

Morality and Health: News Media Constructions of Overweight and Eating Disorders

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This article examines how widely shared cultural values shape social problem construction and, in turn, can reproduce social inequality. To do so, we draw on a comparative case study of American news reporting on eating disorders and overweight/obesity between 1995 and 2005. In the contemporary United States, thinness is associated with high social status and taken as evidence of moral virtue. In contrast, fatness is linked to low status and seen as a sign of sloth and gluttony. Drawing on an original data set of news reports, we examine how such social and moral meanings of body size inform news reporting on eating disorders and overweight. We find that the news media in our sample typically discuss how a host of complex factors beyond individual control contribute to anorexia and bulimia. In that anorexics and bulimics are typically portrayed as young white women or girls, this reinforces cultural images of young white female victims. In contrast, the media predominantly attribute overweight to bad individual choices and tend to treat binge eating disorder as ordinary and blameworthy over-eating. In that the poor and minorities are more likely to be heavy, such reporting reinforces social stereotypes of fat people, ethnic minorities, and the poor as out of control and lazy. While appreciation for bigger female bodies among African Americans is hailed as protecting against thinness-oriented eating disorders, this same cultural preference is partially blamed for overweight and obesity among African American women and girls. Keywords: obesity, overweight, anorexia, morality, news reporting.

In 2005, in the wealthy suburbs of Richmond, Virginia, Emily and Mark Krudys' ten-year-old daughter, Katherine, was diagnosed with anorexia, and her parents were desperate for a cure. "Emily and Mark tried everything. They were firm. Then they begged their daughter to eat. Then they bribed her. We'll buy you a pony, they told her. But nothing worked" (Tyre 2005). Finally, Katherine was admitted for inpatient treatment at a children's hospital in another town. During the two months of her daughter's treatment, Emily stayed nearby so that she could attend family-therapy sessions. After Katherine was released, Emily homeschooled her while Katherine regained strength. Considered a success story, *Newsweek* reported that Katherine entered sixth grade in fall of 2005: "She's got the pony, and she's become an avid

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horsewoman, sometimes riding five or six times a week . . . But the anxiety still lingers. When Katherine says she's hungry, Emily has been known to drop everything and whip up a three-course meal" (Tyre 2005).

Only a short drive away, in Washington, DC, Leslie Abbott, a black single mother, was dealing with a very different food battle. She had lost custody of her son Terrell after months of fighting neglect charges related to his body weight. Known to his friends as "Heavy-T," Terrell had recently been released from an inpatient weight-loss program, but—once at home—had gained weight. Leslie explained to a reporter why it was unfair for public authorities to blame her for Terrell's backslide: "This boy is 15, going to be 16 years old. I can't watch him 24 hours a day. They want me to hold his hand, take him to the Y, make him eat salad" (Eaton 2007). Leslie said she would have had to quit her minimum-wage job in order to follow the health regimen suggested by Terrell's doctors. But, as noted by the journalist, "How could she afford that? To her thinking, the healthy food Terrell needed meant she needed more money, not less" (Eaton 2007).

These two news articles discuss topics—anorexia and obesity—in which body size (too thin or too heavy) and eating (too little or too much) are treated as medical risks and/or diseases. The American Psychiatric Association (APA) defines anorexia as the refusal to maintain body weight at or above a minimally "normal weight" for age and height, fear of gaining weight or becoming "fat," and denial of the gravity of one's low body weight. The Centers for Disease Control and Prevention (CDC) defines "obesity" among adults as having a body mass index (BMI) (weight in kilograms divided by height in meters squared) equal to or greater than 30, and "overweight" as having a BMI equal or greater than 25 but less than 30.¹ Different measures are used for children and teenagers under 18-years old, which adjust for age.

While anorexia and overweight/obesity are both medical categories related to body weight and eating, they have strikingly different social and moral connotations. In the contemporary United States, being heavy is seen as the embodiment of gluttony, sloth, and/or stupidity (Crandall and Eshleman 2003; Latner and Stunkard 2003), while slenderness is taken as the embodiment of virtue (Bordo 1993). A deep-seated cultural belief in self-reliance makes body size—like wealth—especially likely to be regarded as being under personal control and as reflecting one's moral fiber (Stearns 1997).

