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# 1. Introduction

In the previous decades obesity as a bodily condition and as a disease received a lot of attention. This attention is closely related to what is called the “obesity epidemic”, designating a rising number of overweight and obese people all over the world. In 2000 the WHO published a report in which the notion “obesity epidemic” has been used to call attention to the perceived problem. Obesity understood as a transgression of body fat and as an indicator for an increased risk for various diseases like diabetes and heart diseases is a complex socio-medical phenomenon (Felt et al., 2014), which has social and biomedical aspects to it. By discussing obesity as an epidemic, it is framed as a problem on the level of a population. However, obesity is not only problematized on a population level, but also on the level of the individual who is obese. This suggests that individuals, who are identified as obese, see their physical state as a problem, which usually implies that they would feel the need to change their situation. Of course, these two levels intersect and also on the population level there are a number of reasons to focus on the individuals who are obese.

Obesity, seen as a problem, triggers the question what the cause and the corresponding solution for obesity is. This question has been discussed in a scientific context as well as in the media. While numerous studies have been conducted, scientists still disagree about the causes of obesity and could, to this point, not find a consensus (Ross et al., 2015). About the question how media discusses the cause of obesity, different accounts exist. In a quantitative study in the UK Hilton et al. (2012) found three different causes that are more or less frequently discussed in the media. These potential causes are individual causes such as overeating and lack of physical activity, environmental causes such as ‘bad’ food supply, or biological causes, in which obesity is connected to genetic predispositions. However, others argue that news media treats obesity almost exclusively as caused by ‘bad’ individual behavior (e.g. Saguy, 2010). By highlighting individual causes of obesity other potential causes are silenced, which yields implications regarding the responsibility for solving the perceived obesity problem. In regard to obesity in the media, or more broadly speaking in the general discourse, Lupton (2013) argues that the “anti-obesity perspective” is the dominant perspective in the obesity discourse. In this perspective individuals are made

responsible for being obese, because of their eating and exercising behavior. This mirrors the opinion that obesity is framed as caused by individual behavior. Further, in the “anti-obesity perspective” the responsibility to deal with obesity is assigned to the individual. In this connection, Greenhalgh (2013) talked about the “pressure to be thin”. This notion nicely points to the moral aspects of the obesity discourse. Depending on the perspective, the obesity discourse either encourages or obliges obese individuals to tackle their “weight problem” by engaging in weight loss activities, which focus on individual behavior.

Identifying individual behavior as the cause and solution for obesity as well as assigning responsibility to individuals yields interesting relations to the concept of biopolitics (Foucault, 1997), in which it is argued that governments encourage individuals to take up responsibility for themselves. In that sense the “obesity epidemic” as a population problem intersects with obesity as an individual problem, because attempts to tackle the obesity epidemic are performed by encouraging individuals to responsibly work on their body, which means trying to lose weight. The concept of biopedagogy (Wright & Harwood, 2009), which combines ideas of biopolitics with pedagogy, further allows to make sense of the obesity discourse in a way that enables to see certain framings as moments of learning, where certain information about how to work on the body can be learned. This concept zooms in on moments, where individuals are encouraged to work on their body in a certain way. In this context it is central that they are not forced and also not directly requested to behave in a certain way. Instead, they are engaged in processes where they learn how to behave. In this way the provided guidelines can be interpreted as support to realize personal interests, instead of imposed rules. Hence, governmental interests are implemented in a subtle way.

In this research I analyze a particular “pedagogical site” (Wright & Harwood, 2009), where individuals are provided with information about how to behave, which aim at subtly encouraging individuals to work on their body. As I implied above, obesity is framed as both, a population problem and an individual problem. A large part of media accounts stresses the population side of the problem and identifies an “obesity epidemic” (Felt et al., 2014). However, news media also features stories about individuals who are or were obese, which clearly focus on the individual side of the problem. Such stories give intimate insights on persons and describe how they deal with their obesity. Different to other articles on obesity, which regularly operate with numbers from epidemiological studies, anecdotal stories are usually framed as non-science based narrations. In that sense they are seen as *just* a story. This story tells about a person's life, how this person deals with being obese and, in case obesity is perceived as a problem, strategies are discussed how the person tries or accomplished to tackle this problem. Reporting on examples how persons act upon their



obesity implicitly suggests which behavior is inducing weight loss and which behavior is hindering weight loss. Ultimately, this implies how people should behave in order to lose weight, which is framed as responsible behavior in the obesity discourse. Therefore, anecdotes about obesity are not just any stories, but important carriers of information. While obesity anecdotes in the media would not be regarded as evidence in a scientific setting, as publicly circulating stories they have an impact on how obesity is understood and made sense of. In the framework of biopedagogy this means that obesity anecdotes provide information that allows the audience to engage in learning processes about how to deal with obesity.

However, as Wright and Harwood (2009) suggest, there are various pedagogical sites. They appear in the moralizing obesity discourse and provide various learning opportunities, which imply how bodies should be worked on and which practices should be adapted. Therefore, obesity anecdotes in newspapers are only one site among others. This prompts the question, what can be gained by researching this particular site. As there are a multitude of pedagogical sites and learning opportunities, in this research I aim at carving out the peculiarity of obesity anecdotes, in other words the particular way how they frame and communicate. In regard to pedagogical sites Wright and Harwood (2009) differentiate between more deliberate attempts to change behavior, like public health campaigns and more subtle attempts, like reality TV shows about obesity and weight loss as well as popular media in general. In this context they mention that subtle attempts are “probably more powerful” (p. 8). As obesity anecdotes *just* tell a story about a person, they are definitely a subtle pedagogical site. Therefore, in this research I not only examine how obesity and weight loss behavior is framed in obesity anecdotes. I explore how this information is packaged in seemingly simple stories about individuals. Obesity anecdotes stage intimate stories that present private details about a person, including challenges, struggles and achievements. Information on weight loss practices (as well as weight control practices after successful weight loss processes) is not directly presented as guidelines in the anecdote, but inconspicuously trickle through while telling a story. Hence, obesity anecdotes practice a particular way of embedding information in a story and thereby pursue a particular approach of communicating this information to the audience.

In this research I examine two aspects of obesity anecdotes. First, I am interested in how the anecdotes frame obesity and how they make sense of obesity and relating practices. Second, I also look at ways how moral statements are communicated in this particular site.

In the following chapter I contextualize this research, by reviewing existing literature on obesity from a social science perspective. In this regard I particularly focus on research on the role of the media in the obesity discourse. Further, I review relating theoretical approaches as well as research on anecdotes to build a conceptual focus for the research of obesity anecdotes.

In the third chapter I outline how the research was done. In this regard I discuss the research questions, make clarifications about the applied research methods and describe the data gathering process as well as an overview over the sample, including preliminary categories as a first step of making sense of the data.

With these categories as a basis for the coding and sampling procedure I analyze obesity anecdotes in Austrian newspapers, by focusing on the moral work they do. This issue will be discussed from different perspectives, which are arranged in three subchapters and each represent different perspectives. In the first and second of these subchapters I examine how obesity is framed and made sense of. This entails how weight loss processes and practices are described, as well as how obesity and weight loss is understood in these descriptions. In the third subchapter I explore how the previously examined information is embedded in stories about individuals and how this influences the way how the information is communicated.

In the concluding remarks I summarize my findings, relate them to existing work on obesity and describe the analytic process starting from the original research interest, which derived from the circumstance that obesity anecdotes focus on individuals and their behavior, to what I carved out as the peculiarities of obesity anecdotes.

## **2. State of the Art**

In the beginning of the 21<sup>st</sup> century media coverage about obesity significantly increased in the context of a phenomenon regularly called 'obesity epidemic', as shown by Hilton, et al. (2012) for the UK. They relate this significant rise of media attention to documents like a report published by the WHO in 2000, where obesity was framed as a 'global epidemic' to call attention to the identified problem. Others differentiate this global perspective by pointing out national differences in the construction of obesity as a problem (e.g. Felt et al., 2014 & Saguy et al., 2010). However, in the following years after 2000 a number of similar national and international reports were published, that induced media hype. In these media accounts the problems of obesity are highlighted by making use of an alarmist rhetoric (Penkler et al. 2015). Simultaneously with the emergence of the obesity epidemic a significant number of researchers from the social sciences got interested in this issue. A considerable body of literature has begun to emerge and gain coherence as a field of study, which is either called critical obesity studies, critical weight studies or critical fat studies (Lupton, 2013, p. 5). Researchers in this field examined many aspects of obesity. In this chapter I will try to carve out some of their most relevant findings, which circle around the constructedness of obesity as a multi-layered problem as well as the moralizing character of the obesity discourse and its implications for conceptual takes on governing bodies. At the end of the chapter I will also sketch out contributions on the particular object of this research, which is anecdotes about obesity as a specific way of framing information.

### **2.1 Obesity as a Problem**

The amount of body fat a person carries around with oneself is not necessarily a problem or at least not a health problem. However, in the context of a very complex discourse it is constructed as a problem called obesity. Many critical obesity researchers argue that the

existence of the obesity epidemic and the obesity discourse increasingly frames being heavysset as a problem, namely as a health problem as well as a social and moral problem (e.g. Saguy & Almeling, 2008). In conjunction with its problematizing character the obesity discourse can also be described as dramatizing and alarming (Boero, 2007; Penkler et al., 2015). With this rhetoric attention is called to the perceived problem and the arguments for obesity as a problem are mobilized in a drastic way. Research has also shown, that obesity as a social problem is constructed differently in different national contexts. Saguy, Gruys & Gong (2010) have pointed out, that news reports frame obesity much different in the USA and France. Those differences exist in making sense of the causes as well as solving the problem. Therefore, when studying obesity in a particular national context, in this case Austria, someone needs to be aware of national specificities of how the problem is constructed. Penkler et al. (2015) pointed out that in Austria obesity and the obesity epidemic is framed as caused by a loss of traditional lifestyle, which was induced by modernization.

In opposition to the problematizing obesity discourse there also exist alternative perspectives, that aim at reframing being fat as a neutral or positive outward appearance (Lupton, 2013; Saguy & Ward, 2010). For the so-called fat/size acceptance movement, the term 'fat' is very important. It is argued that being fat in itself is nothing bad (Saguy & Ward, 2010). This is not just a strategy to avoid or escape stigmatization, but fat activists thereby also manage to avoid terms like 'overweight' that points to a transgression of a norm or 'obese' that indicates a pathological condition. One of the most important drivers of the fat acceptance movement probably is that obesity increasingly is a moralized issue. However, this counter-discourse is not widespread and receives only relatively little attention (Lupton, 2013). However, when doing research on obesity it makes sense to be sensitive about such developments, in order to be able to trace signs of this counter-discourse.

One of the most prominently discussed issues in the context of the obesity discourse is the causes as well as the solutions for obesity. According to Hilton et al. (2012) there are three groups of possible causes that are discussed in the media, which are argued to be informed by science. The two more frequently discussed possible causes are individual/behavioral causes and environmental/social causes. The mentioned individual causes are overeating and laziness that result in lack of physical activity. With environmental causes circumstances are alluded to like for example 'bad' food supply (e.g. processed foods),

technological developments like cars, that lead to a smaller amount of physical activity and increasingly sedentary work. In the third group of possible causes of obesity, which are biological causes, it is argued that obesity is determined by the DNA or other biological factors. Interestingly, while Hilton et al. (2012) found three different causes in the media, in the particular articles the named cause was framed as the only cause. However, next to media articles that argue for mono-causal connections, science is not as firm about the cause of obesity. A review article of Ross et al. (2015) came to the conclusion, that there is no consensus in scientific literature regarding the primary cause for obesity. This means that up until now scientific researchers were not able to identify the primary cause of obesity. At the same time, in the public discourse obesity is framed as caused by individual behavior (Saguy & Gruys, 2010). According to Lupton (2013) the dominant perspective in the obesity discourse is the “anti-obesity perspective”, where the problems of overweight and obesity are highlighted and individuals who are overweight are frequently depicted as lazy, self-indulgent and not self-disciplined. In short, they are made responsible for their physical state, because of their 'bad' eating and exercising behavior. In this perspective it is further argued, that interventions are necessary to tackle this problem.

As outlined above, the dominant perspective in the obesity discourse frames obesity as a problem. In order to describe how obesity is constructed as a problem Felt et al. (2014) term obesity a complex socio-medical phenomenon. This notion indicates that obesity is at the same time constructed as an issue of medicine and health as well as a number of social issues like stigmatization and morality. Felt et al. (2014) draw the attention to the fact that obesity can neither be seen as solely medical, nor as solely social. This complex relation between medical and social spheres was described in slightly different ways by different scholars.

One notion that conceptualizes the connection between morality, health and the beauty of appearance is the “aesthetics of health” (Jutel, 2005). It delineates that “a particular look reflects well-being, a well-being that in turn is evidence of devotion to self-improvement practices” (Jutel, 2005, p. 119). This means further that a ‘healthy appearance’ is perceived as attractive. In this way a connection is established between health and appearance. An amount of body fat that does not fit the norm is equated with being unhealthy, unattractive and not in control.

A somewhat different focus is set by the term medicalization. Medicalization describes a

process, where issues that have not been understood as medical become medical issues. This new medical problem gets incorporated in the medical system and is thereby made measurable and classifiable in medical terms. In the case of being heavysset, this appearance is medicalized as obesity and constructed as a health problem, additionally to obesity as a social problem. As a consequence obese bodies are not only seen as out of control and unattractive, they are now seen as unhealthy, at risk of deadly diseases and requiring medical help (Greenhalgh, 2013).

With a similar conceptual focus Lupton talks about an “imperative of health” (1995). Next to addressing the connection between moral body discipline, health and bodyweight Lupton also points out that in health communication establishing and maintaining 'good' health is depicted as an individual responsibility. This is inspired by the term “Healthism” first mentioned by Crawford who saw that under the influence of a certain political ideology health was increasingly considered a personal rational choice and as an enterprise (Crawford, 1980, quoted in Lupton, 1995). In this context health is seen as something actively constructed by an individual who has the right and duty to make health-promoting decisions.

Anyway, keeping in mind that obesity is framed as a multi-layered problem, at this point I want to zoom in on moral aspects of obesity. As solutions to obesity are often discussed with individual responsibility, moral statements or insinuations are widespread in the obesity discourse (Saguy & Gruys, 2010). The moralization of being heavysset, together with framing it as a medical condition, describes being heavysset as very undesirable and produces a pressure to be thin (Greenhalgh, 2013). This pressure urges people to act upon their undesirable physical state and the moralizing discourse points to solutions based on individual efforts to lose weight, which include dieting, exercise, self-monitoring and other weight loss activities (Lupton, 2013). Pointing to individual solutions shows that the perceived problem can be solved. Further, it is also illustrated how it can be tackled. In extreme cases even weight loss surgery is considered or performed, if other measures did not lead to permanent weight loss (Grønning et al., 2013). Therefore, the obesity discourse implicitly also insinuates that obesity is caused by individual behavior, which undermines the fact that there is no scientific consensus about the causes of obesity. Instead it is framed as an individual problem that can only be tackled by the affected individuals themselves (Wright & Harwood, 2009). This individual frame is also in line with the concept of

'healthism' that attributes health responsibility to individuals. Based on this perspective individuals identified as obese are blamed for not making the right lifestyle decisions and are told what to do in order to tackle their weight problem (Wright & Harwood, 2009). This points to two main ways how the obesity discourse is a moral discourse. The one is blame of individuals and the other one is descriptions of how obesity could be tackled. In this way obese persons are instructed how they should act in order to lose weight. The focus on individual behavior and responsibility also means, that in the moralizing discourse individuals are blamed for their weight and eating habits instead of systemic factors (Saguy & Almeling, 2008). The physical appearance is central to blaming and stigmatizing individuals, because it not just makes obesity identifiable, but also "reflects the morality of eating, staying fit, taking care of oneself and so on" (Grønning, Scambler, & Tjora, 2013, p. 267). This means that obese individuals are seen as not being in control over their own body. In other words, excessive weight is regarded as a signifier of morally 'bad' behavior (Jutel, 2005).

An additional aspect of this discourse was pointed out by Boero (2007), who argues that suggestions how to behave in a weight-conscious way, are not only addressed to those who are perceived as obese. In her 2007 publication she stated "we are all at risk for obesity" (p. 42). She argues this by saying that obesity is conceptualized as a contagious epidemic. According to the obesity discourse not only obese people but everyone is at risk and should therefore engage in weight control activities.

## **2.2. Obesity and the Media**

Media analysis is an important part of studying public discourses and has been employed by many scholars in recent years to study the role of the media in the social construction of the obesity epidemic (Boero, 2013). In her review article of social science articles concerning obesity in the media Boero (2013) identifies three interrelated themes. First, that obesity is constructed in the media as a social problem, which mirrors the public discourse in general. Second, that science on obesity is selectively stated in the media and that media reports contradict the results of the studies they report on. Third, that the framing of obesity as a problem in the media renders alternative framings impossible. She further concludes that such research reveals contradictions in the media coverage of obesity. Especially in the

way media reports on scientific research about obesity many contradictions are found. Earlier I said that there is no scientific consensus about the cause of obesity. Media accounts, on the other hand, are found to present clear answers in that regard.

Different types of media have been object of study in critical obesity research. Warin (2011) for example studied a reality TV show. In her analysis she shows that reality TV provides information that teaches people how to lose weight and to control their bodyweight, while stigmatizing those who fail at the attempt to do so. Warin further establishes a connection between this kind of reality TV show and bio-politics. She argues that they produce a moral responsibility to actively work on one's body and to become an entrepreneur of one's own life. This is done by both stigmatizing obese individuals and giving tips about how weight loss can be achieved.

The most studied type of media, in the context of the obesity discourse, is print newspapers (e.g. Boero, 2007; Penkler et al., 2015; Saguy & Almeling, 2008). Most of the research done on newspapers confirms the notion that the obesity discourse frames obesity as a personal responsibility and as a moral issue. In regard to the relevance of newspapers for health related topics and how they stimulate changes in health related knowledge, attitudes and/or behavior, Thorson (2006) argues that only newspapers have the required space and resources to provide a variety of topics and perspectives to comprehensively report on health topics. In the context of obesity this means that newspapers have a significant impact on how people think about their situation and how to deal with it.

In another review article (Antanasova, Koteyko, & Gunter, 2012) about research on obesity in the media, personal failure was found to be the most common frame. This means that obesity is portrayed in the media as an individual problem that has to be tackled by the individuals themselves. A number of critical obesity researchers argue that news media treats obesity as caused by 'bad' individual behavior (e.g. Boero, 2007; Saguy & Gruys, 2010). This powerful frame undermines alternative frames that identify other possible causes for obesity like for example environmental causes (Kirkland, 2011). Further, the emphasis on individual solutions coincides with the general conception of health as an individual responsibility and enterprise. In this regard Peters (2001) coined the term "entrepreneurial self", which describes the "responsibilising of the self" as resulting in situations, where individuals turn to be entrepreneurs of their body and self and figuratively treat it like a company. Assigning responsibility to individuals might be interpreted as a tool



for governing bodies, that they work on themselves and aim to increase the quality of their health in a proactive way (Warin, 2011).

This brings me back to the moral aspects of the obesity discourse, which encourages individuals to work on their body. In order to better understand this moralizing discourse and how it connects to the issue of governing bodies, in the next subchapter, I am going to discuss the concept of biopedagogy in conjunction with health communication studies.

### **2.3. Biopedagogy and Health Communication**

Above I showed that media analysis in the realm of critical obesity research largely focused on problematizing frames. In this research I focus on a different aspect of news on obesity and analyze in how far media conveys information that might influence how individuals deal with their situation and how they treat their body. In this realm some scholars examining the obesity epidemic connected it to the concept of 'biopolitics'. It was developed by Michel Foucault (1997), who describes biopolitics as a technology of power that controls biological bodies as part of a population in a subtle way. Rather than with disciplinary power and coercion, he argues, that governments encourage individuals to take up the responsibility for themselves and see the governments interest as their interest. Among these interests are active efforts to keep the own body healthy and to monitor the own body. Therefore, biopolitics are both individualizing and massifying (Wright & Harwood, 2009). This 'governmentality' engages a certain freedom and produces at the same time responsibility and accountability (Warin, 2011).

"[Wright, Harwood et al.] use the word biopedagogies (...) to bring together the idea of biopower and pedagogy in ways that help [them] understand the body as a political space" (Wright & Harwood, 2009, p. 7). With this concept they point out the power of 'pedagogical sites' to engage 'learners' in meaning making practices and thereby influence how they act on themselves and others (ibd.). In the context of obesity the practices individuals need to learn are individual behavior, which is deemed relevant in order to lose, maintain and control weight. In their book Wright and Harwood (2009) mainly focus on schools and public health interventions, but they argue that biopedagogy happens everywhere around us. Sometimes in a conscious and more obvious way, which is intended to change individual behavior, like with public health interventions. In other instances in a more subtle way that is

argued to be probably more powerful. Such pedagogical sites are for example reality TV shows or movies that portray obese individuals in a particular way (ibid.). In this framework pedagogical sites are conceptualized as sites that have the power to govern bodies, by suggesting how to work on the body.

The described process of learning how to tackle obesity by engaging with particular information can also be framed as health communication. Health communication is a research field in itself, but despite the overlaps between this field and the concept of biopedagogy, there is no scholarly contribution that explicitly combines them. However, according to Thompson (2003) health communication as a field evolved from its early days, where mainly interpersonal communication in health care, such as doctor-patient conversations, was researched, to interpretative or critical approaches with a focus on organizational rhetoric of health care organizations, aspects of health communication in communities and media as a site for health communication. Zoller and Kline (2008) also argue that health communication research increasingly adopted interpretative as well as critical perspectives. In this context, interpretative approaches analyze meanings and perceive narratives as health communication and critical approaches challenge dominant orders and analyze power. A particularly interesting approach in this field is that narrations and stories are conceptualized as facilitators of the understanding of health conditions (Bosticco & Thompson, 2008). Concerning this matter Japp et al. (2008) argue that many actors “rely on individual stories to embody problems, shape arguments and engage emotions, as well as to persuade, evaluate, reward, and punish” (p. 22).

