1 Introduction

Obesity, the News and This Study

Introduction

FAT TESTS FOR TOTS Kids as young as two should be weighed annually to fight obesity epidemic, experts claim

(Sun, 26 March 2019)

Supermarket special offers contribute to obesity, says report

(Guardian, 26 March 2019)

These headlines were taken from two articles about obesity printed by different newspapers in the United Kingdom. The first comes from the Sun, a right-leaning tabloid, while the second is from the left-leaning broadsheet, the Guardian. Both articles were published on the same day in response to statistics published by Public Health England showing that the country’s rates of childhood obesity had increased in the previous 12 months. They each support their claims by referring to outside, expert sources. Despite being about the same issue and having been written at the same time and within the same social and political context, these headlines offer decidedly different takes on obesity. For the Sun, the increased incidence of obesity constitutes an ‘epidemic’ which needs to be ‘fought’ through regular weighing of children. On the other hand, there is no metaphorical language in the Guardian headline, which instead foregrounds the role of supermarket special offers in contributing to the purportedly rising levels of childhood obesity. These differences entail distinct perspectives on the issue of obesity. For the Sun, obesity is a medical problem – an epidemic – that resides within individuals and can therefore be addressed through closer measurement and monitoring of the body. Further into the article from which this headline was taken, it is also suggested that such annual weighing is carried out by medical practitioners, thereby situating obesity and those with it firmly under medical jurisdiction. For the Guardian, on the other hand, obesity appears to be a problem

associated with wider social structures, transcending individuals and their bodies. In this case, it is supermarkets which are framed as being responsible for rising levels of childhood obesity, with the implication that this trend could be arrested through tighter regulation.

These differences could be explained by the differing formats in which either newspaper is published; as a tabloid, the Sun could be more inclined to use metaphorical language and to present issues in more sensationalistic terms. Furthermore, the individualisation of obesity in the Sun, and the neoliberal perspective inherent within that, could also be interpreted as reflecting the free market values associated with the (centre-)right of the British political spectrum, a position advocated by right-leaning newspapers such as this. Left-leaning newspapers such as the Guardian, on the other hand, might be more likely to bring into focus the failings of the right-leaning Conservative government in regulating industries which it views as being culpable for increasing rates of obesity, as well as being critical of big business. Readers of either of these headlines (and their attendant articles) will therefore access different perspectives on the topic of obesity and, through sustained exposure to either perspective, will likely form differing views on it, on people living with it, and on whether and how it should be addressed.

Whatever the reasons for these differences, and whatever the impact on their respective readerships might be, an important point to note is that they exist as evidence for the potential for variability in the ways that obesity can be represented – and that is the focus of this book. Hall (1997: 61) defines representation as ‘the process by which members of a culture use language [...] to produce meaning. Already this definition carries the important premise that things – objects, people, events in the world – do not have in themselves any fixed, final or true meaning. It is us – in society, within human cultures – who make things mean, who signify’. Hall’s definition captures several important features of representation with which we are sympathetic and want to highlight here.

The first is that representations are accomplished through ‘language’, which Hall defines broadly as ‘any system which deploys signs, any signifying system’ (ibid.). Incidentally, Hall’s definition applies to forms of communication – or ‘signifying systems’ – that include but also go beyond language, including images. As (corpus) linguists, we are particularly interested in the capacity of language to represent, in this case its capacity to represent obesity, and though we do not focus on imagery (discussed later in relation to limitations), we are nevertheless cognisant of the power of modes other than language to represent health and illness (see, for example, Harvey and Brookes 2019).

In this book, we interpret the language used to represent obesity in terms of discourses. The study of ‘discourse’ is now a significant activity across
numerous humanities and social science disciplines which involve the analysis of language and text, such as linguistics, psychology, philosophy and cultural studies (Fairclough 2003). A consequence of this multidisciplinary interest is that a multitude of definitions for discourse have been put forward (see Baker 2006). In this book, we adopt a broadly social constructionist view of discourse and obesity, wherein the former is taken to have the power to constitute societal understandings and indeed experiences of the latter; Foucault (1972: 52) uses the term ‘discourse’ to refer to ‘practices that systematically form the objects of which they speak’. While being sympathetic with this position, for the purposes of this book we also adopt a dual focus on ‘discourse’, using the term to refer both to linguistic practice (i.e. ‘contextually sensitive written and spoken language produced as part of the interaction between speakers and hearers and writers and readers’ (Candlin et al. 1999: 321)) and, in the social constructionist sense, to social practice (‘as ways of structuring areas of knowledge and social/institutional practices’ (ibid.: 323)). From this view, the concept of discourse can be applied both to forms of text and to the concepts that are referred to in the text. For example, press discourse involves the social practices and language use that occur around newspapers as a genre or register. Social practices would include aspects relating to the creation and consumption of newspapers ranging from the use of printing presses, the hiring of journalists, the use of investigative practices to gather information relating to stories and procedures set up to handle complaints about articles. We could also consider discourse in relation to the texts that press journalists create – how articles are laid out in relation to one another to form an edition of a newspaper, the ways that individual articles are structured (use of headline, leader, paragraphs, etc.) and also the language content and style of the articles, e.g. how news values (Galtung and Ruge 1965; discussed later in this section) may privilege certain topics or stances along with the use of linguistic conventions such as terms like ‘exclusive’. On the other hand, we could conceive of discourses around a concept such as obesity. Again, this would involve both social practices and language use. Social practices here might relate to the contexts within which it is seen as appropriate or not to refer to obesity, while language use might refer to the narratives, metaphors and arguments that people use in order to represent obesity in particular ways.

This view of discourse as constituting not only stretches of language use but also ways of structuring knowledge and practices is, as noted, particularly close to the view of discourse advanced by Foucault and brings us to the next feature of representation highlighted by Hall; that is, that ‘objects, people, events in the world [...] do not have in themselves any fixed, final or true meaning. It is us – in society, within human cultures – who make things mean’ (1997: 61). Put another way, there is no reality that is wholly independent of discourse, for our understandings and experiences of all things in the world
are, to a greater and lesser extent, enabled but also constrained by the very discourses that we use to represent them. In this book, we also conceive of discourse as not merely reflecting ‘entities and relations in social life’ (Candlin et al. 1999: 323), including obesity, but as actively contributing towards their constitution (Fairclough 1992). This is because our understandings and experiences of health- and illness-related phenomena, such as obesity, are based not just in the “biological realities” of our bodies but also in the language that we use to talk about them (Brookes et al. 2021). This point is articulated by Fox (1993: 6), who argues that ‘illness cannot be just illness, for the simple reason that human culture is constituted in language […] and that health and illness, being things which fundamentally concern humans, and hence need to be “explained”, enter into language and are constituted in language, regardless of whether or not they have some independent reality in nature’ (see also Gwyn 2002). Indeed, as the headlines reproduced at the beginning of this chapter demonstrate, obesity is not a unanimously agreed-upon phenomenon but, rather, is subject to a wide range of competing discourses and representations, all of which entail different conceptualisations of what obesity actually is and if and how it should be responded to.

Third and finally, Hall (1997: 61) attributes agency in the creation of representations to those ‘members of a culture’ who produce the language – the discourses – that are used to communicate about things in the world. The referent of ‘members of a culture’ is suitably broad, as the discourses used to represent things in the world are often contributed by a wide range of social actors and institutions. Indeed, Brookes et al. (2021) argue that the centrality of discourse to health is reflected in the range of texts in which communication about health and illness is present. The topic of this book, obesity, is no exception to this. We regularly encounter discourses around obesity across a wide range of contemporary texts and sites, including public health information, television, advertising and literature. In this study, we focus, in the British press, on just one type of text produced in just one (geographical) context. We should bear in mind, then, that obesity discourses are produced and consumed within a wider range of contexts than this, and that these discourses are likely to be culturally contingent. Our decision to focus on the press only captures part of the picture but is driven by practical and theoretical considerations. On a practical level, newspaper texts, unlike, for example, broadcast media and television, can be downloaded in very large quantities in rapid fashion. Moreover, the utility of online newspaper databases (described below) makes it possible for researchers to search for and retrieve all news articles mentioning a particular topic (i.e. obesity), ensuring both size and comprehensiveness in data that would be unlikely to be obtainable for other types of texts. Theoretically, though the print press is in decline in the United Kingdom in economic terms, the news media still constitutes a
powerful shaper of knowledge and social attitudes, with empirical research demonstrating the capacity of the news to shape individuals’ attitudes to social issues and groups (Lynott et al. 2019). Moreover, and of particular relevance to this book, the news media still represents a primary source of health information for populations across the world. Yet, the representations offered by the media do not constitute a transparent ‘window’ on society. That is to say, none of the representations of obesity provided by the newspapers we examine in this book provide an ‘objective’ account of the issue but are instead partial accounts that are shaped by ‘a number of competing forces of differing strengths and directions’ (Iggers 1999: 100). This includes contextual factors at the sociocultural and institutional levels (e.g. editorial practices), as well as the affordances and constraints of the mode and linguistic grammar in which the discourses are rendered (Fowler 1991).

A key consideration in the creation of news – and one of the ‘competing forces’ described by Iggers (1999: 100) – is the audience. Reporters’ and editors’ understandings of who constitutes their audience informs the selection of what is presented as ‘the news’ and the tone and style of presentation, including how a story is constructed as being newsworthy for a particular audience (Richardson 2007: 90–91). Relevant to this process is the concept of news values, which can be defined as follows,

News values are the criteria employed by journalists to measure and therefore to judge the “newsworthiness” of events. [...] News values are meant to be the distillation of what an identified audience is interested in reading or watching, the “ground rules” for deciding what is merely an “event” and what is “news”. Journalists use these ground rules to select, order and prioritise the collection and production of news. (Richardson 2007: 91)

While the ‘ground rules’ of news values ‘may not be written down or codified by news organisations [...] they exist in daily practice and in knowledge gained on the job’ (Harcup and O’Neill 2001: 261; see also Cotter 2010). The most influential list of ‘news values’ was provided by Galtung and Ruge (1965) who identified twelve criteria which, they suggest, are employed by journalists to gauge the newsworthiness of events. These are usefully summarised by Richardson (2007: 91–92) as

1. frequency (daily news needs daily stories);
2. threshold (the scale or intensity of the event);
3. unambiguity (whether the event can be easily described);
4. meaningfulness (the cultural proximity to the story);
5. consonance (events people expect or want to happen);
6. unexpectedness (the scarcity or rarity of the event);
7. continuity (follow-up stories);
8. composition (a balance of stories across the paper);
9. reference to elite peoples;
10. reference to elite nations;
11. personification (about or directly affecting people); and
12. negativity (if it bleeds it leads!)

