

## **Distribution Agreement**

In presenting this thesis as a partial fulfillment of the requirements for a degree from Emory University, I hereby grant to Emory University and its agents the non-exclusive license to archive, make accessible, and display my thesis in whole or in part in all forms of media, now or hereafter known, including display on the world wide web. I understand that I may select some access restrictions as part of the online submission of this thesis. I retain all ownership rights to the copyright of the thesis. I also retain the right to use in future works (such as articles or books) all or part of this thesis.

Signature:

Alexis Yalon

1 April 2010

Date

Massive Failure:  
Fat Failed Subjectivity and the Unlivable Fat Life

by

Alexis Yalon

Adviser: Dr. Elizabeth Wilson

Department of Women's Studies

Dr. Elizabeth Wilson  
Adviser

Dr. Deboleena Roy  
Committee Member

Dr. Nancy Bliwise  
Committee Member

1 April 2010

Massive Failure:  
Fat Failed Subjectivity and the Unlivable Fat Life

By

Alexis Yalon

Adviser: Dr. Elizabeth Wilson

An abstract of  
A thesis submitted to the Faculty of Emory College of Arts and Sciences  
of Emory University in partial fulfillment  
of the requirements of the degree of  
Bachelor of Arts with Honors

Department of Women's Studies

2010

## Abstract

### Massive Failure: Fat Failed Subjectivity and the Unlivable Fat Life By Alexis Yalon

As the rates of overweight and obesity continue to rise throughout the developed and developing world the fat body bears an increasing burden of stigma. In this project I explore this stigma and its impact on fat identity by analyzing the unspoken cultural knowledge of the fat subject that circulates across a variety of contexts. I move between epidemiological and genetic research on the etiology of fatness, representations of fatness and weight loss on reality television, and the discourse on a weight loss support web site in order to capture the broadness of this disavowed but harmful knowledge. Using Lauren Berlant's notion of the intimate public sphere, wherein citizenship is comprised of intimate, domestic behaviors such as sexuality, consumption and family life, I argue that across these three registers fat people are constructed as failed citizens and indeed failed subjects. Further, I argue that dieting practices reinforce the construct of the fat failed subject by continually disavowing life in the fat body. Ultimately the massive failure associated with fatness and the shaming and ineffective process of dieting lock the fat person in an untenable, unlivable subject position.

Massive Failure:  
Fat Failed Subjectivity and the Unlivable Fat Life

By

Alexis Yalon

Adviser: Dr. Elizabeth Wilson

A thesis submitted to the Faculty of Emory College of Arts and Sciences  
of Emory University in partial fulfillment  
of the requirements of the degree of  
Bachelor of Arts with Honors

Department of Women's Studies

2010

## Acknowledgements

This project was supported by a joint grant from the Bill and Carol Fox Center for Humanistic Inquiry and the program for Scholarly Research and Inquiry at Emory (SIRE). I am grateful to the Fox Center staff and fellows and to SIRE director Dr. Leah Roesch for their advice and encouragement. I thank Professor Elizabeth Wilson for her unwavering support throughout this project. Her intellectual and practical guidance have been invaluable to my personal and professional development. I also thank Professors Deboleena Roy and Nancy Bliwise for their insight and support. I appreciate Shannan Palma for the instrumental feedback she provided during the revision process. I am grateful to Professor Yael Sherman, who nurtured this project in its nascent stages and beyond and who always challenges my thinking in productive ways.

I thank my friends, who are also my family, for their love and support. I am deeply indebted to Candice Merritt and Scot Seitz, who always share in my successes and sustain me through difficult times. A final thanks goes to Lesley Kinzel, whose humor and intelligence in the face of fat-phobia continues to inform my political consciousness.

## Table of Contents

Introduction .....	1
Chapter 1: Knowing Fatness: Obesity in the Sciences. ....	6
Chapter 2: Un/fit Subjects: Citizenship and Subjectivity in Weight Loss Reality	
Television. ....	26
Chapter 3: Unbecoming Fat .....	46
Conclusion .....	67
Works Cited .....	70
Appendix .....	81

## Introduction

In 2009 *The International Journal of Epidemiology*, a prestigious, high-impact, peer review journal published by Oxford University Press, published an article entitled “Population adiposity and climate change.” In the article, authors Phil Edwards and Ian Roberts performed a statistical modeling analysis to assess the impact of rising rates of obesity on the emission of greenhouse gases. Their findings indicated that fat people were to blame for an additional gigaton ( $10^9$  tons) of air pollution per year versus their “normal” weight counterparts. The statistical model hinged on the following assumptions:

1. Fat people consume a higher volume of food than non-fat people, thus driving more demand for food production. Food production is a major source of greenhouse gas emissions, so an increase in the overweight sector of the population will drive an increase in greenhouse gas emission.
2. Fat people drive bigger cars, drive more than non-overweight people, and reduce the fuel efficiency of airplanes, thus they are responsible for higher consumption of fuel energy. The burning of fossil fuels is another major source of greenhouse gas emissions, so the increase in fuel consumption that results from rising rates of overweight will lead to greater greenhouse gas emissions.

Because statistical modeling is speculative in nature, it is uniquely positioned to reveal the unspoken knowledge of fatness that operates within the sciences. Edwards and Roberts’ model does not draw on any empirical evidence as to the actual eating or driving behaviors of overweight people. In fact, the model fails to take into account

studies that indicate fat people do not eat more than average weight people (Heymsfield et al., 1995) or that fat people are often also poor and thus less likely to have a larger car or travel frequently by air (Ernsberger, 2009). Instead, the authors support their assumptions by citing principles of Newtonian physics:

Newton's first law of motion expresses the idea that any mass will remain at rest unless acted upon by a force. The reluctance of mass to start moving is known as inertia... Walking is an effort for heavier people and therefore some reluctance to walk would not be surprising. (Edwards & Roberts, 2009, p. 1139)

Clearly this is a misapplication of Newton's laws. For example, the law of inertia also states that bodies in motion will remain in motion until acted upon by an external force. By extension of the logic used by Edwards and Roberts, once a fat person started moving he or she would be reluctant to stop, thus might walk *more* than an average weight person. Moreover, mass is anthropomorphically granted reluctance, as though a boulder on a mountainside were the equivalent of a fat body resting on a couch. The authors eschew empirical evidence about fat people's modes of consumption and instead appeal to a general theoretical principle that fits with what they already "know" about fatness: it is a sign of sloth and weak will. The barely elided assumption in the above-quoted passage is that fat people are too lazy, too "reluctant," to put forth the extra effort needed to set their larger bodies into motion.

This research was seized upon by a number of popular press sources, which touted the findings in such sensational headlines as "Fatties Cause Global Warming" (Jackson, 2009) and "For a World of Woes, Blame Cookie Monsters" (Kolata, 2009). The tone of fat hatred that rings through these articles caught my attention. Where was this acrimony coming from? What made fat people a believable scapegoat for a complex global problem such as climate change? What are the effects of this fat loathing on one

who inhabits a fat body? These are the questions that began my project and have guided my research.

Following Judith Butler in *Gender Trouble*, I am interested in opening up the field of possibilities for embodiment without dictating which kinds of possibilities ought to be realized (1999, viii). If we allow that fat is stigmatized in Western culture, and, following Guffman (1963), that stigma generates spoiled identity, then the fat subject is trapped in a position of illegitimacy and illegibility. That is, the fat subject is a failed subject, one who fails to achieve personhood through normative rubrics of acceptable embodiment. Across a variety of cultural settings, I examine the specific ruses through which the fat subject is materialized as failed. Understanding the constructed nature of the fat failed subject is not sufficient on its own to undo its powerful influence, but it may reveal gaps and fissures where pockets of resistance might take hold. Like the resistance against homophobia offered by queer scholarship, I explore the contours of the fat failed subject in order to suggest the possibility of resignification. Butler argues that resignification is crucial to making queer lives “legible, valuable, worthy of support, in which passion, injury, grief, aspiration become recognized without fixing the terms of that recognition in yet another conceptual order of lifelessness and rigid exclusion” (1993, p. 22). So too can the fat subject be dislodged from its failed state through a rewriting of its history. My goal in this text is to make room for the fat subject by giving voice to the ways in which fat people are made to be failures. When the politics of fat hatred are made explicit then resignification can occur and fatness can be reworked into a more tenable subject position.

The task of making fatness a more viable way of being in the world is often challenged by the assertion that being fat is dangerous to one's health. While there are certainly associations between fat and some health risks, there are several reasons why questions of health should not be a barrier to the positive resignification of the fat subject. First, as Glenn Gaesser (2002) and Paul Campos (2004) have argued exhaustively, the association between health and body weight is neither simple nor direct. For example, Katherine Flegal and colleagues (2005) found that moderately overweight individuals live longer than average weight individuals. Moreover, as Deb Burgard (2009) notes, the correlation between health and weight as measured by Body Mass Index (BMI) is typically  $r < .3$ , meaning BMI explains less than 9% of the variance in health outcomes; this is a weak association.<sup>1</sup> Second, the health risks of fatness are inseparable from the health risks of the *social stigma* of fatness. Paul Ernsberger (2009) argues that adverse health outcomes in fat people are the result of a complex interplay of adiposity, social stigma, stress, poverty and prejudicial medical care. For example, the social stigma of fatness can cause stress, which in turn can both directly cause illness, such as cardiovascular disease, and indirectly cause illness by promoting weight gain. Third, meaningful long-term weight loss is nearly impossible for most people (Anderson et al, 2001; Bish et al., 2005; Ogden et al., 2006) and repeated dieting can have significant psychological and physiological health risks (Burgard, 2009; Lyons, 2009). Thus, continuing to discourage fat embodiment due to health risks is not only generally unsuccessful, it may actually do more harm than good.

---

<sup>1</sup> Body Mass Index (BMI) is defined as  $\frac{\text{weight (kg)}}{\text{height}^2(\text{m}^2)}$ . For a history of the BMI and its inadequacies as meaningful predictor of health see Gaesser (2002).

In the chapters that follow I move between three disparate cultural contexts in order to document a few of the myriad ways in which the fat subject is vilified and made to fail. In chapter one I examine literature from epidemiological and genetic research to further explore what the sciences “know” about the fat body. I also begin to connect fatness and citizenship through the intimate public sphere, a domain in which the intimate and the domestic become material conditions of citizenship. In chapter two I analyze representations of fatness, weight loss, and failure drawn from two reality television weight loss programs, *The Biggest Loser* and *DietTribe*. I focus on the gendered and racialized aspects of the fat failed subject and the fat failed citizen. I argue that dieting constitutes a radical intervention into fat personhood, one that calls for extensive reform far beyond body size and shape. In chapter three I conduct a content analysis of the discourse on an internet message board for people trying to lose weight. In this last chapter I focus most intently on the violent self-disavowal that dieting culture demands of the fat subject and its effects on the psyche. Finally, in my conclusion I suggest a course for future scholarship and political work around fatness.

## Chapter 1: Knowing Fatness: Obesity in the Sciences

In “Divinity: A Dossier, A Performance Piece, A Little-Understood Emotion”

Eve Sedgwick and Michael Moon describe a kind of unspoken cultural knowledge:

Our culture as a whole might be said to vibrate to the tense cord of “knowingness.” Its epistemological economy depends not on a reserve force of labor, but on a reserve force of information always maintained in readiness to be presumed upon...yet poised also in equal readiness to be disappeared at any moment...a copia of lore that our public culture sucks sumptuously at but steadfastly refuses any responsibility to acknowledge (1993).

This tacit knowledge codes the fat body as lazy, weak willed, and lacking in moral character. It knows the fat body to be monstrous, ugly and stupid. It recognizes the fat person as other: woman, black or brown, and poor. And this knowledge migrates. It is “presumptive, deniable, and unarticulated” (Sedgwick, 1993) and it can move between many registers. This chapter examines scientific research as one such register where the “tense cord” of knowledge about the fat body vibrates, silent and unacknowledged. As many feminist critics and historians of science have noted, scientific knowledge does not take place outside of culture and scientists bring their tacit social knowledges to their research (cf Harding, 1986; Hubbard, 1990). However, scientific knowledge production, particularly in the academy, derives its authority by presenting itself as apolitical, rational, and objective. Such a positioning does not allow social knowledges to be accounted for. Therefore, as the sciences seek to know more about the origins and implications of the fat body, they inevitably (re)produce these silent knowledges within their empirical, positivist findings. This chapter explores the emergence of a particularly shrill and punitive tone in the epidemiological and genetics literatures concerning

obesity.<sup>2</sup> This shift in tone develops late into the “obesity epidemic,” and betrays a panicked desperate response to the enduring ontology of fatness, despite more than a decade of intervention.

My analysis focuses on two themes in scientific literature that have materialized in force since 2005: contagion and racialized genetics. These literatures position fatness as a threatening way of being in the world and construct the fat subject as a failed subject, more specifically a failed citizen. Contemporary American citizenship has been described by Lauren Berlant (1997) as occurring within an intimate public sphere. Berlant argues that in the United States after the Regan revolution the public sphere no longer exists in the Habermas/Enlightenment sense of shared public culture or civic identity (p. 3); such citizenship is dead. Elaborating on this death of citizenship, Berlant writes:

I use the word ‘dead’ then, in the rhetorical sense designated by the phrase “dead metaphor.” A metaphor is dead when by repetition, the unlikeness risked in the analogy the metaphor makes becomes so conventionalized as to no longer seem figural... In the fantasy world of national culture, citizens aspire to dead identities... Identities not live, or in play, but dead, frozen, fixed or at rest. (p. 60)

This dead citizenship has been replaced by the intimate public sphere, a space where citizenship-identity is still at play. Citizenship in this intimate public sphere is:

a condition of social membership produced by personal acts and values, especially acts originating in or directed towards the family sphere. No longer valuing personhood as something directed towards public life, contemporary nationalist ideology recognizes a public good only in a particularly constricted notion of simultaneously lived private worlds. (p. 5)

In the intimate public sphere citizenship is constituted by activities “performed in the intimate domains of the quotidian” – daily participation in liberal capitalist society (ibid).

Such banal activities as eating, shopping and family life become the criteria of

---

<sup>2</sup> Many fat studies scholars use the terms “obesity” and “overweight” in scare quotes to indicate their compromised status (cf. Murray, 2008; Solovay & Rothblum, 2009). I use the terms without quotes when referencing their use in medical and scientific discourses and use the preferred term, fat, elsewhere.

citizenship. The fat person, always already guilty of improper consumption through both an imagined over consumption of food and a material inability to consume goods and services that cannot accommodate a larger body (clothing, airplane seats, amusement park rides), is no longer intelligible as a citizen. In the research I explore the fat body is constructed as a dangerous contagious agent and a genetically racialized and flawed subject. It is an unviable, burdensome way of being in the world. These images construct and reflect our knowledge of the fat subject as a failed citizen within the intimate public sphere.

In order to contextualize this current research I will first trace the origins of the “obesity epidemic” in scientific literatures, popular press coverage and United States public policy since the early 1990s. I provide these histories simultaneously in order to underscore the traffic in knowledges of fatness between these spheres. Although the putative audience of scientific research is other scientists, their knowledge has been “democratized” through the growth of mass media, particularly the internet (Clarke et al, 2003). I do not contend that scientific knowledge remains unchanged as it travels between these mediums. Mass media coverage of scientific research often presents a unified scientific position when in fact there is great disagreement among scientists. It also tends to inflate scientific claims and iron out nuance. However, as Jonathan Metzl (2003) has noted, culture is not simply the receptacle where science “goes;” rather, knowledge flows in all directions. In fact, part of the vitriolic tone in recent research is evidence that currents of cultural knowledge do flow through the sciences. After providing this history I then explore in more detail the themes of contagion and genetics

in contemporary obesity research. In my conclusion I return to the notion of the fat failed citizen/subject and the implications of this failure.

### **Mapping the Epidemic: 1990-2005**

According to Foucault in *The Birth of the Clinic* (1963/1994), the emergence in the eighteenth century of the phenomenon of the epidemic was a key turning point in the rise of clinical medicine. Epidemics, or sudden, widespread outbreaks of contagious disease, required a new kind of medicine in order to be contained. This new medicine, which Foucault dubs clinical or anatomo-clinical, is characterized by the “constant, constricting intervention” (p. 28) of the state through medical governance. A second key feature is the replacement of the “healthy” body as the ultimate goal in medicine with the “normal” body (p. 35). Through the epidemic medicine becomes politicized and “assumes a normative posture, which authorizes it not only to distribute advice as to a healthy life, but also to dictate the standards for physical and moral relations of the individual and of the society in which he lives” (p. 40). Thus, both the state and individual physicians are imbued with the authority necessary to establish normative standards in the interest of public health. Natalie Boero (2007) calls the obesity epidemic a “post-modern epidemic,” one in which the disciplinary hygienics of traditional epidemics like cholera, typhoid and influenza are separated from their biomedical origins and applied to social phenomena, as in the “epidemics” of teen pregnancy and drug use associated with the 1980s (p. 42). However, I disagree with Boero’s assertion that the obesity epidemic has become divorced from biomedical discourse, or even that the epidemic discourses applied to teen pregnancy and drug use eschew biomedical knowledges. Rather, the shifts in media coverage of obesity research from the early

1990s through the mid-2000s reveal that biomedical discourse is the currency in which the obesity epidemic trades. Epidemiological and genetics research has been especially focused on finding empirical support for the notion of the epidemic.

