

Heavy Viewing: Emergent Frames in Contemporary News Coverage of Obesity

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In the last 10 years, rising rates of obesity in the United States have drawn significant and increasing public attention from various quarters, which has led to commensurately increased news coverage of the issue. A handful of scholars to date have examined how obesity has been “framed” in the news, given that news framing of issues has proven effects on cultural and political attitudes, practices, and policies as regards the subject of coverage. Consistent with these studies, this qualitative framing analysis assesses how obesity is framed in more recent mainstream news coverage. Framing patterns identified in this analysis represent a notable departure from those identified in earlier studies, specifically as relevant to troubling the individual/environmental attribution binary that historically has characterized public discourse around obesity, in particular, and health more broadly. These findings signal important shifts for contemporary cultural attitudes toward obesity and, accordingly, public health policies designed to redress the issue. Further, the findings suggest a reconsideration and elaboration of established tenets of framing theory.

In the last decade, obesity has come to occupy a central role in the public imagination and on the national agenda. Why this is so is likely attributable to a host of reasons: Schwarz (1986) has noted that, historically and today, national public interest in obesity is allegorical, increasing commensurate with concerns about material abundance and (over)consumption eroding the country’s moral integrity. Similarly, Levy-Navarro (2008) argues that contemporary concerns about obesity may be fueled by broader concerns regarding national strength and fitness—figurative and literal—in a context of international threat and instability. Still others (e.g., Nestle, 2002; Finkelstein & Zuckerman, 2008) suggest that industry is heavily implicated in promoting obesity in the interest of profit, from flooding the food market with cheap, calorie-dense, and nutritionally empty foods to responding to novel material needs of an increasingly obese population in the form of drugs, assistance programs, and furniture. Certainly, the high health and economic tolls incurred by obesity (e.g., CDC, 2006;

Finkelstein & Zuckerman, 2008; Gard & Wright, 2005; “Obesity and Overweight,” 2008) have prompted the U.S. Surgeon General to characterize obesity as an “epidemic” and, more ominously, as “the terror within”—not only on a par with but soon to overtake terrorism as the greatest threat to the nation (“Obesity Bigger Threat Than Terrorism?,” 2006). Similarly, the Centers for Disease Control and Prevention (CDC) assert that the “obesity epidemic” poses a greater threat to the U.S. population than weapons of mass destruction (Fox, 2003). These and other health entities have launched a number of public campaigns and initiatives designed to raise awareness and provide redress, primarily in the form of educating the public about proper nutrition and exercise.

Taking their cue from this alarmist tone and ensuing measures, the news media have followed suit in terms of positioning obesity prominently in coverage: Lawrence (2004) noted a fivefold increase in national news coverage of obesity between the years 1992 and 2003, and Kim and Willis (2007) and Saguy and Almeling (2008) have respectively noted that mainstream news coverage of obesity has increased further since Lawrence completed her study. These critics, among a small handful of others across disciplines, have assessed how obesity has been “framed” in

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news coverage, operating from the established premise that persistent and pervasive frames, or “organizing principles [regarding an issue] that . . . work symbolically to meaningfully structure the social world” (Reese, 2003, p. 11) in news coverage, can shape audience perception of and even behavior as relevant to that issue (Entman, 1993; Iyengar, 1991; Scheufele, 1999).

Because the matter of obesity is so salient today, and because framing of the issue may have a considerable effect on public perceptions, practices, and policies, regular, periodic assessment of the framing of obesity in mainstream news coverage is warranted. In that spirit, this study assesses news coverage of obesity in mainstream news outlets aired or published between June 2008 and December 2009. Utilizing qualitative content analysis combined with discourse analysis, I identified and assessed prominent common themes and patterns in the framing of obesity across these texts. Representing a departure from previous findings, this analysis revealed fatalism to be the predominant theme characterizing obesity in recent contemporary mainstream news coverage, signaling an overarching *Zeitgeist* frame that destabilizes the heretofore widely recognized binary of episodic and thematic frames that undergird framing theory and analyses. Accordingly, this study prompts a reconsideration and elaboration of key tenets of framing theory. By extension, the fatalistic theme and *Zeitgeist* frame trouble the environmental/individual attribution binary that has long dominated public discourses around health issues in general, including obesity. These findings may suggest shifting cultural attitudes regarding obesity and perhaps even health more broadly and may hold significant implications for the shaping of public policies, campaigns, and initiatives.

HEALTH ATTRIBUTES

In 1980, Robert Crawford identified “healthism” as a form of medicalization and a perspective prevalent in advanced capitalist societies that cites the problem(s) of and solutions to health and disease at the level of the individual. Accordingly, health is a matter of personal responsibility; implicitly, then, it is rendered a moral issue, insofar as disease is articulated as symptomatic of *irresponsibility*. That is, “the person is the victim of her/his health turned nasty, but also the agency responsible for this state of affairs” (Fox, 1993, p. 135).

As a number of critics have observed, this perspective is ideologically charged and politically consequential (e.g., Crawford, 1980; Lupton, 1995; Tesh, 1994; Waitzkin, 1991). That is, locating health exclusively or even primarily within the realm of personal responsibility obfuscates myriad social, structural, and institutional factors that contribute to health and illness in powerful and complex ways, ranging from demographic factors such as class, gender, race/ethnicity, and ability to (often interrelated) literal matters of access: for example, to information, resources, and

health care. Furthermore, casting health in terms of personal responsibility summarily deflects a consideration of the role of institutions in addressing those social and material considerations. As Zoller (2008) notes, the “lifestyle theory of causation,” which posits health as an outcome of one’s everyday behaviors and practices, has considerable cultural traction as an ostensible alternative (to individual) theory of health. However, while it arguably mitigates the conscious agency suggested by the personal responsibility model, it “operates similarly [to that model] to maintain the status quo by directing attention toward the individual and away from political and social contexts” (p. 392).

In contrast to the individualization and privatization of health asserted by that model, environmental theories that emphasize the ecological dimensions (an admittedly broad category, which could variously encompass structural, sociopolitical, and lifestyle aspects) of health and disease have been articulated by scholars across disciplines. Although these theories are gaining some ground (e.g., Barry et al., 2009; Kersh, 2009; Lawrence, 2004), this is relative: They continue to have significantly less resonance in public discourses about health. Furthermore, as Tesh (1994) argues, environmental explanations tend to be taken up in discrete terms, often as relevant exclusively to “lifestyle,” thus slipping readily into a theory of health as an individual matter and, again, eliding more abstract, diffuse, and complex considerations that would call for structural and/or institutional redress. Zoller (2008) notes that currently popular “multicausal web” or multifactorial health promotion efforts, which ostensibly integrate individual and environmental considerations as relevant to health, realize this slippage and in fact reify the binary insofar as they “fail to prioritize structural and political issues, making discrete changes and easier choice for decision makers” (p. 393). Finally, while a handful of critics (e.g., Lupton, 1995; Peterson & Lupton, 1996; Tesh, 1994) have advocated for a radical approach to public health that “prioritises interventions in sociopolitical power” (Zoller, 2008, p. 393), that perspective has (perhaps obviously) not featured significantly, if at all, in public discourses about health.