This set of news values has been highly influential in discourse studies of the media and, for our purposes, provides a useful set of principles for understanding and interpreting how obesity-related events may be represented in ways that render them more newsworthy to particular audiences. However, there are a few caveats to bear in mind when drawing on the news values in this list. The first is that Galtung and Ruge’s (1965) original study was based on reportage surrounding three international crises (Congo 1960, Cuba 1960 and Cyprus 1964). It has thus been argued that their taxonomy does not adequately capture the news values that are applied to the coverage of more mundane, particularly domestic, news events (Harcup and O’Neill 2001, 2017). Second, Galtung and Ruge’s original study was published in 1965 (55 years ago, at the time of writing), and it is important to acknowledge that news values can change over time (Richardson 2007: 93). Finally, more recent research on news values has highlighted their constructed nature (Bednarek and Caple 2017); that is, the notion that news values do not necessarily guide the selection of events for news reporting but can also be applied to an event during the process of news creation. In this sense, discursive choices made in the creation of a news text can serve to present an event in a way that the text producers think will make it appear more newsworthy – and thus more interesting – to their target audience. All of these points are worth bearing in mind as we consider the influence of news values at various points throughout our analysis.

Our interpretation of obesity discourses in the British press is thus related to contextual factors at the sociocultural, institutional and textual levels. In this sense, our analytical approach, which is described in more detail later, can be located within the discipline of Critical Discourse Studies (CDS). CDS can be conceptualised as a perspective on discourse analysis which broadly seeks to examine and critique the ways in which power relations are established, negotiated, challenged and exploited through discourse in context (Fairclough 1995, 2015). CDS is a methodologically eclectic and often interdisciplinary research paradigm characterised by a range of complementary approaches to discourse. The approach we take in this book can be characterised as one that combines principles from CDS with techniques from corpus linguistics. Corpus linguistics is broadly a set of methods, but also a field of
research, which analyses linguistic patterns based on large collections of naturally occurring language (McEnery and Wilson 2001). Such a collection of texts is called a corpus (the Latin word for ‘body’, plural corpora).

We describe and evaluate our methodological approach later in this chapter. For now, we note that in taking a broadly social constructionist approach to the topic of obesity, we do not aim to document or describe any empirical reality of obesity, its causes, epidemiological patterns or health effects. Neither do we seek to recommend any cures or ‘solutions’ for obesity. Rather, we are interested in examining the discourses that are used to represent obesity in the press, mindful that such representations can contribute to our experiences and very understandings of what obesity is within society, and that these representations can be empowering or disempowering towards certain social groups or types of people. A broad question that critical discourse researchers try to keep in mind is, ‘who benefits from a particular discourse?’. CDS has an emancipatory agenda; as well as viewing discourse and texts as being contingent upon their contexts of production and consumption, it seeks to highlight structures within societies that can result in abuses of power and to consider the perspectives and voices of those who are often not regarded. To this end, our book is especially concerned with identifying practices around newspaper reporting of obesity that may not be beneficial to less powerful people in society.

To gauge a more accurate and representative picture of press coverage of obesity, we base our analysis on a large corpus of British newspaper articles about the topic (43,878 articles, 36,053,221 words) published over a ten-year period (2008–2017). By studying a dataset of this size and span, our analysis is able to account for a wider range of discursive patterns in obesity representation and is better able to explore change and stability over time, thereby illuminating the ways in which emerging discourses might respond to or even instigate social change, as well as how the presence of more sustained representations could have an incremental effect in shaping people’s perceptions and views of obesity over longer periods of time. Claims relating to the potential for the news to not only reflect but also shape individuals’ views and experiences of obesity are not simply inferred from the content of the articles themselves but are also triangulated with analysis of readers’ responses in below-the-line comments accompanying online articles (Chapter 9), to consider how readers might support but also challenge the discourses and attendant representations in the articles. We describe our data and methodological approach in more detail later. Before that, we provide a more comprehensive introduction to the topic of obesity, including outlining prominent definitions of it; describing its prevalence, associated health risks, perceived causes and current responses; and reviewing existing research into its media representations.
Obesity: Background

As a socially constructed phenomenon that is subject to a range of discourses and constructions from a multitude of perspectives (e.g. medicine, public health, academia, activism), the phenomenon of obesity defies straightforward definition. We will use this space mostly to outline the biomedical view of obesity, since this presently dominates in the societal context on which this study is based and within which this work was carried out (i.e. the UK). However, in keeping with the social constructionist perspective set out in the previous section, we acknowledge that this is just one perspective on and way of ‘constructing’ obesity, albeit a dominant and influential one. At this point, it is worth noting that despite the claims to certainty and truth that are backed up by seemingly ‘neutral’ science and statistics made by experts who view and study obesity through the lens of biomedicine, almost all aspects of obesity are poorly understood. Yet, as Lupton (2018: 28) points out, ‘[l]ike other powerful institutions, medicine and public health draw upon, reproduce and sometimes emphasize these beliefs and assumptions in ways of which the practitioners and researchers engaged in these institutions are often unaware’. In view of this, throughout this section we also aim to denaturalise the biomedical perspective on obesity, chiefly by discussing criticisms of it and by comparing it to alternative perspectives, such as fat activism.

The biomedical perspective is currently the dominant conception of obesity and other matters pertaining to the body and its ailments within Western societies. This paradigm locates illness and disease within the individual and considers effective treatments to be principally surgical or pharmacological. Biomedicine aims to explain disease ‘mostly by mechanical causality and with reference to explanatory models as close to the molecular level as possible’ (Filc 2004: 1275). Biomedicine is characterised by a realist ontology and a positivist epistemology which regard scientific data about the body and its ailments as being objective and independent from social processes (ibid.). In Western societies, the biomedical perspective on health and illness has long enjoyed dominant status regarding how these issues are talked about, conceptualised and indeed acted upon (Lupton 2013). The dominance of the biomedical perspective on obesity in particular has been observed by a plethora of researchers (Ritenbaugh 1982). From this perspective, obesity is viewed as a disease, as reflected in the World Health Organization’s (WHO) widely cited (and accepted) definition of obesity as ‘abnormal or excessive fat accumulation that presents a risk to health’ (WHO 2019: online).

The classification of obesity as a disease by organisations such as the WHO is the result of a process by which larger bodies have become increasingly ‘medicalised’ over time. Medicalisation refers to the sociocultural process by which an ever-wider range of human experiences come to be defined,
experienced and treated as medical conditions (Zola 1972; Conrad 2007). To demonstrate how bodies with large amounts of fat have become medicalised as ‘obese’, it is useful to consider alternative perspectives on such bodies which have emerged at different points in time. For example, Jutel (2009) describes recommendations to doctors working in the 1920s to interpret moderate fat accumulation as a sign of longevity. Jutel regards this as symptomatic of a wider ‘historic fear’ of thinness which originated from its association with wasting diseases, which were regarded as preventable and indeed curable through acquiring more body fat.

Vigarello (2013) traces the origins of the medicalisation of obesity to the beginning of the nineteenth century, at which point fat bodies began to be regarded as hazardous to health. Vigarello notes that although larger bodies had always attracted the interest of scientists and philosophers, it was at this point that these bodies generally came to be viewed differently; namely, in terms of numbers and quantification. Voigt et al. (2014: 25–26) describe the vagueness of early definitions of obesity, with some authors equating being overweight with physical bulk and even operating with social standards and perceptions as thresholds for determining whether a person was overweight. However, around the beginning of the nineteenth century, conceptions of overweight and obesity as simply constituting excessive body fat were supplanted by consideration of individuals’ body mass or relative weight. Thus, researchers began to test measures of waist circumference, waist-to-hip ratio and body mass index as ways of defining and diagnosing obesity, as well as of assessing its associated health risks. Vigarello (2013) accordingly characterises knowledge about the body during this period as a ‘flurry of numbers’ (111), as the main way of learning about bodies and body parts was increasingly to measure them. This trend accelerated during the 1830s, as statisticians became increasingly interested in the human body. It was at this time that Belgian statistician Adolphe Quetelet developed scales comparing weight with height in an attempt to determine statistical body weight norms for persons of different heights. In the 1970s, this scale was revived and rebranded as the Body Mass Index (Levay 2014).

The Body Mass Index (BMI) is a scale used to quantify the amount of tissue mass (muscle, fat and bone) in an individual. The BMI measures weight relative to height. This measurement gives a BMI ‘score’, according to which a person’s weight can be categorised as ‘very severely underweight’ (BMI <15), ‘severely underweight’ (BMI 15–16), ‘underweight’ (16–18.5), ‘normal weight’ (BMI 18.5–25), ‘overweight’ (BMI 25–30) and ‘obese’ (BMI 30+). Obesity diagnoses can be subdivided into six classes: (i) ‘moderately obese’ (BMI 30–35), (ii) ‘severely obese’ (BMI 35–40), (iii) ‘very severely obese’ (BMI 40–45), (iv) ‘morbidly obese’ (BMI 45–50), (v) ‘super obese’ (BMI 50–60) and (vi) ‘hyper obese’ (BMI 60+). By 1977, the BMI was recognised
by the WHO as the authorised standard measure of ideal body weight for populations across the globe (Raisborough 2016: 35). Today, the BMI scale is circulated widely by health authorities such as the UK National Health Service (NHS) and is used by practitioners to ‘diagnose’ their patients as overweight or obese. This means that if an individual’s BMI score exceeds 30 – thereby meeting the criteria for an obesity diagnosis – they are automatically viewed as having obesity (and being ill), irrespective of their actual state of health (ibid.).