To what extent does the contemporary American social and moral valence of body size shape how the news media report on overweight/obesity and eating disorders as medical issues? Comparing only the two news media articles above suggests that the news media treats anorexics as *victims* of a terrible illness beyond their and their parents' control, while obesity is caused by bad individual behavior, including, in the case of children, parental neglect. Second, the difference in class and racial profile of these two families is striking. A young white girl from a well-to-do family provides "the face" of anorexia, while a young boy and his low-earning, black single mother are discussed in an article on obesity. If these reflect typical patterns in reporting, then news reports on eating disorders and obesity may reinforce moral hierarchies based on body size, race, and class. That is, they may reproduce stereotypes of young white female victims and irresponsible, out-of-control lower class minorities. Moreover, articles may

1. The definition of "overweight" and "obesity," and even these terms themselves, are contested. Fat acceptance activists, who advocate for civil rights on the basis of body size, argue that these terms pathologize normal biological variation and reclaim the word "fat" as a neutral descriptor like "tall" or "short" (Cooper 1998; Wann 1999). Similarly, many feminist scholars have avoided the term "eating disorder" because it situates "disorder" within individuals rather than in complex social structures. We do not use "overweight," "obesity," or "eating disorders" because we endorse a medical or public health framing, but because we seek to establish how *these particular terms* have been constructed in the news media. We note that a search for articles using the term "fat" produced very few relevant articles, which is not surprising given that this word is still taboo in most social circles in the contemporary United States. An article search using the term "eating problems" was similarly unproductive. For stylistic reasons we do not place the terms "overweight," "obesity," or "eating disorder" in quotations throughout the article, but we wish to be clear that this is the spirit in which we use them.

represent the issues of eating disorders and overweight differently depending on which demographic groups are the focus of the discussion.

To investigate this issue more systematically, we draw on content analyses of 332 articles published between 1995 and 2005 in *The New York Times* and *Newsweek* on the topic of eating disorders or overweight/obesity. We also draw on qualitative analyses of five additional articles published in these publications in 2006 and 2007 that specifically discuss binge eating disorder and were not included in our larger sample. We examine how news reports on these issues assign blame and responsibility as well as how they discuss gender, race, and class. In so doing, we contribute to sociological understandings of how cultural values shape the construction of social problems and, in turn, reproduce social inequalities.

Theoretical Perspective

Body weight has long been a marker of social status. However, at most times and in most places, where food is scarce, corpulence signals *high* rather than low status. In these cultures, plumpness in women is especially prized. Among elite Nigerian Arabs, for instance, girls are fattened up in early childhood (Popenoe 2005). A young girl's girth is physical evidence of her father's—and later her husband's—wealth. Being so fat that she is immobile signifies that her labor is not needed, making fat women the ultimate “trophy wives.” Similarly, up until the early twentieth century, women in the United States and Europe strived to be fat, not thin. There too, food was scarce and plumpness signaled wealth, while thinness suggested illness (Klein 1996; Stearns 1997). Yet, while thinness was regarded as ungainly in these contexts, especially in women, it did not reflect on one's *moral* character (Stearns 1997), nor have individual women been personally blamed for being too thin (Popenoe 2005).

As the agricultural and industrial revolutions reduced food shortages, fatness was no longer a reliable sign of wealth and, as the poor got fatter, the symbolic meaning of body size flipped. As corpulence increasingly became a marker for *lower* prestige and status, those with greater resources had more ability and motivation to avoid the stigma of fatness (Aronowitz 2008). Moreover, as moral condemnation of consumerism lessened, maintaining a slender body became the new way for Americans to demonstrate their moral virtue. As Historian Peter Stearns (1997) argues, beginning in the late nineteenth and early twentieth century:

People could indulge their taste for fashion and other products with a realization that, if they disciplined their bodies through an attack on fat, they could preserve or even enhance their health and also establish their moral credentials . . . An appropriately slender figure could denote the kind of firm character, capable of self-control, that one would seek in a good worker in an age of growing indulgence; ready employability and weight management could be conflated (p. 59–60).

This moral association of slenderness with “firm character” and heaviness as the embodiment of gluttony, sloth, and stupidity is still with us today (Bordo 1993; Crandall and Eshleman 2003; Latner and Stunkard 2003). In the United States, where there is a deep-seated cultural belief in self-reliance, body size is especially likely to be regarded as under personal control and reflecting moral fiber (Stearns 1997), despite research suggesting that much of the variation in body size is biologically determined (Kolata 2007). Thinness is a *cultural value* in the contemporary United States—it is a quality that is widely prized by members of this society.