Clearly, the binary of individual and environmental explanations for health and disease is pervasive, and individual theories remain markedly more ubiquitous. Even ostensibly environmental theories tend to conflate with the rhetoric of personal responsibility by dint of emphasizing discrete “choices” and “lifestyles” as loci for practical action. A primary motivation for this study was to assess whether and how that binary continues to be manifest, specifically as relevant to news coverage of obesity. My findings—that fatalism constitutes the predominant theme in that coverage, parlaying into an overarching *Zeitgeist* frame—suggest a rather novel development in light of the heretofore governing binary. That is, this framing greatly diffuses the narrative of personal responsibility for health and arguably more effectively integrates individual and environmental explanations

insofar as it does not eventually reduce down to the discrete level of personal responsibility. As will be demonstrated, this is not necessarily a positive development, however, at least not in the case of the news coverage analyzed; nonetheless, this study suggests a marked turn in the public discourse about obesity and possibly about health more broadly. The implications of that turn for public health—both negative and positive—warrant attention.

MEDIATING OBESITY

As obesity has increasingly captured the public imagination, a number of scholars across disciplines have taken up the matter from various perspectives and with various aims. Working from the assumption that obesity is a problem, several scholars question the “moral panic” engendered by designating obesity as an “epidemic” or “crisis,” noting that a number of institutions—including private, political, medical, and media—stand to gain considerably from such a designation (Gard & Wright, 2005; Levy-Navarro, 2008; Schwarz, 1986). Representing quite different ends of the disciplinary and political spectrum of obesity research, economists have tracked specifically how rising rates of obesity affect the economy both negatively and positively (e.g., Finkelstein & Zuckermann, 2008), and cultural critics have assessed the ways in which obesity functions politically to mark identity in oppressive ways (e.g., LeBesco, 2004; Sobal & Maurer, 1999). Within the field of health communication, a few scholars have addressed popular mediated representations of obesity, for example, as articulated in magazines (Campo & Mastin, 2007), celebrity coverage (Ferris, 2003), and prime-time programming (Kline, 2003; Shugart, 2010; Signorelli, 1993). Each of these studies takes up, in various ways, how the causes of and/or solutions to obesity are articulated in respective media fare; across these contexts, the studies found that personal responsibility was found to be overwhelmingly articulated, variations relevant to the degree and kind of responsibility attendant to certain conditions (such as race, gender, and/or class) notwithstanding. But marginally more scholarly attention to mediated representations of obesity, both within and outside of the field of health communication, has been directed toward news coverage, more specifically to how obesity is or has been framed in that coverage. In these studies, the matter of individual responsibility is overwhelmingly engaged as a “frame.”

Broadly speaking, “frames” refer to the ways in which individuals organize and make sense of their impressions, experiences, and perceptions of the world (Hallahan, 1999; Reese, 2003). Perhaps obviously, compelling frames typically reflect or resonate with an individual’s cultural knowledge, for “frames are embedded in cultural and symbolic systems and communicate values and beliefs that are meaningful in those systems” (Connelly-Ahern & Broadway, 2008, p. 366). The issue of framing is thus relevant to

myriad contexts, but it has been taken up by media scholars as a theoretical and methodological perspective to the end of examining the effects of mediated representations. In this context, critics seek to identify and assess consistent and compelling patterns that characterize the representation(s) of a given issue in media fare. Although framing studies can be conducted as relevant to various media venues, formats, and genres, the bulk of critical attention has been directed to news framing in particular, given its relevance to the agenda setting function of the news and the particular salience attributed to the issue of representing “reality,” as news content typically purports and is perceived to do (Entman, 1993; Scheufele, 2000). Gitlin (1980) avers that news frames constitute “tacit little theories about what exists, what happens and what matters” (pp. 6–7) and thus feature particular significance for the shaping of public understandings and attitudes; more specifically, Entman (1993) asserts that “to frame is to select some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation and/or treatment recommendation” (p. 52).

In general, news framing studies have overwhelmingly addressed coverage of political, technological, and scientific issues. Comparatively, news framing analyses of health-related issues have been relatively sparse to date (Shih, Wijaya, & Brossard, 2008) an oversight that warrants redress insofar as “media reflect and interact with the public’s understanding of a health issue” (Connelly-Ahern & Broadway, 2008, p. 367). In light of Entman’s (1991) assertion that news frames craft “commonsense” understandings of issues, assessing how health issues are framed can illuminate public discourses around health issues, including as they shape everyday perceptions, practices, and even policies relevant to them. Most framing analyses that have been conducted regarding news coverage of health matters have examined “isolated” issues (Shih, Wijaya, & Brossard, 2008, p. 142), such as fetal alcohol syndrome (Connelly-Ahern & Broadway, 2008), fertility (Shaw & Giles, 2009), and attention-deficit hyperactivity disorder (ADHD) (Schmitz, Filippone, & Edelman, 2003). Of late, a handful of critics have begun attending to the framing of health issues that have captured broad public attention on national and global scales, for example as relevant to health epidemics such as severe acute respiratory syndrome (SARS) and AIDS (e.g., Luther & Zhou, 2005; Wallis & Nerlich, 2005; Wu, 2006). In this vein, a few scholars have begun to address the framing of obesity in increased news coverage of the issue.

Findings regarding the news framing of obesity, reflective of framing studies more broadly, draw heavily on Iyengar’s (1991) distinction between thematic and episodic frames. Iyengar avers that, given the relatively simplistic terms in which news stories tend to be constructed, characterizations of issues tend to feature either episodic frames, wherein a given subject is articulated anecdotally as an isolated or

decontextualized event; or thematic frames, through which issues are generally portrayed in such a way as to “emphasise broader trends or social conditions” (p. 3). Unlike episodic framing, “thematic framing is thought to foster a sense of shared responsibility and prompt collective action” (Iyengar, 1991, p. 3) by fostering greater public understanding of the scope and scale of the issue, a dynamic corroborated by a number of studies (e.g., Kersh, 2009; Lawrence, 2004; Major, 2009).