## **2.4. Statistics, Anecdotes and Narratives**

In general, the obesity epidemic is a mainly statistically constituted phenomenon. Statistical figures show the rising numbers and alarming trends of overweight and obese people (Felt 2014, Penkler 2015). This is related to the previously discussed issue of problematizing obesity. By presenting statistical figures from epidemiological studies, obesity is framed as a problem of a population. In this perspective not an obese individual, but an identified trend towards increased obesity within a population is focus of the discussion. For this kind of statistical observations the Body Mass Index (BMI) is employed to find a common measurement, which allows to discern how overweight a person is. Guthman (2013)

showed that the BMI classification itself already plays an important role in the statistical construction of the obesity epidemic. In her 2013 paper she showed how the BMI classification and statistical figures exaggerated the rise of overweight and obese people. This does not mean that the growing number of overweight people is fictitious, but that BMI statistics distort and amplify this phenomenon. However, translating body characteristics into a numeric logic and making statistical statements about populations and societies in itself has fundamental consequences. Sætnan et al. (2011) argue that such statements “are tickets into specific discourse forums and forms.” They further argue that numbers are a way of holding people accountable. In these specific discourses the world is understood as a place where everything can be measured and expressed with statistic statements.

But there are also other relevant forms of discourse to be found in the media coverage on obesity. While many media accounts on obesity work with this statistically supported population perspective, also anecdotal narrations can be found in newspapers. In these articles about individuals obesity is framed in a much different way and instead of the population perspective an individual perspective is adapted. In relation to Sætnan et al. (2011) statement above, it can be argued that anecdotes are also tickets to specific discourse forums and forms. In contrast to numeric arguments we enter a world of narratives. These forms of discourse might be particularly interesting with regard to moral aspects of obesity, because rather than statistics the anecdotes focus on individuals, their way of dealing with obesity and their related practices. As I discussed above, this happens in a discourse where individual behavior is already identified as the solution to obesity. The question remains how anecdotes in the media blend in with the moralized obesity discourse, how they communicated individual responsibility and if or how they reinforce the moral discourse.

Next to the moral implications of obesity anecdotes, when studying anecdotes it is important to take a step backwards and talk about narratives in more general terms. Barbara Czarniawska (2004) identifies two especially relevant perspectives on the concept of narratives in the social sciences: *narrative as a mode of knowing* and *narration as a mode of communication*. In the perspective of narrative as a mode of knowing, narratives are examined as stories that draw a connection between two elements of the story. They establish a so-called *plot* that makes sense of specific events. However, different to scientific arguments narratives leave open the nature of this connection. Czarniawska (2004) also points out that there are always a number of alternative narratives and plots. In

her book she describes in much detail how stories are successfully *emplotted* and thereby win over other plots. In this regard she points out the importance of the narrators ability to “sell” a story. Further, successful plots need to be reiterated in order for them to affirm their position against alternative plots. When looking at obesity anecdotes and how they make sense of obesity, this means that it is important to look at the narratives and how they connect obesity, weight loss and weight gain to other elements of the story.

Next to the knowing-mode, which focuses on the work of ordering elements of a story, Czarniawska also discusses the communication mode of narratives. “Narration is a common mode of communication. People tell stories to entertain, to teach and to learn, to ask for interpretation and to give one.” (Czarniawska, 2004, p. 10) Czarniawska thereby emphasizes the versatility of narrations. In the context of the moralized obesity discourse I am mainly interested in the aspects of teaching and learning. As moral statements often indicate how people should act, this can also be understood as a situation of teaching and learning how to act. Hence, with regard to obesity anecdotes it is important to look at both, how they make sense of obesity and activities surrounding it (mode of knowing) and how moral aspects are communicated in the anecdotes (mode of communication). For this research both of the discussed perspectives are valuable and are adopted at different parts of the analysis.

Additionally, I want to dwell on the standing of anecdotes and narratives in relation to statistics and arguments based on numbers. In a scientific understanding anecdotes have less significance than statistical data and are not considered as facts. Communication researchers came to the conclusion that statistical evidence as an argument type in a non-scientific context is superior to anecdotal evidence (Hoeken & Hustnix, 2009). In Science and Technology Studies anecdotes have been analyzed as boundary objects (Moore & Stilgoe, 2009). Gieryn's concept of “boundary work” (1995) states that the boundaries between science and non-science are not set by 'objective' criteria, but are actively produced by the different actors involved. In this boundary work pragmatic demarcations between science and non-science are made to either safeguard or challenge the cognitive authority of science (ibd.). Moore and Stilgoe (2009) examined boundary work in the process of how anecdotal evidence is constructed and contested. They observed this process in the context of two public controversies, the mobile phone risks controversy and the MMR vaccine controversy. In both cases anecdotal evidence has been used by non-scientists to make claims about health risks. Although they were gathered systematically, they were still deemed non-scientific by so called experts. Moore and Stilgoe find that

“anecdotal evidence' is a term whose meaning and jurisdiction has largely been defined in opposition to expertise.” (p. 658) In other words, they challenge scientific claims by providing evidence that is not produced within the scientific system. This is where the anecdotal evidence Moore and Stilgoe researched are different from the obesity anecdotes provided in newspapers. While both are not considered as scientific evidence, obesity anecdotes are probably in line with expert opinions as they presumably feature almost exclusively successful individual solutions to obesity and therefore do not stand in opposition to how obesity is framed in the public discourse.

However, from a critical perspective there are reasons to believe that obesity anecdotes play a relevant role in the morality of the obesity discourse and do considerable moral work, by making implications how bodies should be worked on. They are potential providers of specific and detailed information about the lives of overweight individuals and their behavior. And while scientists who research the causes and related possible solutions did not yet find solid answers to these questions, weight loss anecdotes in newspapers provide “public proof” (Latour, 2005) on which diet and exercise regime worked for one person.

Quantifications and statistical figures can show changes on a population level, but they are not able to make statements about what obesity means on an individual level, what the situation of an obese person looks like and most notably what it takes to tackle obesity. Consequently, it is interesting to look at anecdotal stories, because they fill this deficit of information by giving detailed information about the lives of overweight individuals and their attempts to lose weight. Framed as a story about an individual, obesity anecdotes might therefore be important facilitators of meaning that convey information about how to treat one's own body. Anecdotes about obese or formerly obese persons therefore have the potential to be powerful pedagogical sites. The moral aspects of the obesity discourse are well researched and a number of moralizing technologies have been identified. However, the specific moral work done by anecdotes about obesity in the media, have not been examined.

### **3. Research Question – Material – Methods**

#### **3.1 Research Question**

In the previous chapter I tried to show that media frames obesity as an individual responsibility and that the media engages in a moralizing discourse, where individuals are encouraged to engage in weight loss and weight control practices. In this research I will look at obesity anecdotes in newspapers as a specific article type in the ensemble of various sites of this moralizing discourse. The interest in obesity anecdotes derives from the circumstance that individual behavior is prominently discussed as a cause and solution for obesity in the obesity discourse and that obesity anecdotes directly focus on individuals and their practices. As a consequence the research question is:

**How do anecdotes about obesity in Austrian newspapers do moral work in regard to weight loss and weight control practices?**

In order to examine this question I will look how the individual situations of obese or formerly obese people are described and how weight loss and weight control practices are portrayed in obesity anecdotes. In this context I understand weight loss practices as activities of an individual that are performed in an attempt to lose bodyweight and are made sense of as activities that induce weight loss. As weight control practices I understand activities of an individual that are performed in order to maintain weight. The focus is then on the moral work, in other words on the way how obesity anecdotes indicate how individuals should behave and how bodies should be worked on. In the context of this question I will try to carve out the specificities of obesity anecdotes as a particular article type.

### **Sub-questions:**

- *How do individuals featured in obesity anecdotes make sense of their situation?*

One interesting aspect of obesity anecdotes is how the persons featured in the anecdotes deal with their situation. Do they understand their situation as a problem and/or do they also frame it as a problem. If they understand or frame it as a problem, the following question is how they deal with this problem and which solution they seek to find for it. Depending on how the efforts to tackle obesity are framed and reiterated in obesity anecdotes, certain perspectives in the obesity discourse are produced and reproduced

- *How are weight loss and weight control practices described and how are they made sense of in obesity anecdotes?*

Above I said that the moral work of obesity anecdotes indicates how bodies should be worked on. Asking how these practices are described allows to zoom in on these practices and how they are presented. In this context it will be interesting which particular activities are described, how different activities are combined, as how important the different activities are portrayed and as how successful they are described, which suggests that they could be adopted by others. In asking further how these practices are made sense of, I am interested in the ideas and strategies behind them.

- *How do obesity anecdotes as stories of an individual influence how information about weight loss and weight control practices is communicated?*

In midst of the moralizing discourse around obesity anecdotes are one site among many others. In this research I try to find the specific characteristics of obesity anecdotes and how they realize the moral work of suggesting how bodies should be worked on. In regard to this question I will among other things examine how implicit or explicit these suggestions are communicated in the context of a story about an individual.

## 3.2. Methods

The research was carried out by applying a qualitative approach to the data. In general this means, that the analysis was conducted according to the basic principles of qualitative research and that social reality is perceived as socially constructed through interactions (Flick, 2007). In particular, the analysis will be conducted in the manner of Grounded Theory as a theory generating procedure, which has systematic yet flexible guidelines that are utilized for collecting and analyzing qualitative data (Charmaz, 2006). Because of its empirical approach, where a theory emerges from the data, Grounded Theory can be considered an inductive approach. This methodological framework allows and encourages to stay open minded while analyzing the data in order to generate hypotheses out of it.

In the development of Grounded Theory this research approach or methodology turned out to be a diverse concept and the term alludes to a way of doing research as well as to various techniques of gathering and analyzing data. Hence, it is deemed necessary to narrow down which aspects of Grounded Theory are considered, when proclaiming to do Grounded Theory. For this research three aspects of Grounded Theory are particularly relevant.

First, I utilize Grounded Theory as guidance for the compliance with the principles of qualitative research. As the most important principles of qualitative research I consider openness, reflexivity, flexibility and the processual character of research and the research object (Flick, 2007). These principles serve as reference points throughout the whole research process and aim at warranting the quality of the research results.

Second, I employ Grounded Theory as a research strategy that structures the research process. The structuring concepts are circulation of the research process, theoretical sampling and theoretical saturation (Charmaz, 2006). In Grounded Theory circulation designates a procedure, where phases of gathering data alternate with phases of data analysis. Theoretical sampling and theoretical saturation are analogous to the concept of representativity in quantitative research and aim for a comprehensive and exhaustive view on the research object. Thereby theoretical sampling describes a sampling strategy, where further data is gathered according to the questions found in the previous research cycle. At the moment, where further examinations would arguably not yield further insights, the state



of theoretical saturation is reached and the research process can be considered as finished. However, for practical reasons I did not perform a circular research process in a classical sense, because data gathering did not alternate with data analysis. However, after gathering the data, by selecting various articles that can be considered as obesity anecdotes, I performed several cycles of analyzing data and sampling anecdotes out of the comprehensive data set for a subsequent cycle of analysis. I continued this process until I reached theoretical saturation.

The third aspect of Grounded Theory is coding as a method for analyzing text. Analyzing textual data in Grounded Theory is performed by subdividing text into units of meaning and coding them. Grounded Theory coding comprises several steps of coding, including initial coding, axial coding focused coding and theoretical coding (Charmaz, 2006).

In the analysis I first immersed myself in the data by doing initial coding. During this process I got a good impression about the diversity of narratives, portrayals, statements and arguments that come up in obesity anecdotes in newspapers. Moreover I traced some similarities and reoccurring types of statements. After analyzing a number of anecdotes of different types (in terms of the preliminary categorization, see 3.3.5.) and points in time (within the determined timeframe, see 3.3.3.) I started with axial coding. Axial coding is part of the focused coding in the grounded theory coding scheme and can be understood as a linking exercise between initial codes and theoretical coding, where categories are built. Axial codes provide the basis for building categories and subcategories that lay out the facets of the respective categories (Charmaz, 2006). The technique of axial coding was not applied in a very formal way as a frame for the analysis, but rather loosely in the sense making process of the big amount of initial codes. In that sense it was employed as a first step of linking and assembling bits of data in the search for communalities and a structure in the data. The resulting axial codes served as a basis for a first categorization and an initial arrangement of the categories. In the circular process of going back and forth between data and reflection and by looking at the data in different ways time and again, it got more and more apparent that it makes sense to organize the categories as well as the analytic focus in three clusters or themes. Consequently, I decided to structure the analysis in line with these three cluster, which will be outlined at the beginning of chapter 4.

### **3.3. Research Material**

In this section I will give an overview over the empirical data gathered for this research. In the chapters 3.3.1. to 3.3.4. I will outline the selection criteria used to compile the sample. Throughout these chapters I will point out how these criteria were employed in order to establish a diverse and comprehensive sample. In chapter 3.3.5. I will give an overview and briefly describe some characteristics of the sample, as a first step of making sense of the data and as a groundwork for the coding and sampling procedure.

#### **3.3.1. Selection criteria for obesity anecdotes**

In order to be able to answer the research question I had to collect segments of newspaper articles that can be considered as anecdotes about obesity. At the beginning of the research I already had a clear idea of what kind of obesity anecdotes I was looking for. However, in course of collecting the data I had to make specific definitions and distinctions about what I perceive as an obesity anecdote in this context and what kind of material I exclude from the sample. For this reason the following selection criteria were applied to compile a sample of articles and segments of articles that I consider as obesity anecdotes in this research.

First of all, in an obesity anecdote an individual needs to be identifiable. In other words, it needs to be a story about a person. Therewith a distinction is made towards narratives that address stereotypes or talk about common behavior that can also be called anecdotal. I made this distinction because I was interested in how stories of individuals are framed and portrayed in the media, rather than statements about how for example a 'typical person' allegedly acts in a certain situation.

Another definition for obesity anecdotes is that the featured individual needs to be portrayed as overweight, obese or formerly obese/overweight. Further their bodyweight or loss of bodyweight needs to be one of the topics of the article. Hence, articles that feature individuals whose bodyweight is mentioned, but not of relevance in the article, are not considered in this research.

Additionally, while gathering the data I came across the question if and how anecdotes about persons who have relatively low bodyweight and/or lose relatively little weight should

be included or excluded. On the one hand I found anecdotes about persons who were clearly framed as obese and some of them report on a remarkable weight loss. On the other hand I found anecdotes where the featured persons were not obese compared to the former group, and they only lost a few kilos, according to the article. The question is if these two types of anecdotes are the same phenomenon or not. The reason for posing this question is, that the latter type might be seen as not discussing a health issue, which would imply that they are not part of the obesity discourse. Anyway, at the stage of gathering the data I decided to include both types in order to do justice to the principles of qualitative research. The question if anecdotes about relatively little weight loss can be seen as part of the obesity discourse will be discussed further in the chapter's 3.3.5. and 4.1..

Initially I also included anecdotal stories about cases of anorexia and other eating disorders. I did this because in a way these phenomena might be seen as part of the obesity discourse and therefore allow me to gain interesting insights. In the analysis anorexia anecdotes turned out to have too little in common with obesity anecdotes to be part of the sample. Even though related to body ideals and weight loss activities I did not find similarities that would justify considering anecdotes about eating disorders as part of the obesity discourse. The main reason for that is that the issues and body practices discussed in them are completely different to those discussed in obesity anecdotes.

There is one more type of story that might qualify as obesity anecdotes, but were excluded from the sample. The talk is of reader's letters and reader's questions to experts, that are answered in newspapers. The decisive reasons to exclude them are that these stories are not mediated the same way anecdotes in other media articles are and that they do not follow the narrative structure of obesity anecdotes as stories about individuals.

### **3.3.2. Selection of the newspapers**

In this section I will talk about which newspapers were selected and why they were selected for this research. Before discussing the selection criteria of the particular newspapers I want to briefly touch upon two basic questions regarding the empirical data. These questions are: Why analyze newspapers? And why Austrian newspapers?

In this research I am interested in the information regarding obesity as a health issue provided in the news and how this implies moral responsibilities for the audience. Who the audience is, is a rather complex question and will be dealt with in chapter 4.3.. However, "[w]hile any news medium – broadcast, cable, radio, news magazines can provide a

sprinkling of health-related information people need, only newspapers have the space and the resources to provide the variety of topics and perspectives, not to mention the depth of coverage, that many health topics deserve and that consumers need” (Thorson, 2006, p. 176). For this reason newspapers were chosen as resource for gathering data. As obesity is not necessarily a health issue, Thorson's perspective could be a bit misleading, because she talks about depth of coverage that health topics 'deserve' and that consumers 'need'. However, as obesity is framed as a health issue in the media and because there is at least the perception that there would be a need for this kind of information. Moreover, Thorson differentiates between newspapers and news magazines. While I agree that newspapers are particularly interesting objects for research, I would argue that at least certain Austrian news magazines have similar space and resources to report on health issues. For this reason I also consider two news magazines in this research.

The other question I want to discuss is why Austrian newspapers were chosen for this research. In their study on the national differences in constructing obesity as a problem in the United States of America and France Saguy et al. (2010) show that newspaper reports in these two countries make sense of the 'obesity epidemic' in very different ways. They argue that national culture and politics shape how social problems are framed. Consequently, I narrowed my research down to a particular country in order to get a data set which is not shaped by different national cultures and politics. Penkler et al. (2015) found that the Austrian problem construction of the 'obesity epidemic' follows a narrative of a loss of traditional life style through modernization. This is particularly interesting because this problem construction suggests modernization as an environmental cause, but also relates it to lifestyle, which can be considered a individual/behavioral cause of obesity. However, this Austrian way of framing the 'obesity epidemic' needs to be considered as the context in which this research is done. Additionally, there were also practical reasons to select Austria. First of all, by choosing a German speaking country no language barriers had to be tackled. Moreover, because of my personal history I was able to draw from knowledge about the Austrian media landscape. In particular the political leaning of the respective newspapers turned out to be an important background information, because Austrian newspapers are traditionally not transparent with their political leaning.

The newspapers for the empirical research were selected according to various considerations. To map these considerations and decisions I have chosen to state them in the chronological way they were made. This is because I made these decisions in an explorative process, where I screened the prevalence of obesity anecdotes in different

Austrian newspapers.

First only two Austrian weekly newspapers, that both have among other things a focus on health, were screened in an explorative manner. Because of the low number of anecdotes found in these media outlets the exploration was extended by adding seven daily newspapers, including 'quality newspapers' and 'tabloid newspapers' ('Boulevardzeitungen'). Of these seven some are nationwide newspapers and others are local newspapers with nationwide circulation.

After the explorative phase, where I got an overview of how frequent obesity anecdotes occur in which Austrian newspapers, I selected five of the nine newspapers for further analysis. For this step I considered the three following factors.

The first one is the frequency of anecdotes in the respective newspaper. Probably because of specific writing and publishing styles the prevalence of obesity anecdotes considerably varies between the explored newspapers. Some Austrian newspapers publish obesity anecdotes rather often, others only occasionally.. Needless to say, I am more interested in newspapers that have a higher prevalence of obesity anecdotes. However, I also included newspapers with a low number of anecdotes, considering the possibility that those rare examples differ from anecdotes in newspapers which frequently publish obesity anecdotes..

The second factor is related to the political stance of the newspapers to be selected. Antanasova et al. (2012) propose that the selection of media outlets for research on obesity in the news should be informed by their political leaning and style, because, as they argue, the political stance of a newspaper affects its reporting on obesity, especially in regard to the question if obesity is an issue of individual lifestyle choices or not. In order to get a broad picture of the phenomenon obesity anecdotes, I tried to cover the political spectrum of relevant newspapers as well as possible. The problem about this is that it is uncommon in the Austrian context, that newspapers disclose their political stance. For this reason I had to rely on estimations and cultural capital, when assessing the political stance of an Austrian newspaper.

The third factor for the selection of newspapers is the circulation figure. Like with the frequency of obesity anecdotes I included both, newspapers with higher circulation and newspapers with relatively low circulation, while having a stronger focus on high circulation newspapers. This is because newspapers with high circulation have a bigger impact than newspapers with lower circulation numbers. For this reason I also included the daily newspaper with the highest circulation in Austria.

Before communicating the selected newspapers it might be reasonable to mention at this point,

that the aim of qualitative research is not to detect and quantify a defined phenomenon within a circumscribed area. In this case this would be obesity anecdotes in selected newspapers. Instead the aim is to understand a certain phenomenon, in this case anecdotes about obesity. This means that the selection of newspapers was oriented on mirroring the diversity of anecdotes in the different newspaper outlets, rather than showing how frequently the defined article type occurs in the different newspapers. For this reason I have chosen the following Austrian newspapers by balancing the factors circulation, political stance and amount of obesity anecdotes: *Die Neue Kronen Zeitung*, *Kurier*, *NEWS*, *Profil*, *Der Standard*.