In the contemporary United States, body size intersects with other dimensions of inequality. Stereotypes of fat people as gluttonous and undisciplined echo similar stereotypes of the working classes as “the archetypal ‘uncontrolled’ body in public health discourse, as lazy, dirty, immoral, incapable of resisting their urges” (Lupton 1995:75). Compared to men, women are held to higher standards of thinness and suffer greater penalties if they fall short, in terms of marriage prospects as well as employment (Conley and Glauber 2007; Puhl, Andreyeva, and

Brownell 2008). On average, wealthier white people—especially women—tend to be thinner than poorer people of color (Flegal et al. 1998; Flegal et al. 2002; Sobal and Stunkard 1989). This is, in part, because having a thin and toned body is expensive in contemporary Western contexts, where fresh fruits and vegetables are more expensive than higher calorie processed foods and where physical activity requires leisure time (Drewnowski and Barratt-Fornell 2004). Heavier women are also poorer, however, because of weight-based stigma. For women, higher body mass *predicts* lower personal and spousal earnings (Puhl et al. 2008).

Negative stereotypes of fatness and ethnic minority status often reinforce each other, such that a fat black woman is stigmatized for both her body size and race. However, these stigmas can also be disassociated with various consequences. Thus, a white middle class woman will lose some of her class and racial privilege if she is heavy, while a woman of color can gain status by being thin. Realizing this, some black and Latino families pressure their daughters to be thin as part of a strategy of upward mobility (Thompson 1994).

Yet, white middle class women and girls are more likely than poorer women and girls, women and girls of color, and boys or men to be diagnosed with anorexia or bulimia, also referred to as “thinness-oriented eating disorders” (Bruch 1978; Striegel-Moore et al. 2003).² In contrast, rates of binge eating disorder, which are often associated with higher body weight, are similar among black women, white women, and white men (Smith et al. 1998). Indeed, some scholars have found recurrent binge eating to be *more* common among black women than among white women (Striegel-Moore et al. 2000). This makes news media discussions of binge eating disorder important for understanding how discussions of eating and body weight are racialized and gendered.

Anorexia is listed in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) as an eating disorder, along with bulimia, which is defined as recurrent episodes of binge eating (eating extremely large amounts of food in one sitting) followed by “inappropriate compensatory” purging (i.e., by vomiting and / or taking laxatives) and an undue influence of body shape in self-evaluation. Binge eating disorder is categorized in the DSM-IV as an “Eating Disorder—Not Otherwise Specified,” an umbrella category for various eating disorders that do not meet the precise criteria for either anorexia or bulimia. The APA provides a “provisional diagnosis” of binge eating disorder as bingeing without compensatory purging and/or extreme dietary constraint (APA1994). This provisional diagnosis signals that binge eating disorder is being seriously considered for its own diagnostic category in the DSM-V (expected in 2012), while also providing clinical researchers with shared criteria for studying the disorder. Binge eating is likely to be the object of more public discussions as it gains more attention from clinicians.

The mass media offer important primary sources for cultural and social research. Television, radio, magazines, newspapers, and Internet content provide a sensitive barometer of social process and change. Once created, these texts remain unchanged and available for analysis, making them ideal for the study of attitudes, concerns, ideologies, and power relations, and how they shift over time (Lupton 1994). Aware of these strengths, early feminist work examined the fashion media, demonstrating how fashion magazines and advertisements convey to readers the importance of slenderness and the shame of fatness for women (Bordo 1993). Anthropologist Mimi Nichter (2000) has argued that such images contribute to negative body image and eating problems among young girls; however, she finds that African American girls are buffered from fashion pressures to be thin by a vibrant ethnic culture that values personal style as well as “thicker” body types.

News accounts of health and illness differ from other media texts in that they have the weight of “expert” opinion, making them especially important to study (Lupton 1994; Nelkin 1987). In recent years, a few scholars have begun examining media reporting on the so-called

2. However, new evidence suggests that bulimia—but not anorexia—may be more *prevalent* among poor minority, compared to middle class white women and girls (Goeree, Ham, and Iorio 2009).