The first stirrings of the obesity epidemic came in 1994, when the National Center for Health Statistics (NCHS) published a report indicating over one-third of Americans were either obese or overweight. One of the researchers was quoted in the *New York Times* as saying “The proportion of the population that is obese is incredible. If this was about tuberculosis, it would be called an epidemic” (in Boero, 2007, p. 6).<sup>3</sup> A second important study in the dawning of this epidemic discourse was a finding by McGinnis and Foege that “dietary factors and activity patterns that are too sedentary are associated with 300K deaths per year” (1993, p. 2208). While this study does not specifically name obesity, the finding repeatedly showed up in both the popular press and scientific research as “300K deaths caused by obesity” (Lyons, 2009, p. 82). Despite McGuinness and Foege’s objections about the misuse of their data, this inaccurate representation of their findings was used to expedite the FDA approval of the weight loss drugs Fen-Phen and Redux, which eventually had to be taken off the market after being implicated in deaths due to primary pulmonary hypertension (Mundy, 2001, p. 252). These figures were also cited by C. Everett Koop, Surgeon General during the Regan administration, when he launched his Shape Up America! campaign in 1994.

---

<sup>3</sup> The NIH defines an epidemic as “The occurrence of more cases of a disease than would be expected in a community or region during a given time period.” The expected rate will vary by disease type (e.g., a handful of cases of typhoid would constitute an epidemic whereas hundreds of cases of the common cold would not), but the expected rate is usually the prevalence documented during an arbitrary time period. In the United States the 1970s is generally (and uncritically) used as the “control” period for obesity rates. Valid historical data on body weight from before the 19<sup>th</sup> century are difficult to find (Jutel, 2005, p. 114).

In 1997 the World Health Organization declared obesity a global epidemic and one of the world's most pressing health issues, even in nations where chronic famine remained a persistent problem (WHO, 2000). The following year the National Institute for Health lowered the BMI threshold for overweight from 27.5 to 25 based on a finding in "the most extensive review of the scientific evidence on overweight and obesity conducted to date" that cardiovascular risks begin to increase at BMI > 25 (NIH News Release, 1998). While this particular change received little attention in the media, 1998 marked the peak of popular press coverage of obesity with over 350 articles in the *New York Times* alone (Boero, 2007, p. 42). In comparison, the *Times* published only 55 articles on obesity in 1990 (Source: LexisNexis). Independent science journalist Michael Fumento published his book *Fat of the Land* in 1998 wherein he wrote, "When somebody shows prejudice to an obese person, they are showing prejudice toward overeating and what used to be called laziness. It's a helpful and healthful prejudice for society to have" (p. 297). David Allison and colleagues (1999) published a study claiming obesity and overweight resulted in over 400,000 excess deaths per year. These findings quickly became some of the CDC's most-cited research (Lyons, 2009, p. 82).

By 2001 the mass media and public policy discourse on obesity had become borderline hysterical. In December of 2001 U.S. Surgeon General David Satcher announced the "war on obesity," a phrase that carried new weight in post-September 11<sup>th</sup> America. He cited research estimating that obesity and overweight "cost employers \$4.06 billion annually" (Office of the Surgeon General, 2001). At the same press conference Health and Human Services Secretary Tommy Thompson declared "all Americans – as their patriotic duty – [should] lose 10 pounds" (in Herndon, 2005, p. 128). Moreover,

obesity research was able to focus more intently on children due to the CDC's release of new guidelines on juvenile obesity in 2000. These guidelines allowed physicians to identify children as young as two years old as overweight or obese. 2001 also saw the FDA approval a new form of gastric bypass surgery. Bariatric surgeries in general were on the rise; 40,000 were performed in the U.S. in 2000, 103,200 were performed in 2003. (American Society of Bariatric Surgeons). In 2003 Surgeon General Richard Carmona called childhood obesity a greater threat to American security than terrorism ("Remarks," 2003). In 2003 and again in 2005 the lobbyist group Center for Science in the Public Interest asked Congress to institute an excise tax on "junk food" and soda on the grounds that such a tax could subsidize the "\$95 billion dollar per year" cost of obesity, a burden they claimed was unfairly shouldered by "American tax payers" through Medicare and Medicaid (Boero, 2007).

Concomitant with this turn to especially bombastic language in public policy and the media were two changes in academic research on obesity. From 1994 to 2001 scientific publications on obesity outpaced news media publications only slightly, but in 2001 the rate of scientific publications shot up dramatically (Saguy & Almeling, 2008, p. 56, fig. 1). The number of scientific articles published on obesity increased 150% between 2001 and 2005 while the number of news media articles increased by only 30% (ibid). This period also marked the beginning of a critical approach to research on fatness in the academy; a variety of scholars began to suggest that the United States had become embroiled in a moral panic over the fat body (Gaesser, 2002; Campos, 2004; Herndon, 2005). I will return to the question of moral panics in the conclusion of this chapter, but

first I will examine in detail a few of the trends that emerged from sudden surge in obesity research after 2005.

### **Desperate Measures: Scientific Research from 2005-2009**

By the year 2005 the cohesiveness of the obesity epidemic was beginning to fray. CDC data from 2005 show that despite over 10 years of research and public policy efforts urging weight loss, the incidence of overweight and obesity in the United States had not declined (NCHS Data Brief, 2006). Furthermore, several important studies were published in 2005 and 2006 that challenged the general wisdom of the notion of an obesity epidemic. In 2005 the CDC, after a Congressionally mandated investigation, admitted that the Allison et al. (1999) study that found over 400,000 excess deaths per year associated with obesity had “significant mathematical and methodological flaws” (Gibbs, 2005, p. 73). In the same year Flegal et al. (2005) reexamined the connection between BMI and mortality and found that obesity resulted in approximately 100,000 excess deaths per annum, less than 25% of the finding in Allison’s (1999) study. Furthermore, Flegal and colleagues found that the overweight category resulted in no excess deaths and was actually protective, producing 30,000 *fewer* deaths than expected. The following year Paul Campos (2006) published a review article summarizing the strongest research against the obesity epidemic. He questioned both the health risks of increased body weight and also the very notion that an obesity epidemic existed at all.

Since 2006 the scientific literatures on obesity have grown somewhat more heterogeneous, but the majority of research continues to focus on the negative association between body weight and health. A markedly shrill tone has begun to develop in certain subfields, specifically research into the origins of obesity. In the quest for etiology of

obesity researchers began looking to genetics and theories of contagion to explain the persistent existence of fat bodies. As April Herndon has noted, the search for root causes of fatness can betray some of the panicked fat hatred that normally circulates unacknowledged. She writes:

Questions posed about fatness, within both medical and socio-cultural realms, indicate a profound bias. Like inquiries launched to find the causes of homosexuality, the search for medical and/or psychological origins of fatness reveals the place of fatness, fat embodiment and fat people within current epistemological rubrics. (2002, p.121)

In other words, the search for the causes of obesity can reveal a pervasive hatred for fat bodies by suggesting the possibility of a world in which they may be eliminated or prevented altogether.

In the sections that follow I will analyze scientific articles that are representative of this shrill, punitive turn in obesity research. The desperate quality of the hypotheses set forth by these researchers is the result of years of panic over the fat body without any appreciable effect on the actual prevalence of fatness. Pointing to the racial, gender and class politics at work in these studies makes visible the knowledge of the fat body that they reproduce. Furthermore, the source of that knowledge is located in both long-standing stereotypes of fatness and also the moral panic produced by the scientists, politicians, journalists and reporters of the obesity epidemic.

### *Contagion*

The catachresis of epidemic takes on new meaning in the context of research on “infectobesity,” obesity caused by an infectious disease agent (Pasarica et al., 2006). Interest in viral etiologies of fatness increased in the mid-2000s with a series of experiments that found human adenovirus-36 (ad-36) could cause obesity. Originally linked to obesity in chickens (Dhurandhar et al., 1992), little research was done on the

virus until it was found to also produce obesity, even under restricted dieting conditions, in mammals such as mice, marmosets and rats (Dhurandhar et al., 2002; Vangipuram et al., 2004). However, the human data are less consistent. Atkinson and colleagues (2005) showed that more obese individuals have antibodies for ad-36 than non-obese individuals ( $p < .001$ ).<sup>4</sup> However, the same study examined twin pairs who were discordant for ad-36 antibodies and found that the antibody positive twin was on average only five pounds heavier than their AB- twin ( $p < .05$ ). Note that in the twin study the  $p$  level is just below the cut off for statistical significance. Furthermore, neither effect size nor statistical power were reported in the study, without which the strength of the relationship between the variables (body weight and antibody status) cannot be assessed. In their discussion the authors state that although ethics prevent the purposeful infection of a human with ad-36 in order to prove causation, and despite the fact that the mechanism by which the virus increases adiposity is yet unknown (both in humans and in animals), their study provides “compelling evidence” that ad-36 leads to higher BMI. The phrase “increased BMI” slips quite easily into “obesity” later in the discussion, as the researchers suggest further studies should investigate whether ad-36 has contributed to “the global epidemic of obesity that has occurred over the last 20 years.” Interestingly, the authors do not explore the other prominent effect of the virus: lowered total cholesterol and triglyceride levels. Given the finding by Felgal et al. (2005) that moderately overweight individuals had the lowest level of mortality, ad-36 could arguably be seen as a *helpful* virus, one that

---

<sup>4</sup>  $P$  is a statistical measure used to indicate how likely an observed value (e.g., the presence of ad-36 antibodies) is the result of the null (or “no effect”) hypothesis. In the above example the null hypothesis would be “Ad-36 is not associated with obesity” and the  $p$  value of .01 would indicate a 1% chance of that null statement being true. The lower the  $p$  value the less likely that the null hypothesis is true and the more likely the alternative hypothesis (“Ad-36 is associated with obesity”) has been correctly accepted. A  $p$  value greater than .05, or 5%, is considered to be “statistically insignificant” and thus the null hypothesis cannot be rejected (McBurny & White, 2007).

slightly increases body weight while reducing other two key factors for cardiovascular disease.

Despite the weak evidence for the actual effect of ad-36 on obesity in humans, obesity researchers have been captivated by the notion of obesity as viral and contagious. Since Atkinson's finding in 2005 scientific publications on ad-36 have increased, but most of these publications are review articles that cite the 2005 findings. For example, in 2008 Atkinson published a review article in the *International Journal of Pediatric Obesity* that relayed his own findings but did not reference any data on children. Instead, he discusses an avian adenovirus that ostensibly originated in India in the 1970s, crossed over to humans, and led to a worldwide influenza outbreak. He suggests that ad-36 may have caused a worldwide epidemic of obesity in much the same way. Here Atkinson figures obesity not only as an aggressive infectious disease but also as possibly originating in the "Far East." This is no innocent, ahistorical hypothesis. As Sander Gilman (2008) has noted, the desire to find the origins of disease in the East draws on a racist colonial discourse that marks people of "the Orient" as unhygienic and closer to animals than to humans. Gilman writes, "The idea that animals and humans in Asia (or, in the case of HIV/AIDS, in Africa) provide a unique culture of disease meant that the illnesses themselves could be seen as invading the space of 'civilization' which is intrinsically 'free' of such infection" (2008, p. 28). Furthermore, because obesity rates are much higher in the West than in Eastern nations, Atkinson's hypothesis contradicts readily available empirical data. Atkinson repeatedly references the rise of obesity in developing nations as evidence that the more commonly accepted etiology of fat (poor diet and lack of exercise) are insufficient to explain the "global epidemic." In making this

argument he fails to consider the close relationship between poverty and obesity in the West, as well as the effects of global capitalism on the price and availability of a variety of foods across the globe. His emphasis on the “other” obese nations reflects his tacit knowledge of fat as uncivilized and fundamentally alien to Western normative embodiments.

While “infectobesity” imagines obesity the effect of an infectious disease agent, other researchers have attempted to illustrate that obesity may be *socially* contagious. In 2007 Nicholas Christakis and colleagues published a study in the *New England Journal of Medicine* documenting the 30-year spread of obesity across a large social network. Christakis sought to determine the effect of social relationships on the spread of obesity. He gathered BMI data from the Framingham Heart Study, a highly successful and rigorous study which began in 1948 and has tracked three generations of participants on a variety of health measures. Using the social networking language of “egos” for the individual being studied and “alter” for a person socially connected to the ego, the study examined the extent to which the development of obesity in an ego predicted the development of obesity in his or her alters. The study differentiated between “homophily,” the tendency for people to form relationships with those who are similar to them, and “induction,” the spread of behavior from one person to another, by analyzing the time lag in the development of obesity across the relationship. They suggest that if the alter became obese after the ego this is evidence that social factors, rather than shared environmental factors, were at work.

Because the study was complex and involved many different measures, a wide variety of findings were reported. For example, the overall “risk” of an alter developing

obesity with a first degree relationship of any kind (spouse, sibling, friend, or neighbor) to an obese ego was 45% higher than in randomly selected non-associated pairs. Same-sex friendships between men had the highest rate of “transmission,” a 100% increase in likelihood of developing obesity, while same-sex friendships between women did not have a significant effect. Alters who had siblings or spouses who became obese showed a 40% increase in risk for obesity. Researchers also assessed the effect of an obese ego on more distant social ties (e.g, an alter’s alter, or an alter’s alter’s alter) and found that second- and third-degree relationships also suffered higher risk of developing obesity even if the first degree alter remained non-obese. However, these findings are extremely difficult to interpret due to a paucity explanatory theory and of statistical information provided in either the article, the 11-page appendix accompanying it, or the animation and power point presentation available on the *NEJM* website. While smoking was controlled for, no mention of the most significant covariates of obesity, such as race, class, socioeconomic status, pregnancy, or illness, were mentioned among the controls. Nevertheless, Christakis and colleagues conclude that obesity spreads through social networks by altering normative standards of body weight. They write:

The spread of obesity may rely less on behavioral imitation than on a change in an ego’s general perception of the social norms regarding the acceptability of obesity... Hence, an ego may observe that an alter gains weight and then may accept weight gain in himself or herself. (2007, pp. 377-378)

To be clear, Christakis and colleagues are arguing that it is not shared behavioral patterns, environmental effects, or genetic loads that are the significant vector of obesity in a social network, it is the transformative effect the appearance of obese people has on the range of acceptable body types. Although the researchers assert that “obesity is a product of voluntary choices or behaviors,” their findings suggest that obese people increase the

likelihood of their peers becoming obese *by the mere fact of their visible existence*. This explanation assumes that norms are constituted primary within local social networks and are easily changed by the behavior of a single individual. However, the enduring stigma of fatness over the almost 20 years of the obesity epidemic and the well-documented role of mass media in influencing normative standards for the bodies of both women and men (Bordo, 2000; 2004) challenge this facile, liberal humanist understanding of the power of norms. For Chritakis and colleagues, norms function like mathematical averages: the introduction of higher-weight individuals results in an increase in the mean BMI for the population and thus the normative standards for body size also increase. On the contrary, norms are not simply what people do. Norms construct, demand, and presume the “normal.” They are constituted not by what *is* but rather by what *should be*. In later chapters I will show that in fact visual representations of fat bodies are often used to reify the norm of thinness rather than to challenge it.

### *Genetics*

Kathleen LeBesco (2009) locates the beginnings of the latest inquiry into the genetics of fatness alongside the gay gene controversy of the mid 1990s. She suggests that fatness, even more than homosexuality, is at risk of extermination in the new eugenics movement due to the conflation of weight and health in medical discourse. That is, parents undergoing genetic counseling will be likely to select against embryos with genetic markers for fatness size for fear that their child will be unhealthy. While LeBesco finds genetics a rich ground for mapping the sexual politics of fat, I am interested in genes as an intersection of the politics of fat and race. The latest iteration of the search for obese genes dovetails with recent work on genetic racialization. I examine two admixture

studies performed by associated laboratories in the United State that seek to locate obesity-related markers on genes connected with either African or European ancestry.

Admixture studies rely on a notion of genetically distinct racial divisions in the human population by examining genes that are known to vary across so-called ancestral populations. In “Refashioning Race: DNA and the Politics of Healthcare” (2004), Anne Fausto-Sterling explains that Neil Risch and colleagues mapped the frequency of certain haplotypes, or blocks of genetic code that are known to vary together, in populations from different geographic areas. These haplotypes were compared not by looking at the whole sequence of DNA in the block, but rather at key points in the genome where known mutations occur. These points are called single nucleotide polymorphisms (SNPs), and function as a shorthand method for assessing genetic variation without taking the time or expense to look at more expansive tracts of genetic code. Risch et al. (2002) found that each continent could be associated with one dominant haplotype and thus suggested that humanity could be broken down into five genetic races: African, Native American, European and Middle Eastern, Asian, and Pacific Islander. Fausto-Sterling notes that this research is highly problematic and not universally accepted in the scientific community. Yet despite these flaws, racial haplotypes have been taken up in genetic research.