Yet, from the social constructionist perspective introduced at the beginning of this chapter, ‘obesity’, along with concepts such as ‘fat’, ‘overweight’ and indeed ‘normal’, can be viewed as social categories that are, to an extent, arbitrary, as they vary across different historical, social and cultural contexts (Lupton 2018: 28–29). In terms of the BMI, the assignment of certain scores to different levels of obesity is born out of the statistical association between different body types and certain forms of ill-health. An assumption underpinning the BMI is that certain health risks materialise with excessive body fat and correlate positively with the amount of that body fat. The association between obesity and risk to health has been established by a large body of research, mostly carried out from a broadly biomedical perspective, which has demonstrated a link between obesity and a raft of diseases and forms of ill-health, such as cardiovascular disease, hypertension, diabetes and cancer (Kim and Popkin 2006). For example, in a study of obesity-attributable deaths in the United States, Allison et al. (1999) found that the risk of health hazards generally increased as BMI scores exceeded 25–27, with people with BMI scores of between 30 and 35 having a 50 per cent higher mortality rate than people with BMIs between 23 and 25.

Yet, associations between obesity and health risks have also been challenged, for example by fat activists, with such critics arguing that claims pertaining to the adverse health consequences of obesity are based on statistical associations that might falsely assume a direct causal relationship between obesity and co-occurring forms of ill-health. They argue that, although obesity might correlate with higher incidence of diseases such as diabetes and heart disease, correlation does not necessarily entail causation and that we should adopt a wider view and also consider the role of other factors (e.g. social, economic and political). Put another way, “‘overweight” and “obesity” may sometimes be confounding factors that should therefore be displaced from the centre of our concern’ (Voigt et al. 2014: 24–25). Such claims are often supported by studies evidencing the so-called healthy obese – that is, people whose BMI exceeds 30 (thereby making them diagnosable as having obesity) but whose metabolic health is comparable to that of individuals of so-called ‘normal weight’ (Blüher 2012). Similarly, some critics of the BMI point to research suggesting that physical health is more contingent on fitness than ‘fatness’ and that it is possible for people to have obesity and be healthy, so
long as they are also fit (see Ortega et al. (2018) for a discussion). At the same time, some have pointed to individuals who are classifiable as ‘normal weight’ but exhibit evidence of poor metabolic health (Carnethon et al. 2012). All of this has prompted suggestions that obesity-related health risks should be measured not using indices of body fat but cardiorespiratory fitness (Atanasova et al. 2013: 2). A frequent criticism of the BMI in particular is that it does not account well for certain body types, for example people who are not particularly tall but are very muscular and so might weigh a lot for their height and as a result could meet the threshold for an obesity diagnosis.

Much of the critical counter-perspective on the health implications of obesity would therefore seem to be united behind Monaghan’s claim that the ‘actual extent of risks and deaths assumed to be due to fatness is scientifically indeterminable and, like any currency, subject to potentially massive inflation’ (2005: 304). This ‘inflation’ has been attributed to such factors as studies conflating ‘overweight’ and ‘obesity’ and the problems and inaccuracies of the BMI (Gard and Wright 2005), while for others it signals a more insidious agenda ‘designed to expand the territory dominated by obesity “experts”, the diet industry and manufacturers of pharmaceutical treatments for weight problems’ (Bonfiglioli et al. 2007: 54).

Whatever the case may be, like its very definition, the possible health implications of obesity would appear to be a contested issue. It is also clear that neither defining nor diagnosing obesity are straightforward, reflecting its contested nature and the variability of the discourses surrounding it. For all the criticisms made of it, being cognisant of the BMI is important for our purposes, as it underlies how obesity is diagnosed and defined in the context under study. With these definitional and diagnostic criteria in mind, we now move on to explore obesity’s epidemiological characteristics.

Epidemiological studies have widely reported high and increasing rates of obesity across many parts of the world. As Brewis summarises

> In all but the poorest nations in sub-Saharan Africa, technically overweight and obese bodies are becoming the new biological norm [. . .]. From Fiji to Jamaica, and the United Arab Emirates to the United States, the average adult’s body mass index . . . is now well into the overweight range. In eight countries – four in the central Pacific and four in the Persian Gulf and North Africa – more than 75 percent of the adult population is overweight or obese. (Brewis 2017: 1)

Indeed, in 2018 the WHO published an online report indicating that in 2016 approximately two billion adults were overweight or obese (WHO 2018). Of adults aged 18 years or over, 39 per cent were overweight while 13 per cent were obese. A recent report by NHS Digital (2020) indicated that
obesity was present in 26 per cent of adult men and 29 per cent of adult women in England, with these figures rising to 60 per cent and 67 per cent, respectively, when cases of overweight were considered too. When Brewis describes obese bodies as ‘becoming the new biological norm’ (our emphasis), she draws particular attention to obesity’s rising prevalence. We will discuss the changing prevalence rates of obesity in the United Kingdom, focussing in particular on the ten years under study, at the beginning of Chapter 4, in which we examine changing obesity discourses over time.

It is important to note here that all groups are not affected by obesity to the same extent. Focussing again on the UK context, in terms of sex, approximately five in ten women and six in ten men are diagnosable as being overweight or as having obesity (National Obesity Observatory 2012). We will return to the influence of sex on obesity at the beginning of Chapter 7, in which we analyse gendered discourses. In terms of ethnicity, using the BMI as a measure, Sproston and Mindell (2006) found that, compared to the general population, obesity prevalence was higher among Black African, Black Caribbean and Pakistani women and lower among Chinese women. For men, obesity prevalence was found to be lower among men from Black African, Indian, Pakistani and Bangladeshi and Chinese backgrounds.

The statistics cited to this point relate to obesity in adults. However, obesity can also be diagnosed in children. Using National Child Measurement Programme data relating to primary school children, Public Health England (2020) report that more than one in five children can be diagnosed as overweight or as having obesity when they begin primary school, though this figure rises to one in three children by the time they leave. Social class is also identified as a decisive factor in the prevalence of obesity in children, with rates being highest in the most deprived 10 per cent of the population, approximately double what it is for the least deprived 10 per cent. Yet, social class is not just important for obesity in children but is also decisive for adults. While historically only the wealthiest and most powerful portions of the population had access to sufficient excess of food and leisure to develop obesity, more recently and in more developed countries this trend has reversed, such that people at the lower end of the socioeconomic cline are now affected most acutely by obesity (Brewis 2014). We return to the issue of social class, including its theorisation and the ways in which it has been observed to contribute to obesity, in Chapter 8 in advance of our analysis of discourses around obesity and social class.

Since the 1990s, governments and public health authorities have responded to the apparently rising prevalence of obesity and its associated ailments by declaring an ‘obesity epidemic’. Lupton (2018: 3–4) observes how, although fat bodies have long been associated with ill-health, the period since the 1990s has ‘witnessed an unprecedented intensification of focus by […] experts and
researchers on the negative health and economic effects of obesity’, with the mid-2000s appearing to be ‘a pivotal point at which concern about the “obesity epidemic” intensified and peaked’. Nowadays, the phrase ‘obesity epidemic’ is commonplace not only in medical and health policy descriptions of obesity prevalence but can also be found in other sites, such as entertainment and news media who capitalise on, but also construct and contribute towards, obesity’s seemingly persistent newsworthiness (Boero 2007, 2012; Saguy et al. 2010). For Boero (2012: 7), the so-called ‘obesity epidemic’ constitutes a ‘postmodern epidemic’, which she defines as the process whereby ‘partially and unevenly medicalised phenomena lacking a clear pathological basis get cast in the language and anxiety of more traditional epidemics’. This ‘partial medicalisation’, as Boero puts it, is in turn powered by the moral panic that is generated by experts and perpetuated by the media.

Despite the pervasiveness of the phrase ‘obesity epidemic’, not everyone agrees that obesity constitutes an epidemic, with critics arguing that claims pertaining to its range and scale are often exaggerated. As Gard and Wright (2005) point out, agreeing that there is a trend in weight increase is one thing but agreeing on the severity and extent of that trend is quite another. Many critics claim that what we are witnessing right now is actually a relatively small rise in the average weight of the population. They point to more recent data which indicates that obesity rates have actually ceased increasing (Campos et al. 2006). Others, such as Boero (2012), attribute rising rates of obesity not to any rise in the size of bodies in real terms but rather to the changing parameters – that is, to the ‘diagnostic fluidity’ (2012: 5) – of the BMI, which she argues has drastically increased the numbers of people who are diagnosable as overweight and obese. Arguably the most comprehensive critique of the ‘obesity epidemic’ is provided by Gard and Wright (2005) in their book, *The Obesity Epidemic*. They review the scientific and epidemiological literature surrounding obesity and identify what they interpret to be inaccurate and contradictory findings which have led to misleading assumptions and generalisations about obesity levels. These, they argue, have contributed to the notion of an ‘obesity epidemic’, leading to the conclusion that individuals’ health will be adversely affected on the basis that their BMI score is above some arbitrarily defined norm. In a later book, titled *The End of the Obesity Epidemic*, Gard (2011) pays particular attention to the role of alarmist rhetoric in scientific research articles in establishing the ‘obesity epidemic’. He argues that descriptions of obesity as ‘burgeoning’, ‘exploding’ and ‘rampant’ are all examples of hyperbolic language used to transform speculative ideas about obesity into scientific facts which have apocalyptic ends. Such critiques, offered by Gard and others, essentially argue that the reporting and interpretation of medical and epidemiological data relating to body mass have been shaped by different political agendas and certain pre-existing assumptions about the body and
Regardless of the legitimacy of the ‘obesity epidemic’, such critiques highlight the way in which the ‘obesity epidemic’ has been constructed as a medical problem through the practices and knowledge claims of medical and public health researchers (Lupton 2018: 29–30).

Setting its legitimacy to one side, the ‘obesity epidemic’ has instigated a huge body of research trained on identifying obesity’s ‘risk factors’, as well as how its epidemiological trends might be arrested or reversed. Beginning with its risk factors, the first thing to note is that, just as defining obesity is not straightforward, neither is explaining and accounting for its causes. The cause of obesity is often presented as resulting simply from energy or calorie intake exceeding energy expenditure over a period of time. Atanasova et al. (2013: 2) describe this as the ‘energy equation’. So pervasive is this explanation and appealing in its simplicity that it seems to enjoy logical, even common-sense, status. Indeed, the WHO states that ‘[t]he fundamental cause of being obese or overweight is an energy imbalance between calories consumed and calories expended’ (WHO 2018: online). We can also find evidence of the energy equation logic shaping public health messages relating to obesity. For example, the website of the NHS advises the public that ‘[o]besity is generally caused by eating too much and moving too little. If you consume high amounts of energy, particularly fat and sugars, but don’t burn off the energy through exercise and physical activity, much of the surplus energy will be stored by the body as fat’ (NHS 2019: online).