I selected those newspapers for different reasons and because of the different attributes they have. I have chosen *Die Neue Kronen Zeitung* because it is the newspaper with the largest circulation in Austria with a reach of 32% (Media Analyse, 2015). *Die Neue Kronen Zeitung* is a typical tabloid newspaper and a relatively high number of obesity anecdotes were found in the exploration. *Kurier* (8,3%) (ibd.) has the highest prevalence of obesity anecdotes according to the explorative data. While the political stance of Austrian newspapers is not explicit I assumed the stance of *Kurier* to be rather conservative. To balance this I have chosen *Der Standard* (5,4%) (ibd.), which supposedly is a rather liberal newspaper. *Der Standard* has a very low number of total obesity anecdotes in the sample. Hence, this format also balances newspapers with high and low prevalence of obesity anecdotes. Next to these three daily newspapers I also selected the two weekly newspapers *NEWS* (5,8%) (ibd.) and *Profil* (4,8%) (ibd.). Because these weekly newspapers often feature longer articles than daily newspapers, I expected to get longer narratives and anecdotes for the sample. Further, both *NEWS* and *Profil* regularly publish on health issues, which was one of the main reasons why *NEWS* and *Profil* were chosen instead of other Austrian weekly newspapers.

### **3.3.3. Choosing a Timeframe**

A good starting point for studying issues related to the obesity discourse, is at the time when this discourse starts to spread via increased news coverage, but because there is no statistical data it is not clear when Austrian newspapers started to extensively report on obesity. However, drawing from earlier research (Felt et al., 2014 & Penkler et al. 2015) I started the sample one year before the publication of the first Austrian obesity report in 2006 (Kiefer), which can be understood as the starting point of a wider obesity discourse in

Austria. Consequently, I have chosen to start the sample in 2005. The timeframe for the sample extends from the beginning of 2005 up to the end of 2015. Because the intention was not primarily to look at how obesity anecdotes in the media change over time, but to understand the phenomenon as such I only collected anecdotes in every second year in the timeframe. I made this decision because in that way the sample size was deemed to have a sufficient extent to reach the point of 'theoretical saturation'. This theoretically means that additional data would not lead to new insights.

### **3.3.4. Data collection**

To be able to select obesity anecdotes out of the newspaper outlets mentioned above, I first searched for articles on obesity and related issues in the electronic media database WISO. This data was used as a basis for selecting obesity anecdotes according to the criteria described in chapter 3.3.1.. For constructing a data set with the WISO database, I employed the following search words in the title: "obesity", "obese", "weight", "weight loss", "fat", "slim", "chubby", "kilo", "diet", "nutrition", and "eating" (in German) as well as synonyms of these terms. As I am interested in relatively long narrations I excluded articles with less than 180 words. Screening the collected articles for obesity anecdotes resulted in a sample of 122 obesity anecdotes, found in 80 articles (Some articles feature more than one person). In the following subchapter I will give an overview of this sample and describe the preliminary categorization made according to basic differences of obesity anecdotes.

### **3.3.5 Overview of the Sample**

The information provided here should serve as an overview over the sample and is a first attempt of making sense of the data. For this reason I will discuss the demographic characteristics gender and age to provide some basic information on who is featured in obesity anecdotes in Austrian newspapers. Moreover, I will introduce categories that allow to make sense of the different types of obesity anecdotes found in the sample. This categorizing exercise was conducted in order to empirically trace basic differences that can be found in the data. Although this is a qualitative research it makes sense to briefly reflect how these characteristics of obesity anecdotes as well as demographic characteristics are distributed in the sample. These preliminary categories were further used as a starting point

for the coding procedure and as a scheme for theoretical sampling. In the analysis, some of the introduced distinctions have proved to be valid, others were abandoned in the analytical process.

		2005	2007	2009	2011	2013	2015	Total
Total anecdotes		34	17	26	21	11	13	122
gender	female	15	7	16	11	6	4	59
	male	19	10	10	10	5	9	63
age	0-20	7	7	7	1	1	0	23
	21-30	0	1	2	0	0	2	5
	31-40	2	2	1	0	1	5	11
	41-50	7	1	5	2	2	1	18
	51-60	0	3	1	1	1	0	6
	61+	2	0	0	3	0	1	6
	not specified	16	3	10	14	6	4	53
Preliminary Categories								
Weight loss stories		16	3	10	14	3	9	55
moderate weight loss		1	1	3	2	1	2	10
weight loss activities		2	6	3	4	4	0	19
cause		8	1	4	2	0	1	16
reported stigmatization		4	1	3	1	0	1	10
public display		2	5	0	1	0	0	8
size acceptance		1	1	1	0	0	0	3
others		4	2	2	0	3	1	12

Generally, there are two types of obesity anecdotes. Those that deal with weight loss issues and those that do not deal with weight loss issues. I will call the former type weight loss anecdotes, the latter non-weight loss anecdotes. Out of the 122 total obesity anecdotes 84 are weight loss anecdotes, according to the distinctions below, and only 38 classify as non-weight loss anecdotes. Hence, weight loss and weight loss activities are the dominant issues in obesity anecdotes.

Among weight loss anecdotes there are three types. The first and – with 55 of 122 – most prevalent one is weight loss stories. In this type of anecdote a story about a 'significant' weight loss is featured. Moderate weight loss (10) in turn is a type where 'non significant' weight loss is reported on. In order to distinguish between those two the point of reference is a weight loss of more or less than 10 kilogram. Additionally, cases where the featured person's body is framed as problematic regarding health, are also considered as weight



loss anecdotes, even if they report on a weight loss that is less than 10 kilogram. Another exception are cases where the weight loss is less than 10 kilogram, but the report suggests, that the featured person is in a process of losing weight which is not finished. The distinction between these two types of weight loss anecdotes was introduced in order to be able to differentiate between anecdotes that deal with obesity as a health issue on the one hand and weight as an aesthetic or lifestyle issue. However, as I argue in chapter 4.1., this operational distinction turned out to be of little relevance for this research. The third type of weight loss anecdotes is called weight loss activities. In this kind of anecdote the featured person does not report on any weight loss, but about weight loss activities or weight control activities. I consider them as weight loss anecdotes, because this type of anecdote also addresses weight loss issues, even though they are not explicitly reporting on weight loss. The other group of anecdotes in the sample is non-weight loss anecdotes, which deal with a number of different issues of persons who are obese or overweight except for weight loss issues. The subcategories are structured along these issues. A few obesity anecdotes do not deal with recurring issues and are therefore allocated to the subcategory 'others'. They still belong to non-weight loss anecdotes, because they do not deal with weight loss issues. The most prevalent non-weight loss related issue in obesity anecdotes is the cause for obesity (16). However, the cause is rarely the main issue of an obesity anecdote. Because of particular interest in this issue, talk about the cause of obesity is identified in this scheme, even if an anecdote is already allocated to another category. The second most prevalent type of non-weight loss anecdotes is reported stigmatization (10). These are anecdotes where the featured person reports on being stigmatized, because of being obese. Anecdotes where the featured person's body or behavior is displayed, which are implicitly related to the cause of obesity, are classified under the term public display (8). If such public display can be interpreted as stigmatization remains open in this definition. In the analysis I will address the issue of stigmatization and examine in how far statements in obesity anecdotes can be interpreted as stigmatization of the featured person. In the last type of non-weight loss anecdotes issues and arguments of the size acceptance movement are addressed. In the context of this movement being heavysset is reframed as a neutral or positive feature of a person. This alternative interpretation happens against the backdrop of the dominant anti-obesity discourse, where being heavysset is seen as a problem. In spite of the small number of anecdotes related to size acceptance issues (3) they open up an alternative perspective that will be discussed further in chapter 4.3.. Alongside the distribution of obesity anecdotes according to their content, I will now briefly

reflect on the allocation of the demographic characteristics gender and age in the sample. Regarding gender it is notable that the appearance of men and women featured in obesity anecdotes in the selected Austrian newspapers is nearly balanced (59 female, 63 male). This is interesting because in contemporary western societies obese women have been much more highlighted, than obese men (Lupton, 2013). Against this backdrop Greenhalgh (2013) found that male bodies get increasing attention in the obesity discourse.

Regarding the age of the persons featured in obesity anecdotes Boero (2007) argued that weight loss success stories (in the New York Times) primarily feature people in the age range of 30 – 50. In contrast, in the sample at hand people of every age are featured. However, of those articles that provide information regarding the age of the featured person, two clusters can be identified. One of them is indeed persons from 31 to 50, the other one is from 0 to 20 including small children as well as teenagers. In general, the sample is very diverse regarding the age of the featured persons, as it includes people from early childhood to ages well over 60.

Additionally, I would like to say a few words about the distribution of obesity anecdotes in the sample over time. Most of the obesity anecdotes were found in the year 2005 and the lowest number of total anecdotes per year is in 2013 and 2015. This can be seen as an indication for a decline of media coverage of obesity in Austrian newspapers. However, because in this research obesity anecdotes are singled out as a specific type of article in the obesity discourse and because the relation between their frequency and the frequency of other articles on obesity is not apparent, this sample only allows a limited view on the media coverage of obesity in Austria.

However, pointing out some basic characteristics of obesity anecdotes was a first approximation to the data and serves as groundwork for the following sampling and coding procedure. Especially the distinction between weight loss and non-weight loss anecdotes functions as a guiding principle for the analysis. In the first and second chapter of the analysis weight loss anecdotes will be in the focus of the examination, as they are the dominant type of anecdotes. In the third analysis chapter non-weight loss anecdotes will receive attention in an attempt of getting a complete picture of the phenomenon of obesity anecdotes.

## 4. Analysis

In the following analysis I will examine obesity anecdotes as a particular type of article that has certain features and conveys meaning about obesity in a particular way. In this pedagogical site obesity is discussed in the context of a story about an individual, which describes how this individual deals with his/her situation. With the conceptual lens of biopedagogy I will look at obesity anecdotes as pedagogical sites that engage learners in sense making processes about their body and suggest how bodies should be worked on.

First of all, I am interested in the moral work of obesity anecdotes. This means that in one way or another I always ask how obesity anecdotes imply how to deal with being obese. This focus is the common thread of the analysis, which will be examined from different perspectives. Moreover, as I showed in chapter 3.3.5., the majority of anecdotes deal with weight loss activities, which implies that obesity is framed as a problem that can be tackled by changing the individual behavior. According to their high prevalence, I will mainly focus on weight loss issues and how they are framed in weight loss anecdotes. Only in the third subchapter I will integrate non-weight loss stories, in order to get a better understanding of how the featured persons are approached in obesity anecdotes. In the analysis I followed the lead of different layers of interest. In course of the analysis these layers evolved as three thematic clusters that will be discussed in the three subchapters of the analysis.

In the first subchapter of the analysis I examine how weight loss processes and weight loss practices are described. For this purpose I analyze the narrative structure of weight loss anecdotes. Thereby I will show how weight loss processes are framed as transformations. In regard to the practices I will discuss eating and exercising behavior as aspects that are identified as adjustable factors to induce weight loss. Because these kinds of information are provided in weight loss anecdotes I will point out that weight loss anecdotes offer numerous learning opportunities for persons interested in losing weight. From another perspective these learning opportunities can also be seen as moral suggestions how to act on obesity.

How the group of persons interested in losing weight is constructed as an imagined audience of obesity anecdotes will be discussed further in the third subchapter.

After describing how weight loss processes and practices are framed I will move on to the question how weight loss and the corresponding strategies are made sense of. This means that I will zoom in on the logics behind the presented weight loss strategies. In other words I examine how weight loss anecdotes answer the question under which circumstances weight loss works. In this context I will discuss three central categories that carve out how weight loss strategies are framed in obesity anecdotes. They include the technicalities of weight loss programs, control as a guiding principle and learning as an engine for the transformation process.

In the third subchapter I shift the focus to the question how this information on obesity and weight loss is communicated. In other words, how stories about individuals frame information in a way that aims at engaging readers in learning processes about how to work on their body. Therefore, I will discuss the article type of obesity anecdotes as a particular pedagogical style that provides information in a subtle way, embedded in a story about an individual. This way of communicating can be seen as contrasting explicit attempts of changing behavior, like health care campaigns. With this pedagogical style I will discuss the particularities of obesity anecdotes as a pedagogical site. In that sense obesity anecdotes will be interpreted as a specific way of communicating information about obesity and weight loss. As I address here the question how information is communicated, a supplementary question is: to whom is communicated. For this reason I will also discuss which audience is imagined in obesity anecdotes. As mentioned above, in order to discuss this question I include non-weight loss anecdotes, which shed light on the way the featured individuals are approached and how their situation is framed. This will be interpreted as creating a trustful environment.

## 4.1. The narration of a transformation

As described in chapter 3.3.5., there are different kinds of narrations that are staged in obesity anecdotes. Most of the anecdotes circle around weight loss in one way or another. In many cases they are concerned with the process of losing weight, and method to lose and maintain bodyweight. However, there are also anecdotes that are about how people deal with being obese, which challenges they face and/or about unsuccessful weight loss attempts. In this chapter I will focus on weight loss anecdotes, which are the dominant type. The subdivisions I introduced in chapter 3.3.5. turned out not to be useful in the analysis. The reason for this is that in this chapter I am interested in the narrative structure of weight loss anecdotes and the analysis revealed, that this narrative structure does not significantly differ in the subcategories of weight loss anecdotes. By looking at narrations I examine how elements of a story are connected to each other and how obesity is made sense of in course of establishing a plot, which turns a story into a narrative (Czarniawska, 2004).

In the preliminary categorization of chapter 3.3.5., I differentiated between 'weight loss stories' and 'moderate weight loss' to make a difference between weight loss anecdotes, that are concerned with obesity as a health issue on the one hand, and bodyweight as an aesthetic issue on the other. However, in both of the subcategories the weight loss was motivated by or connected to considerations about health, regardless of circumstance like the physical state of the person before the weight loss or how much weight the person lost. For example in a weight loss anecdote in *Kurier* (2005.01.20.) two male persons are featured who both have a bodyweight around 80 kilogram. According to the anecdotes one of them lost two, the other one lost four kilogram. Even though this can be considered a moderate weight loss, it is stated “[b]oth are better able to resist physical burdens” (my translation). Therefore, their weight loss activities are related to issues of physical health. Further, the described practices and the discussed issues are congruent to the other type of weight loss anecdotes.

This consistent focus on health in weight loss anecdotes might be explicable with the concept of “aesthetics of health” (Jutel, 2005), that argues for a link between health and appearance in contemporary western societies. In this framework bodyweight is seen as an indicator for health, and appearance is argued to be reflecting well-being. In this regard bodyweight and the loss of bodyweight is always connected to health and ideas of 'good'

health, no matter whether the person in question can be classified as obese or not obese. This is a first indication of the morality of weight loss anecdotes, as being obese and not managing to lose weight is implicitly framed as not being able or willing to live a healthy life.

However, the sample of anecdotal stories about people who lose, lost or intend to lose weight are on first sight very diverse. In some of them weight loss success gets reported in hindsight, in others the featured person is at the beginning, right in the middle of the weight loss process or after the process in a time of more or less successfully sustaining the new weight. Some or all of these points in time and situations can be combined in a longer article, where different stages of a person's history with weight struggles are discussed one after another. In others only one of these stages is touched upon. To illustrate this I want to give one example of both cases. One weight loss anecdote from 2009 in *Die Neue Kronen Zeitung* has only two sentences, where a male person is quoted reporting on his weight loss success as well as on positive effects for his health and appearance. This weight loss anecdote is part of an article about a certain weight loss method, which is promoted in this article. The anecdote at the end of the article can be seen as supplementary information, showing a person who already uses this method successfully. In this example little information is given about the person featured in the anecdote. In other weight loss anecdotes in the sample the anecdote is the central part of the article and detailed information is provided about the person and the various experiences s/he made regarding weight and weight loss. In such anecdotes different issues are discussed by referring to several points in time. An example for this is a weight loss anecdote about a "young woman" published in an article in *Kurier* in 2005. In this anecdote the woman's experience and weight loss process is reported on in much detail. It starts with her life before she successfully lost weight and ends at a stage where she successfully maintains her new weight. In between several steps and obstacles of the weight loss process as well as weight loss methods are discussed, that illustrate how she managed to lose weight. This example depicts obesity and weight loss processes as a very complex phenomenon.

What we see here are two different utilizations of weight loss anecdotes. The short anecdote, simplifies the process of losing weight and reduces it to implementing some weight loss method. It is often only a side note in an article, which is not mainly about a person, but uses an anecdote as evidence that the presented weight loss method works. It is long and complex weight loss anecdotes, where the plot of successful weight loss narratives unfolds. They entail detailed descriptions of weight loss activities and obstacles faced in the weight loss process. They include the featured person's history with dealing

with weight and, interestingly, the historical events are not display a straightforward weight loss process. The plot regularly includes ups and downs, success and failure. However, the most recent weight loss strategy, presented in the anecdote, is typically depicted as the definitive solution to the perceived weight 'problem'.

Further, many articles have a focus on a specific weight loss method and more or less obviously promote this method by showing a successful example. The example given before, of a short anecdote with a simplified message, exemplifies that. In this article a weight loss method is presented and the short anecdote at the end of the article serves as proof that the presented weight loss works. As a consequence, it might be claimed that anecdotes are *just* told to present “public proof” (Latour, 2005) that a specific weight loss method works. However, in this case it would not be necessary to include the perspective and versatile experience of the featured individual, describe the weight loss method in much detail and discuss obstacles the featured person experienced in the process of losing weight. In the following I attempt to challenge the argument that anecdotes merely serve as public proof by presenting a more complex picture. I do not claim that weight loss anecdotes are never employed to prove that a specific weight loss method works in a straightforward manner. In fact, they do it regularly. The point is that they are not *just* employed to prove that a specific weight loss method works, but that they convey much more meaning.

Earlier I mentioned an example of a short anecdote that provides little information. In this case it is clear that the anecdote is employed to prove that the respective weight loss method works and promises success. In order to exemplify the focus of interest of this examination I will show now, that even this weight loss anecdote of two sentences, does more than this.

“Heinrich Römer, alli user from Linz: 'With alli the progress goes from one sense of achievement to the next. First my blood pressure improved, than my abdominal girth decreased and eventually people approached me saying how good I look.' ” (Die Neue Kronen Zeitung, 2009.10.04., my translation)

On the one hand this statement asserts, that the weight loss method called 'alli' works for the person. On the other hand it implies improvements of Heinrich Römer's health and appearance. No further information is given about the person. Therefore, it is not possible to put this statement into perspective, but enumerating positively influenced health indicators and stating how people recognize and comment on his weight loss conveys more meaning than asserting that the presented weigh loss method works in terms of successful weight loss. The meaning conveyed in this particular statement says much more about what it means to be thin and what effect the weight loss had on the life of the person. Therefore,

weight loss is framed here as something that positively influences different aspects of life, which can be read as a moralization of weight loss activities. In this example it gets apparent how anecdotes do moral work. However, subsequently I will mainly focus on longer weight loss anecdotes that include much more detailed information about the featured person, his/her history of trying to lose weight and how the person managed to lose weight. I will try to show that these weight loss anecdotes describe obesity and weight loss processes as a complex phenomenon that is dependent on numerous factors and aspects. A few anecdotes, however, suggest a simplified understanding of obesity, where a weight loss method is implemented and 'solves the problem' straightaway. Further, I will argue that the detailed information about weight loss experiences can be seen as part of a biopolitical discourse, which governs bodies by encouraging individuals to take up responsibility for themselves and actively work on their own body (Foucault, 1997). In the context of weight loss anecdotes information about how one person managed to lose weight and how this process is framed is particularly important. This kind of information can be interpreted as engaging individuals in meaning making processes, which influences how they act on themselves (Wright & Harwood, 2009). With the conceptual lens of biopedagogy (ibd.) I try to carve out, that weight loss anecdotes show how a person lost weight and thereby encourage others how they could lose weight, by simultaneously framing weight loss as desirable. In this regard weight loss anecdotes can also be described as doing moral work, because they portray certain behavior as 'good' behavior and therefore imply how people should behave.

Describing the narrative structure of weight loss anecdotes, I will first discuss talk about the time before and after the weight loss, in which the narration of a transformation is embedded. In a following subchapter I will expand on three kinds of transformation that I identified in weight loss anecdotes. In course of this I will try to carve out how moral work is done in weight loss anecdotes and that the information provided in them serves as learning content for persons who are interested in weight loss strategies.

#### **4.1.1. Pasts and Futures**

First, I want to discuss elements of weight loss anecdotes that enclose the core narration of a transformation, which I identify as the central narration of weight loss anecdotes. The frame narratives are about the time before and after the weight loss or transformation and



provide a frame for the transformation that happens in-between. As I will show, in the illustrations of the past the behavior is framed as 'bad' and allegedly preventing weight loss, while the present behavior is depicted as 'good' and inducing weight loss as well as facilitating control over the new weight.

In a number of weight loss anecdotes the past and the present behavior are compared and juxtaposed. For example in the case of Beate Anderl, who is featured in an article in *Kurier* on the 20<sup>th</sup> of January 2005.

“ 'In the past I time and again opened the fridge in-between meal times and simply took what I desired at the moment', told the 48 year old Beate Anderl: 'Furthermore, I always ate the leftovers of my three kids.' ” (my translation)

In this quote the featured person describes her past behavior and thereby implies that her behavior was uncontrolled and imprudent. She did not plan what and when she ate. While it is implied that this behavior is 'bad' in terms of weight control, it remains implicit in the anecdote and is not directly addressed as 'bad'. However, in the next line Beate Anderl is quoted saying: “ 'I wanted and I needed to change something.' ” (my translation) By saying that change is necessary, the person obviously states that something was wrong in the past. This in turn depicts the previously described past behavior as 'bad'. This ascription means that the past behavior is made responsible for weight gain or being obese. As a consequence, the cause of obesity is also implied here. Nibbling in-between and eating the leftovers of the kids is marked as the reason why the person came into the situation of requiring a change. In other cases the given cause of obesity is alluded to more directly. For example in a weight loss anecdote in *Kurier* (2009.01.07) the featured person is quoted saying “ 'My problem has been night-time eating-attacks.' ” (my translation) In this passage the assumed cause is directly addressed by explicitly calling it a problem.