An example of admixture research can be found in two scientific articles published only a few months apart by two related research groups. Both were admixture studies to determine the extent to which BMI could be traced to particular SNPs on portions of African American chromosomes associated with African or European ancestral populations. That is, the studies examined whether obesity in the African

American population was more closely associated with genes inherited from their African ancestors or their European ancestors. Ching-Yu Cheng and colleagues (2009) analyzed SNPs associated with the European haplotype and Analabha Basu and colleagues (2009) looked at the SNPs that matched the African haplotype. Importantly, the researchers hypothesized that the genetic makeup of any given African American in the study population would consist of some European ancestry and some African ancestry but no significant ancestry from any other group.

Cheng used the genetic material of over 15000 African Americans pulled from 22 different genetic databases. They designated two control populations from the International Haplotype Map, one described variously within the article as “African,” “Nigerian,” and “Yorubian,” and one “European American.” Both Fausto-Sterling (2004) and Kittles and Weiss (2003) have written about the incredible genetic diversity of the geopolitical regions typically designated on the African continent (e.g., sub-Saharan, West Africa, etc), thus the coherence of a Yorubian, much less African, haplotype is dubious at best. Basu’s study had a smaller sample size ( $n=1344$ ) and drew from only one genetic databank, the National Heart, Lung and Blood Institute’s Family Blood Pressure Program (FBPP). The same Nigerian genome used in Cheng’s study was used as the “African” control in Basu, but rather than use the preexisting European haplotype, the European American control genome was constructed by sampling non-Hispanic whites from the same FBPP databank. Basu’s study focused on the “European American” SNPs within the African American population.

Cheng et al. found three loci where “African” SNPs were highly positively correlated with BMI, one on chromosome 5 and two on the X chromosome. The

investigators indicated that this finding matched previous data that African Americans with a higher percentage of European American genetic ancestry had lower BMIs, and that African American women, who have two X chromosomes, have higher BMIs than African American males. They also noted that chromosome 5 harbors the cocaine and amphetamine regulated transcript (*CART*) gene, and that *CART* knock-out mice have increased body weight as compared to normal “wild type” mice. Although studies of *CART* variants in white populations have not found a significant link to BMI, they suggest this may be a model for obesity in African American populations. Meanwhile, Basu et al. found two “European American” SNPs that were positively correlated with BMI and a third that was negatively correlated. Of the two positively correlated loci, one was dismissed as a polymorphism affecting Human Growth Hormone, which has been shown to increase body size but not adiposity.

There are several striking problems with this research. First, the operationalization of race is deeply flawed. As Anne Fausto-Sterling has pointed out,

[A]dmixture is *not* a measure of overall biological difference or similarity. The [percent admixture] is of clear medical importance only if it is derived from genes known to be involved in particular medical conditions *and* if those genes are known to differ in groups to which one wants to attach racial labels. (2004, p. 12)

Therefore, to use haplotypes as an a priori structure for finding genetic components of obesity arbitrarily narrows the scope of the search to a small subset of genes and prevents a true polygenetic understanding of how genes may contribute to body size.<sup>5</sup> Second, in their discussion section Basu et al. emphasized both the negatively correlated SNP they isolated as well as extensive research that refuted their own findings of a positive

---

<sup>5</sup> See Evelyn Fox Keller’s *Century of the Gene* (2002) for an acute analysis of myths and misconceptions regarding the meaning and capabilities of genetic research, especially the tendency to oversimplify genetic mechanisms.

correlation with BMI in “European American” SNPs. On the other hand, the discussion in Cheng et al. emphasized the research that indirectly supports their findings positively correlating “African” SNPs and BMI. Cheng and colleagues also focused on the implications of the *CART* gene as a specifically African American model of obesity. That this pathway is given such importance when evidence for its involvement is still hypothetical seems unwarranted. Recall that the mutation located on chromosome 5 is not known to be directly implicated in the pathway, just near other genes that are. However, because the *CART* pathway is thought to affect the medial arcuate nucleus of the hypothalamus, one of two proposed “satiety centers” in the brain (Elmqvist, Ellias & Saper, 1999), this newly discovered BMI-related loci becomes a victim of guilt by association. Perhaps this proposed model had such purchase because it vibrated in tune with several chords of cultural knowingness about fat bodies, black bodies, and fat black bodies. After all, fat people are often conceived of as “food addicts,” and similar stereotypes construct African Americans as libidinous and insatiable. Furthermore, the tendency to locate the root of fatness in cultural others is well established (Gillman, 2008; Herndon, 2005). The finding that the SNPs associated with the African haplotype is another in a long chain of scientific “discoveries” that attempt to differentiate the white European body from its others. Finally, while both studies were specifically aimed at finding genetic causes for obesity, Cheng et al. published their research on the European SNPs in a genetics journal, *Public Library of Science Genetics (PLoSG)*, with a title “Admixture Mapping of Quantitative Trait Loci for BMI in African Americans” while Basu et al. published about the African SNPs in an obesity journal, *Obesity*, with the title “Admixture Mapping of 15,280 African Americans Identifies Obesity Susceptibility on

Chromosomes 5 and X” . Through both the title and choice of journal the research groups chose to emphasize the theme of obesity in the article on African ancestry SNPs while only referencing BMI in the article on European ancestry SNPs. The synergistic effect of these two studies shores up the link between fatness and blackness while minimizing the link between fat and white, and white and black.

This line of research seeks to find the relationship between the genetics of fatness and the genetics of race. I do not object to the idea that genes play a role in determining body size. However, I do object to the notion that such genetic influences retain their meaning when separated from environmental factors. The researchers defer the very question of whether or not the geneticized notion of race and the geneticized notion of obesity are valid. Instead, these constructs are taken for granted and only the SNPs where fatness and race might overlap are examined. This move both silently affirms racial genetics and explicitly reinforces the link between fatness and racial minorities. Fat and race are coded as static entities with objective indicators rather than products of a particular cultural moment and its accompanying norms.

### **Conclusion: Moral Panics and Unfit Citizens**

Beginning in the early 1990s the nexus of forces vilifying the fat body converged to induce a moral panic. Proposed by Stanley Cohen in his 1972 monograph *Folk Devils and Moral Panics*, a moral panic occurs when “a condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests” (p.11). Cohen’s study documented the hostile and punishing responses by the media and government officials to clashes between the Mods and Rockers, two British subcultures from the 1960s. Since Cohen the moral panic framework has been applied to a variety of

social crises, including child abuse (De Young, 1998), AIDS (Watney, 1987), and sexuality (Rubin, 1984). However, the obesity epidemic does not fit the classic model of a moral panic. First, moral panics are transient; they pop up suddenly and disappear quickly. American public health agencies and the media have been in a state of moral panic over the “obesity epidemic” for at least 10 years. Furthermore, the “moral guardians” of the obesity epidemic do not limit their censure to just the obese and overweight. In 2001 Dr. Thomas Robinson, an obesity researcher at Stanford, was quoted in the *New York Times* as saying, “To gain 15 lbs in a year, you only have to have an imbalance of 150 calories per day, which is one soft drink... even a Lifesaver has 11 calories. An extra Lifesaver a day is an extra pound per year” (in Boero, 2007, p. 47). Even those who do not meet medical guidelines for overweight/obesity are lambasted over the *risk* of becoming fat.

The issue of obesity has fuelled social and political commentary which in turn leads to questions about the moral character and social responsibilities of Americans in general and fat Americans in particular (Coveney, 2008). In the context of the intimate public sphere, where private, individual acts become the constitutive basis of citizenship, scientific research that marks the fat body as contagious and genetically flawed constructs fat people as failed citizens. According to the lines of scientific research I have explored in this chapter, fat people literally infect those around them through viruses or social cues and pass on their bad fat genes to the next generation. The result is that fat lives are rendered untenable, unacceptable, and dangerous..

## Chapter 2: Un/fit Subjects: Citizenship and Subjectivity in Weight Loss Reality

### Television

The scene: A large gym filled with every kind of fitness equipment, from treadmills and stationary bicycles to free weights and punching bags. The camera moves between the twenty-two fat bodies that fill the space, bodies that belong to the contestants on the seventh season of NBC's reality television program *The Biggest Loser (TBL)*. The contestants are floundering, attempting to take part in the first workout of the competition. The usually omnipresent trainers, Bob Harper and Jillian Michaels, are nowhere to be found and the contestants wonder how they will be able to work out without them. The audience, however, is in on the joke. Bob and Jillian are in a separate room, secretly watching the contestants and ridiculing their inept attempts at exercise. The two trainers agree that they have a lot of work to do to whip these contestants into shape, but before departing for the gym each has a parting thought for the audience:

Jillian: I expect the contestants to be lost in the gym, to be lost in their lives, but for the first time in the history of *The Biggest Loser* I looked at the contestants and said, 'Wow, these guys are big.'

Bob: This is reality. You want to see what's going on in America? Turn on *The Biggest Loser*, because here's what America looks like right now.<sup>6</sup>

These comments mark *TBL* as an intervention not only into the lives and bodies of the contestants, but also the lives and bodies of the nation. This chapter will examine *The Biggest Loser* and a second reality television weight-loss program, Lifetime's *DietTribe (DT)*, in order to further explore the relationship between fatness, citizenship, and subjectivity that I began to explicate in chapter one. I argue that both programs construct life in a fat body as a failed life, one in need of radical rehabilitation: physical, emotional, and civic.

---

<sup>6</sup> All quotations from *The Biggest Loser* taken from Broome (2009).

Weight-loss reality television falls under the rubric of ‘lifestyle makeover television’ (Lewis, 2008). Lifestyle television in general presents the everyday life of ordinary people, whereas lifestyle makeover television focuses on the transformation of some aspect of the domestic sphere, such as homes (*Trading Spaces*, *Extreme Home Makeover*), parenting (*Supernanny*, *Wife Swap*), pets (*It’s Me or the Dog*, *Cesar Milan: Dog Whisperer*) and bodies (*What Not to Wear*, *10 Years Younger*). Tania Lewis (2008) argues that the format has genealogical ties not only to earlier forms of reality television such as *Big Brother* and *Survivor*, but also to other lifestyle programming, such as talk-shows and soap operas. The weight-loss aspect of *The Biggest Loser* and *DietTribe* speaks to what Misha Kavka (2006) argues is a distinctly U.S. focus on bodies and the personal makeover. For example, the breakout makeover program in the UK was the BBC’s *Changing Rooms*, a home decorating program, while the breakout program in the US was ABC’s *Extreme Makeover*, which transformed participants through extensive plastic surgeries, arduous exercise regimens, and hair and wardrobe restyling. While British makeover programs play out class warfare through questions of taste and style (Palmer, 2004), the U.S. oeuvre is marked by Americans’ “unwavering belief in positive transformation” (Kavka, 2006, p. 220). Thus, while *The Biggest Loser* has been franchised throughout the English-speaking world and beyond, it remains characteristically American in its portrayal of bodily metamorphosis.<sup>7</sup> The narrative of the personal makeover is extremely powerful within the U.S. cultural context because it taps into the entrepreneurial aspirations of upward mobility associated with the American Dream. Moreover, as Biressi and Nunn (2005) argue, the influence of humanistic and

---

<sup>7</sup> Currently variations of *The Biggest Loser* can be found in the UK and Australia as well as Europe (Germany, Hungary, Slovakia, the Netherlands) Central and South America (Brazil, Mexico), India, Asia and the Arab world.

self-help psychology within the U.S. has developed a distinctly American ‘therapeutic culture’ in which broader social issues are addressed through personal transformation and self-improvement.

### **Technologies of the Self: Governmentality and the neoliberal state**

Foucault’s (1991) notion of governmentality has been taken up as one way to understand how reality television operates. As Ouellette and Hay explain,

Scholars of governmentality look beyond the formal institutions of government to also emphasize the proliferation and diffusion of the everyday techniques through which individuals and populations are expected to reflect upon, work on, and organize their lives and themselves as an implicit condition of their citizenship. (2008b, p. 473)

Similar to Berlant’s (1997) theory of the intimate public sphere discussed in chapter one, governmentality is a theory of the privatization of the public sphere.<sup>8</sup> According to Foucault (1991), the power to govern is distributed across a network of authoritative institutions, such as schools, psychiatry, and medicine, which “manage social subjects and problems through specific devices, skills, techniques, regimens, and technologies” (Ouellette & Hay, 2008a, p. 9). However, this power is wielded at a distance. The modern liberal state encourages freedom as long that freedom is exercised responsibly. The result is a citizenry “who do not need to be governed by others, but will govern themselves, master themselves” (Rose 1996, p. 45). The liberal subject freely works on and watches herself while the State “looks after” her from a distance.

Nikolas Rose (1996) argues that a ‘state of welfare’ emerged in the twentieth century, particularly in the US under the New Deal with the creation of social security and a variety of government-administered public services. The state governed directly

---

<sup>8</sup> Berlant (1997) and Foucault (1991) approach the privatization of the public sphere from different directions; Berlant’s analysis focuses more on individual subjectivity while Foucault attends more to how power and authority work to construct *types* of people.

through programs intended to better the health and well-being of the American population. However, since the Regan and Bush administrations of the 1980s, the technologies of the welfare state have become increasingly more privatized. While the government still has a stake in ensuring the well-being of its citizens, this end is now pursued through public-private enterprises such as George W. Bush's faith-based initiatives. Ouellette and Hay (2008a, b) argue that lifestyle television has become an important apparatus in the neoliberal, or post- welfare, state by helping to reconstitute the means by which health and well-being are cultivated.

Through competitions, how-to tutorials and expert celebrity advice, lifestyle reality television evaluates and guides the behavior of ordinary people and, more importantly, teaches the audience to apply these techniques to their own lives. Using the discourse of 'empowerment,' these programs teach participants and viewers alike to become more effective self-managers. By mobilizing a task force of private sector experts, such as the celebrity chefs, personal trainers, therapists and physicians seen in *The Biggest Loser* and *DietTribe*, reality television enjoins citizens to practice more and better self-care. These practices, which Foucault (1988) calls 'technologies of the self,' are precisely the type of self-governance that the neoliberal state wishes to promote without the direct use of public resources.<sup>9</sup> However, this is not to say television is simply a didactic instrument of the state which straightforwardly programs citizen-viewers in a particular fashion. Rather, television may generate, recapitulate, magnify, and diffuse the forms of instruction and guidance that citizens readily embrace and even demand.

---

<sup>9</sup> See Nikolas Rose (1999) for an excellent discussion of neoliberal techniques of self-governance in detail.

In this chapter I examine the specific technologies of the self that the participants on *The Biggest Loser* and *DietTribe* both actively seek out and are taught to cultivate. By analyzing how these practices transform not simply body size but also the expression of gender, race, sexuality and citizenship, I will make visible some of the tacit knowledge of the fat body as fully and fundamentally broken. I argue that the attempt to discipline that fat body into a more acceptable size and shape also results in a host of other highly normative interventions. In my final chapter I will extend this analysis to the viewing audience by investigating how these programs are received by online weight loss support groups.

**The Programs: *The Biggest Loser* and *DietTribe***

NBC's *The Biggest Loser* debuted in 2004 and launched its ninth season in January, 2010. My analysis will be confined to season seven, which ran from January 6 – May 12, 2009.<sup>10</sup> The two-hour, 19-episode program featured 11 pairs of contestants, ranging from friends to spouses to parent-child dyads, who competed for a \$250,000 prize to be awarded to the individual with the highest percentage of body weight lost. The participants lived on the Biggest Loser Ranch in Southern California for up to three months and received diet and exercise instruction from personal trainers Bob Harper and Jillian Michaels. Each episode features two key events: a temptation, where contestants have to decide whether or not to consume high-calorie foods in hopes of obtaining a competitive advantage in the game, and a challenge, where contestants are pitted against one another in an extremely demanding physical task, such as running a half-marathon.

---

<sup>10</sup> The format of the program varies from season to season, including number of contestants and the specifics of the competition. I chose season seven as it represented an especially hyperbolic moment in the show, which is important because it transmits the hysterical panic around the fat body especially well. Teaser trailers for season seven consistently advertised that the cast contained the oldest, youngest, sickest, and heaviest contestants in the history of the program.

Each episode concludes with a dramatic weigh-in, and the player who has lost the least percentage of body weight for that week is eliminated and sent home. In the season finale the eliminated players compete for a runner-up prize of \$100,000 for the individual with the highest percentage of at-home weight loss.

Most participants on *TBL* are lower-middle class (e.g., landscapers, hairdressers, retail workers) with a diverse range of ages and races. The season seven contestants ranged from mid-200 pounds (115 kg) to over 450 pounds (205 kg) – including the heaviest person in the history of the program.<sup>11</sup> The program is known for its extraordinary results; many contestants lose over 100 pounds (45 kg) over the course of the show, and first-week weight losses regularly top 20 pounds (9 kg). In recent years the program has drawn negative press for being too extreme and unhealthy. Some former contestants have admitted to achieving their astonishing results by staying severely dehydrated. Several serious injuries, including a fractured hip, perforated ulcer and heat stroke have occurred in recent seasons. Despite, or perhaps because of these extreme conditions, *TBL* is NBC's highest rated program, drawing 11.9 million viewers for the season seven premier (Toff, 2009).