Notably, this binary is highly commensurate with the individual/environmental health attribution binary described earlier, a commensurability that has been realized in coverage of obesity that has been studied to date. Within the schema of episodic and thematic framing, news coverage of obesity tends to manifest in corresponding frames of either individual responsibility (episodic) or societal or environmental responsibility (thematic). A number of scholars (e.g., Guttman & Ressler, 2001; Salmon, 1989; Wallack et al., 1993) have noted that, in general, individual responsibility tends to be overwhelmingly emphasized in news coverage of health issues, and obesity is no exception. Consistent with noted studies of otherwise mediated depictions of obesity, analyses of news framing of obesity to date have revealed a very strong episodic or personal responsibility bias, as relevant to coverage of both causes of and solutions to obesity—that is, “fatness is framed as the product of unhealthy choices” (Saguy & Almeling, 2008, p. 57) and/or of lack of self-discipline and self-control (also Kersh, 2009; Kim & Willis, 2007; Lawrence, 2004; Major, 2009). Importantly, several of these scholars have also noted that environmental causes, or thematic frames, appeared to be gaining ground over time. However, this was found to be quite relative, as compared to virtually absent consideration in earlier news coverage (e.g., Kim & Willis, 2007). Additionally, “as claims about an unhealthy food and activity environment have increased, the role of personal responsibility for one’s health has been strongly articulated in response” (Lawrence, 2004, p. 69; also Saguy & Almeling, 2008), thus ultimately reinscribing and reinforcing individual responsibility via a sort of “backlash” dynamic. These studies definitively assert that a personal responsibility theory continues to supersede environmental explanations in mainstream news coverage of obesity; they also secure the binary of episodic and thematic frames as competing bases in the portrayal of health issues.

My intent with this analysis is to add to these findings by assessing more recent mainstream news coverage of obesity. My finding that fatalism is the predominant theme in mainstream contemporary news coverage of obesity represents a signal departure from prior studies that have clearly situated individual or (less commonly) environmental causes and/or solutions to the articulated “problem.” The theme of fatalism emergent in more recent news coverage, however, elides this binary—or, in the rare instances in which both models are invoked, bifurcation. This is not to say that personal

and/or environmental factors are not referenced in this coverage; to the contrary, they continue to be invoked, often explicitly. However, they are framed in ways that cultivate a perception of obesity and the risk(s) thereof as practically unavoidable.

In fact, fatalism is not a novel construct as relevant to perceptions of health and health risk, and increasing literature in recent years has identified its prevalence among, in particular, ethnic and racial minorities and the poor (e.g., Mechanic, 2002; Powe & Johnson, 2005). Shen et al. (2009) note that “fatalism can be conceptualised as a set of health beliefs that encompasses such dimensions as predetermination, pessimism and attribution of one’s health (life events) to luck” and/or fate, destiny, or spiritual agents (p. 598). Notably, neither individual nor environmental factors are necessarily obviated in this definition, even if they are implicitly rendered as dubious. Certainly, the theme of fatalism identified in this analysis suggests a blending of episodic and thematic frames and, more broadly, of individual and environmental theories of health, albeit in ways that render each wanting in explanatory and practical utility. These findings are thus significant insofar as they can contribute to general awareness and understanding of cultural perceptions and practices of obesity; to shaping campaigns, initiatives, and policies designed to address the rising rates of obesity and associated diseases; and to framing theory more broadly, in terms of troubling the episodic and thematic frames binary on which the bulk of framing theory has generally been predicated historically. Furthermore, this study may signal a trend in broader public discourses regarding health issues away from the parallel binary of individual or environmental attributions, as has largely been the case historically.

METHOD

The methodological assumptions that inform this project reflect a combination of interpretive, critical, and cultural perspectives. This is an interpretive venture to the extent that I am engaged in assessing the “construction of meanings related to health and medicine” (Zoller & Dutta, 2008, p. 6), and my methods of choice—qualitative framing and close textual analysis—speak directly to that endeavor. This is also a critical project to the extent that I am compelled by the question of how power relations are articulated in the texts that I have elected to examine—specifically, relations between the individual, society, and government. More specifically, I am intrigued by the question of who (or what) is advantaged by the patterns of representation revealed in this analysis, and who or what is disadvantaged (e.g., Lupton, 1994; Waitzkin, 1991; Zoller & Kline, 2008). And finally, this is a cultural enterprise insofar as I apprehend the mainstream mediated texts I have selected for this project as both a collective index and purveyor of evolving and dynamic cultural understandings about obesity in particular

and health more broadly—a widely shared assumption on the part of cultural critics, including those who increasingly number in the ranks of health communication scholars (e.g., Dutta, 2007; Lupton, 1994; 1995). As Lupton states, a cultural studies approach to assessing “the ways in which medical practices and institutions are represented in the mass media . . . is integral to . . . attempting to understand the socio-cultural aspects of medicine and health-related knowledges and practices,” not least insofar as certain perspectives are privileged at the expense of others (p. 17).

For this project, I assessed the news coverage of obesity across mainstream—that is, widely disseminated, well recognized, and thus highly available and accessible—news sources, both print and televised. My intention was to cast as wide a net as possible to encompass the most primary and pervasive sources of news that consumers are likely to encounter. To that end, I selected three primary newspapers that are nationally distributed, either by design or by subscription rates, namely, *USA Today* (*USAT*), *The New York Times* (*NYT*), and *The Washington Post* (*WP*); two newsmagazines that boast the broadest national circulation for that genre, *Time* and *Newsweek*; and four mainstream network television stations, ABC, CBS, NBC, and CNN—specifically, relevant portions of their “regular” evening news broadcasts as well as daily morning shows and weekly newsmagazines. Between the months of June 2008 and December 2009, I identified and selected all in-depth (either “cut-away” broadcasts for a duration of at least 3 minutes or “long”—500+ words—print articles) news stories that featured “obesity” as either a headline or primary term, by either viewing/reading the stories when originally broadcast/printed or locating them through website archives and/or databases utilizing the search term “obesity.” Within the designated time frame and noted parameters relative to focus and depth of attention, I identified a total of 541 news stories: 157 newspaper stories (*USAT* 92; *NYT* 42; *WP* 23); 103 newsmagazine stories (*Time* 61; *Newsweek* 42); and 281 televised news stories (ABC 72; CBS 76; CNN 93; NBC 40).