Despite its common-sense status in public health campaigns (discussed in more detail later in this section), the energy equation has received criticism from numerous quarters. Atanasova et al. (2013: 2) problematise the two sides of the energy equation of food intake and physical (in)activity when they draw attention to the fact that, although food consumption has received considerably more focus than (in)activity in medical research, patterns of consumption have not changed significantly over the recent past and so cannot alone account for any rise in obesity rates. This, they argue, points to physical (in)activity as the major public health challenge associated with obesity. Yet, even with an approach that is more balanced in its focus on consumption and (in)activity, the energy equation can still be criticised for over-simplifying the causal complexity of obesity, which is multifaceted and likely to include energy consumption relative to energy expenditure but also numerous other factors.

Although retaining a focus on the individual and individuals’ backgrounds and behaviours, researchers have in recent years begun to place more emphasis on the role of social and physical environments in contributing to the purported ‘obesity epidemic’. Arguably the most developed of these accounts is that of the ‘obesogenic environment’, where ‘obesogen’ refers to ‘pollutants and chemicals that encourage obesity’ (Voigt et al. 2014: 24). The ‘obesogenic environment’ perspective focusses on some of the socioeconomic factors
which contribute to the development of obesity in populations, including the abundance of cheap, nutritionally poor and high kilojoule food; the spread of fast food outlets and advertising; the decline of healthy home-cooked meals (attributed in part to the increasing entry of women into the workforce); the amount of time that people – particularly children – spend engaged in sedentary pursuits such as watching television and playing video games; and a general decrease in physical mobility due to contemporary working and transport conditions (ibid.). The concept of the obesogenic environment is useful because it helps us to think about obesity as not merely a biological issue but also, crucially, a social one. Even if we subscribe to the view that obesity’s primary cause is excessive calorie consumption and lack of energy expenditure, the obesogenic environment explanation asserts that we might expect to find significant levels of obesity in societies in which opportunities for physical activity are limited and low-calorie and nutritious food is less accessible and affordable than calorie-laden, sugary and nutrition-poor foods. This is not just a case of looking at differences across societies but also at differences (and disparities) within them, for the social, economic and political causes of obesity do not, as we have seen, impact all members of society equally. As Raisborough (2016: 3–4) argues, ‘we may be alarmed to realize that the people most likely to encounter the risks [of obesity] are also those most unfavourably situated at the intersections of socially stratifying power relations … We may feel very uneasy when we acknowledge the sociological point that poverty, deprivation, and social inequalities drawn along the lines of social class, gender, and ethnicity, amongst others, are major drivers of ill health.’

The logical extension of the obesogenic environment argument is that any effective response to obesity needs to recognise and address the social, economic and political conditions under which obesity occurs. Indeed, campaign groups have lobbied for policymakers to tackle obesity by addressing the ‘obesogenic environment’, for example through tougher regulation on junk food manufacturing and marketing and by designing urban spaces which better facilitate exercise (e.g. including more cycle paths and parks). Yet, as Lupton observes, these structural factors can be very difficult to challenge or change, since they ‘form part of a complex network of agribusiness, the processing, marketing and distribution of food as well as major social changes relating to working and everyday life’ (2018: 15). Instead, rather than addressing the role of powerful institutions in contributing to the purported ‘obesity epidemic’, medical and public health authorities in the United Kingdom (and other countries) have responded by focussing on the transformation and regulation of individuals and their bodies. Specifically, these powerful institutions have designated obesity as the outcome of individual behaviours which tie in with the energy equation model introduced earlier; that is, obesity has been
constructed as ‘the outcome of individual risk behaviours such as sedentary living and consuming energy-dense, nutrient-poor foods’ (Atanasova et al. 2012: 651–652; see also Glasgow 2012).

A contemporary example of a UK public health initiative employing this logic is the recent and ongoing Change4Life campaign. Launched in 2009, Change4Life is the UK Government’s longest-running anti-obesity initiative. In collaboration with private sector partners, the campaign uses social marketing techniques to target children and parents of young children in a bid to influence lifestyle behaviours (Mulderrig 2018). Entering the Change4Life website (www.nhs.uk/change4life), users are greeted by the following short paragraph, situated on the homepage, which not only sums up the campaign’s objectives but demonstrates aptly its personal and conversational tone.

These days, ‘modern life’ can mean that we’re a lot less active. With so many opportunities to watch TV or play computer games, and with so much convenience and fast food available, we don’t move about as much, or eat as well as we used to.

This campaign is notable not only because it is the flagship anti-obesity public health campaign in the United Kingdom but also because it exemplifies the penchant for contemporary public health campaigns to attempt to encourage individuals to take up certain practices of self-regulation. Lupton (1995) contends that public health campaigns such as this are inherently pedagogical in the sense that they position themselves as sources of expert knowledge and scientific truth in order to inform their audiences and direct them towards behaviours that are more ‘rational’ from a public health point of view. Mulderrig (2018) argues that Change4Life and other such campaigns can be understood from the perspective of governmentality in the sense that they seek to manage populations by ‘governing “at a distance”, favouring self-disciplinary control over more coercive forms of state power’ (40). Originally developed by Foucault (1976), governmentality is ‘a theory of how expertise-led control over individual behaviour emerged as a technique of political rule. It encompasses the array of institutions, relations and practices through which the social and economic wellbeing of a territory and its population are managed’ (Mulderrig 2018: 41). The enactment of governmentality varies historically and since the mid-twentieth century has taken the form of neoliberalism.

Neoliberalism is a contemporary political movement which advocates economic liberalisation, free trade and open markets (Harvey 2005). As a theory of political and economic practice, it proposes that ‘human wellbeing can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property
rights, free markets, and free trade’ (Kwan and Graves 2013: 5–6). Neoliberalism has played an increasingly central role in the ways that Western societies are governed, which has led to social services (including health care), state-owned enterprises and indeed some aspects of government itself, working with, and in some cases being supplanted by, private industries operating in a context of economic deregulation and tax cuts. The neoliberal political project is both supportive of and supported by the reconfiguration of expert knowledge and power, whereby these are taken away from the ‘bureau-professionals of the welfare state’ and reassigned to managers, auditors, consumers and the market (Mulderrig 2018: 41). As a consequence, social relations are reshaped, with individuals repositioned as responsible and risk-prepared citizen-consumers, while the state acts as an enabling force that promotes a neoliberal political rationality which implores individuals to ‘take responsibility’ for their lives and their communities. Neoliberalism is thus underpinned by personal responsibility, for Foucault argued that neoliberal governments maintain social order and prosperity by relying on their citizens managing their bodies and their health voluntarily rather than having to be coerced or threatened with punitive measures (Foucault 1979). The Change4Life campaign serves as a particularly good example of what such a model of self-governance looks like in practice.

When applied to health, neoliberal governmentality positions individuals as active health consumers who are responsible for maintaining and enhancing their health and economic productivity by avoiding risky products and practices. This can be particularly challenging in neoliberal societies in which the free market is given precedence and products and practices hazardous to health are available in abundance. Lupton considers how this applies to the management of weight risk and obesity specifically when she writes, ‘[t]here are highly established and profitable market seeking to sell consumers products, such as fast foods and soft drinks, that are linked to being overweight, as well as products directed at losing weight. Within the free market, neoliberal society, both are encouraged: it is considered up to consumer/citizens to make wise choices about which products they should buy and use as part of the project of self-actualization and fulfilment’ (2018: 34).

In terms of medical responses, the construction of obesity as a disease – and a life-shortening one at that – has resulted in the development of a range of medical treatments intended to ‘cure’ it, including the creation of specialist medical roles such as bariatricians who can offer counselling and advice, prescribe pharmaceutical remedies and perform surgical procedures designed to reduce body fat, such as gastrointestinal bypasses, bariatric surgery and gastroplasty (Markula et al. 2008: 4–5). In a context where individuals are held responsible for managing their obesity risk, procedures such as these are likely to offer useful – in some cases, essential – means for reducing body weight,
thereby enabling individuals to fulfil their roles as responsible citizens. Yet, the impetus for individuals to manage their bodies and maintain a ‘healthy weight’ is not just evident in public health policies and the development of medical solutions but has been capitalised on by the food, fashion, fitness, pharmaceutical and cosmetic industries, as well as sections of the (news) media (Burns and Gavey 2008). Indeed, the pathologisation of large bodies has also provided fertile ground for the birth and subsequent growth of a weight-loss industry which continues to develop and market a multitude of weight-reducing products, ranging from exercise equipment and diet plans to wearable activity trackers and weight-loss pills (Wann 2009; Lupton 2017).

However, this industry has largely been regarded critically within the social science literature, where the declaration of an ‘obesity epidemic’ has been widely interpreted in terms of its more cynical, commercial motivations. One such critic is Lupton, who writes, ‘[i]t is certainly the case that there is a massive weight-loss industry which is devoted to appealing to the vulnerabilities, anxieties and fears of people who have been medically classified as overweight or obese, or who have defined themselves as “too fat”’ (2018: 29; see also Gard and Wright 2005; Campos et al. 2006; Bonfiglioli et al. 2007). Raisborough, another critic, takes a broader perspective, shedding light on a wider range of industries that have profited from the so-called ‘obesity epidemic’. She writes

> We may also start to feel uneasy about ‘epidemic claims’ once we consider too the vested interests that the global pharmaceutical, insurance, and diet industries have in the obesity epidemic […] We could feel a little troubled when we remember that fat makes for big business and not just for the enterprising few exploiting the market gap in oversized clothes, toilet seats, and caskets; food companies have quickly realized increased profitability in products that can boast their health-enhancement qualities alongside their low or no fat content.