*DietTribe* airs on Lifetime, a basic cable station billed as “television for women.” *DT* has a much shorter run time than *TBL*, only eight one-hour episodes per season. The participants, a group of five friends, are given a goal of losing 50 pounds (23 kg) in 120 days. Unlike *TBL*, format of the *DT* is not competitive. There are no eliminations and the first season did not even offer any prizes for reaching the goal weight. In the second season, which is the focus of my analysis here, the participants were offered mystery

---

<sup>11</sup> The current season features a contestant who is 526 lbs (238 kg).

prize each time the entire group met their weekly six pound goal.<sup>12</sup> They also received a grand prize provided that all five women completed the final challenge, a 10-K triathlon. Another significant difference from *TBL* is that the women of *DT* do not leave their homes, families and jobs in order to participate in the show. Guided by their handsome and hyper-masculine personal trainer Jessie Pavelka and thin and feminine psychotherapist Stacy Kaiser, the *DT* participants work out daily and attend group and individual therapy sessions every week. Each episode contains footage of the workouts and therapy sessions, as well as video diary entries and scenes of the women's domestic life. Like *TBL*, the *DT* participants are lower-middle class (retail workers, stay-at-home mothers and low-level nurses). The women are mostly white (there is one African American woman) and in their mid to late thirties with children.

I selected these two programs for my analysis precisely because of these differences in format. *TBL* is masculine and competitive while the ethos of *DT* is feminine and cooperative. Despite these differences, I argue that both programs do the work of constructing fat people as failed subjects. Furthermore, both seek to remake the fat subject into something shiny and new (and thin) by means of self-care, self-monitoring and self-work.

### **The first step is admitting you have a problem: Confessions of failure**

Confession plays a vital role in the genre of reality television by drawing in viewers with emotional declarations, speculations and analyses (White 2002; Holmes & Jermyn 2004; Couldry 2003). I return to Foucault to examine the power dynamics at

---

<sup>12</sup> I chose the second season of *DietTribe* because it aired during roughly the same time period as season seven of *The Biggest Loser*, therefore I can compare and contrast the two programs while holding the cultural context constant.

work in the confession. In *The History of Sexuality* (1978) Foucault describes the confession as a central device in the production of identity:

The confession is a ritual of discourse in which the speaking subject is also the subject of the statement; it is also a ritual that unfolds within a power relationship, for one does not confess without the presence (or virtual presence) of a partner who is not simply the interlocutor but the authority who requires the confession, prescribes and appreciates it, and intervenes in order to judge, punish, forgive, console and reconcile; ... a ritual in which expression alone, independently of its external consequences, produces intrinsic modifications in the person who articulates it: it exonerates, redeems, and purifies him; it unburdens him of his wrongs, liberates him and promises his salvation. (pp. 61-62)

For Foucault, the confession is performative. The very act of confessing has constitutive effects on the confessor; it generates what it appears to simply be naming. We do not perform confession in order to relieve ourselves of a terrible, secret burden. Rather, the act of confessing installs the secret *as such*, a deep-seated, pre-existing pathology. Mimi White (2002) notes an important distinction between confession on reality television and the confession that Foucault critiques in *The History of Sexuality*. Instead of the priest or psychoanalyst as the interlocutor, the reality television confession takes place before a complex, distributed audience. White suggests that the elaborate power hierarchy of televisual confession displaces the role of the psyche and substitutes a more networked, mediated subjectivity (p. 314). That is, despite its stylistic claims to authenticity, confession on reality television offers only a partial, manufactured glimpse of the subject. This distinction is critical to my discussion here because I am not attempting a psychological evaluation of the individual contestants on *TBL* and *DT*, but rather a discursive analysis of the subjective identity that their confessions create.

Both *TBL* and *DT* use confessions of failure and shame to establish the necessity of the program's intervention into the participants' lives. Visually and emotionally, the first weigh-in scenes capture some of the myriad ways in which fat bodies are constructed

as failures. On *TBL* the pairs of contestants weigh in on a raised platform with a digital scale that displays their weight on large flat-screen TVs. The men are shirtless, wearing only loose-fitting athletic shorts. The women wear sports bras and form-fitting spandex shorts. This revealing clothing allows for tightly cropped, headless shots of women's bellies spilling over their waistbands and men's sagging breasts. Their bodies are marked as excessive and ugly, and the close crop of the camera denies their individuality by cutting out their faces. This grotesque but compelling spectacle is reminiscent of the freak show, which Elizabeth Grosz argues was responsible for "marking the threshold, not of humanity in itself, but of acceptable, tolerable, knowable humanity ... and the corporeal limits of subjectivity" (1996, p. 55). The relevance of the freak show analogy is bolstered by Andrea Stulman Dennett's (1996) positioning of the daytime talk television, a close predecessor of reality lifestyle television such as *TBL*, as a modern reconfiguration of the freak show. Dennett traces several figures, including trans women and fat women, from the dime museum freak exhibitions of the late 19<sup>th</sup> century to the talk show circuit of the late 20<sup>th</sup> century. Grosz's description of the ambivalent position of the freak parallels the visual aesthetics of *TBL*: "The freak ... is not an object of *simple* admiration or pity, but is a being who is considered simultaneously and compulsively fascinating and repulsive, enticing and sickening" (1996, p.56, emphasis original). The trainers, medical staff and variety of celebrity experts that appear on *TBL* express these warring emotions of interest, disgust, admiration and pity, thus contributing to the ongoing freak-making of the fat body.<sup>13</sup>

---

<sup>13</sup> For more on the role of the fat body in the freak show see Bogdan (1990), Vaughan (1996), and Garland Thomson (1997).

On *DT* the tone is less hyperbolic than on *TBL*, yet the scene plays out a highly gendered drama. The women weigh in wearing a uniform of pink t-shirts and spandex Capri pants, but are also in full make-up and jewelry. A traditional balance scale, such as those seen in a physician's office, is used to measure the women's weight. The show's host, personal trainer Jessie Pavlenka, takes each woman by the hand as she steps on the scale. None of these women actually need assistance with the four-inch step from platform to scale, but the gesture invokes the protective and highly heterosexual institution of chivalry, as well as an air of pageantry. It is a gesture of rehabilitated femininity. On *TBL* the suspense over a participant's individual weight is drawn out by showing fluctuating numbers on the digital read out of the scale. On *DT* the camera zooms in on the scale's sliding weights as Jessie inches them across the balance beam. This *mise-en-scène* plays on a common event in many women's lives: being weighed at the doctor's office. The particular pains of fat people's ill treatment by the medical establishment is well documented (Murray 2008; Huizinga, et al. 2009), but women of virtually any size can relate to the miniature melodrama that often accompanies being weighed and measured by the medical gaze.<sup>14</sup> Finally, the individual's weight is solemnly announced. This solemnity serves as a foil for the emotional outpouring which is to follow.

On both programs, as each participant is weighed for the first time the emotional tenor of the scene is amplified with crosscut footage of confessional monologues. These monologues express notions of failed gender, sexuality and personhood. On *TBL*, Kristen

---

<sup>14</sup> Interestingly, contestants on both *TBL* and *DT* do not have access to scales other than through the weigh-in and thus cannot know their weight in advance of the judgment scene. In chapter three I will return to this melodrama of the scale, to the case the at-home dieter. Briefly, the individual dieter feels the pressure of the medical gaze just as keenly in her own home as she might in the institutionalized setting of the medical office.

exclaims “Oh my God. My weight is bigger than the guys’!” Discursively, Kristin’s fat marks her body as unfeminine. Fat is also represented as failed masculinity through repeated close-ups of the male contestant’s breasts or admissions of lack of physical strength or endurance. In effect, fatness de-genders the body by denying both proper masculinity and proper femininity to the fat subject. That is, in the female body fat is coded as masculine but in the male body fat connotes femininity. This unintelligibility of gender contributes to the freakish spectacle of the fat body. Moreover, the incoherence of gender in fat bodies interrupts the performance of sexuality. In the next weigh-in scene, *TBL*’s Mandi covers her face with her hands and sobs, “I don’t even let my husband see me like this. I don’t want to be like this anymore. I can’t even stand it.” Nicole, who has entered the competition with her fiancée so that they both might lose weight before their wedding, breaks down as well. She says, “I think I’ve been faking [my life] for so long, that everything’s OK. But now that I’ve met the man of my dreams I don’t want to fake my life anymore.” Implicit in these women’s confessions is the notion that successful heterosexuality is incompatible with their current body size. The only way for Mandi to feel attractive or for Danielle to have a happy marriage is through bodily transformation.

On *DT*, the participants offer more generalized confessions of failure and self-loathing. Mary holds back tears and tells the camera, “I feel like that scale reached out and slapped me in the face. How did I let myself get here?”<sup>15</sup> LaNessa, who earlier in the program said she never weighs herself because “it’s too depressing,” hears her weight and is crestfallen. “In that moment,” she says, “you just feel like a failure.” The discourse moves from the notion of failed personhood to that of actually failing to live when LaNessa says, “I could literally drop dead at any minute.” Similar claims are made

---

<sup>15</sup> All quotations from *DietTribe* taken from Sandler (2009).

on *TBL*. Helen states, “If I don’t lose the weight this time I am going to die.” While there is certainly an association between health and weight, these panicked prognostications of imminent death are clearly overblown. If any of the participants’ health was in such a precarious state they would not be able to take part in the rigorous exercise programs that are a mainstay of weight loss reality television. Instead, these confessions of ill health add another layer of failure to the fat subject.

### **The road to recovery: care of the self**

From the very beginning of *TBL* and *DT*, life in the fat body is depicted as bankrupt and miserable. Diet and exercise are represented as only the first steps to rendering the participants’ lives into something more livable. The shows’ experts demand a more radical change than just a reduction in caloric intake. Both programs emphasize the need for internal transformation, a rehabilitation of the self. On *DT* professional psychotherapist Stacy Kaiser tells the women that weight loss is “a mental and emotional journey.” She encourages them to overcome their fears and shed “bad habits” that keep them from reaching their “full potential.” Their potential to be happy and successful is intimately tied to their potential to be thin. The personal trainers on *TBL* fulfill a similar role. On the first episode of the season, trainer Jillian reduces her trainee Laura to tears with the statement, “All of the love that you give to everyone else. If you could just make that about you...” Bob tells another contestant, “You need to realize that you’re worth it.”

Of course, all this emphasis on caring for and loving oneself is thrown into question by a variety of punishing and shaming tactics also employed by the guiding experts. For example, in a mid-season episode of *DT*, after the contestants list obstacles to sticking to their diet and exercise program (such as work and childcare duties), Stacy

has the women stand in front of a full-length mirror wearing just a swimsuit. She says to the contestants, “see what your excuses have done to your body?” The women gaze at their bodies with derision and shame while Stacy, fully dressed and wearing a business suit, stands off to the side and watches them watch themselves. In another episode near the end of the season, Stacy gives each of the women a photograph of themselves at their highest weight. She asks them to view the photographs as “a psychological insurance policy” against regaining the weight. Apparently loving oneself does not extend to loving the person you once were. On *TBL* the contradictions are even more extreme. The trainers regularly push the contestants so hard in the gym that they cry, vomit, and even pass out. Bob will often step or stand on his trainees while they exercise. One of the challenges featured the contestants doing pushups in the mud to the point of full muscle failure, evoking the animalistic image of a pig wallowing in filth. Here again the imperatives to gain self-respect and practice self care only apply to the self-governing techniques that will help ensure a more normative body, not to the fat subject as such.

And yet, these contradictions are not simply an error produced by the conflicting values of entertainment television and individual projects of reform; rather, they are a core, constitutive element of dieting culture. Here I draw on Penelope Deutscher’s (1997) *Yielding Gender*, which argues that the instability of gender as described in the work of Judith Butler (1990) and Eve Sedgwick (1990) generates, rather than diminishes, hegemonic gender structures. Indeed, in Deutscher’s reading of *Gender Trouble* (Butler, 1990), gender is “unstable because of [its] perpetual need for reiteration and re-enactment” (1997, p. 26); far from undoing the normativity of male and female, this instability *produces* the very material of heterosexual gender. The continual, iterative

performance of gender is an instability that is generative, an ongoing attempt at “getting it right.” In other words, instability is engine of performativity. A similar iterative performance is required of the dieting subject. The instability produced by contradictory dieting injunctions such as “you must love yourself in order to lose weight” and “you must hate your fat self in order to lose weight” trap the dieter in an endless cycle of attempting to master a set of rules that directly oppose one another. This double bind drives the failure of the fat-but-dieting subject by ensuring that any success, in weight loss or in self love, is ephemeral and immediately unraveled by the unfulfilled injunctions.<sup>16</sup> In chapter three I will explore the effects of these contradictions in more detail and examine their effect on the fat-but-dieting subject.

### **Fat parents, (proto)fat children**

As Laurent Berlant (1997) has noted, activities directed toward the family are an important criteria of personhood under the intimate public sphere. Thus it is not surprising that on *TBL* and *DT*, the family life of the fat subject is scrutinized and found to be lacking. For example, three of the teams on *TBL* consist of a parent and their adult child competing to lose weight together. These stories are always framed as a joint failure by both parties. The parent has failed themselves and their child, and the child, only slightly less culpable, has failed to escape. Especially dramatic is the story of 54-year old Ron and his 18-year old son, Mike. Much attention is paid to the fact that Mike is the youngest contestant in the history of *TBL*. Trainers Jillian and Bob frequently remark on how difficult Mike’s life must be as “a fat kid.” Towards the end of the season, when Mike has lost over 100 pounds (45 kg), Jillian attempts to provoke him during a workout.

---

<sup>16</sup> For more on the double bind, especially its painful and maddening psychic effects see Bateson (1972) and Gibney (2006).

“Are you going to be a failure?” she yells at him, adding “It is soul-crushing to be a 300-pound teenager.” Mike’s father Ron does not need the trainers to castigate him, he does so himself. When detailing the family’s story, Ron tearfully says about his son, “He’s that way because of me. My kids never had a chance.” When Ron and Mike are at risk of being eliminated, Ron pleads for his son to stay, saying “He’s only 18 years old and he hasn’t had a chance to live.”<sup>17</sup> Not only does Ron see himself as a failed father, he sees the same failed subject in his son.

The representation of shared failure in the adult parent-child relationships also extends to *TBL* contestants with much younger children. Aubrey says that her children are “in the beginning stages of obesity” and that she must change her own life in order to save theirs. Children not yet born, or even conceived, are imagined to be compromised by a fat parent, as illustrated by the fact that Nicole is losing weight for her “future babies.” This concern with “proto-fat” children is echoed in episode four of *DT*, appropriately titled “Intervention.” One of the program’s experts, psychotherapist Stacy Kaiser, asks the women to watch hidden camera footage of their children’s eating habits. They react with shock and horror as they see their children eating food like pizza and cookies. However, the footage consists of only one or two scenes of each family, nowhere near enough to suggest a sustained pattern of poor nutrition. Furthermore, the children are all of average weight and previous episodes have indicated they play sports and are generally active, therefore the level of concern raised does not seem to be warranted by the actual behavior being observed. Instead, the women are applying their own dieting

---

<sup>17</sup> Butler and Deutscher argue that the instability of performativity creates the possibility of subversion or parody. Scenes such as this, where Ron pleads for his son’s life when clearly Mike is nowhere near the brink of death, may interrupt the performance of the fat failed subject by revealing the dramatic and overly-constructed nature of the representation.

mindset, founded on notions of calorie restriction and forbidden “bad” foods, onto their children. The segment is especially hard on Mary, a stay-at-home mother with three daughters. One clip shows her youngest daughter, who is no older than six or seven, eating three snacks over the course of one evening: a Popsicle, a bowl of cereal and a banana. Even though the calorie content and actual food volume of these snacks are moderate, all of the women cringe when they see the tape. Mary confesses that she feels like a horrible parent after seeing her daughter snacking. No one questions if this is typical for the child, if perhaps she ate little at supper or was simply just hungry that evening. All eating behavior not under the purview of the experts is immediately pathologized. The women’s failure to maintain an acceptable body weight is assumed to contaminate their parenting abilities, implicating them as failed mothers. This failed maternity in turn indicts the fat mother as a failed citizen.

Motherhood has always been an integral aspect of women’s citizenship in the US.<sup>18</sup> However, Lauren Berlant (1997) argues that the social value women derive from motherhood has undergone a radical transformation. Specifically, since the rise of the New Right in the 1980s and the anti-abortion activism of the Reagan era, women have “[become] more minor and less politically represented than the fetus, which is in turn made more national, more central to securing the privileges of law, paternity, and other less institutional family strategies of contemporary American culture” (1997, p. 85).