However, back to Beate Anderl, who came to the conclusion that it was time for a change. After this turning point the weight loss method is introduced and following that, the new eating behavior is described, again in much detail:

“She extensively changed her diet – towards a diversified low-fat diet: More salads and vegetables than before, more products with complex carbohydrates. Brown rice, whole grain noodles and -bread), more lean dairy products – instead less fatty cheese and sliced sausage and less pastries: 'In the evenings only paprika with curd cheese or salad – but no bread.' “

In this passage the new diet is described and different foods are listed, which are deemed 'good' or 'bad' in relation to their capacity to enable or disable weight loss and weight control. Further, information about when to eat which food is given in a quote at the end.

That this new behavior is 'good' behavior is implied by stating the lost weight in numbers at the end of the anecdote.

By discussing both, the 'good' and the 'bad' practices, in one article, they are contrasted and the distinctive features are carved out by juxtaposing them. While detailed information is given in this anecdote, the procedure of organizing a complex phenomenon in a binary scheme effectively reduces complexity and simplifies information for interested readers.

A specific kind of 'bad' eating habits is 'eating-attacks' and other behavior patterns like 'uncontrolled nibbling in between meals'. These habits are regularly identified and labeled as deviant, in weight loss anecdotes. In this regard obesity is sometimes described as or even termed as an 'addiction'. For example in an article in *Der Standard* in 2015.06.20. a woman says: "To me eating is an addiction" Framing the behavior that allegedly causes obesity as an addiction has important consequences. First, using the term 'addiction' suggests that obesity is not only seen as a risk factor for certain diseases, but as a disease in its own right (Saguy & Riley, 2005). In that sense obesity is not framed as a physical disease, but the focus of attention is shifted to psychological aspects of obesity that exist alongside the physical condition. Moreover, it implies that the person who is obese is not guilty of being in that physical stage. Saguy and Riley (2005) also discuss the potential of framing obesity as a disease to remove blame associated with being obese. However, when obese people themselves point out the obsessive nature of their eating habits in weight loss anecdotes, it is obviously an attempt to depict their obesity as not being their fault, but as kind of a mental disease. However, this is usually from hindsight. In weight loss anecdotes 'eating attacks are a matter of the past, which is replaced with a bright future, where the past s overcome or at least in control.

While weight loss anecdotes can be seen as *just* a story about a person, the diverse and detailed descriptions of eating and exercising behavior and its categorization in a binary scheme of 'good' or 'bad' might also be read as an instruction for successful weight loss. Adopting this perspective, it gets clear that showing that the weight loss method works is not the only purpose of this anecdote. In this and in following examples it will get clear that the density of information about how to proceed a weight loss attempt and how to control ones bodyweight sheds light on the moral work done by weight loss anecdotes. They engage learners in processes of identifying what they need to change in order to better control their bodyweight. Additionally, they provide information about how the change can be induced and what the properties of the new 'good' behavior are.

The categorization of behavior in 'good' or 'bad' in talk about past and new behavior provides straightforward regulations, that simplify the information by establishing a

dichotomy between dos and don'ts. Later I will also discuss aspects of weight loss anecdotes, where obesity and weight loss is made sense of in a much more complex way and where more complex information is given in regard to weight loss practices rather than suggesting dos and don'ts. As I will show throughout this chapter, in view of simplifying and complexifying frames of obesity as a phenomenon and weight loss activities as a practice, both elements can be found, depending on the particular context.

Additionally, I want to briefly discuss the order the discussed elements of weight loss anecdotes appear. The narrations on 'past', 'transformation' and 'future' usually appear in chronological order. This is also the case in the presented example of Beate Anderl. However, some exceptions can be identified, where the anecdote starts with the transformation and later juxtaposes past and new behavior, or where the chronology is altered in a similar way, sometimes even by switching back and forth between past and new behavior. This is particularly interesting considering Czarniawska's work on narratives (2004). Regarding plots she talks about how elements of a story are connected to establish a narrative. In the data different choreographies can be found. While different chronological orders can be found in the articles, they are just different ways of establishing and reinforcing the same plot. Finally weight loss anecdotes suggest that there is a linear process from an old life, where the person did not manage to lose weight, to a new life, where the person successfully lost weight and maintains it since. How the transition from old to new life is described in weight loss anecdotes is subject of the following subchapter.

#### **4.1.2. Transformations**

In weight loss anecdotes a lot of change is reported on and different transformations occur. Therefore, I consider transformations as the central narration in weight loss anecdotes. In the following discussion of transformation narratives I will carve out three transformations that are reflected in different ways in weight loss anecdotes. The first is the quantification of a physical transformation of the body in kilogram and other measuring systems. The second, which is the most frequently and intensely discussed transformation in weight loss anecdotes in the data, is the transformation of behavior. At this point I will discuss that this emphasis suggests, that individual behavior is the cause of obesity. The third transformation portrayed in weight loss stories is a comprehensive transformation of the featured person's life, as a consequence of losing weight.

## Quantifications

In a basic sense, the transformation presented in weight loss anecdotes is a transformation of bodyweight. This is denoted by declarations of weight and quantifications of the lost weight. This is in some cases even in the title of the article such as “94 Kilo trimmed” (my translation), which is the title of an article published in 2005 in the daily Newspaper *Kurier*, about the weight loss of a woman called Brigitte Steurer. Stating the number of the lost weight, the previous and/or the new weight, is very common in weight loss anecdotes and shows the success of the respective weight loss attempt and method. In other words, it signifies the magnitude of the physical transformation. The most commonly used measuring unit for the bodyweight is kilogram, but other units of measurement are employed as well, like the body mass index (BMI) and the abdominal girth. In one weight loss anecdote, published in *Die Neue Kronen Zeitung* in 2011, where a technique to burn body fat, by literally heating up fat tissue from the outside, is presented, the abdominal girth and the alteration of the abdominal girth is stated instead of kilogram. The use of this measuring unit is easily comprehensible in this case, because the change of the body is mainly in the abdominal area, as abdominal fat is reduced with this technique. In another weight loss anecdote in *NEWS* in 2007 the BMI is stated to give evidence for the obesity of a two year old. However, kilogram is the most prevalent unit of measure in weight loss anecdotes. Stating either the previous bodyweight, in combination with the current bodyweight, the lost weight or both verifies that the featured person successfully lost weight. Further, it provides information about the magnitude of the weight loss in a way that is easily graspable for readers of newspapers.

Citing numbers in weight loss anecdotes has important effects. Saetnan et al. (2011) argue that “Numeric statements about the world are tickets into specific discourse forums and forms.” They interpret these discourses as potential means of disciplining and as “a powerful way of influencing the social world.” This power of numbers is discussed in the context of statistics. In the moral inquiry of disciplining obese subjects, numbers can be seen as powerful leverage and as a mean for governing bodies. In a way numbers hold people accountable, because it can be checked with numbers that represent 'hard facts' (as they are called in the data), how much people weigh and how much they manage to lose or not lose. Svein Hammer (2011) argues that numbers and the distribution they perform through categorizing work as an individualizing technique, “tell us where we belong and what factors our lives are connected to” (Hammer, 2011, p. 80). This connecting of factors and belonging is also what happens in weight loss stories, when numbers are cited. In

anecdotes no statistics are employed, but through citing measures like the BMI the individuals can be located in the obesity discourse. In general, this discourse builds on statistical arguments, especially when arguing for an 'obesity epidemic'. When the BMI is cited in a weight loss anecdote, the featured person can be assigned to categories that are employed in statistics about the prevalence of obesity. Hence, in a figurative sense, reports on a numeric transformation connect the anecdote to statistics. Therefore, the individual story allows readers a potential association with larger developments that happen on a population level and can be traced with statistics.

## **Behavior**

Now to the things that are not touched upon by citing numbers. The most often discussed transformation in weight loss anecdotes is the change of behavior of the featured persons. The previously discussed quantifications of transformations are omnipresent in weight loss anecdotes. However, the numbers themselves do not tell a story, but only support the message of weight loss anecdotes that I found to be central. As I will show, this main message is that constant transformation of behavior leads to effective weight loss and weight control. It is often directly addressed and emphasized on in the anecdotes. In the data two areas of behavior are pointed out as being the behavioral factors that can be adjusted to induce weight loss and further allow to maintain the new weight. Even though a lot of complexity of the phenomenon is reflected in the data, ultimately the underlying model is mechanistic, identifying two adjustable factors that need to be worked on.

The first behavioral factor to be adjusted is physical activity. In a number of cases people report from doing more sports than before, where they did not take the time to do sports. In one example a person gets quoted saying that he did not do sports before, but is now fully motivated to get fitter (*Die Neue Kronen Zeitung*, 2009.05.24). This change of behavior towards doing more sports is then presented as an important aspect of losing weight. But while engaging in physical activity is declared an important factor for successful weight loss in weight loss anecdotes, it is in most cases just mentioned in a subordinate clause next to the other behavioral factor highlighted in weight loss anecdotes. This factor is eating behavior. To exemplify this, in a weight loss anecdote in *Die Neue Kronen Zeitung* it says: "Little carbohydrates, a lot of sport and most importantly no dinner made him lose the kilos rapidly." (my translation). After this statement neither sport nor any other physical activity is mentioned in the remaining anecdotal story. Instead, the featured innkeeper, who lost 100 kilogram, according to the article, talks about his healthy dishes.

However, there are also some cases where the supposed importance of physical activity for

successful weight loss is not just mentioned, but further discussed in the article. And as I will show now, even in the rare examples, where physical activity is dwelled on, the information given about these activities is not very detailed. In an article in *Profil* in 2007 the talk is of a “movement pill”, which means that the two persons featured in this article do sports as a substitute for taking medicine. However, even in this example questions of how to get active in terms of physical movement is not explained, apart from saying the two persons use the bike.

Questions about how to do sports in the sense of how often, how long or what kind of sports, remain unanswered in almost all weight loss anecdotes that mention physical activity. This is interesting because, as I will discuss in the following, this is very different in the case of eating behavior. Instead of discussing strategies of physical activity and their alleged effectiveness in terms of weight loss, the basic message is simple: move more in order to lose weight. Therefore, physical activity is discussed in weight loss anecdotes in a simplified binary model, where more physical activity is framed as healthy and supporting weight loss, regardless of the type of activity, and less or no physical activity is depicted as unhealthy and as a hindering factor for weight loss. However, as the example of the innkeeper indicates, physical activity is regularly paired with other activities that are portrayed as inducing or supporting weight loss.

As I already implied, the importance of physical activity is often overshadowed by eating behavior as the other behavioral factor mentioned in weight loss anecdotes. While both factors are portrayed as important in weight loss anecdotes in regard to successful weight loss, eating behavior is discussed in much greater detail and comprehensive guidelines about eating behavior are provided. In weight loss anecdotes eating behavior is therefore framed as the far more important adjustable behavioral factor than physical activity. And different to the simplified binary model found in the discussion of physical activity, the discussion of eating behavior is much more complex and way more information is given about how, when and what to eat. Even further, information like, at what time of the day and how fast the food is eaten, are discussed in weight loss anecdotes. For example in the weight loss anecdote featuring two persons who participate in the 'KiloCoach' program in *Kurier* in 2011. In this anecdote different dishes, from the time before and the time after the transformation of eating behavior took place, are described. One of the persons reports on a shift from uncontrolled in between eating to regular meals, the other one reports on eating significantly more fruits and vegetables than before the transformation. Further, they both started thinking of food in terms of calories, which is presented as advancing their capability

to control their weight. This is one example of which kind of information about weight loss strategies is presented in weight loss anecdotes. Different types of food and certain kinds of eating habits are discussed in relation to their properties as enabling or disabling weight loss and weight control. This kind of information can serve as an instruction, even if it is not worded as one, but as an experience of a person. In this context it is also important to keep in mind that certain eating behavior is regularly classified as 'good' or 'bad', as I laid out in chapter 4.1.1..

Now I want to look at how eating behavior and weight loss methods are talked about from another angle. The complex information about eating behavior is regularly discussed together with diets and eating habits. How the distinction between dieting and permanent change of behavior is laid out in weight loss anecdotes reveal their emphasis on permanent control of the self.

The basic component of dieting is a change of eating behavior in one way or the other, and in most of the articles in the data people indeed do diets. However, as it will get clear in the following explanations, most of the featured persons understand their activities somewhat different. A typical diet has a fixed start and end. In the following I will call this kind of diet 'diet in a narrow sense'. In rare cases diets in weight loss anecdotes work like this and the weight figuratively 'falls off', which indicates that there is no constant work required in order to keep control over the bodyweight after the weight loss. However, more often the weight loss process is followed by a stage of new eating habits and/or a new physical fitness regime that are described as steady and as profoundly different than former behaviors and habits of the featured person. This indicates that a sustainable transformation would only be possible in connection with rigid change of behavior and a lot of self-discipline.

In this connection dieting in a narrow sense and not profoundly changing eating behavior is often criticized as not being sustainable in many weight loss anecdotes. This critique is often combined with talk about the so-called 'Jojo-effect'. The 'Jojo-effect' is brought up in many instances in the data as a highly prevalent phenomenon that is described as an unpleasant and depressing experience or as a trap anyone could fall into. The Jojo-effect denotes that a person who successfully lost weight gains all the lost weight after stopping the weight loss activities or maybe even gains more than s/he lost in the diet. An illustrative example for this is a weight loss anecdote about an Austrian comedian, featured in an article in the weekly newspaper *NEWS* in 2011. In this anecdote the person talks about his history of dealing with weight problems: " 'I have tried many diets – and all of them worked' said Bernhard Ludwig. The question is, how long" (my translation). In this example the

problem of diets in a narrow sense is clearly described. But the anecdote does not stop there. Later in the article he presents an unusual version of constant change of eating behavior. "His trick: He just eats every second day" (my translation). And as expected in this kind of anecdote, this method works very well for the person and he lost a significant amount of bodyweight. Further, the presented method is a permanent weight control activity and therefore profoundly different from weight loss activities, that are framed as diets in a narrow sense. This anecdote suggests that the critique of diets is based on the argument that short term weight loss activities necessarily fail, because after the diet people would go back to old habits and put the weight back on. Therefore not the diet itself, but what happens afterwards, is framed as the problem. In this connection the Jojo-effect serves as an explanatory phenomenon. It is portrayed as a problem that is inbuilt in the procedure of the 'diet in a narrow sense' as an ineffective weight loss activity. As a consequence, the critique of diets, employed in weight loss anecdotes, can be read as implying the effectiveness of permanent self-control over the behavior and the body. Framing self-control and permanent work on the own body, as a recipe for successful weight loss and weight control, further increases the accountability of citizens by extending their responsibility to permanent weight control.

However, different to a 'diet in a narrow sense' the weight loss method of the mentioned comedian, as well as many others found in weight loss anecdotes in the data, can be described as a comprehensive change of behavior. People featured in weight loss anecdotes regularly report on sustainable change of their eating and sometimes also exercising behavior. In the weight loss anecdote, featuring Andrea Schweighofer, this is brought to the point very nicely: " At that time she weighed 80 Kilo and decided to totally turn her life upside down. With a healthy, balanced diet and regular exercise" (Die Neue Kronen Zeitung, 2005.03.18., my translation). This change of behavior can be interpreted as persistent control of behavior and resisting the risk of falling back to old behavior, by permanently controlling the eating and maybe also exercising behavior and the bodyweight. Therefore, this transformation is quite the opposite than a short term diet.

There is another aspect to talk about the Jojo-effect, which gets visible with a particular statement frequently occurs together with this phenomenon. Somewhere in the beginning of most of the longer weight loss anecdotes the featured person is quoted saying that s/he tried most of the existing diets at some point or that s/he has a history of diets that turned out to be unsuccessful in the long run. In the example of the comedian the person stated,



that all of the attempted weight loss strategies worked. This is of course a joke, because he later says that they did not work in the long run. In the weight loss anecdote about Andrea Schweighofer a clearer wording is found: “ Also Andrea Schweighofer tried most diets at some point. Without success.” (Die Neue Kronen Zeitung, 2005.03.18)

Next to the already discussed framing of diets in a narrow sense as ineffective, this reoccurring type of statement does several other things. On the one hand, pointing out previous unsuccessful weight loss attempts builds the foundation for the argument for the weight loss method presented in the weight loss anecdote. This method is depicted as a final solution after a desperate search for something that works. This method allegedly also assures that the weight can be maintained, even if there is usually no proof for that, because in most cases not enough time has passed to actually assure that. However, one woman is for example quoted saying “Now I maintain my weight.” (2011.02.11, Kurier, my translation) directly after describing her experience that might be termed 'Jojo-effect', although in this case the person does not use this term. Moreover, it is said that she managed to lose 20 kilogram with the presented method, while she just lost 2 to 3 kilo in her previous attempts, which aims at proving the efficacy of this method.

On the other hand this can be read as a statement that implies, that every obese person should be motivated to lose weight. Further, it implies that everyone who is obese should keep trying different weight loss methods until finding the right one, which fits each individual. In that sense it also personalizes obesity as an issue everyone has to find an individual solution for. However, these kinds of weight loss anecdotes describe a way out, encourages to stay active and try different things. But what if the remedy is not found? An individual that has not been successful so far and is therefore trapped in a situation of constant work without slimming down, is described by Greenhalgh (2013) in an ethnographic study under the notion of 'fat subjects'. Greenhalgh describes 'fat subjects' as people who suffer under the 'pressure to be thin', while constantly trying to lose weight. A weight loss anecdote that presents a final solution after a long period of trying to lose weight can therefore be interpreted as being part of the discourse that creates 'fat subjects'.

Next to information about eating behavior there are also other kinds of information conveyed in weight loss anecdotes, that are also informing the reader about how to effectively work on the body in order to lose and control weight. In some articles, that include weight loss anecdotes, there is for example detailed information about the weight loss method, which is sometimes even explained in a separate paragraph. An example for that is a *NEWS* article from 2011.05.05, where a number of celebrities and their weight loss

stories are featured. After these stories two of the mentioned weight loss methods are explained in more detail. One is a 'bioresonanz' [bio-resonance] device, which supposedly detects foods that prevent the body from losing weight on the one hand and amino acid compounds on the other hand, which "are supposed to support the bodies natural weight loss process." (my translation) Because the one detects foods, which are to be avoided as a consequence of such an examination, and the other has an effect on the feeling of satiety, they are both related to eating behavior. The amino acids themselves would not require users to do anything apart from taking the compounds, but the description is complemented with: "Additionally, attention is paid to a balanced diet and lots of exercise." (my translation) In this supplementary sentence it is highlighted one more time that the two factors of individual behavior, eating and exercising, are seen as central in weight loss anecdotes. However, information about specific weight loss methods also engages individuals to learn about weight loss activities or even encourages them to try the featured method by highlighting how good it worked for the featured person.

The next type of information I want to discuss is information about how the change of behavior of the featured person happens in weight loss anecdotes. This is often talked about by referring to a specific point in time and/or a decision of the featured person. For example in a weight loss anecdote in *Die Neue Kronen Zeitung* in 2005.03.18. it says: "[She] decided to totally turn her life upside down" (my translation). According to the article, the woman's successful weight loss started after making this decision. Earlier weight loss attempts were not successful. This specific moment in time is regularly described as going along with the realization of the current life situation of the featured person. In the presented logic of a transformation of behavior this moment is a vital part that is described as the moment of inducing the transformation. Only after realizing that 'there is a problem' or 'that something needs to be done', a constant change can be performed, according to this narration. The talk about this turning point can also be seen as a transition from passivity to activity. The narrative suggests that the featured person's way of dealing with his/her bodyweight changes from passively sustaining the situation or ineffectively working on the body to actively and successfully working on the body. This moment of realization therefore is an important part of the narration of a transformation. It is the turning point from passive to active, 'bad' to 'good' and 'uncontrolled' to 'controlled'.

The turning point is the moment, where the person featured in the anecdote effectively decides to profoundly change his/her life. This moment, that frames the transformation as a decision, is often depicted as being induced by some kind of life-changing experience. In weight loss anecdotes in the data this ranges from being informed about a health condition

for the first time, to an embarrassing experience related to being obese. This implies that the turning point is one moment, where the person realizes that s/he needs to do something about his/her body size. This can be seen as important information for potential readers who are assumed to be interested in losing weight. This turning point is the very moment where the profound and permanent transformation, which is framed as a necessity for successful and sustainable weight loss, is induced in the narration of a transformation. In a sense the realization is the first step of the described transformation. Therefore the talk about this 'turning point' can be interpreted as stimulating readers to take this first step, by deciding to change their lives.

Because detailed information is given about all these issues in weight loss anecdotes, in an explanation of how weight loss worked in specific cases, it is fruitful to see weight loss anecdotes as "pedagogical sites" (Wright, Harwood et al., 2009). Wright, Harwood et al. argue that, in the obesity discourse, it is often about learning how to lose weight. For that reason they combined the concept of biopolitics with pedagogy in the concept of 'biopedagogy' to make sense of the discourse, which engages 'learners' in processes, where they learn how to deal with their bodyweight in a certain way. Therefore, this concept draws attention to what can be learned. In that sense it is a vital part of pedagogical sites to provide detailed information to show how the body can be worked on. As I tried to show, a number of different kinds of information are given in weight loss anecdotes, which can be interpreted as this kind of information that allows readers to learn how to control their bodyweight. By telling a story about an individual, people get information about and are figuratively taught how to work on their body and which actions to take in order to lose weight. In light of this it gets clearer what the difference between the related frameworks, biopolitics and biopedagogy, is. Biopolitics is about encouraging people to control their bodies and biopedagogy is about communicating information about how to control their bodies. As I tried to show, both are extensively done in weight loss anecdotes.