The identified news stories engaged the issue of obesity across a range of topics, including, for instance, newly discovered linkages to various diseases; escalating rates of obesity; childhood obesity; drugs to treat obesity; and policies for the treatment of obesity. Procedurally, I attended to purported causes of and solutions to the problem of obesity within these stories, whether explicitly or implicitly engaged. This is salient in terms of tracking whether and, if so, how frames are shifting between thematic and episodic frames—or environmental versus individual explanation for both causes and solutions. At this point, I was engaged in qualitative framing analysis. Qualitative framing analysis, as Connelly and Ahern (2008) note, involves repeated and extensive engagement with a text[s] and looks holistically at the material to identify frames” (p. 369). This entailed identifying, via close textual analysis, the “discourse” of obesity as articulated in the identified texts, or

the representations, themes, and patterns of how the causes of and solutions to obesity were framed or portrayed across the selected texts (e.g., Connelly-Ahern; Cooper & Pease, 2009; Shaw & Giles, 2009). Close textual analysis is a natural complement for framing analysis because “there is an inextricable link between discourses and frames,” (Johnston, 1995, p. 219) insofar as “frames are themselves discursive strategies designed to construct meaning and ‘reality’” (McInerney, 2006, p. 656). Upon careful and repeated viewing and reading of the selected texts, a number of frames became apparent—including nostalgia, cultural identity, and, yes, personal responsibility and environmental factors—but fatalism quickly emerged as the most prominent and pervasive theme across the texts, suggesting a novel and significant development in the framing of obesity in mainstream news coverage and, concomitantly, broader cultural understandings of obesity.

RESIGNED TO FAT(E)

The overarching frame that emerged in this analysis was fatalism, or the notion that the United States’ already high and escalating rates of obesity are inevitable due to circumstances beyond our reasonable control, whether those circumstances are individual or environmental—or both—in nature. Collectively, 323, or 59.7%, of the 541 print and televised news stories analyzed evinced this frame, which was strongly and consistently featured across three primary “culprits”: the contemporary world, genetics, and (ineffective) regulation.

Contemporary Life

A significant number of news stories—116, or 21.4%—identified the contemporary world as the underlying cause of obesity, in terms of both how the U.S. population has arrived at its current state and why, despite increasing attention to the issue and apparent awareness regarding how to resolve it, the “obesity epidemic” continues to grow. The basic premise of this coverage, across mainstream print and television sources, is that the shape, demands, and consequences of our everyday lives make it virtually impossible to manage weight. Notably, both individual and environmental explanations for and solutions to obesity are invoked in this coverage, but in such a way that redress is presented as impractical. The specific pitfalls of the contemporary world as relevant to obesity, as identified in these news stories, are technology and labor.

News stories that identify contemporary lifestyles as explanatory of obesity levels in the United States tend overwhelmingly to focus on the issue of childhood obesity, and this is especially true as relevant to technology. A handful of stories cite the rise of technologies, at work and at home, as fostering a more sedentary population more

broadly, such that “labor-intensive jobs” are being phased out “in favor of technology,” ranging from heavy machinery to computers (Carmichael, 2008b, para. 7; also Bakalar, 2008; Rochman, 2009; Stengel, 2008). Furthermore, this may not be simply a matter of bodies at rest; some stories also identify the “biological impact of mental work” engendered by the rise of technologies, insofar as stress levels, which are associated with computer tasks, may contribute to obesity (e.g., Bakalar, 2008, para. 5; Kantrowitz & Wingert, 2008). However, the vast majority of such stories specifically identify the deleterious effects of media on children’s weight. “Media bombardment” in general is reported as correlated with higher levels of childhood obesity in that the more hours children spend consuming media of any stripe, the more likely they are to be obese (St. George, 2008; also Cruz, 2008). Television and the Internet are consistently identified as most culpable: “the transformation of American homes into high-def, Web-enabled, TiVo-equipped entertainment centers means that children who come home after a largely sedentary day at a school desk spend an average of three more sedentary hours in front of some kind of screen” (Kluger, 2008, para. 9; also Szabo, 2008). Furthermore, content as well as quantity of media fare is liable as regards childhood obesity; significant exposure to fast-food advertisements is perhaps obviously reported as directly correlated with childhood obesity (“Food Ads,” 2009; Rabin, 2008b), but modeling the behaviors of popular characters who are sedentary and/or consume unhealthy foods and beverages is similarly reported as implicated (e.g., “Eye Catching Ads,” 2009; Szabo, 2008). While these scenarios certainly suggest an avenue for individual action—i.e., parents could eliminate television and/or computer time for children—coverage often cites the absence of working parents or the configuration of school days, for example, the heavy reliance on technologies in the classroom (Cruz, 2008) and the elimination of physical education curriculum (Kluger, 2008). Accordingly, different “lifestyle” choices and actions are presented as limited in their effectiveness, if not futile, to the extent that they collide with structural and institutional factors. Addressing either dimension, per this coverage, is not sufficient, and addressing both is not possible.

Indeed, at least as significant as the attribution, to a greater or lesser degree, of obesity to technology is the articulation of technology’s pervasiveness and inevitability in contemporary life. That is, the efficiency and necessity of school and work technologies that result in greater sedentariness are not challenged in these depictions. While content may be subjected to regulation, itself a highly controversial issue, technology is understood as a—actually, *the*—hallmark of social progress and evolution, such that addressing the problem is relevant to “limiting” rather than eliminating the use of technology to a reasonable amount of time, a task made enormously difficult insofar as work and school are often shaped by technologies and social/familial

networks are increasingly created and maintained via technologies (e.g., Kluger, 2008; Rochman, 2009). Again, individual action is articulated as possible but hampered if not negated by structural factors.

The second prominent way in which obesity is attributed to contemporary lifestyles is as relevant to the demands of work. Much of this is a matter of time, or lack thereof: Increased work hours over the last few decades must be balanced with familial obligations, such that people don’t have the time to exercise or prepare healthy meals. “Eating healthily can be expensive and time-consuming—two qualities Americans currently have little appetite for. Hitting up the drive-through is cheap, no-hassle and easy to rationalize” (Summers, 2009, para. 6). Reported exhortations on the part of experts to “make time to exercise as a family” or to “take the time to cook with your kids” are imparted directly alongside acknowledgment of the “time squeeze” experienced by the majority of the U.S. population today (Oliwenstein, 2008, para. 4; also Hellmich, 2009; Losh, 2008). Thus, ostensible individual solutions to health are simultaneously negated by the practical impossibilities presented by structural demands. Again, personal responsibility and environmental theories of obesity are presented as co-implicated, yet in a way that places them in opposition to one another and ultimately imparts a sense of futility regarding the issue.