Further, she asserts

The nation’s value is figured not on behalf of an actually existing and laboring adult, but of a future American both incipient and pre-historical: especially invested with this hope are the American fetus and the American child... But most important, the fetal/infantile person is a *stand-in* for a complicated and

---

<sup>18</sup> See Kirber (1980) on the role of Republican Motherhood in the founding and early development of the United States and Rose and Hatfield (2007) for its ongoing relevance in the late 20<sup>th</sup>/early 21<sup>st</sup> century.

contradictory set of anxieties and desires about national identity. Condensed into the image/hieroglyph of the innocent or incipient American, these anxieties and desires are about whose citizenship – whose subjectivity, whose forms of intimacy and interest, whose bodies and identifications, whose heroic narratives – will direct America's future. (p. 6, emphasis original)

That is, figure of the fetus or the child has eclipsed the Republican Mother as the critical domestic element necessary for the nation's ongoing success. Nicole's future babies and Mary's snacking six year old are invested with special importance; their fatness or proto-fatness is both a personal and national tragedy. Fat women who become fat mothers not only endanger their children, they endanger the national welfare.

### **Leaving your race, joining the nation**

Although the cast of *TBL* is moderately diverse, race and ethnicity are rarely explicitly mentioned. The only contestants to discuss their race are cousins Filipe and Sione, first-generations Americans whose parents were born on the Polynesian island of Tonga. However, Filipe and Sione frame race as an obstacle to be overcome on their way to weight loss:

Sione: Where we come from, the Polynesian culture, it's accepted to be big. In fact, if you're a guy it's looked down upon to be too little. That's part of the reason why we're here, to change the mentality of the Polynesian people [and show them] that it's not OK to be big.

The ideal body and subject position against which Filipe and Sione measure themselves is implicitly white.<sup>19</sup> To achieve this ideal they must change not only their diet and exercise habits, but also their cultural values. This process is complicated by the hybrid culture they inhabit both as first-generation Americans and as post-colonial subjects, as whiteness has certainly infiltrated their values before this intervention. Nevertheless, it is

---

<sup>19</sup> Tongan culture has a long history of colonial influence that precludes the notion of a purely Tongan/non-Western identity. For a general account of Tonga's history as well as a substantial bibliography of recent scholarship on the culture, see Daly (2009).

their Tonganness that Filipe and Sione identify as problematic, not, for example, the disruptive influence of centuries of colonialism on the agricultural and eating practices on their native culture. During a brief mid-season visit home the cousins attend a picnic gathering of the Tongan community. Filipe explains that such gatherings are vital to preserving the Tongan culture among the immigrant population in the US, yet because he cannot partake in the food he is clearly on the periphery of the event. A similar, though less overt, cultural renunciation is required of the white ethnics of *TBL*'s cast. During the same mid-season visit home, Helen visits her neighborhood Polish grocery store and is dismayed to find that none of her family's traditional foods can be part of her new diet. Ron and his son Mike attend a gathering at a family-owned pizzeria and they too can no longer connect with their loved ones over food. These scenes offer a glimpse of deepest-held yet never spoken convictions of the normative body, that over and above being thin it must also be strictly white.

At the end of the season, Filipe and Sione return home with the goal of teaching their community everything they have learned on the Biggest Loser ranch. This scene is followed by coverage of several Biggest Loser clubs around the nation that have also brought the show's message out of their living rooms and into their communities. This move is a brilliant meta-example of how reality television serves the needs of the post-welfare state by helping to cultivate desirable self-governing practices among its citizens. On one level, the program is offering instruction on how individual viewers can adopt these preferred behaviors. On the meta-level, it is giving instruction on how to instruct others to do the same. More importantly, rather than encouraging the Polynesian immigrant community to address health disparities through collective action surrounding

health care or access to public resources, Filipe and Sione take it upon themselves to create change on the level of the individual. By showing the cousins providing these private self-care lessons, and thus inspiring viewers to do the same, *TBL* is promoting what Ouellette and Hay (2008) call “a system of privatized welfare.” In perhaps the most radical transformation depicted in *TBL*, Filipe and Sione have attained the status of successful, positive citizens by shedding the last of their ties to their fat failed subjectivity, race and ethnicity, and contributing to the goals of the welfare state.

### **Conclusion**

In this chapter I have argued that television has a critical role in modern American citizenship because, as Berlant explains, “Television encounters, engages, and represents both the social and political routines of citizenship” and mass media is deeply implicated in “the dissemination of national knowledges [which] redouble and loop around the formation of national identity” (1997, p. 30). Lifestyle television is engaged in a project of shaping personhood and citizenship in the post-welfare state through the promotion of self-governance and privatized networks of care. The specific practices cultivated by weight loss makeover television programs such as *The Biggest Loser* and *DietTribe* reveal more of the unspoken cultural knowledge of the fat body and showcase the ways in which such bodies are materialized as flawed subjects and improper citizens. A close reading of these programs has shown how heterosexuality, heterosexual gender, race and ethnicity, and family and civic life are all implicated in weight loss interventions. The breadth and depth of transformation encouraged by these interventions indicate that the fat subject position is represented on reality television as unhappy and untenable, in short: a failed subject. The only hope granted to the contestants of *TBL* and *DT* is a radical

process of self-rejection. In my final chapter I explore this repudiation of the fat self in more detail by examining the discourse on the message boards of an Internet-based weight loss support program.

### Chapter 3: Unbecoming Fat

The previous two chapters have examined the unspoken cultural knowledge of fatness that circulates in epidemiological and genetic research and have considered how reality television both mediates and magnifies the image of the fat failed subject. They have shown that the sciences and television are both important sites where the meanings of fatness and fat identity are negotiated, and have delineated their ties to notions of citizenship in the intimate public sphere. In this final chapter I move to another site of this negotiation, the community message boards of an extremely popular weight-loss website, SparkPeople.com.<sup>20</sup> Internet message boards offer a unique glimpse into the discursive construction of fat identity because these text-based conversations are intensely intimate; the mundane details of daily life appear alongside, and constitute, one's most longed-for wishes, yet occur in a highly public medium. These message boards provide access to an interactive conversation on the lived experience of the fat subject. In contrast to the more oblique and mediated objects of the prior chapters, this chapter investigates how seemingly direct, everyday discourses of fatness, and specifically of the fat-but-dieting subject, come to represent the 'truth' of the fat body. The fat subject circulating on the SparkPeople.com message board represents the fat failed subject detailed throughout this project. On the SparkPeople website, no less than in scientific literatures or reality television programs, the fat person is confined to a broken, unhappy subject position and can only be redeemed through weight loss.

---

<sup>20</sup> <http://www.sparkpeople.com>. Sparkpeople.com operated as a general goal setting and tracking site when first launched in 2001. However, most members used the site to track weight loss goals, so the founders narrowed the focus to diet and fitness in 2002. During 2003-2004 the site had some premium, paid subscription-only content, but in 2005 converted to a "free" (i.e., advertising supported) model.

## About SparkPeople<sup>21</sup>

Founded in 2001, SparkPeople.com is a mixed-content website designed to help its users lose weight. The site provides a variety of weight-loss tools, including a low calorie meal plan generator, a food log and calorie tracker, and editorial content with nutrition and exercise advice. It also incorporates social networking tools such as message boards and blogs so that users can generate their own content. Registration for the site is free and is required to view most of the editorial content. In 2009, ComScore<sup>22</sup>, an internet marketing firm, ranked SparkPeople as the most popular dieting website in the U.S. and third most popular health site<sup>23</sup> based on page views. SparkPeople itself claims to have over 7 million members, though presumably not all of those are active.<sup>24</sup> The site is independently owned and generates revenue from sales of various weight-loss paraphernalia, including kitchen gadgets for weighing and measuring portion size, exercise DVDs, and a book based on success stories from the site's members. There is also a great deal of prominent advertising from "sponsors," which are typically pharmaceutical companies or manufacturers of health foods and exercise equipment. Another internet marketing firm, Alexa, estimates SparkPeople's annual revenue at approximately 50 million dollars.<sup>25</sup>

The registration process for the site is lengthy. New users enter their age, gender, zip code and e-mail address to begin, then are guided through a goal-setting process. First, information about height and weight, dietary restrictions, and other health-related

---

<sup>21</sup> See appendix A for screenshots illustrating various aspects of the SparkPeople.com website.

<sup>22</sup> <http://www.comscore.com>

<sup>23</sup> The top site was a health promotion website owned by United Health Group, the US's largest private health insurance provider. WebMD.com was second.

<sup>24</sup> <http://www.sparkpeople.com>

<sup>25</sup> <http://www.alexa.com/siteinfo/sparkpeople.com>

interests (which lists “appearance/beauty” along with other more traditional health concerns such as heart disease and high cholesterol), and family size is requested. Then users select a goal in each of the following categories: nutrition, fitness and motivation. Suggested nutrition and fitness goals are typically modest such as “eat 2 fruits or veggies” and “go for a walk.” Motivation goals include “find a motivating picture” and “give yourself a 5-minute pep talk.” Finally, the site suggests a number of user groups that may appeal to your stated interests, such as “Brides to Be,” “Animal Lovers” and “Twenty-somethings with 50+ pounds to lose.” These user groups, called SparkTeams, have their own message boards where members can discuss issues pertinent to their common interests.

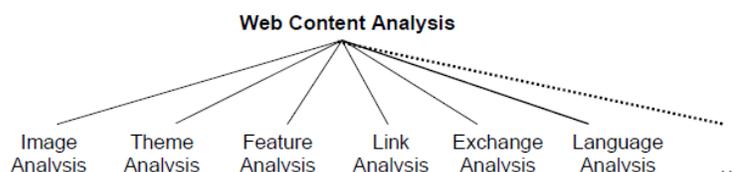
The site has a very busy design, yet is extremely engaging. For example, the food tracking features allow a user to create incredibly detailed logs of what she has eaten that day and then analyze not just the caloric value of each item but also the macro- and micronutrient composition of her daily intake. Moreover, users earn points for using various aspects of the site. Tracking food is worth one point per item tracked; editorial content is worth three points per article read, and so on. These points accumulate and one can earn virtual trophies that are displayed on the user’s individual member page. These member pages, called SparkPages, function somewhere between blog and online diary and allow members to post photographs and chronicle their “weight loss journey.” This type of content is common in social networking sites such as MySpace or Facebook and encourages users to communicate and build relationships with other members, and thus spend even more time on the site.

The final feature of the site, and the one where my analysis in this chapter is focused, is the message boards. Here users can initiate a conversation by posting a message and other members can respond in the comments section. The combination of the original post and all the comments is called a thread. SparkPeople has two levels of message boards. The first level is a set of general message boards organized by broad topics such as “Community,” “Get Help,” and “Support Groups.” The second level consists of all the SparkTeam forums, which are targeted for specific subgroup of members. There are thousands of SparkTeams and each has their own message board. However they tend to be much less active than the general message boards and despite their targeted membership the thread topics are remarkably similar. That is, whether you’re a baseball fan, a single parent or a country music lover, your SparkTeam is likely to be discussing food choices, exercise plans, and weight loss progress (or lack thereof).

### **Methodology: A grounded theory approach**

Since the mid-1990s, the Internet has been home to a growing number of social networks that enable both broad and highly specialized communities (Wellman et al., 2006). Scholarship on these virtual communities is still limited, but tends to be focused in anthropology (Hine, 2000; Garcia et al., 2009), sociology (Wellman, 1999) and communications studies (Herring, 2004). Because there is little agreed-upon theory to guide social research on the Internet, a grounded theory approach is often used in such scholarship. “Grounded theory” refers to an approach to qualitative analysis that allows analytic categories to emerge from the data rather than being imposed at the outset of the research. Over time these analytic categories develop into more substantive theory and as a body of research grows, a formal theory may emerge (Glaser, 2002). Following the

flexible ethos of this approach, I incorporate a number of methods in my analysis. Susan Herring (2004; 2008) provides a model of web content analysis (webCA) useful for analyzing a large sample of message board posts and describing overarching patterns of discourse. WebCA is a toolkit approach to analyzing new media (e.g. blogs, online diaries, Internet message boards, etc.) that facilitates a multidimensional analysis. Figure 1 reproduces a schematic of this paradigm:



*Figure 1:* Schematic of the elements of web content analysis (From Herring (2008)).

This figure illustrates the multidimensional quality of webCA, which allows the researcher to incorporate not just the language used in the posts but also the avatars, commenting patterns, and structural features of the website when analyzing how meaning is produced. WebCA also provides the structure necessary to systematically evaluate the volume of content that one encounters on a busy message board. After identifying several key themes that dominate the SparkPeople message board discourse I employ sociological and anthropological methods, including thick description (Geertz, 1973) and ethnography/virtual ethnography (Markham, 1998; Hine, 2000; Garcia, et al. 2009) to connect my findings to the notions of fat subjectivity and fat citizenship that I have been building throughout this project.<sup>26</sup> This analysis demonstrates that the sense of the fat

<sup>26</sup> Thick description is a methodology used in ethnography that describes behavior in its social context in order to evaluate meaning. Geertz (1973) gives the example of distinguishing between a wink, which is a socially coded form of communication, and the mere twitch of an eye. Virtual ethnography refers to the application of ethnographic methods to computer-mediated communication, such as Internet message boards, blogs, and online gaming environments.

subject as fundamentally flawed is widely circulated among the SparkPeople membership and this failure is a driving force in the desire to lose weight.

## **Content Analysis**

### *Research Questions*

Rather than beginning with specific hypotheses, a grounded theory approach to webCA uses broad research questions to guide data collection. In light of my reading of weight loss reality television in the previous chapter, three central research questions guide my investigation of the SparkPeople message boards.

- 1) How do the members of this online weight-loss community talk about their experiences as fat people? In particular, how do they relate fatness to their lived experiences of gender and sexuality? How do they understand fatness in relation to their family and community roles?
- 2) Other than body size and weight, what do the members of this online weight-loss community expect to change in their lives through the weight-loss process? What ideals of gender, sexuality and class are revealed by these projections?
- 3) How do members of this community discuss weight loss reality television? How do they relate their own weight loss struggles to those depicted on television?

### *Sample*

My analysis draws on two sub-forums from the community message boards at SparkPeople.com.<sup>27</sup> The message boards are divided into five headings (Community Contact, Get Help Here, Results, Support Groups, and Recipe Discussions), each with

---

<sup>27</sup> <http://www.sparkpeople.com/myspark/mycommunity.asp>

three to five sub-forums.<sup>28</sup> The sub-forums were selected based on relevance and activity level. For example, the recipe and technical assistance sub-forums did not contain any relevant discussions of weight loss or fatness, and the sub-forums under the Results and Support Groups headings had fewer postings, by several orders of magnitude, than the other sub-forums. Ultimately I selected the “Introduce Yourself” and “Staying Motivated” sub-forums for sampling because my preliminary exploration of the site suggested these were the richest sources for member’s discussions of identity, goals and struggles.

In order to better compare the discourse on the SparkPeople message boards with the discourse on weight loss reality television I sampled posts made during the airing of season seven of *The Biggest Loser* and season two of *DietTribe*, January – May of 2009. However, the sheer volume of activity on these message boards required that I sample selectively rather than comprehensively from this time period. Between the two sub-forums there were over 600,000 threads initiated in the five-month period allotted for sampling. I sampled every 75<sup>th</sup> thread, representing a sampling rate of 1.3% and a total of 7800 threads.

#### *Operationalization of Key Concepts*

Although the grounded theory approach allows for the modification of categories based on patterns that emerge from the data, some key concepts must be defined in advance. Accordingly, the terms fat, fat identity, and weight loss goals are operationalized as follows:

1. Fat – A key tenet of fat studies is that fatness is a socially constructed category, which means that an individual’s body weight does not necessarily

---

<sup>28</sup> See Appendix for images of the site.

predict whether he or she will be considered fat in any given context.<sup>29</sup> For the purposes of my analysis I will give a provisional definition of fatness. Here again I will strive for congruence with the material from chapter two. The contestants on *DietTribe*, the more moderate of the programs examined, all wanted to lose at least 50 pounds. Therefore, within my sample I will only consider threads initiated by members who state weight loss goal of 50 or more pounds. This information is readily available from the user profile that appears next to each posting.

2. Fat identity– In order to separate fat identity from other organizing tropes of identity, I will focus on aspects of an individual’s personality, psyche and/or life circumstances that he or she attributes to being fat. For example, if a member indicates that she is unsuccessful in dating because of her weight that would be an aspect of fat identity. If she indicates she is unsuccessful in dating because she is too busy, or because she is a single mother that would not fall under the operationalization of fat identity. While the relationship between fatness, single motherhood and dating is certainly more complex than this on/off model suggests, I will defer this issue because I am most interested in those aspects of selfhood that the message board poster *explicitly* links to being fat.
3. Weight loss goals – I am interested in the goals, wishes and dreams that fat people believe they can achieve through weight loss. Therefore, if a member

---

<sup>29</sup> For an excellent discussion of the social construction of fatness see S. Bear Bergman’s “Part –Time Fatso” in Rothblum & Solovay (2009). Bergman identified as transgender/Butch and notes that ze is only considered fat when mistaken for a woman, but not when mistaken for a man.

says she hopes to start travelling in six months because she will be thin enough to be comfortable in an airplane seat that would constitute a weight-loss goal. However, if she says she will start travelling in six months because she will have enough money saved for the vacation that would not constitute a weight-loss goal. As above, these are not mutually exclusive conditions but I elect to focus on the stated connections between weight loss and aspirations.<sup>30</sup>

### *Results*

Of the 7800 threads sampled, 56% (4368) were initiated by members seeking to lose 50 or more pounds and therefore qualified for coding. Of those qualifying threads, 94% (4105) were initiated by women, 6% (263) by men.<sup>31</sup> The median response rate was 10 comments.<sup>32</sup> The average age was 38.3 years ( $SD=13.4$ ). Most users were married, had children and were from the U.S. Midwest or South. Although information on socioeconomic status was not usually provided, the most common occupations identified were teachers, retirees, stay at home mothers, and nurses.<sup>33</sup> None of the sampled posts were authored by individuals who identified themselves as gay, lesbian, bisexual or transgender.<sup>34</sup>

---

<sup>30</sup> My analysis takes the posted content of the message boards at face value. That is, I do not suggest that the posts give direct, unmediated access to the psychic interior of the poster. It is likely that individual members have more complex and contradictory relations to fatness than their posts suggest. However, it is the face value content of the post that constructs the overall discourse on the site and further drives the cycle of meaning-making for the fat subject.