(Raisborough 2016: 4)

As well as its problematic relationship with commercial interests, another frequent criticism of the neoliberal approach to public health is its potential to invoke what Lupton (1995: 3) describes as a ‘victim-blaming discourse’ which, in placing all responsibility for ill-health on individuals, concomitantly shifts attention away from the structural, political and economic determinants of health, including obesity risk (as discussed earlier), over which individuals often have very little control (particularly at the lower end of the socioeconomic spectrum) (Baum and Fisher 2014). Campaigns such as Change4Life have been criticised for exhibiting a lack of sensitivity towards the complexities surrounding individuals’ health-related behaviours, including not least the embeddedness of these within historical, economic, cultural and social
contexts (Lupton 2018). Or, as Atanasova et al. (2012: 652) surmise, ‘policies emphasising personal behaviour fail to grasp the following: when individuals behave in ways that may be damaging to their health, this may not necessarily be due to their lack of awareness about adverse health effects; rather, the constraints of their life experiences and environments may mean that they are simply unable to change their behaviours’. And this is likely to be one of the reasons why public health policies underpinned by neoliberal governmentality have generally failed to instigate significant health improvements in their populations (Glass 2000).

Although there is evidence of some proponents of the biomedical perspective paying greater attention to the social and structural dimensions of health, such as in the case of the ‘obesogenic environment’ perspective introduced earlier, even these emphasise the role of personal responsibility. As Lupton (2018: 34–35) points out, ‘[t]he obesogenic perspective makes the simplistic assertion that because food is more readily available in contemporary societies people therefore consume more of it, and become fat. It assumes that the “natural” state of the human body is to be thin (given the right environmental conditions) and that in this context of ready supply of poor quality food that all individuals may potentially become obese as they will be unable to resist the temptations or persuasions of over-eating or lack of exercise.’ The risk of such a perspective is that it automatically implies greater susceptibility towards obesity of certain socially and economically disadvantaged groups, who are more likely to live in environments that are deemed to be more ‘obesogenic’. Such prima facie assumptions could risk such groups being regarded as more ‘at-risk’, less knowledgeable and less responsible (Gard and Wright 2005).

In addition to its practical limitations, the victim-blaming inherent in the neoliberal approach can also result in the stigmatisation of individuals who become ill, as they may be perceived to have failed the imperative to remain healthy and fully economically productive. This is particularly the case for so-called lifestyle diseases, such as obesity, but also type 2 diabetes and others, which individuals are perceived to ‘bring upon themselves’ through poor lifestyle choices. Moreover, given the widely noted negative connotations attached to obesity, people with visibly larger, adipose bodies are also liable to experience stigma on the grounds that they are likely to contravene society’s ‘thin ideal’ (Rich and Evans 2005). This type of stigma is widely referred to as ‘weight stigma’.

As we have alluded at various points throughout this discussion, not all perspectives on obesity frame it as a problem. The strongest counter position to the biomedical perspective in this regard is the ‘fat pride’ or ‘fat acceptance’ position – a social justice movement which began in the United States in the form of the National Association to Advance Fat Acceptance, established in 1969, and was bolstered in the 1970s by the Fat Underground movement. The
aim of these and similar other grassroots organisations is to establish resources for ‘self-esteem, fitness, fashion, socialising, medical advocacy, and defense from discrimination’ (Wann 2009: x), as well as to create ‘theatre, dance, music, poetry, fiction, magazines, film, and art’ which celebrate the ‘fat’ body and promote more positive attitudes towards it (ibid.).

In this section, we hope to have demonstrated how obesity, as a socially constructed phenomenon, is subject to a wide range of definitions and discourses. We have not been able to address all of these perspectives, so have instead focussed mostly on the biomedical viewpoint, underpinned by the intertwined institutions of medicine and public health, which presently dominates in the United Kingdom. In this sense, the foregoing discussion serves to illustrate the social and political context within which the newspaper articles analysed in this book were both produced and consumed. It is the very fact that obesity is not ubiquitous but open to discursive contest and negotiation which makes it worthy of study and interesting from the discourse analyst’s viewpoint. So in this book, we are interested in studying how obesity is negotiated, through discourse, in the context of the British national press. Throughout the forthcoming chapters, we hope to show how, even in this relatively singular context, obesity is represented using a wide range of discourses which are themselves intertwined with an even wider range of discourses pertaining to the body, health, medicine and identity more broadly. Ours is not the first study to explore media representations of obesity and we will review some of this research, and situate our own work in relation to it, in the next section.

**Obesity in the (News) Media**

The first studies broadly concerned with the relationship between the media and obesity set out to address the role of the media in circulating and emphasising notions of slim embodiment. Most of this work was carried out by (critical) feminist scholars who focussed mainly on western media such as advertisements, fashion magazines, films and television, critiquing their tendencies to hold up slim and difficult-to-achieve body types as beautiful, sexually desirable and something to which all women should aspire (Orbach 1978; Bordo 1993). Work in this important vein continues to this day, with the critical scope expanded to interrogate an ever-widening range of media, more recently incorporating representations of (women’s) bodies in new (social) media texts (Lupton 2017). Unrealistic depictions of the ‘ideal’ feminine body type have subsequently been linked to increased bodily dissatisfaction, with high levels of media exposure widely considered to be a factor in the development of eating disorders, continuous dieting and more general feelings of shame, anxiety and inadequacy in women whose bodies do not conform to such ideals (Lupton 2018).
Following this pioneering work and in response to increasing levels of press coverage of obesity (discussed in the previous section), the last two decades have witnessed a proliferation in the amount of social scientific research examining media representations of obesity (Boero 2007, 2013). Writing from a critical standpoint, social scientists have sought to problematise the media’s coverage of obesity by elucidating its broadly negative and stigmatising portrayals of obesity and people with it, as well as by questioning the extent to which the purported ‘obesity epidemic’ is indeed a genuine public health crisis or rather a ‘moral panic’, created in part by the media’s alarmist reporting of the issue (Monaghan 2005; Campos et al. 2006; Kwan and Graves 2013; Raisborough 2016).

A significant portion of studies of obesity in the media have drawn on the sociological concept of framing (Goffman 1974), with the aim of explicating the various ‘frames’ through which obesity emerges as a social problem. Combining a number of conceptualisations, Atanasova and Koteyko (2017: 651) usefully define a frame as ‘an organising principle […] , a central organising idea […] or an interpretative package that enables individuals to make sense of issues by turning “meaningless” aspects “into something meaningful” (Goffman 1974: 21–22)’. In this context, media framing of obesity is understood as ‘implicitly (or explicitly) promot[ing] a dominant viewpoint and tend[ing] towards […] reinforcing existing cultural and political relations of power’ (Boero 2013: 372).

Studies of media framing of obesity have generally identified three primary frames. The first is a medical frame which construes obesity as a disease, biological problem or genetic trait that is most effectively remedied through medical or surgical solutions (Saguy and Almeling 2008; Atanasova and Koteyko 2017). The second is a frame of societal responsibility, which foregrounds the role of governments and certain industries in creating the conditions for obesity to thrive. This includes such factors as ineffective regulation of ‘junk’ food manufacturing and advertising, the costliness of nutritious food compared to more affordable but less nutritious alternatives, and the design of urban spaces in ways that make them less conducive to walking and cycling compared to driving or using public transport (Atanasova and Koteyko 2017). The final primary frame is one of personal responsibility, which constructs obesity as something that is caused by individuals’ lifestyle choices and thus positions individuals as responsible for preventing and ‘curing’ obesity by

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2 Rohloff and Wright (2010: 404) define a moral panic as ‘a sociological concept that seeks to explain a particular type of overreaction to a perceived social problem [whose] principal aim was to expose the processes involved in creating concern about a social problem; concern that bore little relationship to the reality of the problem, but nevertheless provided the basis for a shift in social or legal codes’.
making changes to their levels of physical activity and the types of food they consume (Boero 2007; Bonfiglioli et al. 2007; Shugart 2013; Atanasova and Koteyko 2017). Despite the increased presence of the social responsibility frame, this final frame of personal responsibility is widely observed to be most dominant in Western societies such as the United Kingdom. Boero (2013: 373) notes how this individualistic frame is ‘often the frame of final recourse in reporting which initially seems to advance less individualistic frames’. Although we have presented the frames separately in this discussion, it is of course possible for them to be combined in the ways that obesity is conceptualised and talked about. A good example of this can be found in the websites of obesity charities and weight loss support groups which frame obesity as something that is problematic and so set out to encourage and support people in losing weight, akin to a neoliberal framework. At the same time, such organisations aim to be respectful towards people with obesity and so try to provide more positive representations of them (compared to, say, some sections of the mainstream media), even though they would not identify with the ‘fat acceptance/pride’ movement described earlier.

Several studies have highlighted the contradictory nature of the personal responsibility frame. For example, Boero’s (2007) study of 751 articles about obesity published in US newspaper The New York Times between 1990 and 2001 found that obesity tended to be framed as something that was out of control, as a problem of culture and environment and couched in language associated with biomedical epidemics, yet was also construed as a problem that could be cured by relying on common-sense solutions. This theme, of obesity being represented in contradictory terms as, on the one hand, a medical, genetic, moral and/or environmental problem beyond individual control yet, at the same time, a problem that is caused by a lack of self-control and accordingly cured by individual willpower, has also been noted in more recent studies such as Saguy and Almeling’s (2008) study comparing social problem frames of obesity in medical science and US news reporting and Shugart’s (2013) examination of narratives of obesity in contemporary mainstream US media. Some studies have set out to denaturalise the personal responsibility frame. For example, Saguy and Gruys (2010) compared news reporting of eating disorders against that of obesity in the United States between 1995 and 2005 and found that while obesity was predominantly attributed to individuals’ lifestyle choices, the cause of eating disorders tended to be located outside the individual, with wider social factors brought into sharper focus. The authors linked this difference to broader social structures within which high status is afforded to thinness while fatness is linked to low status and associated with sloth and gluttony.