“obesity epidemic” (Boero 2007; Lawrence 2004; Saguy and Almeling 2008). Natalie Boero (2007) finds that news reporting has largely framed obesity as a moral problem of gluttony and sloth. Abigail C. Saguy and Rene Almeling (2008) find that body size is predominantly blamed on individual choices rather than social or biological factors, while Regina Lawrence (2004) shows that there is increasing discussion of social-structural factors over time. Saguy and Almeling (2008) find that news reports on scientific findings are more likely than the original research on which they report to focus on individual blame and to describe obesity as a public health crisis and/or epidemic. They further find that articles discussing the poor, blacks, or Latinos are more likely than articles not discussing these groups to blame body size on individual choices (Saguy and Almeling 2008). Similarly, previous research has shown that news reports are more likely to portray welfare recipients as dependent (and thus unworthy) when they are unmarried or black, compared to when they are widowed or white (Misra, Moller, and Karides 2003). These studies suggest that news reports will blame individuals for overweight and obesity, especially when such individuals are poor and/or from minority ethnic groups, thus reflecting and reinforcing negative stereotypes of fat people, the poor, and ethnic minorities.

While important, extant studies have methodological and conceptual limitations. For instance, Lawrence (2004) does not examine how views about gender, race, or class inform news media reports of obesity, while Boero (2007) draws heavily on qualitative analysis of seven articles published in the fall of 2000 as part of a series on the “Fat Epidemic,” thereby limiting the generalizability of her findings. Saguy and Almeling’s (2008) analysis of news reporting on two special issues on obesity published in the *Journal of the American Medical Association (JAMA)* in 1999 and 2003 allows for a systematic examination of how scientific research is popularized by the news media, but does not constitute a representative sample of reporting on the topic of overweight/obesity. Moreover, because all of these studies lack a comparative case, it is impossible to know the extent to which these patterns are simply a product of generic news media routines that favor sensationalism and morality tales (Schudson 2003), combined perhaps with health policy tendencies to emphasize individual blame and responsibility (Fitzpatrick 2000; Lupton 1995; Tesh 1988).

Motivated by research on social problem construction (Best 2008; Gusfield 1981; Kitsuse and Spector 1973) and news media framing research (e.g., Benson and Saguy 2005; Entman 1993; Gamson 1992), this article examines how news reports *frame* overweight/obesity and eating disorders in particular ways by drawing attention to some aspects of these issues while obscuring others. It draws on quantitative and qualitative analyses of a random sample of news reports on overweight/obesity or eating disorders published between 1995 and 2005 in *The New York Times* and *Newsweek*. The comparative case study allows us to disentangle general aspects of news reporting from the specific cases at hand. In that anorexics and bulimics are seen as pursuing a culturally valued ideal (slenderness), we expect that the news media will be less likely to blame them—compared to the overweight or obese—for their malady. Rather, we expect anorexics and bulimics to be portrayed as victims of a host of complex factors beyond their control. To the extent that the news media focuses on cases of young, white middle class anorexics and bulimics, they risk reproducing cultural stereotypes of young, white female victims. In contrast, in that the news media frame overweight/obesity as a public health crisis produced by irresponsible individuals, while focusing on cases of overweight among the poor and minorities, they are likely to reinforce negative stereotypes based on body size, ethnicity, and class.

Data and Methods

Our news sample is drawn from *The New York Times* and *Newsweek*. Widely regarded as the newspaper of record, *The New York Times* enjoys among the highest national circulation of any newspaper and is considered authoritative, giving it influence over opinion leaders and policy

makers. Reporting in *The New York Times* has also been shown to shape reporting in other news media (Gans 1979). *The New York Times* is known for a relatively high quality of reporting on health issues, biasing our sample towards more sophisticated reporting on these issues. The newsmagazine *Newsweek* has the advantage of publishing longer articles than those a newspaper can usually accommodate. These two publications have the methodological advantage of being available in the Lexis-Nexis database for the entire 1995–2005 time period. This sample does not capture some of the range of the news media, including women’s magazines, the ethnic press, or political presses (Rohlinger 2007). Given that the majority of readers of these papers are white and from the middle class, it is possible that these publications are more likely—compared to ethnic presses or presses catering to a more working class audience—to uncritically reproduce negative stereotypes regarding heavier people, the poor, and ethnic minorities. Nonetheless, given their cultural influence, they are critical to study.