<sup>31</sup> Due to the overwhelming number of women members I use female pronouns throughout this chapter.

<sup>32</sup> Median response rate is reported due to tremendous skew in the data from long-running threads with thousands of responses over several years ( $M=552.6$ ,  $SD=2483.4$ ).

<sup>33</sup> Interestingly, the site did not collect information on race or class during the registration process. Race is not formally noted in the profile pages of SparkPeople members, although there are SparkTeams organized around racial identity.

<sup>34</sup> Although none of the sampled posts included self-identifying GLBT individuals there are 34 SparkTeams under the heading Gay, Lesbian and Bisexual so the site does have some members in this demographic.

### Question 1: Fat Identity

Production of fat identity occurred mostly in the Introduce Yourself sub-forum where members provided a short summary of their history, or of the history of their weight to be more precise. These stories tended to be remarkably similar. The member either narrated a story of being fat all her life or reported being thin until a key life event, such as a health crisis, marriage, or the birth of her first child, caused her body to change. Seventeen percent of posters identified mental illness such as depression or bipolar disorder as an element of their weight history, more than three times the frequency in the general population (NCHS Data Brief, 2008).<sup>35</sup>

Often these posts were quite short and contained very little information. However, those who wrote more lengthy introductory posts had very negative conceptions of their lives as fat people. Twelve percent of these posts expressed an inability to succeed in work or school due to weight, 18% indicated a sense of general failure in life, 43% stated they could not be a good parent due to their weight, and 31% claimed to be “addicted to food.” The most common source of distress was health, with 48% of posters reporting an inability to be healthy at their present weight. While some posts did express positive qualities (e.g., a good mother, a talented singer, an effective teacher), none were associated with weight, body size, body shape or other aspects of physical appearance. These data suggest that the fat failed subject espoused by the contestants on *The Biggest Loser* and *DietTribe* can also be found on the SparkPeople message boards.<sup>36</sup>

### Question 2: Weight Loss Goals

---

<sup>35</sup> Wooley and Garner (1992) suggest that patients seeking treatment for obesity may actually be experiencing psychological problems (e.g., depression, body dysmorphia) that are not addressed through obesity treatment (i.e., dieting).

<sup>36</sup> An example of one such thread is reproduced in the appendix.

The Staying Motivated forum provided a wealth of information about what members thought their lives would be like once they were thin. These responses were coded carefully to ensure compliance with the operationalization of weight loss goals. Table 1 summarizes the top responses of direct effects members expected weight loss to have on their lives.

Be healthy/Live longer	68%	Look better in photographs	17%
Able to wear more fashionable clothing	32%	Be more athletic	16%
Feel sexy/enjoy sex more	30%	Attract a new partner	16%
Able to love/accept myself more	29%	Be more confident	15%
Feel more feminine	28%	Kids will be proud of them	15%
Get back at an ex	28%	Career will improve	11%
Be more attractive to current partner	24%	Able to face oneself in the mirror	9%
Wear bikini or lingerie	23%	Look good on wedding day	9%
Overall better life	18%	Be a better American/citizen	6%

*Table 1: Top 20 weight loss goals expressed on the Staying Motivated forum (n=2665)*

While I will discuss the question of motivation and goals in more detail later, at this point I want to highlight two of my findings. First, being a better American or a better citizen was among the top 20 stated weight loss goals. The alignment of a more normative embodiment with improved citizenship is iconic of the construction of citizenship advanced in this work. Unlike the ancillary quality of the domestic sphere of modernity, in the intimate public sphere concerns for parenting, being a good spouse and the ability

to participate fully in consumer capitalism are sine qua non of the good citizen. As Berlant argues, “a boundary between proper and improper bodies [is] vital to the imagination of what counts as legitimate U.S. citizenship” (1997, p. 58).<sup>37</sup> That is, using the Berlantion notion of the intimate public citizen, we can read the redemption of the fat citizens as a primary goal of weight loss.

I also want to draw attention to the 4<sup>th</sup> most popular stated goal: able to love myself more. One member’s post expresses this desire especially poignantly:

JULIETFOX<sup>38</sup> : I want to be comfortable in my own skin and not think of what I look like... to just enjoy myself. I hate being a person who worries [sic] about what other people think... but I think it mostly comes from not being happy as you are<sup>39</sup>

This member is hoping that through a process of rejecting and disciplining her current body, she will come to love herself. She expresses this desire earnestly, without a trace of awareness of the contradiction it embodies. She understands that the feeling of not being comfortable in her own skin arises from “not being happy as you are” but seeks to remedy the feeling by radically changing her embodiment, a critical aspect of who she is. Thus, she is in a constant state of deferral; she defers self-love until she reaches a bodily state that is properly loveable. In a later section I will explore this paradox more fully and argue that it constitutes a major theme in the fat-but-dieting subject.

---

<sup>37</sup> As April Herndon (2005) notes, the fat body is already associated with other marginalized identities in the US (women, people of color and especially Hispanics, sexual minorities). She argues that the ‘war on obesity’ displaces national anxieties about race, class, and our current economic crisis onto individual lives and bodies.

<sup>38</sup> Individual posts will not be cited by URL because such links are extremely cumbersome. However, SparkPeople’s search page has a feature which allows the lookup of any user’s posting history by entering their username into the search field. This feature is the most effective way to access the material quoted in this chapter.

<sup>39</sup> All quotes are copied as written, with spelling and grammatical errors left intact. Because message board posters often use ellipses to indicate a pause or a drawn out thought I will place editorial ellipses in brackets [...].

### Question 3: Reality Television

While there were no threads regarding Lifetime's *DietTribe*, there were a few threads that discussed *The Biggest Loser*, including one lengthy and ongoing thread that received comments throughout the duration of the season. Interestingly, most posters expressed disdain for the high drama of the program, and recognized that the weight loss achievements of the contestants were unrealistic and even unhealthy. Nonetheless, 64% of posters reported feeling inspired by the program. Specifically, the workout scenes, trainers, and transformation-reveal scenes were the greatest sources of inspiration. These scenes are also the most affectively-loaded scenes in the program, and some posters reported crying or feeling deeply shamed while watching. As one poster explains:

LINDAWANDA: I watch TBL while doing my mini stepper or (if my feet start to fall asleep from that) running in place. A lot of the time I get tired after about 40 minutes, but seeing those people as large as they are, working out as hard as they do, shames me into continuing on the stepper.

Shame is apparently mobilized into the desire to exercise or avoid high-calorie foods. For some SparkPeople members then, reality television allows them to cultivate an affect that is sufficiently motivating that they will maintain their discipline.

### **Repetition and Contradiction: Recurring themes**

In the above section I performed a content analysis in order to synthesize a significant volume of discourse from the SparkPeople message boards. I noted that members tend to associate their fat selves with failure, especially with regard to parenting and self control. Discussions of life-after-fatness document members' fantasies of repaired femininity, enhanced sexuality, authentic self-love and unrestrained sartorial consumption. Conversations surrounding *The Biggest Loser* reveal the instructive and motivational power of shame and humiliation for maintaining weight loss practices.

Although all discourse is mediated by a number of forces that enjoin or prohibit certain types of speech, the posting behavior of SparkPeople members is not motivated by the values of mass media entertainment, nor is it coached by producers or scrambled by editors. Yet the figures of failed subjectivity and failed citizenship appear here too, more fleshed out and active than when found on the television screen or between the lines of scientific writing. The volume, variety and level of detail in these dieting discussions allow additional patterns to materialize. In the sections that follow I explore a few of these emergent contours of fat subjectivity.

### *Addiction*

A few aspects of fat identity are discussed on the SparkPeople message boards with an almost performative level of regularity. By performative I mean the citational form of performativity that Judith Butler uses in *Bodies That Matter* (1993). That is, these discussions work to reproduce dieting norms through their repeated enactment.<sup>40</sup> Moreover, individual message board conversations appear to be adjudicated by the members engaged in the discussion, but actually draw from the normative common knowledge of the fat body that circulates throughout our culture. The apparent singularity of each instance of the topic serves to conceal the authoritative and hegemonic injunctions of dieting culture which, unacknowledged, are being cited. A specific example will be instructive in understanding how the fat failed subject is performed through these conversations.

---

<sup>40</sup> As Butler explains, "Performativity is thus not a singular 'act,' for it is always a reiteration of a norm or set of norms, and to the extent that it acquires an act-like status in the present, it conceals or dissimulates the conventions of which it is a repetition... Within speech act theory, a performative is that discursive practice that enacts or produces that which it names." (1993, pp. 12-13)

These are topics that appear every few weeks and always spark a longer than average discussion, yet always reach the same conclusion. The question of food addiction is one such regularity. Although there were a few mentions of food addiction in *The Biggest Loser* and *DietTribe*, the discourse is far stronger on the SparkPeople message boards. A typical example can be seen in this member's post on the Staying Motivated forum:

ASMALLERME: So many of us have said that we have food addiction or binge or whatever. Does this effect everyone? Does everyone consciously have to think about their "relationship with food"? Can some people just see oreos as oreos? Alcoholics are impacted by alcohol. They need to be careful and be aware and stay away from triggers, etc. Drug addicts have to change their habits and make conscious choices. But for other people, a beer is just a beer. But food? It's an addiction that people have but can't just "kick the habit" or "go cold turkey". It is something we constantly need.

This post received a high number of responses, an indication that it struck an important chord with other members. While some responded to say no, not everyone deals with food as an addict, many more shared their personal sense of being food addicted. This is the general format of these performative discussions. A question is posed, a few people offer a non-standard answer, and a chorus of other members cite the dieting culture norm in the guise of their own personal experience. Often the question is settled, as it was in this thread, by an especially lengthy comment by a member who had reached her goal weight. Such members are highly respected, especially if they have lost a great deal of weight to reach their goal. One such member responded,

MOXIEDONNA: Food and I will be frenemies until the day I no longer walk this earth. Since I have been lucky enough to change my life and lose my weight, I understand that I will never again be able to see an oreo as just an oreo or eat potato chips [...] The sad thing about being a foodaholic is that I cannot totally abstain from food [...] Therefore, I realize that for the rest of my life I will have a daily struggle with food [...] But that is okay with me because now I can walk up a flight of stairs without getting winded. I can sit in a chair and bathtub without touching the sides. So it's worth it.

This notion of being out of control when food is concerned echoes Eve Sedgwick's (1993) description of the drug addict, an identity which emerged in the mid 19<sup>th</sup> century:

In the taxonomic reframing of a drug user as an addict, what changes are the most basic terms about her. From a situation of relative homeostatic stability and control, she is propelled into a narrative of inexorable decline and fatality, from which she cannot disimplicate herself except by leaping into that other, even more pathos-ridden narrative called *kicking the habit*. From being the *subject* of her own perceptual manipulations or indeed experimentations, she is installed as the proper *object* of compulsory institutional disciplines, legal and medical, that, without actually being able to do anything to "help" her, nonetheless presume to know her better than she can know herself (131).

Even moreso than Sedgwick's opium addict, the food addict is subject to an unending but impossible discipline because she cannot escape her drug of choice. As the message board discussion illustrates, the food addict knows this contradiction, but sees no way out. Helen Keane (2002) notes that 12-step programs meant to deal with food addiction, such as Overeaters Anonymous, "unintentionally reveal the violence necessary to maintain concepts of normal weight and natural eating" (130) by calling for extreme, unyielding abstinence from the so-called trigger foods (i.e., processed carbohydrates). Keane also offers an alternative interpretation of addiction. Instead of a lack of self control, she suggests "addiction is a state marked by caring too much about the wrong things, and not enough about the right things" (38). This model makes room for the addict to contemplate her desires, compulsive as they may be, as something other than inherently pathological. Yet the SparkPeople discourse consistently instantiates the food addict as a legitimate construct, a failed subject with an enduring pathological connection to eating. Even after the food addict is no longer fat she must remain the object of discipline lest she fall back into her natural, unrestrained state. This instantiation must not be confused with a mere theatrical act; this discourse is not just a melodramatic misappropriation of the term addict. Indeed, as Butler argues, "its apparent theatricality is

produced to the extent that its historicity remains dissimulated (and, conversely, its theatrically gains a certain inevitability given the impossibility of a full disclosure of its historicity)” (1993, pp. 12-13). In other words, the dramatic overtones of these confessions do not arise from a false or overblown sense of urgency. Rather, the deep and intense hatred of the fat body that circulates in Western culture produces these bewildered but passionate performances and identities through its unacknowledged but compelling force.

### *Reductionism*

The guiding principle of nearly every weight loss program is one of calories in/calories out. If a fat person simply ingests fewer calories than she burns each day then she will lose weight. This idea is a fantasy of biological reductionism; it is an application of the first law of thermodynamics, which states that in a closed system energy is conserved (neither created nor destroyed). By this principle, if your body uses, or ‘burns’ in the more colloquial parlance, 1800 Calories<sup>41</sup> of energy to perform its daily functions but you ingest 2200 Calories, the excess 400 calories must be converted into stored energy in the body, such as fat. Conversely, if you take in only 1400 Calories, then your body will ‘burn’ 400 Calories of fat in order to meet its energy needs. Clearly the very notion of ‘burning’ calories or fat is already an oversimplification of the complicated process of deriving energy from food through digestion. Moreover, the human body is not a closed system, as both work (effort exerted) and temperature, which influence the amount of energy the system requires, are highly variable over time. For the first law of

---

<sup>41</sup> 1 nutritional Calorie (such as those indicated on nutrition labels in the United States) = 1000 kilocalories (kcal) = 4184 Joules of energy.

thermodynamics to apply to the dieting subject, the body would need to be an air-tight, impermeable machine operating in a vacuum.

Furthermore, Feinman and Fine (2004) argue that the notion of calories in/calories out actually violates the *second* law of thermodynamics. They explain:

The second law says that no machine is completely efficient. Some of the available energy is lost as heat and in the internal rearrangement of chemical compounds and other changes in entropy. In other words, although the first law holds even in irreversible processes – energy is still conserved – the second law says that something is lost, something *is* unrecoverable. (p. 1446)

That is, in real rather than ideal systems, the relationship between input and output of energy is far more complex than the dieting maxim of calories in/calories out would suggest. Yet while calories in/calories out is a flawed application of the laws of physics, it is still the foundation of countless weight loss programs, including SparkPeople. Why else would a user painstakingly weigh, measure and record every calorie she ingests?

This contradiction is played out nearly daily on the SparkPeople message boards.

FUXXTOTHEFUTURE: Last night I had some pasta... I swear I didn't even overdo it. Today when I woke up I was 2 lbs heavier. I've noticed over the time that pasta at night makes my weight go up, and I don't know why. It pisses me off because I love to mix pasta with a lot of things, esp veggies... and I would love to have it at night, but now I know I just can't... it's not just yesterday, it's everytime =(

In the comments members reassure the original poster that she could not possibly gain two pounds overnight, that it is water weight, or that perhaps she should try whole grain pasta instead. But the mysterious movements of the scale plague other users as well.

MARYL77: I am having a lot of trouble staying motivated. I have completely changed my eating habits. I eat healthy foods, I don't eat take out or at restaurants. I don't eat close to bed time and I have started exercising. I have been doing this for almost a month and nothing has changed. I have lost nothing. My weight changes from 212 to 216 but it has always done that even when I didn't care. I am so discouraged and I feel like I want to give up

Here again, other members rush to reassure the discouraged user that if she just tracks her calories and exercise a little better, uses a food scale to ensure her portion sizes are exact, drinks enough water, etc., that she will lose weight. Despite ongoing evidence that calories in/calories out does not predictably produce weight loss in all bodies, members continue to place their faith in its effectiveness. As frustrating as this approach is, an even more fundamental contradiction underlies the fat subject position.

### *Unbecoming*

Samantha Murray (2005) underscores a critical paradox of fatness, a state she terms *unbecoming*:

In that moment, I understood the necessary impermanence of my fat body. There is a “suspended animation”, an impermanence of living the fat body. The act of living fat is itself an act of defiance, an eschewal of discursive modes of bodily being. Seemingly, the fat body exists as a deviant, perverse form of embodiment and, in order to be accorded personhood, is expected to engage in a continual process of transformation, of becoming and, indeed, unbecoming. The process of transformation entails a constant disavowal of one’s own flesh. The fat body can only exist (however uncomfortably) as a body aware of its own necessary impermanence (155).