By presenting examples of focused people, who successfully lost and control their weight, thereby emphasizing on the importance of permanent weight control practices and criticizing short term 'diets', weight loss anecdotes can be seen as being part of 'biopolitical discourse' (Foucault, 1997) that can be described as governing biological bodies. Foucault argues that biopolitics encourage individuals to take up responsibility for themselves instead of forcing them with disciplinary power. In the context of obesity this responsibility is performed by attempting to lose weight, losing weight and permanent weight control. Weight

loss anecdotes promote these activities, by showing examples how people successfully dealt with their 'weight problem' and by pointing out several positive aspects of the weight loss. In these anecdotes the featured person takes up the responsibility for their own body and health. An important aspect of assuming responsibility in the context of biopolitics is consistent control over the own body. For that reason it is very interesting that permanent control over the body is presented and argued for in the majority of weight loss anecdotes. As I tried to show, people featured in weight loss anecdotes are portrayed as performing consequent self control. Further, it is regularly implied that permanent changes are essential for maintaining a slim figure. The previously discussed critique of 'diets in a narrow sense' and talk about the Jojo-effect underpins this frame of assuming responsibility and long term behavioral changes as a condition for sustainable weight loss. This is because it discredits short term solutions for obesity as ineffective or even counterproductive. For all these reasons it makes sense to interpret weight loss anecdotes in the light of biopolitics and analyze the moral work they do, by encouraging readers to permanently control their body, bodyweight and behavior.

Further, with the weight loss anecdote as an example for how a person lost weight, no direct rules are stated and no one is forced to do anything. But what is given is detailed information about what one person did in order to lose weight, which even 'proved' to be successful, according to the cited numbers (as discussed above). The narration of a successful transformation, together with information about proceedings that allegedly lead to sustainable weight loss, therefore encourage people to act according to the promoted examples and do not list rules that are to be followed.

Highlighting change of behavior as a solution for weight loss anecdotes further has an important consequence for the question about the cause and the solution for obesity. The solutions for obesity presented in weight loss anecdotes are not explicitly framed as a behavioral solution. However, with the change of individual behavior a behavioral solution is presented in virtually every weight loss anecdote in the data. These behavioral solutions are self-evidently presented in weight loss anecdotes, their efficacy is taken for granted and simultaneously 'proved' in the anecdote. In this type of article other solutions for obesity are therefore effectively undermined, like the environmental approach, which emphasizes on the change of food environments, relations between wealth and obesity, race and obesity and other environmental factors (see Kirkland, 2011). On the one hand it is clear, that stories about individuals focus on the individuals instead of, for example, some environmental cause or solution for obesity. However, the very existence of weight loss

anecdotes points to the fact that obesity is treated as being caused by individual behavior, in the media (Saguy, Gruys & Gong, 2010).

Heretofore I pointed out that the most frequently described strategy to effectively lose and control weight is permanently changing the eating and exercising behavior, with eating behavior being the central adjustable factor. But how is this change induced. Weight loss anecdotes have different answers to this. They differ in extent of activity or passivity of the featured person. The different ways how permanent change is induced can be explained by the following examples. I want to start with a case that implies that help from outside is needed to be able to deal with this situation. Depicting people as not able to deal with obesity by themselves is in a way also related to framing it as a disease, a condition that needs treatment. To exemplify this I would like to go back to the article featuring Brigitte Steurer that I already mentioned earlier. In a quote she asserts: "it became clear to me: A long-term weight loss is now just possible with a change of diet along with coaching" (Kurier, 2005.12.27., my translation). In this quote it gets clear that the woman sees coaching as a necessity for long term weight loss. In this example the person obviously does not see the possibility to control her body all by herself. From a certain perspective this can be interpreted as failure, but the person in the article is not blamed for failing to control her body. Instead, she is portrayed as someone who accepted, that she needed help and willingly subjected herself to professional help. Brigitte Steurer reported that she was engaged in an overall program that lasted three years and included 'nutritional counseling', 'individual movement therapy', 'mental training' and 'plastic surgery' to get rid of the excess skin after losing weight. Again, this can be seen as proof that the woman was neither able to control her eating habits, actively engage in physical activity nor deal with the psychological aspects of obesity without professional help. However, Brigitte Steurer is not depicted as being depressed or resigned because of that. Instead she is portrayed as having accepted that others needed to take care of her 'problem'. The result of this insight is a weight loss of 94 kilogram, according to the information given in the anecdote. Hence, accepting help 'proved' to be successful in a case where the featured person is framed as unable to independently control their own body. Giving up is not acceptable in most of the weight loss anecdotes in the data. Therefore, if a person cannot meet the goal of actively controlling their own body, it is not framed as problematic as long as the person seeks for help and ultimately loses weight. Before moving on to the next example of how receiving help is depicted in weight loss anecdotes I would like to remind the reader that the presented strategy for successful weight loss remains the same whether the featured person is

portrayed as capable of independently losing weight or if the person needs help. This strategy is a permanent change of eating and exercising behavior.

In other examples, where people who do not manage to get in control of their bodyweight by themselves, an intervention of an external person is not necessary, but they still get help from the outside. An example for this is the 'KiloCoach' program that I touched upon earlier. The KiloCoach is basically an online software, where people can record consumed meals and performed workouts and get their consumed and burned calories calculated. Further, there is a forum, where people can interact with each other, exchange recipes and other practical tips for people who want to lose weight. This program is mentioned and promoted in a number of weight loss anecdotes in *Kurier* in the years 2009 and 2011. In this program the featured people do not actually get in contact with physicians, nutritionists or other professionals, but they still get help from outside. What enables the people featured in the corresponding anecdotes to control themselves and lose weight is, according to these articles, directly connected to the rigorous use of the KiloCoach. What the stories about the KiloCoach tell us is that people using it cannot or could not control their selves without help and that this program emphatically supports being conscious about how much one eats and how much one works out. Hence, the KiloCoach is framed as a program that encourages self-control. Self-control that is further described as a necessary component of successful weight loss. Again, the aim of this effort is facilitating change of eating and exercising behavior.

Another case where people get professional help is bariatric surgery, which also occurs in some weight loss anecdotes in the data. For example in an article in *Der Standard* in 2015.06.20., where a women called Andrea receives a gastric bypass. In case of bariatric surgery the individuals featured in the weight loss anecdote are clearly far from being in control over their body. In the article about Andrea and her surgery the first paragraph is describing the situation of her surgery in the operating room. In this paragraph Andrea is only a passive body under the influence of anesthesia. Only in the second paragraph is Andrea introduced to the reader. Like many other people featured in weight loss anecdotes she is quoted finally losing weight, after failing with various weight loss methods. Andrea also mentions that she experienced and suffered from the 'Jojo-effect'. To sum this up, first Andrea is depicted as totally passive in the description of the surgery and later it is stated that she failed to lose weight, when she tried it without professional help. Even after the surgery Andrea's body stays under the control of medical professionals. Towards the end of the article it is mentioned that Andrea is checked every six months. Hence, although Andrea managed to lose weight after receiving a gastric bypass, she does not get her self-

responsibility back and remains under the control of medical professionals who monitor her weight and health. Next to the passivity of Andrea and the professional help she gets, there is another interesting aspect to this example. In the previous examples I stressed that weight loss anecdotes almost exclusively depict a change of eating and exercising behavior. But what does this look like in cases of bariatric surgery. I said that in reports on bariatric surgery, the people who receive it are passive, but it is not that they do not do anything to get slimmer. Quite the contrary, according to the corresponding articles they also change their exercising and eating behavior. Andrea for example is stated doing sports four times a week and only eating small portions. On the one hand bariatric surgery is presented as a technological fix, but reports on the effects of such surgeries indicate that gastric bypasses and gastric bands force people to change their eating behavior, because they are just able to eat small portions as a consequence of their surgery. Hence, also with the extraordinary method of doing surgery on the obese person's stomach, ultimately the aim is to change the person's eating behavior.

The narratives of changing behavior, which I discussed in this section, are a central narration of weight loss anecdotes. The change of exercising behavior and eating behavior is almost exclusively considered the key for successful weight loss. In this context it is also emphasized that this change needs to be permanent in order to result in long-term weight loss. As the different examples employed in this subchapter reveal, it is not really important if this change is achieved by the person him-/herself or if the person needs help to change the behavior. It is not as important if the featured person manages to control the body all by themselves. What is important is that the change happens and that the person's body is under control. In chapter 4.2., I will come back to the aspect of control, when discussing it together with learning and rationality. I tried to show that the ways how the transformation is induced differs depending on how much capacity, to take control over the own body, is granted to the person featured in the weight loss anecdote. As I pointed out, in a number of cases the featured persons get help, because they are depicted as not able to control their own body and habits. In others they do not need help and manage the transformation by themselves.

### **Comprehensive transformations**

Now I want to discuss another aspect of the transformation presented in weight loss anecdotes, which affects the featured person's life in more general terms. Until now I talked about the quantification of weight loss in kilogram or other units of measurement as

displaying a physical transformation of the body and the transformation of behavior that is allegedly related to bodyweight. But in weight loss anecdotes a third kind of transformation is happening too. In a number of articles the featured persons state that their life changed as a whole and that they have found a new attitude towards life. In that sense the kind of transformation I want to talk about here is a comprehensive transformation of the featured person's life. The statement "I live. Now truly." from Brigitte Steurer, in the article I already discussed at several places in this chapter, is arguably the most distinct example of a comprehensive transformation. It is presented as an accompanying effect of losing weight. With the quoted statement the woman implies, that her 'real' life has just started with the weight loss and that she does not really value the life she was living before. This is obviously a very strong argument and a hard verdict for her past. Further in the article about Steurer it is stated that she found a new job as a nutrition consultant and now helps other heavysset people. This signifies that the person's life changed in a profound way and gave her life, so to say, a meaningful mission. This new mission is another indication for the comprehensive transformation of Brigitte Steurer's life. This is not the only example in the data, where the featured person gets a new job after losing weight. Interestingly, becoming a nutritionist after losing a significant amount of weight comes up several times, but also changes to other jobs, unrelated to the issue of weight loss are reported on. However, next to getting a new job, a number of different accompanying effects of losing weight are presented in weight loss anecdotes in the data. Some report on more success in sports, others state that they are healthier or more 'energetic', can fasten their shoes again or are simply happier with their lives.

These accompanying effects can be interpreted as a more or less intense transformation of the featured person's life in general. It goes without saying that not every transformation is as comprehensive as the one of Brigitte Steurer, but these changes clearly go beyond quantifiable changes of the physical body and changes of eating and exercising behavior. Pointing out these accompanying effects implies, that not only the quantifiable body dimensions and the behavior of the featured person changes, when they lose weight. Also other aspects of the person's life changes, and as the given examples show, it is stressed in weight loss anecdotes that the life of a person who loses weight changes for the better. The various examples also reveal that these positive effects may influence every aspect of a person's life.

Illustrating these positive aspects further highlights the desirability of weight loss in weight loss anecdotes. Hence, this is an additional way of doing moral work in weight loss anecdotes. According to these narrations, positive overall effects are a logical consequence



of losing weight. This further implies a promise that the life of a person who is obese could change for the better at the moment weight is lost, which again underpins the morality of the discourse.

The talk about transformations in weight loss anecdotes can also be interpreted under the notion of the 'entrepreneurial self', which refers to "the 'responsibilising of the self' as one of the distinctive means of neo-liberal governance of welfare and education" (Peters, 2001, p. 58). The featured persons in weight loss anecdotes all take responsibility for their own life and lose weight, because it is discursively produced as the responsible thing to do. The body is worked on in these anecdotes, as it is an object of entrepreneurial activity. The quantifiable variables of the body allow monitoring the development of the body size. The behavior is what needs to be worked on in order to effectively influence these numbers and the narrations of a comprehensive transformation are portrayed as the reward for successfully transforming body measurements and behavior. The responsible entrepreneurial self works on their own body, controls it and is successful in all areas of life.

In this chapter I discussed the narration of a transformation as it is described in weight loss anecdotes in three manifestations, a numeric transformation, a behavioral transformation and a comprehensive transformation of the whole life. Additionally, I described narrations about pasts and futures, that enframe the transformation narrative. Thereby I tried to point to the moral work done in these narrations. At the beginning of this chapter I argued that weight loss anecdotes do not simply show that weight loss methods work in a straightforward way, but that successful sustainable weight loss requires a complex transformation process, where a number of aspects need to be met. Even if weight loss anecdotes produce "public proof" (Latour, 2005) that weight loss works, the detailed information they provide allows to interpret them as a 'biopedagogical site'. They allow learners to get a lot of information about experiences with successful weight loss attempts. In this context no direct request is made to take action against obesity. In weight loss anecdotes no one is told how to live. But the given information might be used by entrepreneurial selves to make 'better' decisions and to conduct life in a 'better' way.

Analyzing the moral work of weight loss anecdotes, it is important to keep in mind that it builds from a strong existing moral framework, that frames weight loss is a desirable objective. This presumption was found in many places that are part of the obesity discourse (e.g. Jutel, 2005; Grønning et al., 2012 & Greenhalgh, 2013). For that reason many scholars argue that the obesity discourse is a moral discourse. Weight loss anecdotes

mirror these findings by framing weight loss attempts as being the logical consequence for every person who is identified (or self-identifies) as obese. The goal of getting slim is framed almost as a natural desire every obese person has and it is never questioned if the featured persons want to lose weight or not. Making this argument I admittedly only look at weight loss anecdotes and exclude non weight loss anecdotes. But first, the weight loss anecdotes are clearly the numerically dominant type and second, the non weight loss anecdotes rarely challenge the dominant frame.

Against this backdrop, weight loss anecdotes do moral work in at least three senses. As a place where certain morally charged weight loss narratives are established and repeated, which normalizes weight loss activities, as well as a place where numerous information about weight loss is given, to engage obese people in processes of learning about how to lose weight. The third moral work shows the active role of weight loss anecdotes as an actor who tries to 'help' people by encouraging them to engage in weight loss activities. This gets most clearly apparent, when contact information of weight loss programs or professionals is given at the end of an article. In that sense weight loss articles do not only report on people who start controlling their body, they also seek to encourage readers to actively work on their body and try to help those who want to lose weight.

## **4.2. Logics – Control – Learning**

In chapter 4.1 I carved out, that people featured in weight loss anecdotes change their behavior and start to control their body and bodyweight. To a varying degree they accept professional help to achieve their goal of permanently changing their eating and exercising behavior, which is depicted as the solution to obesity. In this context, I looked at the processual character of these changes and examined how these transformation processes are described in weight loss anecdotes. In these descriptions external interventions are usually framed as help. Now I want to change the perspective and examine how the previously described process of behavioral change is induced according to weight loss anecdotes. This means I am interested in the strategies for weight loss as they are described in weight loss anecdotes. To answer this question I will ask how weight loss is made sense of and which guiding principles can be detected. In this regard, I will discuss the issues of control, learning and the logics of weight loss, which occasionally already came up in the analysis, but were not separately discussed. Therefore, I want to take a closer look at these three issues, by examining first, which logics and corresponding understandings of human bodies are behind weight loss programs. Second, which role control plays in this context, how it is performed and who is in control. Third, how learning processes are described and how the capability to learn is made sense of in order to discern how control responsibilities are distributed in the respective cases. In this context external interventions appear as forms of control, rather than disinterested help. Giving insights on these three issues will allow to understand how weight loss anecdotes in Austrian newspapers make sense of weight loss and which weight loss strategies they frame as promising, by providing a successful example.

### **4.2.1. Logics of Weight Loss**

In this section I will address the question, which logic weight loss strategies in weight loss anecdotes follow. In course of that I will argue that weight loss programs aim at rationalizing behavior, for example by facilitating a process, where food decisions get more conscious, because they get based on a certain strategy. These processes, that signify a change of

behavior, are portrayed as an essential part of the solution for obesity. Hence, making behavioral decisions conscious and grounding them on certain knowledge, in line with a certain logic of weight loss, is related to the question how change of behavior and bodies is induced, according to weight loss anecdotes. Before introducing two basically different logics of weight loss, I want to employ two short quotes from the data, to give an impression of what it means to make behavioral decisions conscious and built on a certain logic, which is a common feature of the logics of weight loss presented in weight loss anecdotes.

“In contrast to the past I now comply with meal times and I eat much more consciously” (Kurier, 2005.12.27, my translation). The featured person points out, that her eating behavior changed towards more consciousness. By implication she ate less consciously in the past. Hence, the person performed a change from an improvident eating behavior towards a well-considered eating behavior. Because she now considers various factors when making food decisions, the person is portrayed as having rationalized her eating behavior. In a moment I will go more in depth on the question what these factors are. For now it is important that the weight loss program allowed the featured woman to make conscious food choices. These choices are based on a certain logic of how weight loss works, packaged in a weight loss program consisting of guidelines and rules. In the process of making behavioral decisions conscious previously inconsiderate decisions become rational choices.

In another weight loss anecdote the featured person states a cause of her obesity by saying: “I ate without thinking and got fatter and fatter” (2007.11.25). This quote depicts the other side of the coin, the thoughtless eating, which is framed as 'bad'. Not thinking about food decisions and not planning the eating behavior is hereby framed as a cause for obesity. By highlighting thoughtlessness in the context of eating as a cause for obesity, it is implied that making conscious food decisions is a solution for obesity. And as the previous quote indicates, in weight loss anecdotes non-rational, thoughtless food choices get replaced with rational, food choices in a process of transforming the eating behavior in line with a certain logic of weight loss.

Discussing the importance of making conscious and well considered food decisions in weight loss anecdotes was a first approximation to the logics of weight loss as an important aspect of how change is induced and weight loss is made sense of in weight loss anecdotes. In a next step I will introduce two basically different strategies of how this is achieved. In doing this I will zoom in on the sources for the food decisions that are presented as conscious and based on a sophisticated weight loss strategy. In most cases in

weight loss anecdotes this is not something the featured person came up with him-/herself. On the contrary, they usually come from the outside in form of a weight loss program. How they 'come', how they are imposed to the featured person, I will address a bit later. First, I want to focus on the characteristics of these weight loss programs, which can be seen as a source that provides a structure for conscious food choices.

Generally, the approach to weight loss presented in weight loss anecdotes differ from one weight loss program to the other. Some differ just slightly, but others represent logics of weight loss, that are hardly compatible. However, successful weight loss is reported on in most weight loss anecdotes, regardless of the weight loss program applied in the respective cases. According to this, in an overall view weight loss anecdotes give the impression that every single one of the presented weight loss programs and strategies work. Therefore, how weight loss is made sense of in the respective case, which logic is applied and what actions are recommended as a consequence, is in a sense less important than the fact that they provide some structure, which organizes the presumed unorganized weight loss activities of the person featured in the anecdote. Hence, structuring weight loss activities is an important feature of weight loss programs and in a figurative sense it is framed as warranting weight loss success. This feature also facilitates a streamlining and rationalizing of eating and exercising behavior. How the behavior is streamlined and which logics are behind these strategies could therefore be rendered irrelevant.

However, different logics and strategies for weight loss appear in weight loss anecdotes. How weight loss activities are structured and how they are made sense of is an important issue in weight loss anecdotes. In the context of finding the 'right' strategy different weight loss programs compete with each other. Features of weight loss programs are regularly mentioned in weight loss anecdotes. In course of this they are presented and more or less obviously advertised. In the following I examine different logics behind these programs in order to better understand which kind of information weight loss anecdotes provide about weight loss strategies. This is interesting because in the framework of biopedagogy, the provided information engages learners in processes of making sense of their own body and behavior.

In the analysis of weight loss programs featured in weight loss anecdotes I identified two basically different logics of weight loss that are pursued in weight loss anecdotes. One of these strategies that facilitate a process of making decisions about eating and exercising behavior conscious involves monitoring, counting and calculating. In chapter 4.1 I discussed counting and measuring of the body and the extent of the weight loss in kilogram. This is

one way of counting and monitoring the body. Now I want to broaden the understanding of quantifications and calculations in weight loss anecdotes, by discussing the quantifications of foods and physical activities. An illustrative example for this kind of strategy is the weight loss program 'KiloCoach' that provides a structure for self-monitoring and calculating. The KiloCoach is organized in an online software that enables users to keep records over their food intake and energy consumption and allows calculating them in calories as a common measurement unit. This program is featured in a number of weight loss anecdotes in the newspaper *Kurier*. One of them is about the weight loss of Herbert Czech (2009.09.08). "Day by day he precisely enters the ingested meals and the completed units of sports into the KiloCoach" (my translation). The structure provided by the KiloCoach allows the person to record every eaten meal and every exercise unit. In doing so the person monitors the entire energy intake and the entire energy consumption. In this regard it is further asserted: "Through the good connection to the KiloCoach Czech knows exactly how many calories he has taken in and how many he has lost again through doing sports" (my translation). This shows that the person sees food in terms of calories. In this perspective food is translated into a quantified form that allows counting and monitoring the food intake. In a similar way, physical activity is also translated to quantified exercise units. Mol (2012) argues that with this perspective a biochemical world is entered where foods are nutrients. In this biochemical perspective other aspects of food, like for example taste, are disregarded and the nutritional values are the only thing that count. Getting an overview over both sides, the intake and the consumption of energy, allows to calculate how much a person 'should' eat in relation to physical activity. While bringing activities considered as relevant into a monitoring scheme, a connection between food and exercise is established. In this logic weight loss activities are seen as a calculation of the number of ingested calories minus the number of burned calories. This gets apparent in a statement at the end of the weight loss anecdote featuring Dr. Josef Buch (*Kurier*, 2009.01.07). After talking about how much he works out he states: "In this way [working out] I do not need to restrict myself so strongly regarding meals" (my translation). The person suggests here, that high energy consumption allows him to eat more and still have a balanced energy ingestion-consumption ratio. By increasing the number on one side of the calculation, he argues that he is able to also increase the number on the other side of the calculation. Thereby the person establishes equivalents of food and exercise units. In this logic, a meal with a certain amount of calories can be offset with a certain time span of exercising, where the same amount of calories is consumed. This only works with the common measurement unit of calorie, which quantifies energy. This approach to weight loss is very straightforward and breaks down the logic of weight

loss and weight gain to a calculation of how many calories are taken in in form of food and how many calories are burned by moving the body. Therefore, in this context the understanding of the human body is mechanistic. It is virtually seen as a machine that is fueled with food and consumes this energy with physical movements of the body. In this understanding the complexity of the human body is reduced by employing a simplified scheme, where input and output are offset in a straightforward manner.