We sampled from news articles and opinion pieces published that had the words “anorexia/anorexic/bulimia/bulimic” or “obese/obesity/overweight” in the heading or leading paragraphs. Using these search criteria for the specified time period generated a chronological list of articles by publication and by issue, totaling 1,496 articles. We winnowed down this list using three criteria. First, because there were so many articles published on obesity or overweight in *The New York Times*, we eliminated the first two of every three articles in the chronological *New York Times* list of articles on obesity/overweight, reducing this sample by two thirds. (Cross-publication analyses reveal that the differences between publications on the variables we discuss are minor. Thus, the fact that proportionally more eating disorder articles are from *The New York Times* is unlikely to account for the cross-issue differences we report.) Second, we eliminated articles that were less than 300 words, since it is difficult to develop the themes of interest in such a short article, which reduced the sample further by over one half. Finally, from this list, we eliminated the few articles from the full sample that were completely off topic. This strategy yielded a final sample of 174 articles on obesity and 64 on eating disorders from the *New York Times* and 88 articles on obesity and 6 on eating disorders from *Newsweek*, or a total of 262 articles on overweight/obesity and 70 articles on eating disorders.

This sampling strategy produced seven articles that discussed binge eating disorder—six of which met the sampling criteria for anorexia/bulimia and a seventh that met the criteria for overweight/obesity. An additional search of articles that had “binge eating disorder” anywhere in the full text yielded no new articles. In an effort to expand the number of articles on binge eating disorder, a “newer” eating disorder of growing importance, we further searched for all articles published between January 2006 and November 13, 2007 (the day the search was conducted) that had “binge eating disorder” in the full text. This identified an additional five relevant articles (three from *The New York Times* and two from *Newsweek*). While these five articles are not included in the core 332 articles that were analyzed quantitatively, they were separately analyzed qualitatively (along with the seven articles from our original sampling technique) to inform the discussion of binge eating disorder below.

We focus on 1995 through 2005, a time frame that includes a long period characterized by a moderate level of press attention to eating disorders and a surge of attention to obesity in the late 1990s and early twenty-first century. It does not include the 1980s, a period when concern over anorexia was arguably at its height among the medical community (Hof and Nicolson 1996) but when news media attention to anorexia/bulimia in *The New York Times* and *Newsweek* was actually lower (see Figure 1).

Given that there is considerably more news reporting on overweight/obesity beginning in 2002 (see Figure 1), following several high-profile pronouncements from the CDC, the World Health Organization (WHO), and the Surgeon General about the “obesity epidemic” at the end of 2001 (Schlesinger 2005), our overweight sample is weighted towards the latter time period, while our eating disorder sample is spread more evenly across the decade. Comparisons of reporting by time period (1995–2001, 2002–2005) reveal one important change in

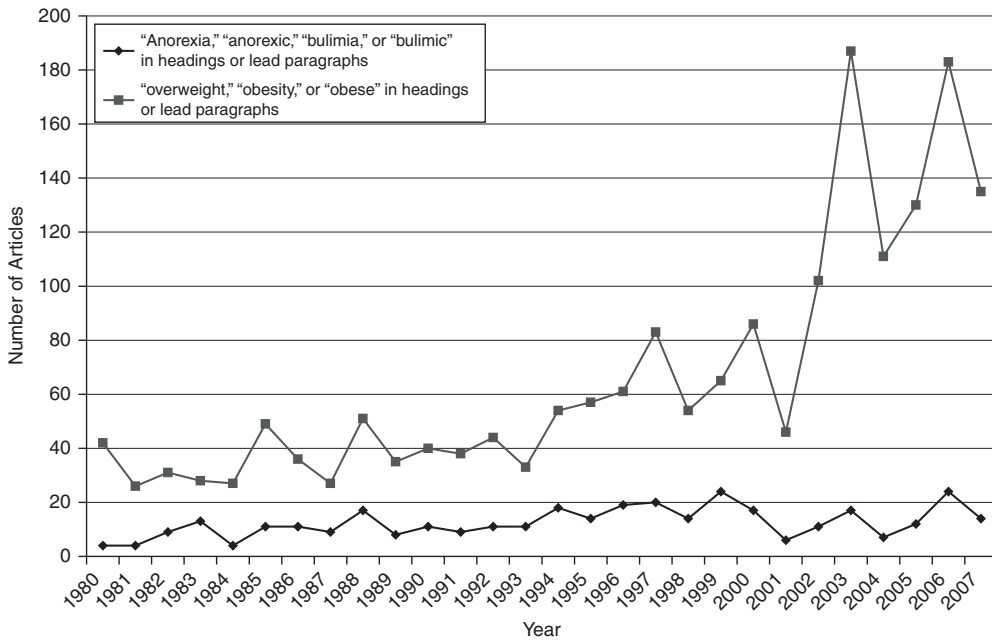


Figure 1 • News Reporting on Anorexia/Bulimia and Overweight/Obesity, New York Times or Newsweek

framing over time: there is more discussion of social-structural causes and policy solutions for overweight in later years (see also Lawrence 2004). Thus, our sample—by virtue of including disproportionately more articles published in later years—may overstate the extent to which, during the entire 1995–2005 time period, the news media emphasized social-structural causes for the “obesity epidemic” and policy solutions.