The disavowal that Murray describes above is the same process that circulates under the sign of motivation on the SparkPeople message boards. Motivation generally appears in two forms. The first is a straightforward denigration of one’s current state, as in this user’s self-admonition:

EVILLITTLEKIWI: Okay Diane, here is the deal. You are killing yourself. Plain and simple. You know you are screwing up. Stop doing it. QUIT BEING STUPID!!! You have SO much to look forward to, a wedding, your CHILDREN growing up! SNAP OUT OF IT! NOW!

For this member, the things she looks forward to in life, a wedding and children, can only be achieved through the abjection of her current body. Her current subject position is

unlivable, threatening to kill her at every moment. The second version of motivation is an investment in a utopian, thin future self:

JESSICANICOLE09: I don't want to be the only girl who hates the mall any more. I want to try on clothes with my sister and have fun, instead of being the scrooge who refuses to go. And of course she thinks I am just a tomboy who hates shopping...which I do, but I WANT to love it.

This post is particularly revealing in that the member seems to believe that once she reaches a normative body size her gender identity will realign itself to a normative position as well and she will begin to enjoy shopping. Both members either explicitly or implicitly carve out a subject position through the abjection of their current embodiment. That is, the fat-but-dieting subject is living a contradiction. As Elizabeth Grosz (1995) states,

One's struggles are inherently *impure*, bound up with what one struggles against... This assertion of complicity, while it is not a claim of conscious collusion, nonetheless refuses the idea of a space beyond or outside, the fantasy of a position insulated from what it criticizes and disdains. (62, emphasis original).

The fantasy of the thin subject is predicated on the horror of the fat subject. Thin can only be seen as healthy, sexy, and desirable by continually constructing fat as diseased, unattractive and disgusting. When the dieting fat woman constructs this fantasy thin self, she is not merely engaging in a positive projection of a better life in a new embodiment. It is also a negative project that renders her current life, her current embodiment, unhealthy, unsexy, undesirable and unlivable. And because she cannot simply be in such a disavowed state, she must continually focus on becoming, or rather unbecoming. Such an existence cannot be anything but precarious, vulnerable and painful to negotiate. This is the true violence of dieting culture: a life lived undoing itself and therefore a life unable to move.

## **Conclusion**

This chapter captures a broader discourse of fatness in order to test the limits of the failed subject construct. A content analysis of a weight loss support website has provided robust evidence for the fat failed subject and fat failed citizen outside of the televisual realm. Although SparkPeople does not promote highly restrictive dieting practices or radical weight loss measures, the pain and confusion expressed on its message boards tell the story of fat people uncomfortable in their own lives and their own bodies. Furthermore, I have teased apart several threads of contradiction that bind up the fat subject. The first contradiction is the notion of the food addict, who must eat to stay alive, yet must “kick the habit” to save herself from a life of fatness. The second is the reductionist logic of the body as a calorie burning machine that is empirically contradicted by the fat person’s unsuccessful attempts at weight loss. Finally, the process of unbecoming; a continual process of both inhabiting and disavowing the fat body. The combined reality of these smaller failures and contradictions is even greater than the sum of its parts; this is the synergy of massive failure and the unlivable fat life.

## Conclusion

While most news media and government officials continue to frame the rising rates of overweight and obesity in America as a public health crisis, I see a different crisis emerging. As the moral panic over fatness increases, fat people come to bear an ever-increasing burden of stigma. This crisis is exemplified by a disturbing thread that I observed on the SparkPeople message board. A young woman posted a list of weight loss tips that she had found on a pro-anorexia website, telling the other members of the board that she knew it was wrong to be anorexic but some of the advice seemed rather useful. Some of the advice on the list included “drink an entire glass of water between each bite of food so that you get full quickly” and “celery contains negative calories – eat as much as you want.”<sup>42</sup> The poster also admitted that she draws inspiration from the will power exhibited by the members of the pro-ana site, but quickly reassured her fellow members that she did not have an eating disorder. After all, she seemed to suggest, one cannot have an eating disorder if one is fat.

On the contrary, the fat-but-dieting subject and the anorexic or bulimic subject have long been intimately connected. Indeed, Hilde Bruch’s canonical 1973 text *Eating Disorders* bears the subtitle “Obesity, Anorexia Nervosa, and the Person Within.” Whereas the anorexic and the slender body were cultural icons of the 1980s and 90s, the fat body has become the crystallization of culture in the 21<sup>st</sup> century. Writing on anorexia, Susie Orbach (1993) asserts, “Food is the medium through which women are addressed; in return, food has become the language of women’s response.” The relationship between the anorexic and her food is remarkably similar to the relationship between the fat-but-

---

<sup>42</sup> Celery does not, of course, have a negative caloric load, however it is a diuretic and overconsumption can lead to weight loss through dehydration.

dieting subject and her food. Each is caught up in a highly gendered drama about proper and improper embodiment. Each is seeking a fantasy embodiment, a perfect body and the accompanying perfect life. Each is obsessed with food, both its limitation and its lure.

My research has focused on the specific ways in which the fat subject is materialized as a failed subject. Through the lens of the intimate public sphere, I have examined the connection between citizenship and intimate, personal activities. The fat failed subject becomes the fat failed citizen when she cannot engage in normative consumption, normative sexuality, or normative reproduction and parenting. In epidemiological and genetic research on weight, the fat subject is figured as a dangerous contagious body that will infect other through the social body or through the propagation of bad genes. Moreover, both these literatures align fatness with racialized others, fundamentally opposed to the implicitly white citizenship of the contemporary U.S.

Race, gender and sexuality are represented as appropriate arenas for dieting interventions on the reality weight loss television programs *The Biggest Loser* and *DietTribe*. The breadth and depth of the transformations undergone by the contestants on these programs reveal the extent to which the fat subject is understood to be flawed. Contestants give tearful confessions of the misery of life in the fat body, and offer themselves up for radical rehabilitation. Not only do they lose a large amount of weight to transform their bodies, but the contestants also become more normatively feminine or masculine, more normatively (reproductively) heterosexual, and closer to normative white standards of racial and ethnic performance.

On the SparkPeople.com message boards, a similar notion of failed fat subjectivity operates among the members. They rely on reductionist models of the body

to govern their weight loss tactics and yet do not understand why their bodies fail to yield machine-like results. These fat-but-dieting women engage in a circular discourse that pits the love of a future thin-self against the hatred of the current fat-self. A vicious disavowal that there might be anything positive about their current fat embodiment means that the members must position their goal of thinness as the only route to happiness. Ultimately weight loss cannot deliver on these fantasies, but the dieting subject has become so skilled at turning inward to find the source of failure that she does not blame the diet or the systemic cultural hatred of fatness but rather her own (still) failed self.

My research makes a strong case for the fat failed subject, but I do not wish to argue this is the only subject position currently available to fat people. A small but growing fat acceptance movement is making progress on the scholarly front as well as the activist front. Future research should examine the ways in which fat-positive political work can interrupt and displace the damaging failed subject construct that is so readily available in a multitude of cultural scenes. In particular, the Internet is a potentially powerful source for the intersection of discourses, as the distance between the dieter and the anorexic, or dieter and the fat acceptance blogger, is often no more than a few clicks. The best way to fight the massive failure of the fat subject is to resignify fatness, reclaim fat embodiment and rewrite fat history with a new, roomier set of possibilities.

## References

- "Remarks to the 2003 California Childhood Obesity Conference." Retrieved November 25, 2009, from <http://www.surgeongeneral.gov/news/speeches/califobesity.htm>.
- Allison, D. B., Fontaine, K.R., Manson, J.E., Stevens, J & VanItallie, T.B. (1999). "Annual deaths attributable to obesity in the United States." *Journal of the American Medical Association* 282: 1530-1538.
- Almeling, A. S. R. (2008). "Fat in the Fire? Science, the News Media, and the ‘‘Obesity Epidemic’’." *Sociological Forum* 23(1): 53-83.
- Anderson, J., Konz, E., Frederich, R. & Wood, C. (2001). Long-term weight-maintenance: a meta-analysis of US studies. *American Journal of Clinical Nutrition*, 74: 579-584.
- Atkinson, R., Dhurandhar, NV , Allison, DB , Bowen, RL, Isreal, BA, Albu, JB, Augustus, AS (2005). "Human adenovirus-36 is associated with increased body weight and paradoxical reduction of serum lipids." *International Journal of Obesity* 29: 281-286.
- Atkinson, R. L. (2008). "Could viruses contribute to the worldwide epidemic of obesity?" *International Journal of Pediatric Obesity*. 3: 37-43.
- Basu, A., H. Tang, et al. (2009). "Admixture mapping of quantitative trait loci for BMI in African Americans: evidence for loci on chromosomes 3q, 5q, and 15q." *Obesity (Silver Spring)* 17(6): 1226-1231.
- Bateson, G. (1972). *Steps to an Ecology of Mind: Collected Essays in Anthropology, Psychiatry, Evolution, and Epistemology*. Chicago: University of Chicago Press.
- Berlant, L. (1997). *The Queen of America Goes to Washington City*. Durham, NC: Duke

University Press.

Biressi, A. and H. Nunn (2005). *Reality TV: Realism and revelation*. London, Wallflower Press.

Bish, C., Blank, H., Serdula, M., Marcus, M., Kohl, H. & Kahn, L. (2000). Diet and physical activity behaviors among Americans trying to lose weight: 2000 Behavioral Risk Factor Surveillance System. *Obesity Research*, 13, 596-607.

Boero, N. (2007). "All the News that's Fat to Print: The American "Obesity Epidemic" and the Media." *Qualitative Sociology* 30: 41-60.

Bogdan, R. (1990). *Freak Show*. Chicago: University of Chicago Press.

Bordo, S. (2000). *The male body: A new look at men in public and private*. New York, Farrar, Straus and Giroux.

Bordo, S. (2004). *Unbearable weight: Feminism, Western culture, and the body*. Berkeley, University of California Press.

Broome, D. (Executive Producer). (2009). *The Biggest Loser* [Television series]. New York: National Broadcasting Company.

Bruch, H. (1973). *Eating Disorders: Obesity, Anorexia Nervosa, and the Person Within*. New York: Basic Books.

Burgard, D. (2009). What is 'health at every size'? In Rothblum, E. and Solovay, S. (Eds.), *The Fat Studies Reader*. New York: NYU Press.

Butler, J. (1990). *Gender Trouble: Feminism and the subversion of identity*. London: Routledge.

Butler, J. (1993). *Bodies that Matter*. New York: Routledge.

Campos, P. (2004). *The obesity myth: Why America's obsession with weight is hazardous*

*to your health*. New York, Gotham Books.

- Cheng, C. Y., W. H. Kao, et al. (2009). "Admixture mapping of 15,280 African Americans identifies obesity susceptibility loci on chromosomes 5 and X." *PLoS Genet* 5(5): e1000490.
- Christakis, N. F., J. (2007). "The Spread of Obesity in a Large Social Network over 32 Years." *New England Journal of Medicine* 357(4): 370-379.
- Clarke, A., Shim, J., Mamo, L., Fosket, J., & Fishman, J. (2003). "Biomedicalization: technoscientific transformations of health, illness, and U.S. biomedicine." *American Sociological Review* 68: 161-194.
- Cohen, S. (1972). *Folk Devils and Moral Panics*. New York, Routledge.
- Couldry, N. (2005). *Media Rituals: A critical approach*. London: Routledge.
- Coveney, J. (2008). "The Governmentality of Girth." *Health Sociology Review* 17: 199-213.
- Daly, M. (2009). *Tonga: A New Bibliography*. Honolulu, HI: University of Hawai'i Press.
- Dennett, A. (1996). The Dime Museum Freak Show Reconfigured as Talk Show. In R. G. Thomson (Ed.), *Freakery: Cultural spectacles of the extraordinary body*. New York: New York University Press.
- Deutscher, P. (1997). *Yielding Gender*. London: Routledge.
- DeYoung, M. (1998). *The day care ritual abuse moral panic*. Jefferson, NC, McFarland.
- Dhurandhar NV, K. P., Ajinkya SM, Sherikar A. (1992). "Effect of adenovirus infection on adiposity in chicken." *Veterinary Microbiology* 31: 101-107.
- Dhurandhar NV, W. L., Abbott DH, et al. (2002). "Human adenovirus Ad-36 promotes

weight gain in male rhesus and marmoset monkeys." *Journal of Nutrition* 132(3): 3155-3160.

Edwards, P. and Roberts, I. (2009). Population adiposity and climate change.

*International Journal of Epidemiology*, 38: 1137 – 1140.

Elmqvist, J., Elias, C., & Saper, C. (1999). "From Lesions to Leptin: Hypothalamic Control of Food Intake and Body Weight." *Neuron* 22(221-232).

Ernsberger, P. (2009). Does social class explain the connection between weight and health? In Rothblum, E. and Solovay, S. (Eds.), *The Fat Studies Reader*. New York: NYU Press.

Fausto-Sterling, A. (2004). "Refashioning Race: DNA and the Politics of Healthcare." *Differences* 15(3): 1-37.

Feinman, R. D., & Fine, E. J. (2004). Whatever happened to the second law of thermodynamics? *American Journal of Clinical Nutrition*, 80(5), 1445-1446.

Flegal, K., Graubard, B.I., Williamson, D.F. & Gail, M.H. (2005). "Excess deaths associated with underweight, overweight and obesity." *Journal of the American Medical Association* 293: 1861-1867.

Foucault, M. (1978). *The History of Sexuality, Volume I*. New York: Pantheon.

Foucault, M. (1991). Governmentality. In G. Burchell, C. Gordon and P. Miller (Eds.) *The Foucault Effect*. Chicago: University of Chicago Press.

Foucault, M. (1994). *The Birth of the Clinic*. New York: Random House. (Original work published 1963)

Fox Keller, E. (2002). *The Century of the Gene*. Cambridge: Harvard University Press.

Fumento, M. (1998). *Fat of the Land: Our health crisis and how overweight Americans*

*can help themselves*. New York, Penguin Books.

Gaesser, G. (2002). *Big fat lies: the truth about your weight and your health*. Carlsbad, CA, Gurze Books.

Garcia, A. C., Standlee, A. I., Bechkoff, J., & Cui, Y. (2009). Ethnographic Approaches to the Internet and Computer-Mediated Communication. *Journal of Contemporary Ethnography*, 38(1), 52-84.

Garland Thomson, R. (1997). *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature*. New York: Columbia University Press.

Glaser, B. (2002). Remodeling Grounded Theory. *Qualitative Social Research*, 5(2).

Geertz, C. (1973). Thick Description: Toward an Interpretive Theory of Culture. In *The Interpretation of Cultures: Selected Essays*. New York: Basic Books.

Gibbs, W. (2005). "Obesity: An overblown epidemic?" *Scientific American* 292(6): 670-677.

Gibney, P. (2006). "The Double Bind Theory: Still Crazy-Making After All These Years." *Psychotherapy in Australia* 12(3): 48-55.

Gilman, S. (2008). *Fat: A cultural history of obesity*. Cambridge, Polity.

Grosz, E. (1995). Ontology and Equivocation: Derrida's Politics of Sexual Difference. In *Space, Time and Perversion: Essays on the Politics of Bodies*. New York: Routledge.

Grosz, E. (1996). Intolerable Ambiguity: Freaks as/at the limit. In R. G. Thomson (Ed.), *Freakery: Cultural spectacles of the extraordinary body*. New York: New York University Press.

Harding, S. (1986). *The Science Question in Feminism*. Ithaca, Cornell University Press.

- Health, N. I. f. (1998). "First Federal Obesity Clinical Guidelines Released." *NIH News Release* Retrieved November 8, 2009, from <http://www.nih.gov/news/pr/jun98/nhlbi-17.htm>.
- Herndon, A. (2002). "Disparate But Disabled: Fat Embodiment and Disability Studies." *NWSA Journal*, 14 (3): 120-137.
- Herndon, A. (2005). "Collateral Damage from Friendly Fire?: Race, Nation, Class and the "War Against Obesity"." *Social Semiotics* 15(2): 127-141.
- Herring, S. C. (2004). Computer-Mediated Discourse Analysis: An Approach to Researching Online Behavior. In S. A. Barab, R. Kling & J. H. Gray (Eds.), *Designing for Virtual Communities in the Service of Learning*. Cambridge, MA: Cambridge University Press.
- Herring, S. C. (2008). Web Content Analysis: Expanding the Paradigm. In J. Hunsinger, L. Klastrup & M. Allen (Eds.), *The International Handbook of Internet Research*. New York: Springer.
- Heymsfield, S., Darby, P., Muhlheim, L., Gallagher, D., Wolper, C. and Allison, D. (1995). The calorie: myth, measurement, and reality. *American Journal of Clinical Nutrition*, 62: 1034S-1041S.
- Hine, C. (2000). *Virtual Ethnography*. London: Sage Publications.
- Holmes, S. and D. Jermyn (2004). Introduction: Understanding Reality TV. In S. Holmes and D. Jermyn (Eds.), *Understanding Reality Television*. London: Routledge.
- Hubbard, R. (1990). *The Politics of Human Biology*. New Brunswick, Rutgers University Press.
- Huizinga, M. M., Cooper, L. A., Bleich, S. N., Clark, J. M., Beach, M. C. (2009).