As well as comparing the media coverage of obesity to that of other health issues, another way in which previous research has sought to denaturalise the
dominant frames or discourses surrounding obesity has been to study changes in representation over time. An example of such a study was carried out by Caulfield et al. (2009), whose diachronic analysis of US newspaper articles published between 1990 and 2007 revealed a shift in focus away from the view of obesity as a disease and towards the view of obesity as a matter of personal responsibility. Shugart (2013) similarly noted a shift in emphasis towards personal responsibility but also observed a more recent, fatalistic framing of obesity as both unavoidable and inevitable – something which she argues not only upholds stigma surrounding obesity but also forecloses any complex discussion surrounding its social determinants. Although the personal responsibility frame has widely been observed as dominant in media coverage, diachronic studies such as these do at least serve to demonstrate that this was not always the case (or at least to the extent that it is now) and, as such, may not necessarily be the case in the future.

Another way of considering the situatedness of media ‘frames’ or discourses around obesity is to consider different cultural contexts. Most studies on media representations of obesity have focussed on the United States. However, a smaller number of studies have based their analyses on other cultural contexts, with some carrying out systematic comparisons of coverage between different countries. For example, Ries et al. (2011) compared press reporting of obesity policy in the United States, Canada and the United Kingdom, finding that while the media in all three countries tended to adopt a personal responsibility frame, they also expressed significantly different attitudes towards obesity policy, which the authors explain with recourse to the countries’ respective economic structures and healthcare systems. Other studies have reported more pronounced differences between the media framing of obesity in the United States and other countries. For example, Saguy et al. (2010) found that the French media is more likely than the US media to foreground the social-structural forces underpinning rising rates of obesity, which were also often attributed to the so-called Americanization of French culture. In terms of the UK context, Atanasova and Koteyko (2017) compared obesity frames in British and German online newspapers, revealing a ‘dominant cross-national framing of obesity in terms of “self-control’’, which places a more pronounced emphasis on individual responsibility’ (2017: 650). These comparative studies are valuable because they demonstrate how media frames of obesity are not universal but rather are shaped by national economic and social structures which can, in turn, influence the development and implementation of social policies relating to obesity and health(care) more widely.

More recently, a small number of studies have explored how particular groups are represented in media texts about obesity, paying particular attention to the portrayal of racial and ethnic minorities and economically disadvantaged
groups (Gollust et al. 2009). The framings identified in such studies have tended to mirror those reported in relation to more general populations, specifically a focus on the role of individuals and the assignment of negative moral evaluations. However, most studies examining the representation of particular groups affected by obesity have focussed on children and the phenomenon of childhood obesity (Boero 2007; Saguy and Almeling 2008). These studies have highlighted an important difference between the representation of obesity in children and adults, whereby in media discussions of childhood obesity, blame is assigned not to the children affected by obesity (as it is in representations of adults) but to their parents, schools and, in some cases, the media itself.

As noted, the media plays an important role in communicating health information and scientific research to the public. With regard to obesity-related research, the media has been found to selectively report on studies that provide the most dramatic content, and which thus lend themselves more easily to sensationalist headlines. For example, in a study comparing the obesity frames in scientific studies against their corresponding press releases and news articles, Saguy and Almeling (2008) reported that although there was overlap between the two samples, the media texts were more inclined to present the studies’ findings and implications in more dramatic terms than the original scientific papers did and were also more likely to foreground individual blame for obesity. The authors trace this in part to the tendency of the news media to report on studies producing the most alarmist and ‘individual-blaming’ findings. Another theme identified in this body of work pertains to the media’s lack of scepticism regarding the validity of the findings they reproduce, as well as contradictions in media coverage of scientific research (Boero 2007, 2012).

A relatively recent area of focus in studies of obesity in the media relates to the representation of obesity policy. Ries et al. (2011) found that even if countries framed the issue of obesity itself in similar ways, they could still differ in the ways they framed policy issues. All of this was found to depend on each country’s national political context, with advocates of certain policies using the media as a vehicle to promote their initiatives and circulate them among a wider audience (Boero 2012).

The studies discussed so far in this section have all adopted a mono-modal perspective on their data, focussing just on the use of language. However, in recent years, a small but growing body of studies have also considered how news articles’ linguistic framings combine with accompanying imagery in the ways they represent obesity and people with it. In separate studies of photographs and videos featured on US news websites, Heuer et al. (2011) and Puhl et al. (2013) reported that people with obesity were depicted in stigmatising ways, as lazy and lacking self-discipline, often with their heads cut out of
images and/or being pictured wearing ill-fitting clothes. Examining visual representations of obesity in 583 photographs taken from British and German newspapers published between 2009 and 2011, Atanasova et al. (2013) reported that over half of the images in their data portrayed obesity and people with it in stigmatising ways, for example showing tools for weighing or measuring bodies, exercise equipment, food and drinks and evidence of TV viewing or gaming, all of which, they argued, had the potential to cue readers’/viewers’ moral judgements. They noted no significant differences between the British and German data, suggesting that audiences in both contexts were exposed to similar visual discourses of obesity. More recently, Lupton (2018: 52) described how the bodies of people with obesity are frequently portrayed in news media as ‘bulging and distended, often using close-up camera effects to distort their bodies beyond the reality of their fleshiness’. Lupton also notes the frequent use of ‘strategies of exposure and shaming’, with people with obesity ‘often shown as gorging themselves with food, invariably food designated as “unhealthy”, such as hamburgers or chips’ (2018: 52).

To summarise, then, research into media representations of obesity has revealed a range of frames or discourses, with representations emphasising personal responsibility emerging as dominant in most studies and across most media contexts (although we should also note the dominance of studies focussing on the global west and on the United States in particular). Atanasova et al. (2012) argue that the predominance of the personal responsibility frame can be interpreted as reflecting wider developments in public health, which in many western societies is now driven by a neoliberal logic which, as we have described, responsibilises individuals into managing their own health and risks of ill-health through their lifestyle choices (see also Crawford 1980; Brown and Baker 2012). Meanwhile, Kwan and Graves (2013: 5) suggest that the dominance of the personal responsibility frame reflects a longer tradition in which victim blaming and individualistic discourses exist in relation to many social issues, including obesity and health.

Existing research on media representations of obesity provides an unquestionably rich set of insights on the topic which, as the forthcoming chapters will show, are useful for explaining and comparing our findings. However, we also aim to build on this work by adopting new types of data and analytical perspectives, as well as by pursuing fresh areas of analytical focus. In terms of data, most existing studies are, as noted, based on US media. Although British newspapers have been studied more than those of many other countries, our focus on press data originating in the United Kingdom adds to the still relatively slim body of existing work based on this context. As will be described in the next section, our data also represents the most comprehensive
and recent dataset of its type, with a date range that begins at the start of 2008 and runs to the end of 2017. This is an important consideration, since most studies of media representations of obesity are based on older datasets, with most studies carried out during the early 2000s. However, given that press coverage of obesity in the United Kingdom and elsewhere has, as we will see, risen in recent years, there is a pressing need for research that keeps up to date with this coverage and any attendant changes to the discourse. As Boero (2013) asserts, ‘[t]here is no doubt that the amount of media attention to obesity will continue to grow as researchers secure more funding to come up with solutions, as more obesity policy is debated and enacted, and as governments continue to need to individualize responsibility for public health. The task of social scientists will [be] not only to keep up with this reporting but also to sharpen their critical focus’ (377–378). As well as the size and recency of our data, our study can also be distinguished from the majority of research on obesity representation by its linguistic focus; where most studies on obesity representation have described the content of the texts in their data (i.e. what is said), our study is based on systematic linguistic analysis of recurring word choices (i.e. how it is said) and the discourses and resultant representations these evoke.

Aside from analysing the articles themselves, another way in which this book advances on previous research is by examining representations of obesity in readers’ comments accompanying a sample of online articles in our data. Reader responses to media representations of obesity have received relatively scant attention to-date. This observation is made by Atanasova et al. (2012), who identify this as an area for future study in media representations of obesity, noting that such data-sites provide hitherto ‘untapped opportunities to analyse how readers respond to obesity news stories’ (2012: 557).

Furthermore, Lupton (2017) discusses the potential for social media spaces such as reader comments sections to allow dominant perspectives on obesity put forward by the articles to be challenged by readers, providing space for less dominant perspectives such as fat activism and body positivity to be advanced instead. Although such comments are unlikely to offer a transparent window into individuals’ understandings, beliefs or opinions, adopting this novel perspective nevertheless helps us to engage with such issues in an unprecedented way, allowing us to examine previously unexplored perspectives on media representations of obesity and thus to test and potentially expand on findings from the types of audience response studies discussed earlier. Having begun to consider some of the ways in which our data and approach advance on existing studies of obesity representation, we now provide a more detailed account of our corpus and introduce the main corpus linguistic techniques that we use to analyse it.
Data and Approach

The study reported in this book is based on a methodology which combines corpus linguistics with CDS. As noted, CDS can be understood broadly as a perspective on discourse analysis which seeks to examine and critique the ways in which power relations are established, negotiated, challenged and exploited through discourse in context. The term *corpus linguistics*, meanwhile, largely refers to a collection of methods which use specialist computer programs to analyse linguistic patterns in large, digitised collections of naturally occurring language data. These programs offer methods that can help human analysts to identify frequent or salient features of the language in the texts contained in the corpus, which must then be subjected to a detailed analysis carried out by the human researcher. In this section, we describe the design and compilation of our corpus of news articles about obesity, before outlining the main analytical techniques we use to study representations of obesity within it. We will then conclude this section by setting out some of the main strengths and limitations, as we see them, of our data and approach.