Coding

A subsample of articles was initially read to develop variables for the content analysis. Knowledge of the obesity and eating disorders literature was also used to develop the variables. Some variables were added or refined during the analyses, requiring additional coding. Coding was done at the article level for over 200 variables for all of the articles in our sample. In initial “practice” coding, three researchers coded the same articles and discussed differences as a way of arriving at shared agreement. Two coders coded 10 percent of the articles to test for inter-coder reliability, which was very high. The coefficient of reliability (the ratio of coding agreements to the total number of coding decisions) was over .95 (Holsti 1969), and discrepancies were generally due to one person having missed a relevant phrase, rather than to conceptual disagreements about how the variables should be coded. Unless explicitly stated below, variables were dichotomous, coded for whether or not the aspect in question was mentioned at all. Thus all codes are independent of each other. Coders did not determine which themes dominated the article, only if they were present at all. In our discussion, we discuss differences between the overweight/obesity and anorexia/bulimia samples *as differences* only when the chi-square (in cases where cell sizes were 10 or more) or Fisher exact test (in cases where cell sizes were less than 10) were statistically significant at a level of $p < .05$. We cannot statistically test whether a specific theme is more common than another *within* a given sample,

since these observations are not independent of each other, a condition of a chi-square or exact test. Discussions of relative frequency of different themes within each sample should be read with this caveat in mind.

Articles were coded for whether they were standard articles or opinion pieces (i.e., editorials, op-ed, or letters to the editor). Opinion pieces offer a revealing window on issue framing since the editorial page's purpose is to air competing frames (see also Lawrence 2004:60). While journalists themselves do not produce most op-ed pieces and letters to the editor, editors do select who among many contenders will be published. Moreover, their publication in mainstream media gives them cultural authority. We did, nonetheless, replicate our analyses with a sample that excluded the opinion pieces and found consistent results.

To evaluate how news reports assign responsibility for eating disorders and overweight, we coded articles for whether they blamed these things on individual choices or structural factors, such as restaurant portions or messages from the fashion industry. For instance, the following article blames an *individual* for his weight gain, writing "he could look back on decades of binge eating and failed diets" and quoting him as saying "I was killing myself" (Feder 2005). The following would be taken as evidence of blaming *structural* factors: "In many low-income minority neighborhoods, fried carryout is a cinch to find, but affordable fresh produce and nutritious food are not" (*New York Times* 2002). Considered a subset of structural factors, we coded specifically for cultural factors, such as mainstream cultural emphasis on thinness, ethnic culinary practices, or cultural attitudes towards body size, as in the following excerpt: "Being curvy or large was a source of pride within the African American community" (Brodey 2005). We coded for whether articles blamed biological factors, including genetics or prenatal environment, as in the following: "Doctors now compare anorexia to alcoholism and depression, potentially fatal diseases that . . . have their roots in a complex combination of genes and brain chemistry" (Tyre 2005). We coded for whether the article specifically described overweight or eating disorders as a *psychological* problem or labeled either as a (physical or mental) *disease*. Labeling a condition a disease did not necessarily mean that it was ascribed to biological factors. Rather, disease could be attributed to bad lifestyle choices or environmental factors.

By focusing on certain kinds of *solutions*, the news media also convey messages about what sort of problem is being discussed and what should be done about it. If they focus on individual-level solutions, they reinforce the sense that these are problems caused by individuals that individuals need to fix. By discussing policy solutions, they convey that these are collective problems. However, by discussing policy interventions that aim to educate or change bad behaviors of certain groups, they reinforce the sense that the targeted groups are ignorant. We coded for different types of solutions to weight problems, including behavioral modification (e.g., dieting, increasing exercise), policy changes, inpatient or "intensive outpatient" medical supervision, or prescription drugs and weight-related surgeries. During analyses, we computed a composite variable for any medical intervention, including weight-loss drugs, psychiatric or appetite regulating medications, weight-loss surgery, medical devices such as feeding tubes, or either inpatient or "intensive outpatient" medical supervision.