“Physician respect for patients with obesity.” *Journal of General Internal Medicine*, **24** (11): 1236-1239.

Jackson, B. (2009, April 21). Fatties Cause Global Warming. *The Sun*. Retrieved from <http://www.thesun.co.uk>

Kavka, M. (2006). Changing Properties: The Makeover Show Crosses the Atlantic. In D. Heller (Ed.), *The Great American Makeover: Television, History, Nation*. London: Palgrave MacMillan.

Keane, H. (2002). *What's Wrong With Addiction?* Melbourne: Melbourne University Press.

Kerber, L. K. (1980). *Women of the Republic: Intellect and Ideology in Revolutionary America*. Chapel Hill, NC: University of North Carolina Press.

Kittles, RA. & Weiss, K. (2003). “Race, Ancestry, and Genes: Implications for Defining Disease Risk.” *Annual Review of Genomics and Human Genetics* 4: 33–67.

Kolata, Gine. (2009, October 26). For a World of Woes, We Blame the Cookie Monsters. *The New York Times*. Retrieved from <http://www.nytimes.com>

LeBesco, K. (2009). Quest for a cause: The fat gene, the gay gene, and the new eugenics. In E. Rothblum, Solovay, S. (eds). *The Fat Studies Reader*. New York, NYU Press: 65-74.

Lewis, T. (2008). "Changing rooms, biggest losers and backyard blitzes: A history of makeover television in the United Kingdom, United States and Australia." *Journal of Media & Cultural Studies* **22**(4): 447-458.

Lyons, P. (2009). Prescription for harm. In Rothblum, E. and Solovay, S. (Eds.), *The Fat Studies Reader*. New York: NYU Press.

- Magdalena Pasarica, A. C. S., Minghuan Yu, Hui-Mei Ou Yang, Miloni Rathod, K-L. Catherine Jen, Sheba MohanKumar, Puliyur S. MohanKumar, Nathan Markward, and Nikhil V. Dhurandhar (2006). "Human Adenovirus 36 Induces Adiposity, Increases Insulin Sensitivity, and Alters Hypothalamic Monoamines in Rats." *Obesity (Silver Spring)* 14(11): 1905-1913.
- Markham, A. (1998). *Life Online: Researching Real Experience in Virtual Space*. Walnut Creek, CA: Sage Publications.
- McGinnis, J., Foege, WH. (1993). "Actual Causes of Death in the United States." *New England Journal of Medicine* 270(18): 2207-2212.
- Metzl, J. (2003). *Prozac on the Couch: Prescribing gender in the era of wonder drugs*. Durham, Duke University Press.
- Mundy, A. (2001). *Dispensing with the truth: The victims, the drug companies, and the dramatic story behind the battle over Fen-Phen*. New York, St. Martin's Press.
- Murray, S. (2005). (Un/Be)Coming Out? Rethinking Fat Politics *Social Semiotics*, 15(2), 153-163.
- Murray, S. (2009). *The Fat Female Body*. London: Palgrave MacMillan.
- Office of the Surgeon General. (2001). The Surgeon General's call to action to prevent and decrease overweight and obesity, U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General.
- Ogden, C., Carroll, M., Curtin, L., McDowell, M., Tabak, C. & Flegal, K. (2006). Prevalence of overweight and obesity in the United States, 1999-2004. *Journal of the American Medical Association*, 295: 1519-1522.
- Ouellette, L. and J. Hay (2008a). *Better Living Through Reality TV: Television and Post-*

*Welfare Citizenship*. Malden, MA: Wiley-Blackwell.

Ouellette, L. and J. Hay (2008b). "Makeover Television, governmentality and the good citizen." *Journal of Media & Cultural Studies* 22(4): 471-484.

Palmer, G. (2004). The New You. In S. Holmes and D. Jermyn (Eds.), *Understanding Reality Television*. London: Routledge.

Pasarica, M., A. C. Shin, et al. (2006). "Human adenovirus 36 induces adiposity, increases insulin sensitivity, and alters hypothalamic monoamines in rats." *Obesity (Silver Spring)* 14(11): 1905-1913.

Pratt, L., 7 Brody, D. (2008). Depression in the United States Household Population, 2005–2006. *NCHS Data Brief No. 7*.

Reich, N., et al. (2002). "Categorization of humans in biomedical research: Genes, race, and disease." *Genome Biology* 3(7): 1-12.

Rose, N. (1996). Governing "advanced" liberal democracies. In A. Barry, T. Osborne and N. Rose (Eds.), *Foucault and Political Reason: Liberalism, neo-liberalism and rationalities of government*. Chicago: University of Chicago Press.

Rose, N. (1999). *Governing the Soul: The shaping of the private self*. London: Routledge.

Rose, M. and M. Hatfield (2007). "Republican Motherhood Redux?: Women as Contingent Citizens in 21st Century America " *Journal of Women, Politics & Policy* 29(1): 5-30.

Rubin, G. (1984). Thinking Sex: Notes for a radical theory of the politics of sexuality. In Vance, C. (ed.), *Pleasure and Danger*. New York, Routledge.

Sandler, Tara (Executive Producer). (2009) *DietTribe* [Television series]. Los Angeles: Lifetime Television.

- Sedgwick, E. K. (1990). *Epistemology of the Closet*. Berkeley: University of California Press.
- Sedgwick, E. K. (1993). Epidemics of the Will. In *Tendencies*. Durham, NC: Duke University Press.
- Statistics, NCFH (2006). Data Brief.
- Toff, Benjamin. (2009, January 9). Hefty returns for Biggest Loser. *New York Times Online*. Retrieved from <http://www.nytimes.com>
- Vangipuram, S. D., M. Yu, et al. (2007). "Adipogenic human adenovirus-36 reduces leptin expression and secretion and increases glucose uptake by fat cells." *International Journal of Obesity*, 31(1): 87-96.
- Vangipuram SD, S. J., Atkinson RL, Holland TC, Dhurandhar NV. (2004). "A human adenovirus enhances preadipocyte differentiation." *Obesity Research* 12: 770-777.
- Vaughan, C. (1996). Ogling Igorots: The Politics and Commerce of Exhibiting Cultural Otherness, 1898-1913. In Thomson, R. *Freakery*. New York: NYU Press.
- Watney, S. (1987). *Policing Desire: Pornography, AIDS and the Media*. Minneapolis, University of Minnesota Press.
- Wellman, B. (1999). *Networks in the global village*. Boulder, CO: Westview.
- Wellman, B., Salaff, J., Dimitrova, D., Garton, L., Gulia, M., & Haythornthwaite, C. (2006). Computer Networks as Social Networks: Collaborative Work, Telework, and Virtual Community. *Annual Review of Sociology*, 22, 213-238.
- White, M. (2002). Television, Therapy and the Social Subject; or, The TV Therapy Machine. In J. Friedman (Ed.), *Reality Squared: Televisual Discourse on the Real*. New Brunswick, NJ: Rutgers University Press.

Yancey, A., Leslie, J., Abel, E. (2006). "Obesity at the Crossroads: Feminist and Public Health Perspectives." *Signs* 31(2): 425-433.

# Appendix

## Screen Captures from SparkPeople Website

### Start Page

**SPARKPEOPLE**  
Make Your Life An Adventure

SEARCH

You Have SparkMail HELP SPREAD THE SPARK LOG OUT

**MY TOOLS** **HEALTHY LIFESTYLE** **YOUR HEALTH** **COMMUNITY** **STORE**

Start my Nutrition my Fitness Other Goals SparkStreaks Reports Planner Mail SparkPoints

Q. what's the size of a healthy serving of cooked pasta?  
A. a tennis ball a softball a bread plate

SparkPeople advertisers help keep the site free! [Learn more](#)

**Start**  
Welcome  
[Account / Email Preferences](#)  
[Help / FAQ's](#)

**SparkPeople Insider - Did You Know?**  
If you missed a daily email newsletter, you can view it online and get your SparkPoints for reading. [Here's How](#)  
- Earn 1 SparkPoint for clicking the link above

**my Tools**  
My Tools  
Nutrition Tracker & Meal Plans [view progress](#)  
Fitness Tracker

**my Content**  
Today's Features  
Healthy Lifestyle News  
30 Days to a Greener Lifestyle  
Put a little green into spring! Here are 30 tips to help you live an

**my Community**  
My SparkPage  
[Create a SparkPage](#)  
My Friend Feed

**Learn how MILLIONS have transformed their bodies and their lives forever!**  
Melissa has lost 144 pounds with SparkPeople.com. Read about her story and others in the ground breaking book, *The Spark!*

[Learn more about The Spark](#)

**Looking for Real, Delicious Recipes?**  
Download Our Healthy Recipes Application for the iPhone  
[Learn More](#) Sponsored by: **LEAN.CUISINE**

## Spark Teams

### Explore SparkTeams

Browse By SparkTeam Category:

- [SP Class \(754\)](#)
- [Weight Issues \(1204\)](#)
- [Fitness and Exercise \(1340\)](#)
- [Parenting and Family \(531\)](#)
- [Hobbies and Interests \(1036\)](#)
- [Companies, Organizations, and Careers \(788\)](#)
- [College Students \(149\)](#)
- [Other \(1449\)](#)
- [Age Groups \(840\)](#)
- [Nutrition and Cooking \(426\)](#)
- [Member-Created Challenges \(1196\)](#)
- [Lifestyle & Culture \(800\)](#)
- [Reasons to Get Fit & Be Healthy \(882\)](#)
- [Sports Fans \(174\)](#)
- [Medical Conditions \(404\)](#)
- [Geographic Locations \(1378\)](#)

### Featured Teams



**Thyroid Community**  
63,933 Members



**Emotional Eaters**  
239,438 Members



**Living Life on a Shoestring**  
40,032 Members



**Home & Garden & DIY - On A Budget**  
69,755 Members



**Teachers Learning to Lose!**  
51,676 Members

## Community Message Boards

### Message Boards

Welcome to the SparkPeople Community! Our goal is to have the most positive community in the world for reaching goals. We recommend new members review our [Community Guidelines](#) and our tips for [Internet Safety](#).

SEARCH THE MESSAGE BOARDS:



#### Community Contact



- [SparkPeople Cafe](#) 836,486 Posts (Last: 4/1/10 4:24 A)
- [Introduce Yourself](#) 243,678 Posts (Last: 4/1/10 4:22 A)
- [SparkPeople Challenges](#) 299,647 Posts (Last: 4/1/10 4:25 A)
- [SparkPeople Fast Break](#) 157,749 Posts (Last: 4/1/10 2:23 A)
- [SparkPeople Game Room](#) 7,257,380 Posts (Last: 4/1/10 4:03 A)

#### Get Help Here



- [Fitness and Exercise](#) 372,967 Posts (Last: 4/1/10 4:25 A)
- [Diet and Nutrition](#) 420,819 Posts (Last: 4/1/10 4:27 A)
- [Staying Motivated](#) 396,012 Posts (Last: 4/1/10 4:11 A)
- [Site/Technical Help](#) 28,554 Posts (Last: 4/1/10 4:21 A)
- [What's Up at SparkPeople](#) 24,459 Posts (Last: 4/1/10 3:03 A)

#### Other Community Features

##### SparkTeams

Connect with other members like you. Join or start your own SparkTeam today.



[GO TO SPARKTEAMS](#)

##### Ask the Expert

**Q** Why is SparkPeople so obsessed with water? Do I really need 8-12 cups a day?



**A** [Click Here to find the answer](#)

[VIEW ALL QUESTIONS](#)

#### Looking for Real, Delicious Recipes?

Download Our Healthy Recipes Application for the iPhone



[Learn More](#)

Sponsored by: **LEANCUISINE**  
Bring the kitchen.

#### Today on SparkPeople

##### My SparkPoints

Total Points: **0**

Points Until Next Trophy: **100** current trophy

[Get Login Points](#)

##### My SparkAmerica Fitness Minutes

This Week: **0**

This Month: **0**

This Year: **0**

Yearly Goal: **3,960**

[Go to SparkAmerica](#)

## Introduce Yourself Forum

SEARCH THE MESSAGE BOARDS:

[Create a New Topic](#)

Topics:	Starter:	Posts:	Last Post:
<a href="#">Hi I am new at this site</a>	<a href="#">PILOTLADY53</a>	1	PILOTLADY53 4/1/10 4:22 A
<a href="#">1st Day Jitters!!!</a>	<a href="#">GD_IGGY</a>	3	EMMABE1 4/1/10 4:20 A
<a href="#">WHAT A LONG ROAD</a>	<a href="#">JOEFAR75</a>	4	EMMABE1 4/1/10 4:19 A
<a href="#">New to the Spark!</a>	<a href="#">CAJUNPEPPER</a>	4	EMMABE1 4/1/10 4:18 A
<a href="#">Hello Everyone!</a>	<a href="#">GIRLIE0902</a>	2	EMMABE1 4/1/10 4:17 A
<a href="#">New to sparks!!!</a>	<a href="#">LOW WEIGHT</a>	2	EMMABE1 4/1/10 4:17 A
<a href="#">Freaking out</a>	<a href="#">WENDYMEISJE</a>	2	EMMABE1 4/1/10 4:16 A
<a href="#">Hi! First time on this site...</a>	<a href="#">LIZZLUV</a>	3	EMMABE1 4/1/10 4:16 A
<a href="#">Hello to all</a>	<a href="#">SPANJERS22</a>	2	EMMABE1 4/1/10 4:15 A
<a href="#">NewBie looking to lose it and use it :o)</a>	<a href="#">VICTORYDIVA</a>	7	VICTORYDIVA 4/1/10 1:53 A
<a href="#">New to the message boards</a>	<a href="#">HAZELEYEGRL</a>	2	DEE107 4/1/10 1:48 A
<a href="#">Anemic and starting a new weight loss challenge</a>	<a href="#">BABYGRUNT</a>	2	DEE107 4/1/10 1:48 A

## Sample Thread (Original post is at the bottom of the thread)

### CRAZYPUZZLER

Posts: 71  
2/8/10 8:29 P

[My SparkPage](#)

[Send Private Message](#)

[Reply](#)

Hi I to have been amember of sparks for a while. I have been a member of children caregivers as well. But lately it isnt just taking care of my mom that is my problem. I binge eat lbuy stuff and hide it in my bedroom and eat it till its gone. I sneak food thinking as long as no one else knows its ok. But it isnt and im running out of will power. I thought if I freeze it I would leave it alone but I start finding excuses to go into the basement to the freezer so that I can sneak something. Im feeling pretty desperate and sometimes very hopeless. My daughters wedding is in 8 mos I weigh 300lbs. I dont even know if I can find a dress I fit in. My husband has been very supportive so I fel as if Im letting him down. What Am I To Do. any suggestions will be appreciated Alida



current weight: 301.0



### TANYAPHX

Posts: 461  
2/7/10 10:59 P

[My SparkPage](#)

[Send Private Message](#)

[Reply](#)



Welcome!

**BE NICE TO YOURSELF!**

Or else. :)

### MARPARMC

Posts: 762  
2/7/10 10:02 P

[My SparkPage](#)

[Reply](#)

welcome to the team they are a great bunch of supportive folks and always here so come often



### SUNNYH99

Posts: 1,187  
2/7/10 7:38 P

[My SparkPage](#)

[Send Private Message](#)

[Reply](#)



Welcome, Christine! Sounds like you hit a kind of a bottom and are ready to work a healthier plan. I like your plan to start small and work up. That's a big deal in itself! SP has given me awesome tools and a great community of people. I came here after I gained a lot of wait lost on low-carb after I became a vegetarian, then vegan. I'm still vegan and no longer bingeing. let us know how we can help.



Sunny

Sunny

"The greatness of a nation can be judged by the way its animals are treated"  
- Mahatma Gandhi



**CHRISTINE594**

Posts: 3  
2/7/10 7:12 P

- My SparkPage
- Send Private Message
- Reply

I signed up on Sparkpeople many months ago but never really followed through. Over the years I have gone from dieting to binging, from not eating to eating all the time, from eating everything to eating only certain things and from relying on my (non-existent) will power to giving up. Now I find myself at 48 120 pounds overweight, without energy and miserable. So, I think it is time to realize that I am a food addict. No matter how hard I try, I always crash and burn.

For the longest time I was not aware that Sparkpeople is a program not just a website to log your food. When I realized that there are steps to it, I figured I could do all of them at the same time. Right! Here went another crash and burn. So, after watching my 16 year old daughter use Spark Teens for the last month and really getting into it, I decided that this time I will follow the program. Start with small steps and build on them. Start tracking what I eat before trying to modify it. Walking for 10 minutes EVERY day instead of working out for 60 minutes for two days and then not wanting to go back. I am glad I found this team. I need the company and encouragement of people who know the frustrating life I have been living for the last 20 years. Maybe, just maybe this time will be different.

Christine