Relatedly, a number of news stories across venues consistently reported findings that obesity is linked to stress, and more specifically cortisol (“stress hormone”) levels, implicitly and often explicitly connected to the demands of balancing work and life. In a sort of double whammy, “longer commutes and more time spent at work and on the computer have made for more sedentary lives [and lead to] greater levels of stress and depression,” all factors that are strongly correlated with rising rates of obesity (Rabin, 2009a, D:5). In particular, stress is lined to “visceral fat,” which is “dangerous, and difficult to lose. It’s caused by a lot of things, including cortisol, a hormone produced when we’re under stress. You can cut calories and exercise religiously, and still have visceral belly fat, and lots of it” (“Start Saying Goodbye,” 2008). Furthermore, this is a vicious cycle: Cortisol is suspected of promoting fat, and fat cells in turn generate higher levels of cortisol (Raymond, 2009; Walsh, 2008). The attendant advice—that “working stress-reduction techniques into your busy days can really help” (Grumman, 2009, para. 12)—clearly acknowledges that stress is likely a consequence of struggling to balance work/life demands, which are just as clearly articulated as inevitable—the preceding quote assumes as given “busy days.” In a similar vein, a very prominent news story during the time period surveyed was the finding that obesity is strongly correlated to lack of sufficient sleep, which is frequently attributed to busy lifestyles: “disturbed sleep or lack of sleep, which many of us regularly experience, leads to dis-regulation of eating” (Brownell, 2009; also Bakalar, 2009;

“Irregular Sleeping,” 2009). Here, too, the common experience of insufficient rest is implicitly articulated as a fact of life today.

As with coverage of the relationship between obesity and technology, what is notable about this coverage is the characterization of work/life balance difficulties as essentially inevitable, simply the nature of the beast that is our contemporary world. While coverage in this vein does not obviate and in fact sometimes explicitly recommends “making life changes,” such as scaling back work hours, relocating, and/or changing professions to the end of avoiding technology, lengthy commutes, and alleviating attendant stressors while increasing time devoted to healthy meal preparation, activity, and sleep, what is important is that these options are not presented as practical or even realistic in current mainstream news coverage of obesity. Coverage in this vein thus articulates both personal responsibility and environmental theories of obesity, but in a way that positions them against each other. Both are articulated as materially “real,” salient, and relevant; however, discrete individual “choices” and “changes,” the only options proffered, are effectively negated in the face of the demands and constraints of contemporary life, which are in turn articulated as immutable. They are framed in relation to each other in ways that convey hopelessness rather than possibility.

Biological Determinants

Another avenue through which fatalism is realized in contemporary news reports on obesity is via coverage of biological factors, which comprised 112, or 20.7%, of the 541 news stories assessed. Much of this coverage was devoted to reporting the existence of the “obesity gene” that some individuals possess, which makes them very likely to gain weight and very unlikely to lose it: Individuals with a “common variation of the gene tend to overeat high-calorie foods” (“Study,” 2008, para. 1). The inevitability of this relationship, as well as the futility of fighting it, is established by the notion that DNA “programs” an individual (Gupta, 2008a), and it is further underscored by articulation of the fact that the obesity gene, also anointed the “thrifty gene,” is an evolutionary product, “a protection in times of famines past but a risk factor in an [environment] of caloric abundance” (Walsh, 2008, para. 1). Although some coverage in this vein reports that biology is not destiny and that exercise and diet can offset genetic tendencies, suggesting the efficacy of personal responsibility, such recommendations are significantly qualified by the daunting degree of effort and vigilance described as required and even acknowledged as impractical for most people: For the “time deprived,” the “more intense work needed to improve fitness and lose weight” is less realistic or feasible than the “modest amount of exercise that can deliver general health benefits” (Schneider, 2008, HE03). This impracticality is captured and underscored by reports that traditional Amish individuals, who evidently possess the

“fat gene,” manage to stay trim due to their “rural 19th century lifestyle,” which entails 3–4 hours of vigorous activity per day (Heisley, 2008, para. 3; also Park, 2008), a lifestyle that is far removed indeed from the average consumer of such reporting. Furthermore, a number of reports note that even such herculean efforts are ineffective in the long term: A “draconian diet” characterized by denial of certain foods or calorie restriction almost always results in regaining lost weight (Carmichael, 2008a), and

pushing people to exercise more [could] actually be contributing to our obesity problem . . . [b]ecause exercise depletes not just the body’s muscles but the brain’s self-control “muscle” as well, [leading] many of us [to] feel greater entitlement to eat a bag of chips during that lazy time after we get back from the gym. This explains why exercise could make you heavier. . . . It’s likely that I am more sedentary during my nonexercise hours than I would be if I didn’t exercise with such Puritan fury. (Cloud, 2009, para. 28)

The crux of this coverage is that fat is biologically preordained in many if not most people, and nothing less than herculean effort—requiring drastic changes if not a full opting out of contemporary life—can alter that. A variation of this theme is apparent in coverage that reports that it is possible to be “fat but fit,” or “metabolically healthy.” That is, despite their excess pounds, many overweight and obese adults have healthy levels of “‘good’ cholesterol, blood pressure, blood glucose and other risks for heart disease” (Parker-Pope, 2008, para. 3). While this finding may or may not be accurate, its characterization in news coverage implicitly underscores the inevitability of fat—“there’s just no fighting the natural rhythms or shapes of one’s body” (Kingsbury, 2008, para. 5). Such coverage furthermore suggests that the right kind of fat (subcutaneous or “brown” fat)—of the sort that our ancestors may have gained via a more “whole foods” diet—is not only not harmful but may be beneficial (e.g., Springen, 2008). Again, while these reported findings may well be accurate, and they arguably signal a progressive departure from the stigma historically associated with obesity in mediated representations, they reinforce a fatalistic frame by reinscribing the reported evolutionary tendency to gain weight. While individual actions to “fight obesity” are not obviated in such coverage and are even explicitly endorsed in some cases, they are framed in ways that suggest a futile battle—in this case, against the formidable forces of nature.