As a result, quantifying weight loss programs, where food and physical activity are brought into a calculable scheme, provide the users of such a program with the structure to consider every eaten meal and every performed physical activity. In this way the eating and exercising behavior is made conscious and potentially no meal is taken 'without thinking'.

Another type of weight loss program in weight loss anecdotes is committed to a different strategy. These kinds of programs are presented as very comprehensive and sophisticated. This means that they present themselves as considering a high number of factors as possible adjustable factors that allegedly lead to a sustainable decrease of bodyweight. This can be seen as an effort to take more and more factors into account and make sense of them in a rationalized way. Different to quantifying programs the number of included factors is not reduced but increased. Therefore, the ways weight loss activities are made sense of are fundamentally different. To illustrate this I want to go back to a weight loss anecdote I already employed as an example earlier. For instance, when I talked about cases where the featured persons get professional help. This anecdote of Brigitte Steurer (Kurier, 2005.12.27) exemplifies a comprehensive approach to weight loss. The weight loss program Brigitte Steurer is doing is referred to as a “three-year overall program with four pillars” (my translation). “Permanent medical assistance” is introduced as the most important pillar for “controlled weight loss”. The other pillars are “individual nutritional assistance”, “customized movement therapy” and “mental training”. The used terms and phrases indicate, that the presented weight loss method is depicted as very sophisticated. The weight loss attempt of a person is dealt with almost as if it were a company that undergoes a controlled transformation process. Independent from the respectively underlying logic (quantitative or comprehensive), this can be seen as a specific feature of weight loss strategies, in which the weight loss attempt figuratively turns to be a management issue. Further, the notions 'individual' and 'customized' indicate that, in this weight loss program, there is an emphasis on treating the person as an individual with particular needs and challenges. At least in this case it is implied, that the weight loss attempt is not managed in a standardized but in a personalized way. This approach can be

seen in the context of developments in health care under the slogan of personalized medicine (e.g. Hayes et al., 2014). The personalizing approach signifies a difference between the two identified groups of weight loss programs. In the comprehensive approach it is argued, that individual aspects are considered, while the quantifying approach is applied as a standardized strategy. However, there is another difference between a quantifying and a comprehensive approach, which I consider as even more important. As the following case exemplifies, comprehensive approaches include many more factors than quantifying approaches. Therefore they make sense of weight loss in a very different way and do not reduce weight loss activities to a calculation of ingested calories minus burned calories.

The case of Brigitte Steurer's weight loss strategy (Kurier, 2005.12.27) exemplifies an exceptionally comprehensive weight loss program. In the article it is implied that every relevant factor is covered with this program. Whether this implicit claim holds true or not, a high number of factors are portrayed as relevant for successful weight loss. They are organized in four realms, which are represented by the four pillars. By calling attention to certain issues and making people aware of behavior, which is presented as affecting their bodyweight, previously unconsidered aspects turn to be considered factors that need to be worked on. In order to examine these factors, I will now discuss the presented pillars of Brigitte Steurer's weight loss program. In chapter 4.1., I showed that dietary behavior and physical activity are depicted as the adjustable factors. According to this, the person needs to change the behavior in these realms in order to lose and maintain the bodyweight. Both of these areas represent a pillar in the weight loss program of Brigitte Steurer. Because I already talked about them earlier, I won't go into detail again. Anyway, I want to point out again, that in weight loss anecdotes eating and exercising behavior are identified as individual causes for obesity, and that a change in this realm is presented as inducing successful weight loss. Accordingly, the pillars concerning eating and exercising behavior are framed as central. The other two pillars, medical assistance and mental training, are in a sense only additional measures that perform *assisting* tasks in the weight loss attempt. However, in the anecdote they are all framed as relevant. The importance of medical assistance is argued for by saying that "Someone needs to manage this undertaking and identify problems." This underpins the analogy of managing weight loss attempts and running a company. One person is appointed to be the person in charge, who has an overview over the whole process. These managing and monitoring tasks are depicted as an important feature of this weight loss method, but as the term assist indicates, medical assistance is not where the change happens and where the weight loss is triggered,



according to weight loss anecdotes. Hence, the importance of external forces is played down and presented as secondary. This further attributes responsibility to the individual. Similar to medical assistance, mental training, which is the fourth pillar in Brigitte Steurer's weight loss program, also has an assisting role in the weight loss program of Brigitte Steurer. In this and some other weight loss anecdotes in the data mental issue are raised and taken serious in the context of weight loss processes. In the context of mental training, Brigitte Steurer reports on the psychological challenges she faced during her weight loss process with an emphasis on fluctuations of confidence. But at this point mental training is not argued for as necessary for the weight loss success, it is rather seen as an accompanying measure that covers psychological side effects of weight loss processes. Much like medical assistance, mental training is not presented as the pillar that induces a change.

I argued that medical assistance and mental training are mentioned as pillars, but are actually discussed as secondary issues, that just support the change of eating and exercising behavior, which are the central pillars. However, “[Brigitte Steurer] is convinced: “If one of the four pillars is missing, the project is doomed to fail” (my translation). This statement asserts that every one of the pillars is seen as essential and that every one of these aspects needs to be considered and taken into account. Hence, according to such a comprehensive approach none of the identified issues should be left to chance. Rather, all of them would need to be worked on in a professional way. This comprehensive or multifactorial logic of weight loss stands in sharp contrast to the straightforward calculating logic. In the context of comprehensive approach weight loss is made sense of in a very complex way and all sorts of possible factors are included. In one case it is for example suggested: “As a basic principle: eat five times a day, particularly fruits as in-between meals! Lots of vegetables, lots of lean meat. But: after 17 o'clock [5 pm] you should genuinely stop” (Die Neue Kronen Zeitung, 2005.03.18, my translation). These suggestions indicate that weight loss is seen as something that cannot be explained merely by calculating the ingested and the burned calories, but that many aspects of eating behavior affect the bodyweight. This multifactorial understanding of weight loss also dismisses the mechanistic understanding of the human body from the quantifying logic and adapts a more complex understanding of the human body and its metabolism.

With comprehensive weight loss programs a lot of aspects are brought to awareness that are argued to be relevant for weight loss. Therefore, comprehensive weight loss programs prompt the persons engaged in the program to get more conscious about their behavior and consider more and more of their actions as relevant in terms of how they affect their

bodyweight. Therefore, bringing a high number of issues and activities to awareness of their user is the main strategy of facilitating a process of rationalizing and streamlining behavior, in comprehensive weight loss programs.

In this section I discussed two different approaches for facilitating a process of making behavioral decisions conscious. In the first approach quantifying, counting and calculating are central. By bringing food and physical activity into a quantified scheme, eating and exercising behavior can be counted and calculated. In this framework weight loss activities are made sense of in terms of calculations of ingested and consumed calories, which entails a mechanistic understanding of the human body. Further, as a standardized strategy it is applied in the same way for every person. In the other framework weight loss activities are made sense of in a more complex way, where many more factors are specified and streamlined. Even individual challenges are included in this logic of weight loss. The explanations for the guidelines in these kinds of weight loss programs cannot be explained merely by quantifications and calculations and in this logic a more complex understanding of the body is prevalent. Therefore, these two logics make sense of weight loss in opposing ways. In the quantifying approach the number of factors is reduced to ingested and burned calories, while the comprehensive approach aims at including more and more factors. This shows that there are different logics of weight loss strategies that make sense of weight loss in very different ways. In order to carve out the two basic logics, I compared two specific types of weight loss programs that illustrate very different approaches. At this point I want to emphasize again that a remarkable diversity of programs can be found in weight loss anecdotes and that the described characteristics are not always as distinct as in the discussed cases.

However, regardless of the respective logic, every weight loss program featured in weight loss anecdotes facilitates a process of making behavioral decisions conscious and bringing behavioral factors to awareness, which are identified as relevant but have not been considered by the featured person. This can be identified as one of the central ways how weight loss is made sense of in weight loss anecdotes, which is framed as an important strategy for inducing behavioral change.

#### **4.2.2. (Self-)Control and Learning**

Now I want to turn to the question, how the rationalized approaches to weight loss turn to be relevant in the featured person's life, how they are imposed to the featured person and why the persons adhere to the given structure that prompts them to permanently change and control their behavior. As I will show, these questions are related to the ways weight loss is made sense of in weight loss anecdotes. First, I will discuss control as a guiding principle for inducing and maintaining weight loss and delineate how its basic features are framed in weight loss anecdotes. Subsequently, I will delineate different forms of control along the basic question if control is exercised by an external force or by the featured person him-/herself. This question will turn out to be related to the capability to learn how to control the own behavior and corresponding learning processes. In this regard I will discern between external control of the body, performed by an exterior power, and internal control of the body by the person him-/herself, which can also be called self-control. I will discuss this by giving examples from the data, which exemplify different ways how control is exercised.

Before diving into the issue of control I want to make some clarifications regarding the relations and differences between the logics of weight loss and control. In the section on the logics of weight loss I showed that the featured persons in weight loss anecdotes are provided with weight loss programs as sources that give them orientation and enable them to restructure their behavior as suggested by the respective program. I argued that these strategies are facilitating a transformation towards more conscious behavior. But from another perspective, this transformation can also be seen as a transformation towards a controlled behavior. Control seen as gaining control over the behavior would therefore be the same as making behavioral decisions conscious. However, these two aspects of making sense of weight loss are not the same, but serve very different purposes in the described weight loss processes. In a sense the previously described logics only provide the structure for successful weight loss. But when I talk about control in weight loss anecdotes, I am interested in the question why the individual complies with these structures and which circumstances lead to achieving compliance.

First I want to discuss the question, why control of the behavior is so important in the narrations on weight loss. For this purpose, I will now shed light on the relevance of control strategies and the role of control in the context of the question how weight loss is made sense of in weight loss anecdotes. Later, I will enrich the understanding of control, by

discussing different forms of control and how they are related to the capability to learn to control their own behavior.

Many weight loss anecdotes report on failed weight loss attempts and uncontrolled habits in the past (see 4.1.). The presented weight loss strategies represent solutions to this problem and enable control of behavior, which is understood as leading to the control of bodyweight. For a first attempt of defining control in the context of weight loss anecdotes I therefore look at control as the reason why the weight loss programs are complied with. On the one hand a willingness to lose weight is presupposed in weight loss anecdotes and the featured persons are also portrayed as willing to lose weight. On the other hand willingness is often depicted as insufficient. For example in a weight loss anecdote published in the weekly newspaper *Profil* (2007.03.05): "Two decades Monika Bevilaqua 'tried everything that is allowed and not allowed' but the countless reducing diets and model diets did not help." (my translation) In the context of obesity, or actually eating, being described as an addiction, the obese person is typically framed as unable to change the behavior all by him-/herself. Therefore, the existence of a promising weight loss strategy is not sufficient. Mol (2012) argued that the work of dietitians is largely about supporting people to overcome and control eating habits that are identified as causing obesity. In weight loss anecdotes there are a number of instances, where physicians and dietitians are invited to assist in changing the behavior of the featured person. In Brigitte Steurer's case the assisting activity of health care professionals, which is framed as essential for successful weight loss, is managing the weight loss process. "With controlled weight loss, permanent medical support is the most important of four pillars" (Kurier, 2005.12.27, my translation). In this case a medical professional manages and monitors the weight loss process. In that sense the consulted professionals that are *invited* to assist the weight loss process, actually perform external control. The relevance of control is further signified in this quote, by talking about weight loss as "controlled weight loss". In this context a lack of knowledge about 'good' eating and exercising behavior is not framed as the central problem. What is discussed as the actual problem in weight loss anecdotes is the difficulties obese people have with breaking 'bad' habits and establishing a controlled behavior that can be maintained over time. Therefore, for a weight loss program to be effective, effort needs to be spent on imposing the respective weight loss program and controlling the compliance with its regulations. In other words these efforts are controlling the behavior of the featured person. And in this context, controlling the eating and exercising behavior is understood as the means for altering and controlling the bodyweight. The significance of control in weight loss anecdotes can further be explained by the emphasis on constant change of behavior as opposed to short term

diets, which are framed as ineffective in weight loss anecdotes (see 4.1.). Constant change of behavior requires the mentioned break with 'bad' behavior. The following examples underpin that permanent change is understood as requiring permanent control. Independent from the fact who controls, control is always framed as a permanent task and as a lifelong responsibility. This amplifies how the importance of assuming responsibilities of monitoring and controlling is highlighted in weight loss anecdotes.

After discussing some basic features of control in weight loss anecdotes, I want to explore in more detail how control is exercised. The questions arising here are who controls the eating and exercising behavior and with which practices is it controlled. In the following I will try to give some answers to these questions and depict the differences and similarities that can be found in regard to the issue of control in weight loss anecdotes. In the previously discussed case of Brigitte Steurer the control is exercised by an external person, in particular by a medical professional. In cases of external control the featured person is portrayed as incapable to perform permanent change of behavior and the control structure is imposed by an external person. But there are also other examples. In some weight loss anecdotes the control is exercised as self-control, by the featured person him-/herself and no external force directly urges the person to behave in a certain way. This is particularly interesting because the difference between these two types of control signifies the difference Foucault (1997) introduces between disciplinary power and biopolitical power. While disciplinary power is exercised through coercion and external obligations, with biopolitics this shifts away from external interference to encouraging individuals to take up responsibility for themselves and consequently take control over their own life. The group of featured persons, who are not controlled by an external person, can be subdivided into those who learn to control themselves without the support of a control structure, provided by a weight loss program, and others who need such structure to be able to control their behavior. An example for a case, where the featured person controls his/her own behavior with the support of a control structure, provided by a weight loss program, is the anecdote of Herbert Czech, that I already mentioned earlier.

“Day by day he precisely enters the ingested meals and the completed units of sports in the KiloCoach ... With success: In one year the ambitious businessman lost 40 kilos and reached his ideal bodyweight. Still, he lets the KiloCoach guard his food and exercising plan.” (Kurier, 2009.09.08, my translation)

The structure for controlling the eating and exercising behavior is given here in the shape of the KiloCoach. Herbert Czech is depicted as strictly complying with the demands of his

weight loss program. He meticulously controls the food intake and the extent of physical activity, both by recording each of his meals and exercising units and by calculating them. According to the quote, this excessive monitoring activities lead to successful weight loss. The structure of the weight loss program, that appears to be based on a quantifying logic of weight loss, is depicted as the foundation for Herbert Czech's capacity to control his behavior. Therefore, this anecdote also illustrates the interplay between the logic of weight loss, which provides the structure as well as the guidelines and control facilities, which aim at improving the compliance with this structure. The easy to use monitoring software for food intake and performed exercise units enables the person to control the behavior in a way he would not be capable of without it. Hence, this weight loss program does not only facilitate a process of making behavioral decisions conscious, but also provides a structure and gives incentives for self-control. By mentioning his professional occupation (businessman) Herbert Czech is also portrayed as a person who has management skills. The KiloCoach is presented as a program that allows him to manage his bodyweight. In that sense the person fits the description of an 'entrepreneurial self' (Peters, 2001) very well, who consistently completes the managing tasks of controlling their own life. How long the control activities need to be in place is also addressed in the quote above. The last sentence suggests that maintaining a slim figure requires constant control, because even after 'reaching his ideal weight', food intake and physical activity are still in control. Anyway, the last sentence of the given quote has another interesting aspect to it. Herbert Czech first appears to perform the control activities by himself. But then he 'lets the KiloCoach *guard* his food and exercising plan'. Therefore, the person appears to be controlled by the program, rather than controlling himself with the program. This points to the fact that Herbert Czech did not learn to control himself without the support of the control structure, provided by the weight loss program. This does not mean that he did not learn anything, according to the anecdote. As opposed to the past, where he failed to take control over his eating and exercising behavior, he gained control over his behavior with the support of the KiloCoach. This learning process is clearly not referring to learning understood as a creative or emancipatory practice, but rather represents a process of attuning to a predefined way of living. However, the step Herbert Czech did not make is internalizing self-control, which would result in getting independent from the structure of the weight loss program. Anyway, he implies that he might not be dependent on the external control structure in the future. Hence, he sees himself in a process of gradually getting unattached from the KiloCoach, who teaches him to control his behavior. Hence, regarding the question who exercises control, the anecdote of Herbert Czech features a person that is not controlled by an

external person, but did not learn to perform self-control without some external structure. In the article it is implied that he would not be able to remain in a controlled state without this structure. However, an outlook is given, that the learning process will be completed, which means that the person will completely internalize self-control.

To further explore the question of who exercises control, I will now examine two diametrically opposed examples that provide additional insights and broaden the understanding of the different ways how weight loss anecdotes frame this issue. Therefore, I will give one example, where the person's weight control is to a high degree exercised by an external force, and another example, where the person is depicted as learning to control their own bodyweight and thereby getting capable of controlling their own behavior without the permanent support of a control structure. This does not mean that this person acts completely independently, but that the behavioral decisions rely on internalized patterns, initially based on external structures, as opposed to relying on active guidelines and control facilities, as for example the case of Herbert Czech shows.

Anyway, the anecdote of Sabine Kerschbaum published in the daily newspaper *Kurier* in 2007 is a very illustrative example to discuss a case of external control. Sabine Kerschbaum took the decision to get a gastric band. In the anecdote the gastric band is introduced as one of different kinds of bariatric surgery. Further, the gastric band is described as a technology that reduces the size of the stomach. "However, one needs to be disciplined and accept, that one can only handle small quantities [of food]." (Kurier, 2007.11.25, my translation) Inserting a gastric band is a very drastic measure that very effectively controls the amount of ingested food. This is because it prevents the person from eating large portions. Large quantities of food would be regurgitated, because of the reduced stomach size. Therefore, the gastric band is a very effective disciplining device that controls the food intake and changes the eating behavior of the person. Being affected by a gastric band Sabine Kerschbaum needs to adjust her eating behavior, but she does not learn to control it by herself. This gets apparent when she reports on her relapse to old habits and high bodyweight. This is explained with the gastric band slipping out of place. Because this external control technology is inoperative, "eating became my favorite activity again" (my translation). Control was regained only after the problem was identified and a new gastric band was inserted. Therefore, Sabine Kerschbaum is clearly portrayed as a person unable to independently control her eating behavior. This coincides with her self-perception as being addicted to eating: "It is simply an addiction" (my translation). For this reason she allows the gastric band to control her eating behavior. Accepting external control is framed as a responsible decision for a person who is depicted as unable to gain control

by themselves. In this context it is interesting that Sabine Kerschbaum does not talk about having any problems with the restrictions and side effects of having a gastric band. Quite the contrary, she welcomes them as the reason why she is able to control her bodyweight. This depiction also normalizes these kinds of incisive interventions and gives the impression that any means are justified in the endeavor of trying to lose weight. According to the anecdote of Sabine Kerschbaum, people who do not manage to lose weight on their own willingly accept or even welcome external control.

In the case of Sabine Kerschbaum control is exercised by an external force. In her case it is a gastric band, other examples are health care professionals, who control and manage the weight loss process. In contrast to that, in the previous example the person exercises control over their own behavior with the support of a weight loss program, which can be seen as a hybrid of external and internal control. The weight loss program is an external source, but the compliance with this program is facilitated solely by the person themselves. However, now I want to introduce a case of internal control, in which the person is neither controlled by an external person or technology, nor dependent on the control structure of a weight loss program. In this case the weight loss program did not just facilitate a process of making behavioral decisions conscious and a structure for self-control, but also a learning process that enabled the person to gradually control themselves without the active support of a control structure. In the context of this case I will examine the synergy of the logics of weight loss, control and learning in sketching out responsible individuals who control their own body. The weight loss anecdote I am referring to is featuring Dr. Josef Buch (Kurier, 2009.01.07), who has success with the KiloCoach program according to the anecdote. The person is portrayed as making imprudent food choices in the past. At one point he mentions "In the past I saved calories by instinct." (my translation) This implies that he did not give much thought to weight loss strategies and did not make conscious food choices in the past. But then he got support from the KiloCoach program that facilitated a process of making his food choices conscious and based on a certain logic of weight loss, which enabled him to control his eating behavior. While being engaged in the KiloCoach program, Dr. Josef Buch reports on having "a number of aha moments" (my translation). These moments allowed him to realize 'problematic' eating patterns.

"Today I know, that already two smaller pieces [of 'Kärntner Reindling'] of 100 grams per piece have 642 Kilo calories – as much as one main meal. Also I was not aware of the tremendous fat content of a Cordon Bleu: One 200 gram piece with 538 kcal contains 33 grams of fat. 200 Gram black pudding even 64,5 grams of fat."

