
[85] Ibid.
[86] Ibid.
[87] New York Times, April 12, 1992.
[88] New York Times, July 20, 1997.
[89] New York Times, September 6, 1999.
[90] New York Times, October 18, 2000.
[91] This idea that fat is the cultural realization of genetic potential is a common way of circumventing the nature/culture debate over the origins of fatness.
[92] New York Times, October 16, 1994.
[93] Ibid.
[94] New York Times, March 22, 1990.
[95] Ibid.
[96] This falls in with a larger trend of blaming families for public health problems. As one epidemiologist stated, "it starts with brushing your teeth and washing hands…from there it should go to physical fitness, alcohol and drug abuse and sexual practices." New York Times, March 22, 1990.
[97] New York Times, July 20, 1997.
[98] New York Times, October 16, 1994.
[99] "Asian", in these articles generally refers only to the Japanese and Chinese.
[100] New York Times, October 19, 2000.
[101] Ibid.
[102] Donuts, as opposed to Pan Dulce, are seen as somehow not ethic, as more recognizably "bad".
[103] New York Times, October 19, 2000.
[104] This concern with "ethnic" foods and eating habits is also evident in public health recommendations for healthy eating. In what is supposed to be a culturally sensitive and progressive move, an attempt to reach already fat and potentially fat ethnic populations on their own cultural turf, NIH menu suggestions include "ethnic options" or "ethnic" menus that nonetheless adhere to the recommended calorie limits for daily consumption. These menus, worth much more analysis, include things like fat free, vegetarian refried beans, whole-wheat tortillas, and other highly processed American ethnic foods.
[105] New York Times, October 19, 2000.
[106] New York Times June 21, 1998.
[107] Ibid.
[108] Ibid.
[109] Ibid.
[110] Ibid.
[111] Ibid.
[112] Ibid.
[113] Ibid.