Among the news stories that addressed the genetic angle of obesity, a significant number centred upon women in particular, in two notable ways. First, in keeping with the evolutionary frame noted earlier, women are reported as less able to control their appetites—they are genetically programmed to gain weight more readily and hang on to it longer than men in order to ensure fertility, successful pregnancy, and breastfeeding of infants. That is, “lower” body fat or a “pear shape,” which is more prevalent in women, is

genetically programmed due to its beneficial nature: “Once you store that fat, you don’t get rid of it, it pretty much stays there except for extreme circumstance, maybe, maybe starvation let’s say, or breast feeding. On the other hand, it also seems to produce inflammation factors, factors that actually block the inflammation and then lower the risk of heart disease and diabetes” (“How Fat Can Be Healthy,” 2009; also Rabin, 2009b). Again, this coverage underscores the predestination of weight gain, among women at least. Another way in which women feature in coverage of genetic links to obesity is apparent in reports that what and how much pregnant women eat may “program” their children to gain weight in particular ways, in that “an overweight pregnant woman [may] be creating an environment inside her uterus that predisposes her child to put on fat more quickly than the offspring of normal-weight mothers” (Wingert & Kantrowitz, 2009, para. 3; also Begley, 2009). This secures the notion that individuals (as opposed to their mothers) are not responsible for their weight issues but also obfuscates the significance of environmental factors by suggesting that the die is cast well before one’s birth; as one news article asserts, “If these theories are confirmed, we may come to view pregnancy not as a nine-month wait for the big event but as the crucible of a major health problem, obesity’s ground zero” (Paul, 2008). The bottom line in this coverage is, again, that one’s obesity is biologically preordained, and subsequent lifestyle changes are implicitly or explicitly described as ineffectual:

Perhaps an “obese” environment in the womb alters the wiring of the developing brain so as to interfere with normal appetite control, fat deposition, taste in food, or metabolism. Studies on other animals suggest that parts of the brain that control appetite develop differently under “obese” conditions. And in humans, one study has found that babies born to obese mothers have lower resting metabolic rates than babies whose mothers are of normal weight. . . . If this is right, it raises the alarming possibility that the obesity epidemic has a built-in snowball effect. If children born to obese mothers are . . . predisposed to obesity, they may find staying thin especially hard. (Judson, 2008, WK10)

On the other hand, pregnant women *are* implicitly articulated as culpable, a contemporary manifestation of historical positioning of mothers as the “moral guardians” of children’s health (Lupton, 1995, p. 42). Notably, however, they are rarely explicitly charged in this coverage; indeed, they typically reflect a vague, abstract, passive persona (as opposed to *personage*). For instance, references are frequently made to “maternal weight” and “maternal obesity” rather than particular women (e.g., Park, 2009a; also Paul, 2008), and when particular women are invoked, personal responsibility is offset by noting that, for instance, “these women may be suffering from undiagnosed diabetes” (Park, 2009a). In this way, they are arguably conflated with

nature, simply a fact of life—also not a novel characterization of motherhood (or women in general), and in this case, again, it works to remove even obvious individual choices and changes from the equation of obesity. Mothers’ personal responsibility is arguably further offset—in similar, i.e., “natural forces” ways—by the widely accepted and oft-reported “fact,” in tandem with some of this coverage, that pregnant women are biologically driven to crave certain foods (e.g., “Curb Those Cravings,” 2009). While one can indeed “curb cravings,” the very point of such coverage is that, again, to do so is to defy nature and biology—a daunting, not to mention by definition unnatural, endeavor.

Finally, considerable coverage of the relationship between food and pleasure functions to secure the inevitability of weight gain among some individuals, at least. That is, several stories reported findings that individuals who are overweight or obese are less likely receive pleasure signals in their brains when they eat (e.g., Kliff, 2008; Layton, 2009; “Obese Enjoy,” 2008). Because humans are genetically programmed to experience pleasure—gratification or satisfaction, minimally—upon eating in order to prompt us to eat, those unable to do so readily are physically compelled to consume more and more, which results in weight gain and obesity: “The more an individual overeats, the less potent the rewards from eating become and that creates a pattern of overeating” (Kliff, 2008, para. 4). That this condition is reported as a “genetic disposition” that differs only in degree rather than kind from “normal” responses to eating suggests the inevitability of this cycle. In a similar vein, some news coverage reported findings that obesity may be due, in part, to varying levels and kinds of microbes in one’s digestive tract, microbiota that “[help] regulate the calories the body obtains from food and stores as fat” (Park, 2009b, para. 2; also Stein, 2009). Whether and to what extent gut flora levels are genetically or environmentally (for example, by the types of food one consumes or via use of antibiotics) determined remains unclear, these stories report, imbuing obesity further with a fatalistic frame, at least by dint of the ambiguity that surrounds the finding and certainly in tandem with other coverage that describes obstacles to preventing or overcoming obesity. There is no clear recourse available to the individual in terms of making lifestyle changes, nor is clear environmental redress implicated. Of course, potential drug therapies designed to “correct” dopamine response or gut microbe levels are implicated by such coverage; by the same token, pending further research, policies regulating certain foods or medical prescriptions could theoretically be enacted. But this does not negate the shared fundamental assertion that obesity is not only a natural but a logical consequence of human biology in conjunction with caloric abundance, for at least some if not most of the population.

As with characterizations of contemporary lifestyles, what is notable in the case of news stories that report genetic links to obesity is that neither individual nor environmental causes are advanced as definitively responsible for either

bringing about or resolving the issue. Both are implicated to some extent, but neither is articulated as concretely culpable or effective, respectively: Theoretically, the individual is capable of resisting or avoiding her/his genetic destiny, but options are reported either as requiring monumental, even impossible effort or as unnatural, or both. Likewise, environmental changes along the lines of ensuring the exclusive presence of whole foods, and/or to ensure regulation of the quantity of foods that people consume, is theoretically possible—but practically, legally, or ethically unfeasible. Obesity may well be our biological destiny, these stories suggest, and there isn't much we can do about it, on any front.

Ineffective/Detrimental Regulation

A final way in which the frame of fatalism is conveyed is relevant to regulatory efforts—specifically, their ineffective and/or deleterious effects. News stories in this vein, which constituted 17.6% of coverage, engaged the issue across three contexts: changes to food provision in schools, such as limiting or eliminating “bad” foods or serving more fruits and vegetables at school lunches (Fortin, 2009; Horowitz, 2008); legislation requiring restaurants to post nutritional information for the foods they serve (Barron, 2008; “Restaurants,” 2008); and altering access to certain foods for low-income neighborhoods, for instance by banning the establishment of additional fast-food restaurants or by establishing “green carts,” or mobile produce vendors, throughout those neighborhoods (“L.A. Council,” 2008; Mindlin, 2008; Rivera, 2008).