The majority of the analysis in this book is based on a purpose-built corpus comprising all UK national press articles containing at least one mention of *obese* or *obesity*, published between 2008 and 2017 (inclusive). This constitutes the decade leading up to our point of data collection. Articles were collected using the online news repository *LexisNexis*, which archives both online and print versions of newspapers. To avoid skewing frequencies, duplicate articles from the same newspaper were removed. Table 1.1 shows the newspapers represented in the corpus, along with the number of articles and words contributed by each. Note that in this table, online and print

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<th>Words</th>
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<td>Express</td>
<td>5,193</td>
<td>3,265,741</td>
<td>629</td>
</tr>
<tr>
<td>Guardian</td>
<td>5,008</td>
<td>5,238,062</td>
<td>1,046</td>
</tr>
<tr>
<td>Independent</td>
<td>4,336</td>
<td>3,303,269</td>
<td>762</td>
</tr>
<tr>
<td>Mail</td>
<td>12,805</td>
<td>11,890,340</td>
<td>929</td>
</tr>
<tr>
<td>Mirror</td>
<td>3,398</td>
<td>2,202,323</td>
<td>648</td>
</tr>
<tr>
<td>Morning Star</td>
<td>152</td>
<td>63,641</td>
<td>419</td>
</tr>
<tr>
<td>Star</td>
<td>1,072</td>
<td>370,818</td>
<td>346</td>
</tr>
<tr>
<td>Sun</td>
<td>2,286</td>
<td>1,082,808</td>
<td>474</td>
</tr>
<tr>
<td>Telegraph</td>
<td>5,680</td>
<td>4,804,351</td>
<td>846</td>
</tr>
<tr>
<td>Times</td>
<td>3,948</td>
<td>3,831,868</td>
<td>971</td>
</tr>
<tr>
<td>Total</td>
<td>43,878</td>
<td>36,053,221</td>
<td>822</td>
</tr>
</tbody>
</table>
versions of newspapers have been combined under one heading, as have sister/Sunday editions (e.g. Guardian and Observer are under the heading Guardian; Mirror and People are under the heading Mirror; and Independent and i are under the heading Independent). However, when citing examples from the corpus we will refer to the specific newspapers from which they originate, rather than using the general headings in this table.

As Table 1.1 shows, the corpus is not equally balanced in terms of the number of articles and words contributed by each newspaper. One newspaper, the Mail, comprises around 30 per cent of the words in the corpus, while the contribution of the Morning Star is marginal. Average article length also varies considerably, with the Guardian’s average being more than double that of tabloids such as the Star and Sun. This imbalance represents the real-life press landscape and specifically the corresponding imbalance in terms of how much obesity coverage is provided by each newspaper. To capture as much obesity coverage in our analysis as possible, we decided against removing or reducing texts simply for the purpose of achieving a more balanced corpus. While this imbalance does not pose too much of an issue for most of our analysis, as we compare different newspapers and sections of the press using relative rather than raw frequencies, we nevertheless need to note that any analysis of the corpus as a whole is based on an imbalanced sample, with language use in some newspapers, foremost the Mail, over-represented relative to other newspapers.

The corpus we analyse in this book constitutes, to our knowledge, both the largest and most recent collection of newspaper articles about obesity assembled for research. Existing studies of news media representations of obesity have based their insights on datasets that are considerably smaller than that assembled for this book, amounting, at most, to hundreds (rather than thousands) of articles. However, when we consider how many articles are published about obesity every year, and thus the sheer mass of newspaper data that is available for study, then these previous datasets are not very widely representative. As well as being larger and more representative than data used in previous studies, our corpus is also structured in a way that facilitates insights into aspects of obesity representation that have rarely (if ever) been explored in prior studies (Atanasova et al. 2012: 556). This includes carrying out systematic comparisons of articles according to their format (i.e. broadsheets vs. tabloids), political leaning (i.e. left-leaning vs. right-leaning) and date of publication (i.e. similarity and change over time). Finally, the corpus analysed in this book not only represents print versions of obesity articles, but also online articles published on the respective newspapers’ websites. This marks another area of expansion on existing research, which has focussed, in the main (and in the context of the United Kingdom, exclusively), on printed newspapers only. This is a significant gap to address, prompting Atanasova
et al. (2012) to propose that studies of obesity press representations analyse online versions of news articles, since ‘[t]he current focus on print diverges from the general attentiveness in media studies to the topic of the online presence, convergence and the successful adoption of social media features by many print editions’ (2012: 557).

A crucial feature of modern corpus linguistics research is that corpora are stored in a machine-readable format so that they can be analysed using a computer. Specialist computer programs are available for this purpose, such as AntConc, WordSmith Tools and the tool we use in this study, CQPweb (Hardie 2012). Such programs allow human researchers to carry out tasks that would otherwise be impractical to perform manually on such vast datasets, for example searching for every occurrence of a word or combination of words, generating frequency information about linguistic phenomena of interest (e.g. words, chains of words, grammatical types) and performing statistical tests on those frequencies (i.e. to measure the significance or strength of relationships). Moreover, these programs offer the practical advantage that they can perform frequency counts and complex statistical calculations with greater speed and reliability than would be possible using a purely manual approach to (critical) discourse analysis.

There is no standard set of procedures in corpus linguistics, and there is some variability in terms of the procedures and statistical measures afforded by different programs or tools. This notwithstanding, our analysis makes use of four techniques that have become established in corpus research; namely, frequency, keywords, collocation analysis and concordance analysis, all of which we accessed using CQPweb (Hardie 2012). We will provide brief introductions to each of these in this section. However, since we use these techniques in different ways across the forthcoming chapters, we will provide more precise details regarding their parameters and cut-offs as and when these are relevant throughout our analysis.

Frequency provides a list of all the words that are present in the corpus or a user-determined section of the corpus, along with their frequency of occurrence. Frequency information can provide a useful starting point for corpus analysis, as it affords a rapid overview of the linguistic landscape of the texts in the corpus, as well as allowing users to search for the frequency of particular words or sequences of words of interest. For example, we use frequency in Chapter 5, as part of our analysis of the shaming and reclaiming of obesity in the press, specifically as a means of identifying nouns that are frequently used to denote people with obesity and verbs that tend to be attributed to them. We also use frequency to adopt a similarly targeted approach in Chapter 6, in which we examine the discourse surrounding the terms diet, body, healthy and exercise. In Chapter 7, we use frequency information to compare mentions and uses of gender-marked nouns and pronouns, and then in Chapter 8 when
examining the representation of different social class groups. Throughout the book, then, we utilise frequency as an inductive measure to pinpoint the occurrence of particular words or phrases that are relevant to our analysis and as a means of carrying out more focussed analysis by sampling texts from our corpus on the basis that they mention a particular topic, theme or social group.

Another, more statistically robust way of accessing words that are characteristic of the texts in our corpus is keywords. Put simply, keywords are words that occur with a significantly higher frequency in one corpus when compared against another. The corpus against which we compare the corpus under analysis is termed the ‘reference corpus’ and this typically represents a ‘norm’ for the type of language being analysed. In the keywords procedure, the frequency of each word in the corpus we are analysing is compared against its equivalent in the reference corpus. If these frequencies are judged to be significantly different (according to the statistical measure(s) chosen by the user), then that word will be flagged as a keyword by the computer. Words which have a significantly higher relative frequency in our corpus compared to the reference corpus are ‘positive keywords’, while words with a significantly lower relative frequency (including potentially being absent altogether) are ‘negative keywords’. Positive keywords are thus words that are overused in our corpus relative to the norm represented by the reference corpus, and so can be interpreted as being characteristic of the texts we are analysing, while negative keywords, conversely, represent words that are underused relative to what we might expect based on the reference corpus. In this book, we focus on positive keywords – that is, words that are especially frequent in our corpus (or a section or sample of it) compared against a reference corpus.

The choice of reference corpus, statistic and cut-off point are all crucial in determining the number and type of words that will be flagged as key by the computer. In this book, we use log-likelihood (Dunning 1993). This is a measure which assigns to keywords scores that indicate the level of confidence the user can have that a word is indeed key and has not arisen as such due to a sampling error. This is important to bear in mind, as it means that the keywords we examine in this book are ranked by confidence, rather than degree or strength of keyness, for which we would require an effect size measure such as log ratio. Different cut-offs can be applied, but a log-likelihood score of 3.84 indicates a confidence level of 95 per cent (standard in social sciences (McEnery 2006)); a score of 6.63 indicates a confidence level of 99 per cent; and a score of 15.13 or more indicates a confidence level of 99.99 per cent. While our use of log-likelihood is consistent across the analysis, our choice of reference corpus and cut-off varies across chapters depending on each chapter’s focus and, on a more practical level, the amount of space we have to analyse the keywords. We use the keywords approach in Chapters 2 and 3, respectively, to explore similarities and differences across different sections of
the corpus when we divide it up according to newspapers’ political leaning and publication type (i.e. left-leaning broadsheets, left-leaning tabloids, right-leaning broadsheets, right-leaning tabloids). We also use keywords in our analysis of change over time in Chapter 4, specifically obtaining keywords by comparing each year of the corpus against the rest and then by comparing articles published in a particular month (e.g. in January across all years) against all other months grouped together. Keywords also feature in the second half of Chapter 7 when, following our analysis of the discourse around gender-marked nouns, we examine the keywords that emerge when comparing a sample of press weight loss narratives about women against a reference corpus containing a sample of weight loss narratives about men, and vice versa. Finally, in Chapter 9 we use keywords to compare both a sample of articles and their corresponding reader comments against the same reference corpus as a way of exploring similarities and differences between those articles and their accompanying comments.

Collocation is a linguistic device whereby words, by associating strongly with one another, become bearers of meaning. Collocation analysis, then, is a word association measure that tells us how often two or more words occur alongside each other across the texts in the corpus, and whether this association is notable as a sizeable effect. Corpus linguists have long sought to learn about words’ meanings and patterns of use by examining their patterns of co-occurrence, or ‘collocations’, across corpora. Analysing those words with which a word of interest frequently collocates can help to shed further light on the discourses that surround and constitute it and the concept it denotes (Brookes and McEnery 2020). As with keywords, the volume and type of collocates identified by the analytical software will depend on user-determined parameters, including span (words to the left and right of the search word within which candidate collocates will be considered), minimum frequency threshold, and choice of statistic and cut-off. Collocation is used in Chapters 2, 3, 4 and 8, mainly to provide an impression of a word’s discourse prosody, at which points we focus mainly on those words’ most frequent (lexical) collocates. Collocation analysis is utilised more systematically in Chapter 5, where we use it to identify adjectival collocates of words referring to people with obesity, in Chapter 6 to explore the discourse around the words healthy, body, diet and exercise, and then in Chapter 7 to analyse the discourse around gender-marked nouns and pronouns. In Chapter 5, collocates are ranked by frequency, with adjectival collocates then extracted for closer analysis. However, in Chapters 6 and 7 we rank collocates using the cubed version of the Mutual Information statistic (MI³). Mutual Information (MI) measures collocation strength by comparing the observed frequency of each collocational pairing against what would be ‘expected’ based on the relative frequency of each word and the overall size of the corpus. The difference
between the observed and expected frequencies of co-occurrence is then converted into a score, with higher scores assigned to stronger collocations (Gablasova et al. 2017). While traditional MI assigns higher scores to exclusive and unusual word combinations involving low-frequency items (Evert 2008), MI\(^3\) assigns higher scores to collocates which have a higher frequency of co-occurrence and so tend to be ‘more established in the discourse’ (Brezina et al. 2015: 160), arguably making it better suited to corpus-aided discourse studies such as ours.