(my translation)



In this quote it gets visible how using the KiloCoach changed the way the featured person thinks about food. Meals that the person might not have given much thought to before, turn to be exactly weighed units with certain properties. As discussed above, in this process of making food decisions conscious the person enters a biochemical world where foods are nutrients (Mol, 2012). In that sense the case of Dr. Josef Buch is very similar to the case of Herbert Czech, who is also engaged in the KiloCoach, but there is one crucial difference. In the anecdote of Dr. Josef Buch the aspect of learning is highlighted much more, which has consequences in regard to the way how control is exercised. After talking about one 'aha moment' learning is even directly addressed, when the interviewer asks: "What else did you learn?" While monitoring his food intake with the KiloCoach Dr. Josef Buch learns about the nutritional values of food and internalizes this information, aha moment by aha moment. "I was not aware, that the amount of hidden fat in my food was so high." (my translation) By using the KiloCoach Dr. Josef Buch does not just fill in nutritional values in a spreadsheet in an online software, but learns to incorporate this information in his everyday food choices, which gradually renders the active presence of the control structure obsolete. In the narration of 'aha moments', that were triggered by the KiloCoach program, it is implied that the state of not knowing was gradually replaced with detailed knowledge about foods and their nutritional values, informed by a certain understanding of food and a certain logic how weight loss works. According to the anecdote, the KiloCoach program taught Dr. Josef Buch the wisdom of controlled eating and 'today he knows' about the nutrients of foods. Because in this case the person learns to control the food intake in a seemingly autonomous manner, by applying a quantifying weight loss program, the connections between learning, control and logics of weight loss become apparent. Different to Herbert Czech, Dr. Josef Buch completed the learning process and quasi autonomously controls and self-responsibly manages his food intake, physical behavior and bodyweight. In that sense he transformed himself from being a person, who 'saves calories by instinct' to an entrepreneurial self, that skillfully manages his own life. Framing self-control practices as internalized further renders them as effortless, in case the new, transformed behavior is already stabilized.

In this chapter I explored how the transformation of behavior is achieved in weight loss anecdotes. I tried to show that a variety of approaches to weight loss exist and that, independent from the respective way of making sense about weight loss, they all provide a structure for streamlining eating and/or exercising behavior. Further, I discussed how compliance with these strategies and structures is achieved. The large majority of weight loss anecdotes relate to the issue of gaining control over the behavior as a solution to

obesity. The different types of controlling behavior are related to how the capability of learning to control oneself is framed in the anecdotes. Sabine Kerschbaum is for example framed as addicted to eating and consequently as unable to learn self-control. In weight loss anecdotes it is suggested that such persons should allow external controllers into their life and accept drastic measures like bariatric surgery, if deemed necessary. These interventions are willingly accepted in weight loss anecdotes, because they are seen as the desired solution to their 'obesity problem'. The other type of control that can be identified in weight loss anecdotes is self-control (which is also referred to as external control). In contrast to cases that describe external control, in this context the featured person learns to exercise control over their own behavior. In the example of Herbert Czech, the learning process is not finished and the person needs the weight loss program as a control structure. Therefore, he learned to control his behavior with the support of the program, but did not internalize the new behavior. In contrast, Dr. Josef Buch largely finished this learning process, which means that he internalized the self-control strategies. This means that his behavior is not just changed, but also stabilized. The new behavior becomes the normal behavior and does not require any efforts to remain stable. Hence, in the case of Dr. Josef Buch, the transformation of behavior is performed in the most complete sense. With these two types of control, external and internal control, disciplinary power as well as biopolitical power is depicted in weight loss anecdotes. Depending on the ability to learn, people are either disciplined by an external force or are encouraged and taught to assume responsibility for themselves. In examples of advanced self-control the control is even internalized and therefore stabilized. These examples delineate a responsabilized citizen for whom self-control is performed as a self-evident task. However, in all the described scenarios behaviors and bodies are transformed and controlled.

After discussing the different forms of control in weight loss anecdotes, I want to reflect on an interesting observation and its implications in regard to the concept of biopedagogy and weight loss anecdotes as 'pedagogical sites'. This observation is that some persons featured in weight loss anecdotes are portrayed as learners. With the framework of biopedagogy I look at the readers of obesity anecdotes as learners, who are engaged in meaning making processes about their bodies and how they act on themselves. In this concept that I employed in chapter 4.1., learning is understood as a central feature of biopower and exercising power is seen as a number of processes, where people learn how to behave according to dominant discourses. For this reason it is particularly interesting that some persons featured in weight loss anecdotes are themselves framed as learners and

that learning processes are depicted and described. This yields important implications for obesity anecdotes as pedagogical sites. By framing the person in the story as someone who learns, it is implied that learning is essential to successful weight loss. Hence, weight loss anecdotes do not just engage learners in learning processes about weight loss strategies, they also highlight that learning itself is important for successful weight loss and weight control. In this context the featured person can be seen as setting an example of learning how to successfully lose weight. This might serve as an encouragement to get active and learn to control the body and behavior. Further it might serve as a script for how to continue a weight loss and learning process for those who are encouraged to learn and control. In that sense, weight loss anecdotes do not only show how a person managed to lose and control weight. Additionally, they describe learning processes that enable the featured person to control their own behavior. Moreover, that the featured persons learn and that the readers are seen as learners, also indicates that they have something in common, that they face similar challenges and that a kind of connection is established between the featured persons and the readers of the anecdotes. In the following chapter I will address these connections more closely.

### **4.3. Anecdotal Storytelling as a Pedagogical Method**

With a biopedagogical perspective obesity anecdotes can be interpreted as pedagogical sites, where learners are engaged in learning processes. In the previous analysis I mainly analyzed which information is provided and how phenomena and situations are framed in weight loss anecdotes. With respect to the concept of biopedagogy the provided information can be seen as the content that learners are engaged with. In 4.1. and 4.2., I analyzed these learning contents. In this subchapter I want to continue the analysis by addressing the issue how these contents are communicated in weight loss anecdotes. The concept of biopedagogy suggests that there are numerous sites, which engage learners in processes of making sense of their life and how to treat their own body. Wright (2009) argues that these sites are everywhere around us and gives examples like reality TV shows, radio commentary, daily popular soaps, posters and so on. Depending on the context, the particular way how learners are engaged differs at every pedagogical site. In other words there are different ways of communicating information. In this subchapter I will examine how obesity anecdotes, as a particular pedagogical site, communicate and how they package the information about weight loss strategies and weight loss programs that I discussed above. I will discuss this as a certain pedagogical method, which yields implications how readers engage in learning processes. In course of this I will focus on the fact that obesity anecdotes are conceptualized as stories about an individual, which makes them a very specific case of a pedagogical site. Instead of explicitly presenting weight loss strategies or programs and thereby overtly promoting them, obesity anecdotes are at first sight only a story about a person. An experience report of a person's weight loss process or about a person who is obese. But as I showed in the previous analysis, such stories entail certain information that can be seen as relevant for readers who are themselves obese, suffer from their physical state and aim at losing weight. In the context of this particular way of communicating information, I will argue that obesity anecdotes create a trustful environment where readers of obesity anecdotes, who are themselves overweight or obese, do not feel patronized or offended. Instead, this trustful environment stimulates them to engage in the provided information. In this light I will interpret the creation of a trustful environment as the pedagogical method of obesity anecdotes. In this regard it is important to mention that the term pedagogical method is employed here, even though no pedagogue can be determined, which implies that an intention to teach cannot be determined either. The interpretation that pedagogical processes

happen in obesity anecdotes derives from the analytic perspective of biopedagogy and is not tied to the existence of a pedagogue. However, by showing how this trustful environment is created, I will discuss two aspects. These aspects are an appreciative communication and a feeling of collectivity, which is created among those who want to lose weight.

#### **4.3.1. Non-Weight Loss Anecdotes**

Before I start with showing how a trustful environment is created in obesity anecdotes, I want to make a brief digression to non-weight loss anecdotes, which were not included in the previous analysis. At the beginning of the analysis I grouped the obesity anecdotes in the data into weight loss anecdotes and non-weight loss anecdotes. In general, in weight loss anecdotes information about weight loss issues is communicated. Oftentimes this includes information about a certain weight loss strategy, experiences with this strategy, personal tips and tricks and last but not least weight loss success. In contrast, in non-weight loss anecdotes struggles with being obese are communicated, like for example being stigmatized because of their appearance. The distinction between weight loss anecdotes and non-weight loss anecdotes is not clear cut and some overlaps can be found. Especially struggles with being obese are also discussed in weight loss anecdotes, particularly in the context of narrations about the past before the weight loss. In the following I will argue that both, stories on weight loss success and stories about struggles with being obese take part in creating a trustful environment.

However, first I want to say a few words about non-weight loss anecdotes in general. In the previous analysis non-weight loss anecdotes were not included, because of two reasons. First, they are rather marginal in the data, only 33 of 112 obesity anecdotes do not report on weight loss or weight loss activities. 16 of the 33 non-weight loss anecdotes are part of an article that also features weight loss anecdotes. Hence, only 17 articles in the data are pure non-weight loss articles. Second, the issues examined in the previous analysis chapters are not discussed in non-weight loss anecdotes. Neither transformations happen, nor are processes of learning to control the body depicted in non-weight loss anecdotes. Different to the narrative structure of weight loss anecdotes, where a transformation replaces a heavy past with a light future, non-weight loss anecdotes remain in a state, where the featured person is obese or overweight.

As in narrations on the past of transformed persons, in the context of reporting on a person who is obese, causes of obesity are discussed in a number of non-weight loss anecdotes. "Already as a child the Viennese woman was chubby. Big, really big, she became in the

previous years” (NEWS, 2007.01.25). Following this, the person's eating behavior is delineated and thereby presented as the cause for her obesity. Next to the cause, also unsuccessful weight loss attempts are mentioned in a few non-weight loss anecdotes. “I was on a diet at least three or four times a year’, reports Andrea Zeleny further. But by doing so, she could not change her incorrect eating behavior” (NEWS, 2007.01.25). In this segment it is highlighted that the person is not lazy and actively tries, but just does not manage to lose weight. Interestingly, the featured person is not accused of being unable to lose weight, rather she is pitied for not being able to lose weight despite of repeated weight loss attempts. Readers who are obese and do not manage to lose weight might identify themselves with the featured person and recognize that someone else is in a similar situation and has comparable struggles with bodyweight.

#### **4.3.2. Appreciative Communication**

After giving an overview of the topics discussed in non-weight loss anecdotes, I will now examine how the featured persons are approached in the anecdotes. Further, I will argue that this way of approaching persons is one of two characteristics of the pedagogical method of obesity anecdotes, which is characterized by establishing a trustful environment. For this examination I want to integrate the previously excluded non-weight loss anecdotes, in order to get a more complete picture on how the featured individuals are approached. In this regard it is very interesting that neither in weight loss anecdotes, nor in non-weight loss anecdotes the featured person is blamed for being obese, even though blaming obese individuals is a frequent phenomenon in the discourse on obesity (Saguy et al., 2008 & Grønning et al., 2015). In general, blame is an integral component of the obesity discourse in recent years, but in obesity anecdotes the featured individuals are not blamed, at least not by the author of the article. Grønning et al. (2015) argue “[s]hame and blame run like threads through participants' narrations for self and others”(p. 279). In their study on people who received bariatric surgery, they found that blame is a central component of the obesity discourse. I argued that the featured person is not blamed in obesity anecdotes. More precisely, this means not blamed by the author of the article. However, this does not mean that blame is not existent at all in obesity anecdotes. In the data I found two ways how blame occurs in obesity anecdotes.

One of them is when experiences with blame come up in an anecdote, typically in non-weight loss anecdotes. In this context blame experiences are discussed as a problem for obese and overweight persons. For example in the case of Katharina Jakob (NEWS, 2005.06.30), an

actress who was dismissed from her role in a well-known German speaking TV series, because of not being thin enough. In the polemically written article this is problematized by saying that the actress is “not fat, but for many things obviously too fat” (my translation). The article takes a stand for the stigmatized person and against a narrow ideal of beauty, where only skinny bodies are appropriate. Reports on stigmatization are a recurring theme in non-weight loss anecdotes in the data. By problematizing blame experiences, the perspective of the featured person is taken into account. Instead of blaming the person for not losing weight, the act of blaming is criticized as inappropriate.

The other way how blame occurs in obesity anecdotes is self-blame in the context of talk about the past in weight loss anecdotes. “As fat and as much as possible, no matter if three o'clock in the morning or noon” (Kurier, 2005.12.27, my translation). These are the disparaging words that a featured person uses to describe her past behavior. In a similar context another person reported on the need to “constantly shove something in her mouth and to have no feeling of satiety” (Kurier, 2007.11.25, my translation). In another example a person calls her eating behavior an “addiction” and calls herself a “permanent muncher” (NEWS, 2007.01.25, my translation). These quotes show that the featured persons blame themselves for their uncontrolled behavior. The interesting aspect about this kind of blame is that it is articulated by the person him-/herself. However, such statements are only made in hindsight, where the person is in a controlled state. When the person is in or after a weight loss process the past behavior is blamed for being the reason why the person was overweight and/or not able to lose weight. This self-blaming talk about past behavior is kind of a confession, that the old self was uncontrolled. Further, it highlights that the person realized the importance of controlled behavior.

However, that blame is only occurring in form of self-blame and reports on blame experiences and that blame is not originating from the authors perspective is a very interesting finding. As I turn back to the question how the featured persons are approached in obesity anecdotes, I want to argue that instead of being blamed the persons featured in non-weight loss anecdotes are, in general, approached in a respectful and appreciative manner, which gives readers, who are themselves obese or overweight, the feeling of being respected and taken seriously. This is also apparent in the case of the actress stated above, in which complaints are made that the person is disadvantaged because of her figure. But that the featured persons are approached in an appreciative and respectful way in obesity anecdotes is also visible in other instances. Another example for a report on blame experiences is in an article published in *Kurier* (2015.05.14) where it says: “Undisciplined, unkempt, lazy and sluggish – with these prejudices Sandra Selbach was confronted for years” (my translation). Instead of buying into these prejudices, in the article they are

revealed as such and framed as a burden for the featured person. Next to the reports on blame experiences compassionate statements are also made in obesity anecdotes that give insights to how the featured persons are approached in obesity anecdotes. An example for this is an article in *NEWS* (2007.01.25), where it is pointed out that the weight of the featured person is “a burden for her body and psyche” (my translation). A further example in this regard is an anecdote published in *Die Neue Kronen Zeitung* (2007.06.03), where psychological struggles of an obese person are discussed. In this anecdote, reports on complaints and struggles alternate with statements of a person who supposedly is a psychotherapist. The featured person reports on struggles with the own body, complains how unfair it is “that some are thin and others are fat” (my translation) and shares her desperation regarding her inability to lose weight “in spite of strict diets” (my translation). The person is not blamed for not meeting her goals. Instead, the supposed psychotherapist makes compassionate statements like “Many women ... do not know how beautiful and attractive they are, even though they have some fat on their hips and 'too much' weight” (my translation, emphasis in the original). Further, she points out how horrible it must be to always feel ashamed for one's own body. Hence, she pities the featured person and highlights the psychological problems that arise from being overweight and not feeling accepted. To cope with this situation the psychotherapist offers an alternative perspective and encourages the featured person to be more confident and not feel bad about her body.

Additionally, being heavysset is in some cases also framed as a positive or neutral feature. For example in the anecdote of a woman called Gertrude “the nice fat Mama” (*Die Neue Kronen Zeitung*, 2009.05.03). In this anecdote the featured person is portrayed as someone who confidently manages all family issues and is kind of the head of the family. “Great that these kind of women exist” (my translation). In this traditional understanding of being a woman obesity seems to be no problem. In this case it is even framed as a likable feature. Another anecdote, where being obese is framed as a positive feature, is about Beth Ditto (*Die Neue Kronen Zeitung*, 2009.06.07), who is the singer of the punk band 'The Gossip'. Beth Ditto is mentioned in many places as the prime example for an obese person who is successful, confident and accepted. In the anecdote on the musician corpulence is called 'in' and she is celebrated as a welcome change. These neutral or positive framings of being heavysset can be interpreted as part of a counter discourse that might be adopted as a coping strategy by overweight and obese persons, who struggle with their appearance. They give evidence that there are persons who are confident with their 'non ideal' body and thereby encourage others to be not too hard on themselves. Such positive frames, where being heavysset is not seen as a problem, only occasionally appear in obesity anecdotes in the



data. However, the fact that they exist is already an interesting finding. This is because they open up and represent an alternative solution to the dominant perspective, where obese individuals are encouraged to engage in weight loss activities. In this alternative view every body is accepted regardless of its size or weight and being heavysset is not seen as representing a need for action.

The examples I employed in course of arguing for the existence of an appreciative way of approaching the featured persons in obesity anecdotes are mainly related to non-weight loss issues. They feature persons who did not manage to lose weight so far or do not want to lose weight, which could both be a reason for blame. In weight loss anecdotes this reason for blame does not exist anyway. As they report on weight loss efforts and weight loss success it is not surprising that the featured persons are appreciated. They already do what they are encouraged to do in the anti-obesity discourse.

However, that an appreciative approach is prevalent in obesity anecdotes, where also those who do not manage or do not want to lose weight are not appreciated, can be seen as engendering a welcoming environment, where a basis for a trustful communication is established. This is because problems are taken seriously and the featured person's perspectives are taken into account.

#### **4.3.3. A Feeling of Collectivity**

Now I want to move on to the second characteristic of the pedagogical method of obesity anecdotes, which also takes part in creating a trustful environment. This is the creation of a feeling of collectively working on weight loss issues, which allows to understand how learners are engaged in processes of learning about how to treat their body. As an introduction to the issue of collectivity I want to briefly touch upon a particular way how one person, featured in a weight loss anecdote, managed to lose weight. This example gives a first idea of the role of collectives and a feeling of collectivity in obesity anecdotes. In this case the featured person reports on experiences about being engaged in a group of persons who are also attempting to lose weight. Tibor Szasz (Die Neue Kronen Zeitung, 2009.05.24) reports on being in exchange with others, who are also doing the same weight loss program, via an online forum, which is provided by the weight loss program. "This gives a lot of strength and creates incentives" (my translation). Tibor Szasz also mentions that the success of others, whom he reads about on the forum, motivates him to proceed with his weight loss activities. The motivational aspect of being part of a collective of fellow sufferers is clearly communicated in this anecdote. The presented forum is a virtual place, where people with similar problems, in similar situations meet and exchange their success, their challenges and other experiences

in relation to their weight loss. Even if Tibor Szasz does not actively participate in the forum, he witnesses that other people are in similar situations and face similar challenges. The forum, in the case of Tibor Szasz, creates a feeling of being part of a collective of those who attempt to lose weight. This further implies that support from peers is framed as beneficial in weight loss anecdotes.

In the same way as the discussed online forum creates a collectivity feeling, obesity anecdotes themselves can be seen as a place, which creates such a feeling. An important characteristic of obesity anecdotes as carriers of information is that the information is conveyed from peer to peer. The information is not provided by an expert, but by a person who knows the challenges and struggles of weight loss attempts based on their own experience. Obviously, obesity anecdotes in the media do not allow interactions, like a forum does and the number of participants is also not limited by a certain criterion. However, the access is much easier and a much larger audience can be reached than with the online forum in the case above. Anyway, I will argue that creating a feeling of collectivity goes along with the imagination of a certain readership at which information about weight loss strategies is directed. This imagined readership is interested in information about weight loss activities. The question is now, how is this feeling of collectively working on weight loss issues created in obesity anecdotes, how does this coincide with the imagination of a particular audience and how does it potentially establish a trustful relationship between featured person and interested reader. Penkler et al. (2015) found that media articles on obesity in Austria use the term 'we' to introduce a shared problem. In this context the problem is an "obesity epidemic". The 'we' in articles on an obesity epidemic discuss obesity as a problem of a population, by mobilizing statistical data on the prevalence of being obese or overweight within a certain population. Obesity anecdotes have a very different focus. Instead of obesity as a problem of a population, they deal with the problems of an individual who is obese. Departing from the story of one obese individual in an obesity anecdote, I will now argue that such stories refer back to a group of persons who are assumed to be in a similar situation as the person featured in the anecdote and also have the desire to be thin. On the one hand this identified group is the imagined readership of obesity anecdotes, they are the target group at which the information in obesity anecdotes is mainly directed. On the other hand obesity anecdotes create a feeling of collectivity among those who aim at losing weight. This means that the existence of some kind of community spirit among those who want to lose weight is implied and reproduced in obesity anecdotes. This does not mean that such a collective exists or is actually produced by obesity anecdotes, but that they invite readers to see themselves as part of a collective. In one example this group of people is even directly addressed as "Abnehmwillige" [German for: people who are willing to lose weight] (Kurier, 2005.01.03). In

another case it says: "Who wants to be 'Bikini-fit' until summer, should start now with a dietary change and working out" (Die Neue Kronen Zeitung, 2005.03.18). Therefore, obesity anecdotes are not solely experience reports of individuals, but are directed at a group of persons and aim at encouraging them to follow the example given by the featured person. This gets apparent because the two cited anecdotes are directly addressed to persons who want to lose weight and are willing to engage in weight loss activities. In other obesity anecdotes this happens in a more subtle way, which I will now describe along the line of three characteristics of obesity anecdotes.

First, the persons featured in weight loss anecdotes share personal information. They disclose potentially delicate information about their bodyweight, eating habits and personal shortcomings. This already got apparent in course of the previous analysis. Above, I showed for example, that some persons report on a self-diagnosed addiction to eating. In the context of this they describe their eating habits and frame their inability to control their behavior as a shortcoming. Besides that in the subchapter 4.1., I delineated several examples, where the featured persons report on failed weight loss attempts in the past. This is another example for openly addressing personal failure. Furthermore, while many Austrians would probably be reluctant to share details about their bodyweight and the alteration of their bodyweight, they share them in obesity anecdotes. As I discussed in the section on quantitative transformations (4.1.2), particularly in weight loss anecdotes, detailed information about the featured person's bodyweight is a basic component. That personal information is shared in obesity anecdotes provides a basis for communication that is characterized by an intimate and personal approach. With that a casual exchange of information among peers is performed, as opposed to top down statements about the phenomena of obesity and weight loss. Further, this disclosure suggests that the featured person is honest and that there are no secrets in the presentation of the case. This supports the establishment of a trustful environment, where the audience is stimulated to trust the provided information.