Because policy or regulatory changes generally follow environmental explanations for either or both the cause of and solution to obesity, and because environmental considerations are typically understood as the alternative to individual explanations, it would seem logical that regulatory steps would have been articulated as ineffective because they did not address individual choices and behaviors, accordingly identified as the “real” problem. However, this was not the case in coverage during the time period analyzed. Rather, the matter was deflected in favor of either the regulatory practices’ speculative nature or broader negative economic and political impact; furthermore, as other critics have noted (e.g., Tesh, 1994; Zoller, 2008), individual “lifestyles” are often conflated with and become the basis of environmental explanations and solutions. Many of the news stories reported objections to the regulations on the basis of the fact that they were either downright ineffective, “not really solving the problem” (Nagourney, 2008, para. 3) or experimental: that is, positive outcomes had not been proven, and implementing dramatic changes entailed considerable cost, in terms of both time and money. After all, “since the FDA has required nutrition labels on [packaged] food [15 years ago], obesity has skyrocketed” (Gupta, 2008b). More recent attempts were characterized as “arbitrary,” singling out one possible contributing factor (salt, trans fats, calories, colas,

fried foods, or fast foods) in a fairly capricious fashion; a “‘ridiculous,’ ‘insane’ and wrong-headed approach to solving the national obesity epidemic” (Hellmich, 2008, para. 2); and constituting “‘backward voodoo economics’” (Rivera, 2008, para. 15). While individual and other environmental factors were implicitly alluded to in these representations—for example, posting nutritional information implies that individuals are expected to take action in response to aid from institutional entities—it is notable the allusions were consistently vague and diffuse. “Health officials need to act more broadly” (Nagourney, 2008, para. 7) was about as specific as it got, thus deflecting clear articulations of the cause(s) of or solution(s) to obesity.

Many news stories that addressed the matter of regulatory measures as regards obesity similarly sidestepped designations of cause and resolution by noting the negative impact of such regulation with respect to the market or to cultural politics. In the former case, considerable coverage in this vein noted that businesses were likely to be hurt by regulations that required posting of nutritional information, which could drive away customers (“Restaurants,” 2008); “cannibalize” existing grocers’ businesses who would now have to compete with city subsidized “green carts” (Mindlin, 2008, para. 4); and “unfairly blame” the restaurant industry and penalize franchise owners for opening businesses (fast food restaurants) in low-income neighborhoods, historically highly profitable areas for such businesses (“L.A. Council,” 2008, para. 12). In a different vein but similarly deflective, coverage focused on the fact that such regulations were indicative of inappropriate cultural politics, smacking of “paternalism” and condescension as relevant to disadvantaged communities (Rivera, 2008) and/or of “a new and appalling level” of bias and discrimination against obese individuals (Hellmich, 2008, para. 9; also Cloud, 2008)—implying, again, that obesity also is a matter of personal responsibility, which is furthermore implicitly articulated as confounding policy efforts. In a variation on this theme as relevant to venerated cultural traditions, school policies banning long-held annual bake sales as a measure against obesity were covered in such a way as to point up the ridiculous lengths to which regulatory agencies might go: “There shall be no cupcakes,” writes one reporter (Medina, 2009; also, Luu, 2009). Again, notable here is the fact that questions regarding the causes of and solutions to obesity are elided in this coverage; attention to the broader impact of these regulations, while not irrelevant, renders obesity a “given”—a condition impervious to regulation, both in terms of effectiveness and in terms of more “serious” negative impact. But it is furthermore notable that the sentiments largely reported in news stories covering regulatory policies reflect distinctly neoliberal sensibilities insofar as apparently progressive, socially oriented sentiments are articulated to the end of advocating or implementing decidedly conservative economic policies—or, as in this case, decrying the implementation of socially oriented policies. As relevant to

news coverage of obesity in that spirit, this manifests in ways that obviate overtly blaming the individual but similarly obviate market regulation, relegating the matter to a sort of ambiguous limbo between individual responsibility and environmental causes—an ambiguity that is highly consistent with a fatalistic frame.

DISCUSSION

Analysis of recent mainstream news coverage of obesity reveals that fatalism is the prominent frame that characterizes such coverage today. As this study demonstrates, this frame is significant, featured in nearly 60% of coverage analyzed distributed across three primary loci—contemporary life, biological determinism, and ineffective/detrimental legislation. Although the remaining 40.3% of coverage for the most part mirrored traditional patterns that have been identified in previous studies—that is, episodic (personal responsibility) or thematic (environmental causes) frames, with far greater representation of episodic frames—a fatalistic frame appears to have superseded them and in fact appears to be gaining ground. For example, the finding that one’s social network is a powerful determinant of one’s weight was being widely reported at the time that this study concluded: that is, if at least one friend is obese, irrespective of geographical distance (significant given the increasing relevance of technology assisted social networks), one’s risk of becoming obese nearly triples due to evolutionary impulses toward “behavioral imitation—you copy what people close to you are doing—and shared expectations called ‘norms’” (e.g., Landau, 2009, para. 8). This news story and the way it is being articulated mirror the fatalistic frame identified in this analysis insofar as they sidestep clear attribution to either individual and environmental causes without denying either; that is, one could theoretically make conscious choices regarding whom to befriend, but if one already has an obese friend(s), forms alliances with work colleagues or neighbors by dint of proximity or necessity, or learns after forming a friendship that an “online” friend is obese, those choices become more complicated and less practical. Such coverage further “confirms” that obesity is insidious and inevitable.

The identification of this frame is significant for several reasons. In the first place, it represents a departure from the binary frame typologies of individual or environmental causes and/or solutions that have historically characterized news coverage of obesity—and indeed, public discourses (mediated and otherwise) about health more broadly in this country. The fatalistic framing of obesity identified in this study elides pat attributions to either the individual or the environment. This is not to say that either explanation is obviated; on the contrary, they are both implicated and often even explicitly invoked, but in ways that point up the futility of taking either tack. Indeed, they are often positioned

as oppositional to each other, insofar as, for instance, individual agency is encouraged and simultaneously articulated as stymied by the structural and institutional realities of everyday life. Likewise, policy changes addressing environmental factors are represented as fruitless to the extent that unreliable individual behavior is implicated as a contingent factor in said policies’ success. And of course, biological and evolutionary explanations go one better, fundamentally articulating the plight against obesity as unnatural, a characterization that is underscored rather than countered by exhortations to herculean efforts on the exercise and diet fronts. What renders this coverage fatalistic, again, is not that individual and environmental theories are dismissed, but rather that they are invoked, often explicitly, albeit framed in ways that establish the futility of each, especially by dint of their relation to each other.

A fatalistic frame thus may appear to be progressive to the extent that it melds individual and environmental theories of health, which have historically been neatly (and problematically) bifurcated. Moreover, this fusion arguably tempers historically favored attributions of personal responsibility for health, which has led to significant stigmatization of illness and disease—certainly the case as relevant to obesity and obese individuals (e.g., Ferris, 2003; Levy-Navarro, 2008; Schwarz, 1986). It could be the case that a fatalistic frame signals a more nuanced and sophisticated understanding of the undeniably complicated issue of obesity, and perhaps of health more broadly, especially given that acknowledgment of both individual and environmental explanations does not mirror the conflation of both into “lifestyle.” That is, as other critics have noted, environmental explanations for health often lapse into conversations and policies regarding relatively more discrete “lifestyle” factors, which functions practically as a theory of personal responsibility and ultimately belies consideration of broader structural and environmental issues.