Finally, to account for how, and to what extent, these issues are associated with different groups, we coded articles for whether they explicitly mentioned specific demographic groups, including men or women; the poor, middle class, or rich; and whites, blacks, Latinos, Asians, and other race. During analyses, we computed composite variables, including "middle class or rich," "nonwhite" and "blacks, Latinos, or the poor."

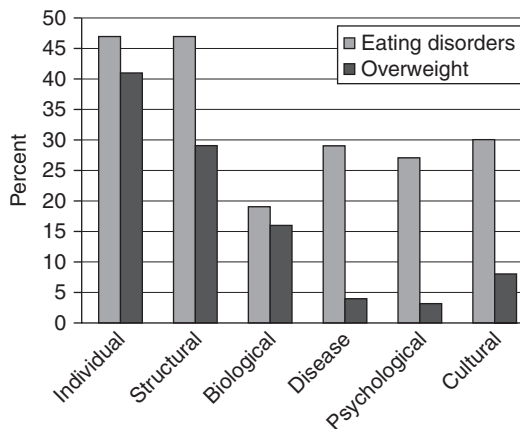
In addition to the quantitative analysis, we used discourse analysis to get at the subtleties of news reports, including the choice of words and ideologies evident in news reports (Lupton 1994). We created theme sheets that included lengthy quotes that illustrated key themes, such as blame, responsibility, and moral judgment. The quantitative data allows for us to test for statistical significance of differences in reporting across these issues, while the qualitative data permits us to dig deeper into the nuances of reporting.

Findings

Our news sample typically attributes anorexia and bulimia to a host of complex and interrelated factors, thus mitigating individual blame while representing anorexics and bulimics as victims. In contrast, it predominantly blames overweight exclusively on bad individual choices and emphasizes individual-level weight loss solutions. News reports emphasize medical intervention when it comes to anorexia and bulimia *but not* when discussing binge eating disorder, which they tend to deny the status of a real eating disorder and frame instead as *ordinary* overeating caused by lack of self-control and requiring greater personal discipline. After reviewing the quantitative patterns, we examine each case qualitatively.

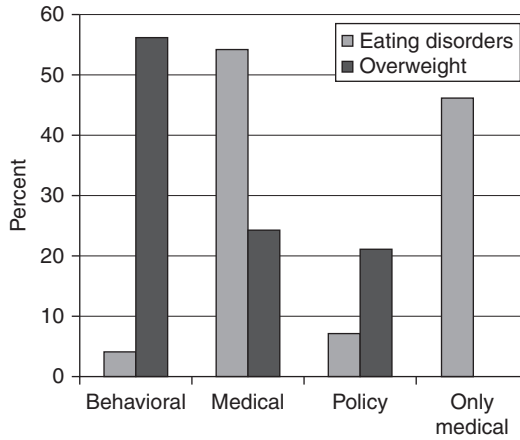
As shown in Figure 2, news reports on both eating disorders and overweight invoke personal choices, with over 40 percent of articles in both categories mentioning personal choices as contributors. However, several factors are described as equally contributing to eating disorders, while individual choice is the *predominant* explanation offered for overweight. Articles about eating disorders discuss structural causes at the same rate as individual choices (47 percent for both), while 19 percent of eating disorder article cite biological causes. In contrast, 41 percent of articles about overweight mention individual choices, with socio-structural and biological causes mentioned in 29 and 16 percent of articles, respectively. Press reports are more likely to describe eating disorders, compared to overweight, as a disease (29 percent versus 4 percent) and/or as a psychological problem (27 percent versus 3 percent) triggered by cultural messages (30 percent versus 8 percent).

Even more strikingly, as shown in Figure 3, the articles were much less likely to hold individuals responsible for curing eating disorders (4 percent of eating disorder sample) than for fixing overweight (56 percent of overweight sample). Articles in the eating disorders sample discuss medical interventions at least *seven times* more frequently than they mention either policy or behavioral solutions (54 percent versus 7 percent and 4 percent, respectively). In contrast, articles on overweight/obesity are over twice as likely to discuss behavioral modification than either medical interventions (24 percent) or policy solutions (21 percent). Forty-six percent of articles on eating disorders, but no articles on overweight, discuss *only* medical solutions.