Second, the featured persons talk about problems that might remind readers on their own problems. A problem, many persons featured in weight loss anecdotes report on, is experience with failed weight loss attempts and/or not maintained weight loss success in the past. Above I mentioned for example a case, where a person says that 'the countless diets did not help' (Profil, 2007.03.05). Further in 4.1.2., I discussed the Jojo-effect as a phenomenon that is employed to explain why many persons who invest a lot of energy in trying to lose weight, fail in the long run. That this issue reoccurs in many obesity anecdotes frames it as a common problem that many people have. Assuming that there is a person who is in a similar situation, by reading about the problems of others s/he might get the feeling that s/he is not alone, but that there is someone else who has the same problems. Pointing

out commonalities among those who want to lose weight also takes part in creating a feeling of collectivity among a group of 'fellow sufferers'.

Third, in particular weight loss anecdotes provide information that might be relevant for readers who aim at losing weight. In 4.1. and 4.2., I discussed the information that weight loss anecdotes convey about weight loss programs and weight loss strategies. When sharing this kind of information in a newspaper article it is taken for granted that it is relevant for the readers. Therefore, the imagined readers are interested in details about weight loss activities and how to proceed with a weight loss attempt. This imagined group of readers is equipped with information, which is deemed relevant for them. However, providing information about weight loss strategies happens in many sites of the anti-obesity discourse. But because the information is given by a person who is engaging in these activities him-/herself, a peer to peer communication is constructed. As a result, a feeling of being part of a collective of persons, who are engaged in weight loss activities and try to lose weight, is created.

The discussed characteristics of obesity anecdotes show how they create a feeling of collectivity. In a nutshell, an imagined group of persons, who is interested in losing weight, is addressed on a very personal level and is implicitly or sometimes even explicitly invited to see themselves as part of a group of persons who engage in weight loss and weight control activities.

#### **4.3.4. Talk in a Self-Help Group – An Analogy**

So far in this subchapter I tried to argue that there are a number of aspects in obesity anecdotes that take part in creating a trustful environment. In order to combine these separate findings in an overall picture and to better understand the pedagogical method that they represent, I want to introduce an analogy.

In relation to the discussed findings obesity anecdotes can be compared to stories told in a self-help group. Similar to self-help groups, where a feeling of collectively working on one issue is created through communication between fellow sufferers, an appreciative and welcoming approach is also prevalent in obesity anecdotes. The featured person shares experiences and openly talks about challenges with their own weight. Obesity anecdotes are personal stories entailing sensible information about a person's life, report on their suffering, how this challenging situation is dealt with and how weight loss success was achieved. Moreover, coping strategies are discussed, attempts are made to increase the self-confidence, technical details of weight loss strategies are discussed and success is shared. However, these stories are not shared in the private and anonymous environment of a self-help group, but instead they are told to a broad audience in daily or weekly newspapers.

Anyway, such narrations are comparable to talk in self-help groups, because according to Katz and Benders' (1976) definition self-help groups supply "a value system by which the individual tasks, joys, sorrows, accomplishments, and frustrations can be evaluated and dealt with" (p.11). Because the issues discussed in self-help groups and obesity anecdotes are very similar, it is interesting to follow this analogy further. One of the central factors for the origin of a self-help group is that they "meet a need felt by two or more persons" (p.10). In obesity anecdotes usually only one person is present. The need of others is assumed by publicly sharing experiences. Katz and Bender (1976) argue that because of the shared value system and the corresponding common issues, participants of self-help groups "are related, sympathetically and empathetically to [peers with] a common problem or common need" (ibid. p.10). Of course obesity anecdotes also contribute to establishing and maintaining a shared value system, because they are part of the obesity discourse and in particular the anti-obesity perspective (Lupton, 2013), where obesity is seen as a problem that needs to be solved. However, similar to self-help groups obesity anecdotes establish a relation between members of an imagined group of persons with a common problem. Above I discussed some of these common problems. Next to the overall 'problem' of obesity these are for example failed weight loss attempts or not sustained weight loss success (Jojo-effect). Because of this obesity anecdotes create a feeling of being part of a collective of fellow sufferers. Next to sharing common problems another parallel between obesity anecdotes and self-help groups is the appreciative approach that I described above. Further, obesity anecdotes employ additional elements that evoke connotations with a welcoming and supportive environment. One of these elements is the sharing of personal information, which represents another parallel to talk in self-help groups. By mimicking talk in self-help groups obesity anecdotes assume the existence of an audience, which suffers from being heavysset and is interested in coping strategies as well as weight loss activities. In this way the analogy of obesity anecdotes as talk in self-help groups allows to better understand how a feeling of collectivity is created, because of how information is communicated and what kind of information is communicated in the anecdotes.

Anyway, aside from the similarities between obesity anecdotes and self-help groups some clear differences exist between them. According to Katz and Bender (1976) face-to-face interaction is a key defining characteristic of self-help groups. Another characteristic they refer to is patterned small groups (p.10). In obesity anecdotes, on the other hand, there are no clearly delineated groups and no face-to-face interactions. Furthermore, persons featured in obesity anecdotes are generally not anonymized, but the name of the person is stated and the personal story is available in a newspaper. Self-help groups have the advantage of building a safe space for people who suffer from a given issue and they allow interactions

between those people. While obesity anecdotes cannot facilitate interactions and no safe, private space (even though personal information is shared), they have, in turn, the advantage of allowing much easier access than self-help groups. Instead of getting contact information, signing up for and going to a group meeting, the person just needs to open the newspaper. In some sense this circumvents even the lowest threshold to join a self-help group. Additionally, obesity anecdotes reach a much larger audience. For this reason they have a much greater impact than self-help groups that usually remain within a closed group of people.

From a biopedagogical perspective the parallels between obesity anecdotes and self-help groups, the trustful environment created by an appreciative approach and a feeling of collectivity and the figurative peer to peer communication represents a very specific way of communicating. The trustful peer to peer communication can be seen as a pedagogical method, which engages learners in sense making processes in a particular way. In obesity anecdotes readers get a lot of information that is relevant in their situation and transports a specific idea of working on one's own body. But there is no teaching in a classical top-down sense, no nutrition expert, physician or politician tells the reader what to do, but a peer with similar problems and challenges tells a story about their own experiences. In such a narrations, where people are not explicitly encouraged to learn how to work on their body, various information is provided in a subtle way, which can be learned and mobilized to work on the body. As a subtle media for conveying information obesity anecdotes are specific pedagogical sites that do not explicitly aim at communicating health advice, like for example health care campaigns of governmental institutions. Instead obesity anecdotes are inconspicuous sites that do not explicitly aim at influencing the audience's behavior, but subtly communicate information how the readers could or should work on their body in order to lose weight, in the context of a story about an individual. In relation to that, Wright (2009) argues that subtle pedagogical sites, that are not explicit attempts of changing behavior, such as public health campaigns, are perhaps more powerful (p.8). With the particular pedagogical method of obesity anecdotes learners are engaged with information about controlling and working on their own body, by performing a non-hierarchical communication and meeting the reader at the level of a peer. In relation to this it is important that readers of obesity anecdotes do not feel patronized. Instead obesity anecdotes provide a welcoming and appreciative environment. This can be interpreted as a learning environment, where the learners are willingly engaging, are not patronized, but receive support in a situation where they are in need. By establishing a trustful environment and a non-hierarchical peer to peer communication, obesity anecdotes therefore are a particularly pervasive pedagogical site that paves the way for an effective learning process.

## 5. Conclusions

In this research I examined the moral work done by obesity anecdotes in Austrian newspapers. Thereby I aimed at contributing to the understanding of the role of the media in the obesity discourse and of anecdotes as a particular way of addressing a topic. Anecdotes are a particular way of framing and making sense of obesity as a problem. By looking at obesity anecdotes I tried to broaden the understanding of how the media addresses obesity. Anecdotal narrations stand in contrast to other media accounts on obesity and the obesity epidemic, that rely on statistical figures, like the prevalence to be overweight in a population, to constitute the “obesity epidemic” as a phenomenon (Felt et al. 2014). Obesity anecdotes have a different way of approaching the issue. Instead of discussing obesity on a population level, obesity anecdotes address it on the level of the individual. Anecdotes about persons that are identified as obese give a more personal account on obesity and give light to how people deal with being obese. For this reason they could react to the dominant narrations of the obesity discourse and argue against the moralizing “pressure to be thin” (Greenhalgh, 2013). Of course anecdotal stories in newspaper articles are mediated, but at least to some extent the featured persons could put forward their views on the matter and make statements in opposition to the dominant perspective in the obesity discourse. But this is not the case in almost all obesity anecdotes in the data and the basic understanding of obesity, as a problem that needs to be tackled, is not questioned. In contrast, they embrace this perspective and accept the moral obligation to engage in weight loss activities. Further, individual behavior, which is in many media accounts framed as the cause of obesity (e.g. Boero, 2007; Saguy & Gruys, 2010), is the main topic in obesity anecdotes and a typical narration is that the featured person tries or succeeded in changing his/her behavior in order to slim down. This overlap of individual behavior as the content of obesity anecdotes and as the discursively framed cause for obesity highlights that obesity anecdotes reinforce the narrative that obesity is caused by individual behavior. Additionally, it makes the moral work they are doing visible by staging practical examples of how individuals act in order to tackle obesity. A constant change of behavior is thereby framed as the solution for obesity.

What does this tell us about anecdotes in general. Moore and Stilgoe (2009) researched the

role of “anecdotal evidence” in two public scientific controversies: the MMR vaccine controversy and the controversy around mobile phone risk. The anecdotal stories examined in both of these controversies have in common that they challenge the dominant discourse and present an alternative narrative. The potential of anecdotes, to frame an issue completely differently, is utilized in these cases. In contrast to this, the case of obesity anecdotes show that anecdotes can be positioned in various ways within a certain discourse. They can be used not only to challenge existing narratives, but also to reinforce them. In fact, obesity anecdotes not only reiterate the prevailing perspective on obesity, but reinforce it by providing “evidence” that obesity can be tackled by a permanent change of diet and physical behavior. How anecdotal narrations are utilized in different other contexts, would be an interesting direction for subsequent research and would help to shed more light on anecdotes as a particular way of framing an issue and telling a story.

However, while obesity anecdotes embrace the dominant perspective in the obesity discourse, they depart from it in one particular instance. In some sense, the featured persons wish to adjust one aspect of how they are viewed in the discourse. According to Lupton (2013) in the dominant “anti-obesity perspective” laziness is one of the characteristics attributed to obese people. This laziness is framed as part of the reason why they carry so much weight and why they are seemingly unable to lose weight. In this regard, obesity anecdotes draw a much different picture. The featured persons are regularly framed as hard working and dedicated to lose weight. Thereby, it is acknowledged that weight loss and maintaining weight is a lot of work and that many people are willing to engage in this work. Interestingly, this even applies to anecdotes that report on persons who are not able to lose weight. These people are often very keen on emphasizing that they are very dedicated and try anything in order to lose weight, it just does not lead to success. In some sense such statements also relate to the question of the cause for obesity. Because the featured person reports on doing everything in their force to lose weight, it is implied that the cause for their obesity is outside of their range of influence. But even though some cases of failed weight loss attempts indicate that obesity is caused by other factors than individual behavior, the majority of obesity anecdotes in the data confirm the dominant point of view that obesity is caused by individual behavior.

What do these alternative narrations on the laziness or ambitions of the featured persons tell us. First, obesity anecdotes slightly rephrase the dominant narrative on obesity. They present an alternative plot that is largely compatible with the dominant plot. Such minor corrections can be seen as a strategy for not extensively but effectively changing the narrative. In case the alternative narrative differs too much from the dominant one, it is more likely to be



refused completely. The reports on ambitious weight loss attempts fit well in the big picture of the dominant plot and only adjust one detail. Second, statements about dedicated weight loss activities indicate that obese individuals are deemed to work hard on their appearance until they manage to permanently lose weight, which brings me to the moral work of anecdotes.

Obesity anecdotes are embedded in a discourse that is very moralizing. Scholars doing critical obesity research looked at many sites to analyze the moral aspects of the obesity discourse (e.g. Greenhalgh, 2013; Warin, 2011; Mol, 2012). The question is then, what do obesity anecdotes do different than other formats, how do they promote that engagement in weight loss activities. In order to understand the peculiar ways of how obesity anecdotes do moral work, I therefore analyzed how weight loss activities are presented and embedded in obesity anecdotes. In this context the fact that obesity anecdotes are seemingly only a story about an individual as well as the fact that they virtually create communication among the affected people turned out to be important factors.

To examine these issues it proved to be fruitful to conceptualize obesity anecdotes as “pedagogical sites” (Gard & Harwood, 2009). Drawing from the concept of biopedagogy (ibid.) helped me to understand obesity anecdotes as a site, where learners are engaged in processes of making sense of their situation and learn how to work on their own body. Biopedagogy extends the concept of Biopolitics (Foucault, 1997), which describes a technology of power to control biological bodies. They do this by framing moments of moralizing communicating as learning processes. Understanding these moments as learning shows that biopedagogy does not work with coercion, but constructs an environment of mutual interest. This means that the interest in decreasing the prevalence of obesity, voiced by representatives of the health care system, overlaps with an individual interest to tackle obesity. At this point it is presupposed that individuals are already interested in losing weight and learning to control their body. This interest can be seen as being established in the moralizing obesity discourse, which frames obesity as undesirable.

According to the framework of biopedagogy learning opportunities or pedagogical sites are widespread in the different sites of the obesity discourse, people in Austria might face this kind of information not only in obesity anecdotes, but in many places and instances. Wright (2009) states that “These sites are everywhere around us, on the web, on television, radio and film, billboards, and pamphlets in doctors' waiting rooms” (p. 7). Therefore, I asked the question, what is special about obesity anecdotes and what is their particular way of communicating and providing information. For this reason I analyzed how packaging information in stories about individuals subtly aims at engaging readers in learning

processes. First, in obesity anecdotes intimate personal information is shared, which establishes a personal and trustful environment. Second, the shared experiences are framed as common struggles that might be recalled by readers with similar experiences. Therefore, they create a feeling of a collective of people who struggle with being obese and aim at losing weight. This feeling is also supported by an appreciative way of approaching the featured person. While blame is a notable aspect of the obesity discourse, the persons featured in weight loss anecdotes are not blamed for being obese. Also the fact that the featured persons are not portrayed as lazy takes part in facilitating appreciative communication. Consequently, I argue that the genuine aspect of obesity anecdotes, in regard to moral work, is that they create a trustful environment, which engages the audience in subtle learning processes, by embedding suggestions about how to behave in stories about individuals. By providing detailed information about weight loss practices, the readers are implicitly encouraged to adapt them, but no one is directly told how to behave.

These results can be related to health communication research, which has started to work with critical perspectives in the last decades and thereby increasingly focused on narratives as health communication (Zoller & Kline, 2008). With its subtle ways of communicating health information, obesity anecdotes can be seen as a very particular example of a new type of health communication, that packages health information in a narration about personal experiences. In the context of narratives as health communication Bosticco and Thompson (2008) also find that “narratives create a sense of community [and that] they also function to reinforce or challenge dominant ideologies” (p. 46). The mentioned sense of community, which I called community feeling, makes obesity anecdotes in my opinion a very pervasive type of health communication. As I argued in the analysis, its characteristics can be compared to those of self-help groups, where fellow sufferers share experiences and find appreciation. Instead of being blamed, readers of obesity anecdotes who are obese are acknowledged as persons who suffer and receive advice instead of being taught a lesson. The quote also points to the capacity of obesity anecdotes to either reinforce or challenge dominant narratives and perspectives, which I discussed above. This shows that narratives represent a separate channel of conveying information, which inherently differ from other forms of communication. This suggests, that anecdotes should be acknowledged as powerful ways of communicating information, with the capacity to frame or reframe the understanding of certain phenomena, instead of disregarding them as simple stories without scientific significance.

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## Abstract

In previous decades obesity received a lot of attention. Showing rising numbers of overweight and obese people in many countries all over the world, the media talks about an “obesity epidemic”. In this context obesity is framed as a problem of a population. In this research I examine a particular type of newspaper article, which differs from this typical form of reporting on obesity. The talk is of obesity anecdotes, which are narrations about individuals who are or were obese.

While the cause of obesity is not clear from a scientific standpoint, the dominant obesity discourse frames individuals as responsible for being obese, because of their eating and exercising behavior (Lupton, 2013). Further, news media treats obesity almost exclusively as caused by individual behavior (Saguy, 2010). In media reports on obesity individuals who are obese are explicitly or implicitly requested to engage in weight loss activities. Because individual responsibility is highlighted in the obesity discourse and obesity anecdotes feature narrations about individuals, I am interested in the moral work of obesity anecdotes. Hence, the main focus is on implicit calls to engage in weight loss activities, as well as descriptions on how to lose weight.

In the research I applied the concept of biopedagogy (Wright & Harwood, 2009), which lead me to understanding obesity anecdotes as pedagogical sites that engage readers in processes of learning how to tackle obesity. The data for the media analysis was collected from five daily and weekly Austrian newspapers with a total of 122 anecdotes.

As the majority of obesity anecdotes in the data report on weight loss success, they show “proof” that weight loss methods work. However, in this thesis I show that obesity anecdotes do much more than this. The analysis is structured along three thematic clusters. The first one focuses on the narrative structure of weight loss anecdotes and how weight loss practices are described. These descriptions, showing transformations of bodies, behaviors and selves, can be read as instructions how to transform to a slender and allegedly healthier body. Second, I analyzed the implicit assumptions behind the descriptions of weight loss activities, which inform about the understanding of how weight loss works. These assumptions circle around the idea of controlling the own body. And third, I examined the peculiar ways of communicating information about weight loss practices, while ‘just’ telling a story about an individual. Obesity anecdotes turn out to be very effective pedagogical sites, which engage readers in learning processes about how to lose weight, by communicating information about how to conduct weight loss attempts embedded in a narration about an individual. The pedagogical effectiveness is further enhanced by creating a feeling of collectivity among those affected by obesity and by applying an appreciative way of communication. Finally, I discuss connections between my findings and recent work on health communication, which examines story telling as a way of communicating health information.

## Abstract (Deutsch)

In den vergangenen Jahrzehnten erhielt das Thema Adipositas viel Aufmerksamkeit. In den Medien wurde von steigenden Zahlen von übergewichtigen und adipösen Personen in vielen Ländern der Welt berichtet. In diesem Zusammenhang wird von einer „Adipositas Epidemie“ gesprochen. Dabei wird Adipositas als Problem einer Bevölkerung dargestellt. In der vorliegende Studie wird eine spezielle Art von Zeitungsberichten untersucht, welche sich von der typischen Form von Medienberichten über Adipositas unterscheiden. Die Rede ist von Anekdoten über Adipositas. Dies sind Erzählungen über Individuen die adipös sind oder waren. Während die Ursache von Adipositas wissenschaftlich nicht geklärt ist, werden im dominanten Adipositas Diskurs die Individuen und ihr Ess- sowie Fitnessverhalten verantwortlich gemacht (Lupton, 2013). Weiters wird individuelles Verhalten in Nachrichtenmedien beinahe ausschließlich als Ursache von Adipositas dargestellt (Saguy, 2010). In Medienberichten über Adipositas werden adipöse Individuen explizit oder implizit dazu aufgefordert sich mit dem Abnehmen zu beschäftigen. Aufgrund des Hervorhebens individueller Verantwortung im Adipositas-Diskurs und dem Fokus auf Individuen in Adipositas-Anekdoten, liegt das Hauptaugenmerk dieser Arbeit auf der moralischen Arbeit der Anekdoten, d.h. auf impliziten Appellen sich mit dem Abnehmen zu beschäftigen sowie auf Beschreibungen wie man abnehmen soll.

Um die moralische Arbeit von Adipositas-Anekdoten zu untersuchen, arbeitete ich mit dem Konzept der Biopädagogik (Wright & Harwood, 2009). Dieses führte zum Verständnis von Adipositas-Anekdoten als 'pädagogische Orte' (pedagogical sites), welche Leser\_innen in Prozesse verwickeln in denen sie lernen wie sie gegen Adipositas vorgehen sollen. Für die Analyse wurden 122 Anekdoten aus fünf österreichischen Tages- und Wochenzeitungen erhoben.

Da in den meisten Adipositas-Anekdoten von erfolgreichem Abnehmen berichtet wird, dienen diese als „Nachweis“ für die Wirksamkeit von Abnehmmethoden. In dieser Masterthese zeige ich aber, dass sie viel mehr tun als das. Die Analyse ist in drei thematische Bereiche gegliedert. Im ersten liegt der Fokus auf der narrativen Struktur der Anekdoten und den Beschreibungen der Abnehmpraktiken. Diese zeigen Transformationen von Körpern, Verhaltensweisen und des Selbst, welche als Anleitungen gelesen werden können, wie man dünner und angeblich gesünder wird. Zweitens analysiere ich anhand impliziter Annahmen das Verständnis davon wie Abnehmen funktioniert. Diese Annahmen betreffen insbesondere die Idee der Kontrolle über den eigenen Körper. Drittens untersuche ich die besondere Art Informationen über Abnehmpraktiken zu kommunizieren, während 'lediglich' eine Geschichte über ein Individuum erzählt wird. Anekdoten über Adipositas stellen sich dabei als sehr effektive 'pädagogische Orte' heraus, welche eingebettet in eine Erzählung über eine Person Inhalte vermitteln, durch die Leser\_innen lernen können wie sie abnehmen sollen. Die pädagogische Effektivität wird durch die Erzeugung eines Gemeinschaftsgefühls unter den betroffenen Personen und durch wertschätzende Kommunikation weiter verstärkt. Schließlich erörtere ich Anknüpfungspunkte meiner Ergebnisse mit neueren Arbeiten über Gesundheitskommunikation, welche Erzählungen als Art der Kommunikation von Gesundheitsinformationen betrachten.