However, while a more thoughtful and complex alternative to the binary is very much in order, a fatalistic frame is not that alternative. Fundamentally and by definition, it deflects and dismisses reflection in favour of resignation; obesity is presented not as malleable, complex, and dynamic but fixed and inevitable. This is certainly realized in the strong articulation of fatalism as relevant to regulations and policies designed to redress obesity, which are overwhelmingly characterized as ineffective and/or wrong-headed. In this regard, fatalism may function as something of a “middle ground,” albeit representing limbo or paralysis more than progressiveness. That is, if stigma entailed by a personal responsibility frame is tempered if not elided via a fatalist frame, so too is the role of industry and government by sidestepping an environmental attribution frame. Moreover, this is accomplished precisely by dint of ostensibly merging both attribution typologies, which in fact reinforces rather than dismantles that unproductive binary.

These findings have further implications for framing theory, relevant to the broader binary benchmark frames of that theory. That is, this study muddles the distinction between episodic and thematic frames, identified by Iyengar (1991), that constitute the prevalent “master” frames via which issues are presented in news coverage. Just as fatalism simultaneously blurs and minimizes individual and environmental explanations for obesity, episodic and thematic frames are similarly collapsed and superseded by another frame—an epochal *Zeitgeist* frame, one that locates events and issues within broad, sweeping sociohistorical trends. Coverage of those issues thus assumes a “social commentary” rather than practical and/or political character, wherein intercession of any sort is circumscribed. It may be the case that this frame comes into play as relevant to issues that are culturally contested at that intersection, as many have noted with respect to obesity, even if episodic frames have been overwhelmingly prevalent in coverage heretofore. This may speak to evolving exigencies and audiences around a particular issue at a particular historical moment (see, e.g., Kirkwood & Brown, 1995). Or it may be the case that *Zeitgeist* frames are emergent in contemporary news coverage more broadly, reflective of sensibilities around current cultural tensions and anxieties regarding agency and its limits. More studies addressing the contemporary coverage of a variety of issues are necessary to assess these and other possibilities.

Although the *Zeitgeist* frame as applied to obesity—i.e., manifest as fatalism—is problematic for the reasons I have noted, it is not without promise as a way to understand and engage health issues. Although she takes up the matter of individual and environmental attributions for health issues more broadly in terms of disease prevention policy, Tesh (1994) makes a very useful distinction between alternative models to that binary, which she identifies as inaccurate and unrealistic (p. 83). On the one hand, she notes that a “multicausal model,” which “demonstrates that a huge number of phenomena go together to produce illness” (p. 58), better reflects the complexity and interdependence of various factors implicated in health, as well as the wrongheadedness and futility of isolating any singular cause. Indeed, this is somewhat reflective of the frame of fatalism, as a manifestation of an overarching *Zeitgeist* frame, identified in this study. But just as I discovered, Tesh notes that a multifactorial model may be as problematic and limited as individual or environmental attribution models primarily because it is paralyzing: The numerous contributing factors that drive this model “make any one preventive action appear insignificant [. . . and thus,] in practice, the multicausal model easily becomes a rationale for not taking action. Since everything is connected to everything, we are apparently hopelessly knotted into our own cultural practices, products, and institutions” (p. 62). However, Tesh advances another model in its stead, one that reflects the virtues of a multifactorial model but sidesteps its shortcomings. This “structural proposal” model, which “assume[s] that disease originates in

the social structure” (p. 77), is risky insofar as it moves up at least one level of abstraction, but ironically, it provides greater traction for health policy insofar as it assumes that “whatever makes life better in general also makes it healthier. So [for example], the provision of decent housing, good schools, and satisfying jobs would be a prime means of preventing disease” (p. 79). While a structural model “directs prevention first to the interaction between government and industry,” this is not simply a rearticulation of the environmental attribution frame, nor does it obviate the role of the individual; rather, it requires a reimagined relationship among government, citizens, and industry. The significance of citizens’ voices is key to the effectiveness of this model, such that obstacles to health experienced by individuals in their everyday lives become the foundation for health policies (pp. 79–82).

Especially as informed by the context of a structural model for health policy, my findings feature implications for practices and policies designed to redress the escalating “obesity epidemic” in the United States. That is, public health initiatives and campaigns that are predicated on either individual behaviors or environmental causes may well be missing the mark. If the broader public discourse—which news representations indisputably play a significant role in shaping—is crafting a cultural understanding of obesity as an inevitable by-product of our everyday lives, decontextualized dictums to “eat right and exercise” or regulatory measures to enhance the means to do so are neither compelling nor effective. Campaigns and initiatives might instead locate obesity more broadly in the context of everyday lives and engage both agency and resources in those terms. In this way, the holistic, complex, and practical potential of a *Zeitgeist* frame—which I contend is coopted, inadvertently or not, in contemporary news coverage of obesity that circumscribes agency and intervention—could be recuperated and moved away from an essentially multifactorial model to one that more closely resembles a structural one, as Tesh (1994) describes. That is, the complex social, cultural, historical, economic, and individual conditions that are all implicated in obesity could be acknowledged, and measures proposed to address it could in turn reflect more thoughtful consideration of those conditions. Accordingly, the locus of practices and policies may shift dramatically, quite literally, to sites that synthesize both agency and resources in the context of the everyday and that are clearly founded in individual experiences: as relevant to ensuring workplace gym facilities, for instance; limiting work hours; requiring and subsidizing child care at gyms; subsidizing urban gardens; providing financial incentives for health and fitness, such as reduced insurance premiums or tax deductions; subsidizing whole foods (other than corn and soybeans); requiring gardening, nutrition, and physical education in school curricula; and establishing car-free zones in towns and cities. These are but a few examples, and many may seem impractical, even impossible, as measured against

normative assumptions and practices. But they do directly engage what is being articulated, in our news coverage and, increasingly, elsewhere (see, e.g., Barry et al., 2009; Shugart, 2010), as both the causes of obesity and the obstacles to its redress—which are not necessarily inaccurate, if they are problematically rendered. Furthermore, they do not facetiously indict either individuals or industry but acknowledge the roles of both—indeed, more accurately and importantly, they challenge that binary—in broader social and cultural structures. Rather than bemoan *Zeitgeist*, the apparent emergent frame of choice, it could well be taken up and mobilized in ways that acknowledge the infinitely complex, complicated, and convoluted matters of health.

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