While collocation can help us to better apprehend words’ patterns of use in the news articles in our corpus, to interpret the discourses that such words and collocational patterns signal, and to understand how these discourses contribute to representations of obesity in these contexts, we have to analyse them within their wider textual surroundings using the final technique we introduce here – concordance analysis. Concordancing is essentially a way of viewing corpus data that allows the analyst to study every occurrence of a user-determined word or phrase in the corpus within its wider contexts of use. As an illustrative example, Figure 1.1 shows a concordance output for some of the occurrences of the word *obesity* in our corpus, obtained using CQPweb.

With the search-word running down the centre of the screen and a few words of context displayed to the left and right, the concordance output provides a way for the analyst to examine patterns of use that might be less obvious during linear, left-to-right readings of the texts in the corpus. The rows of text – or ‘concordance lines’ – can also be sorted randomly or, to help the analyst to spot patterns, alphabetically according to the words to the left or right of the search-word. Yet even the concordance output offers a relatively

![Figure 1.1 Sample concordance output for obesity](https://doi.org/10.1017/9781108864732.001)
narrow view of the contexts in which words or phrases occur. To fully apprehend the discourses that are signalled by a particular word or phrase, it was therefore necessary to analyse expanded samples of articles and sometimes articles in their entirety. The concordance technique therefore affords a way of adopting a more qualitative perspective on the texts in a corpus, and was used in the interpretation of words and larger linguistic patterns across all the forthcoming analytical chapters. Given the size of our data, many of the words and patterns we analyse occur many thousands of times. For example, the word obesity occurred 64,673 times. In such cases, it was not practical for us to examine every single occurrence across our corpus. Therefore, we resolved to closely analyse a random sample. For this purpose, we experimented with different sample sizes and found that 100 cases proved sufficient for uncovering a range of different uses, including in most cases clearly indicating majority and minority patterns, while on a practical level being small enough to keep our analysis manageable.

Although, as noted, these techniques are used in various ways depending on the research questions and foci addressed in each chapter, all were utilised in a cyclical approach that first involved engaging with the corpus or a subset of it using frequency or keywords to identify themes or texts containing words or phrases of interest, before using collocation analysis to develop an understanding of frequent patterns of use, and then finally examining concordance lines and entire texts in order to interpret the attested patterns in terms of the obesity discourses they constitute. It is at this final stage that our analysis is most critical, as we interpret the identified discourses in terms of their power to represent obesity and people with it and we also explain their use and possible effects in relation to the contexts in which they have been produced and consumed. Crucial to this approach, then, is the combination of computational and statistical measures with human-led, context- and theory-sensitive readings of the data. The latter not only allowed us to adopt a critical perspective on the texts in our corpus but was also enriched by our knowledge and contact, as researchers, with the journalistic practices and social and healthcare contexts of which these media texts and the discourses they contain are constitutive and by which they are themselves constituted.

The benefits, but also challenges, of integrating corpus linguistics with (critical) discourse studies are by now well documented (Baker 2006; Baker et al. 2008). Therefore, we will not rehearse all of these arguments here but instead outline some of the main strengths and limitations of this methodological synergy, focussing on those that are most relevant to our study. One of the main appeals of combining corpus linguistics with CDS is that the greater size and representativeness of corpora, relative to the often small datasets analysed in CDS, can make critical analyses more comprehensive, allowing analysts to base their insights on larger and more representative patterns of
language use. Relatedly, by allowing analysts to hone their focus on the most frequent or statistically salient linguistic features in the texts under study, corpus techniques can help critical analysts to guard against the charge that the texts or features they address in their analysis are ‘cherry-picked’ by the human researcher because they support a preconceived argument or position (Widdowson 2004). This increased objectivity is also supported by corpus linguistics’ commitment to methodological transparency, which is underpinned by two guiding principles: (i) no systematic bias in the selection of texts included in the corpus (i.e. do not exclude a text because it does not fit a pre-existing argument or theory) and (ii) total accountability (all data gathered must be accounted for) (McEnery and Hardie 2012). Indeed, frequency and statistical salience offer more objective analytical routes into corpus data.

However, the corpus approach is not completely objective, as the human analyst must select which techniques to use, decide on their parameters (discussed in this section) and then interpret the output, typically with recourse to more subjective, human-led analysis of samples of the data. Introducing the corpus linguistic perspective into CDS can also bear analytical benefit, as the option to analyse a large collection of texts, especially which span a long period of time, can help the analyst to better interpret the relative statuses of discourses (i.e. as dominant or marginalised). It can also account for discourses’ incremental effects; that is, some discourses can appear to be used marginally or sparingly in one or two texts but appear more established or dominant when used across a large number of texts and/or over a long period of time.

Of course, many of these analytical benefits apply not only to the use of corpus linguistic methods in CDS but are also relevant to other areas of linguistics and discourse analysis. Indeed, the volume of linguistic research which draws on corpus linguistic methods is now vast and continues to grow apace. One area of application that is relevant to this book is the rapidly expanding field of corpus-based health communication research (Crawford et al. 2014; Brookes et al. 2021). In addition to the benefits described previously in this section, it has been argued that corpus linguistic methods can be particularly appealing to researchers working within the domain of health (care), as they can help analyses to come closer to the ‘gold standard’ of evidence-based approaches that are underpinned by statistical patterns rather than purely qualitative observations based on small-scale data alone (Crawford et al. 2014). Indeed, as part of the project on which this book is based, we have worked with a range of external stakeholders, including obesity charities, who have been particularly impressed by the capacity of corpora to represent media language data on a vast scale, as well as by the range of insights that such a dataset (and the methods used to analyse it) can provide. Yet corpus linguistic methods can also be particularly useful for studying the discourses around
contested health issues (Hunt and Brookes 2020), such as obesity. This is because the option of building and analysing a corpus containing a large number of texts from a large number of authors (in our case, all of the obesity-related articles published by all of the United Kingdom’s national newspapers over a ten-year period) can better represent the wide range of varied and even conflicting discourses that typically attend to such contested health phenomena (ibid.). With the aid of a corpus, these discourses can not only be accounted for more comprehensively by the analyst but can also be studied in terms of how they relate to and compete with each other to become the dominant way of explaining and communicating about the health issue in question (Brookes 2018). In our case, then, the option of examining a corpus of newspaper articles about obesity will help us to produce an analysis that covers a wider range of competing discourses around obesity and that is arguably more sensitive to how these discourses might be positioned in relation to one another, for example as dominant or minority, in this context.

Having focussed on some of the ways in which corpus linguistics methods can enhance (critical) studies of discourse, it also worth acknowledging some of the limitations of the corpus approach. One long-standing criticism of corpora pertains to their limited capacity to represent context. As Widdowson (2000: 7) argues, ‘[t]he texts which are collected in a corpus have only a reflected reality’, for ‘[r]eality […] does not travel with the text’. In the case of the articles in our corpus, the texts are, of course, divorced from the contexts in which they were originally produced and consumed, so any arguments or conclusions relating to why a particular discourse was drawn on in a text and how it was received by readers are necessarily hypothetical (though in Chapter 9 we come closer to the latter as we analyse readers’ online comments). To an extent, this is true of most studies of discourse. Yet, of particular relevance to corpus studies is the at-present limited capacity of corpora to represent the non-linguistic (i.e. visual) aspects of written texts. The corpus introduced in this section represents only the linguistic parts of the obesity articles sampled. As such, our analysis does not account for the possible use of imagery nor the amount of page space a particular story took up, or whether it appeared on the front page or was buried half-way into the newspaper, where it would be likely to get much less attention. In recent years, researchers have begun to experiment with ways in which such visual elements could be feasibly represented in a corpus and then incorporated into a corpus linguistic analysis. However, no approach seems as yet to be suited to representing the images in a corpus the size of ours. For now, we accept that our analysis is confined to the linguistic but note that the analysis of corpora of media texts stands to benefit from the further development of multimodal corpora and techniques of analysis in the future.

Following this introductory chapter, our analysis begins with large-scale examinations of keywords that were obtained by dividing the corpus into four
sections representing a cross-section of newspapers’ formats and political leanings (i.e. broadsheet left, broadsheet right, tabloid left, tabloid right). Chapter 2 considers keywords that are shared across all four sections, thus focussing on aspects of language that are found reasonably consistently across the whole corpus, whereas Chapter 3 takes each of the four sections separately, considering the keywords that arise when they are compared against each other, thus focussing on words and discourses that are particularly characteristic of each. These two chapters therefore function as companions to one another, taking into account both similarity and difference. Then, Chapter 4 examines change over time, in terms of tracing how different keywords change year by year, as well as looking at differences between months. Chapters 5 to 8 each focus on salient aspects of the corpus which were identified in the earlier chapters, as well as in previous research on obesity representation on other datasets. Chapter 5 considers shaming representations and Chapter 6 looks at the discourse around four frequent words: healthy, body, diet and exercise. These chapters both approach the discourse of personal responsibility from different angles, then, while Chapters 7 and 8 are also related to one another, with each one focussing on how a particular aspect of social identity is represented within press discourse on obesity. Chapter 7 takes gender into account, focussing on representations of obesity in relation to men and women, whereas Chapter 8 looks at social class, enabling us to indirectly examine the extent of discourse which relates to political and social framings around obesity. As mentioned earlier, Chapter 9 analyses readers’ comments to a set of online articles from the Mail, while in Chapter 10 we reflect on our findings across the book and consider where and how obesity coverage could be improved in the future. But let us now turn to the next chapter, which considers the language which is consistently common across the entire corpus, thus giving us a broad overview of what is most typical in UK press reporting on obesity.