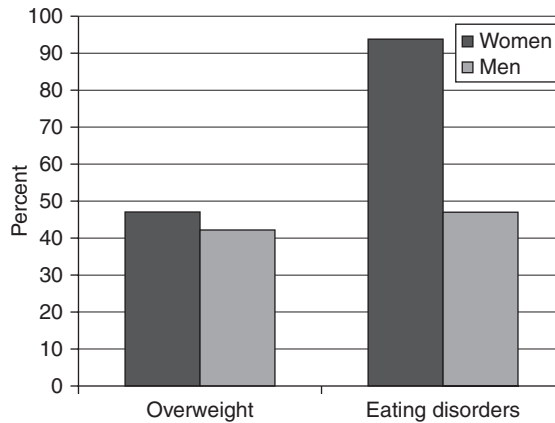
Note: With the exception of individual and biological causes, all cross-issue differences are statistically significant ($p < .05$, one-tailed tests).

Figure 2 • Percentage of Articles Discussing Specific Causes



Note: All cross-issue differences are statistically significant ($p < .05$, one-tailed tests).

Figure 3 • Percentage of Articles Discussing Specific Solutions

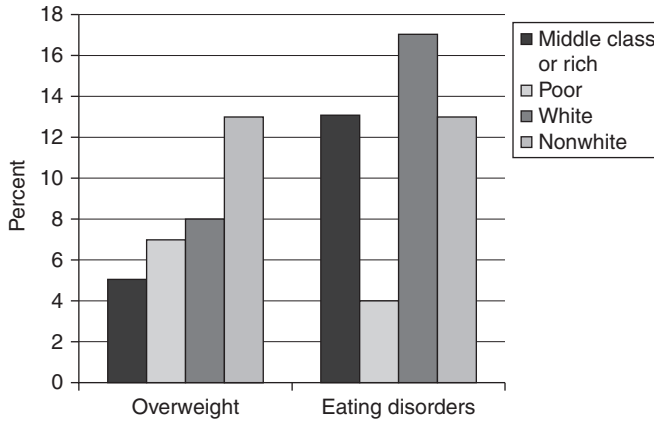


Note: Frequencies of specific themes *within the same sample* are *not* independent of each other and are therefore unsuitable for a chi-square test of statistical significance.

Figure 4 • Proportion of Articles Discussing Women or Men

As is shown in Figure 4, 94 percent of eating disorder articles discuss women or girls, compared to 47 percent that mention men or boys. By contrast, articles on overweight mention women/girls and men/boys at similar rates, (47 percent compared to 42 percent). Thirteen percent of articles on eating disorders discuss people from the upper or middle class, compared to the four percent that discuss poor people, and 17 percent mention whites, compared to 13 percent that discuss minority races, despite the tendency for “white” to function as an unmarked category.³ In contrast, articles on overweight discuss nonwhites (including

3. Note however, that, following research trends, there is increased discussion of nonwhites with eating disorders in our sample over time, with 29 percent of the 2002–2005 sample mentioning nonwhites, compared to 8 percent of the 1995–2001 sample.

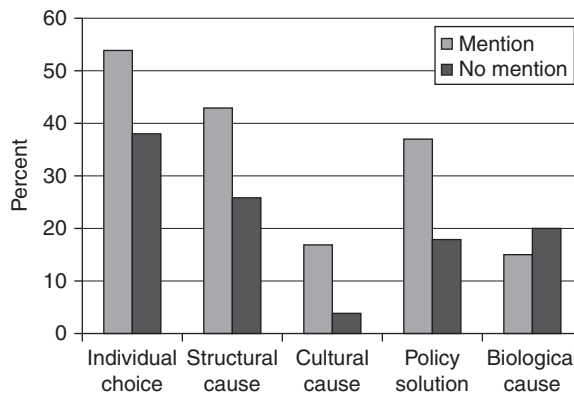


Note: Frequencies of specific themes *within the same sample* are *not* independent of each other and are therefore unsuitable for a chi-square test of statistical significance.

Figure 5 • Proportion of Articles Discussing Specific Demographic Groups

blacks, Latino, Asian, and other race) more often than whites (13 percent versus 8 percent) and discuss the poor as frequently as the middle class or rich (7 percent versus 5 percent).

Moreover, as shown in Figure 6, we find that news reports mentioning blacks, Latinos, or the poor are more likely to blame social structural factors, but not biological factors, for overweight/obesity. Forty-three percent of articles mentioning these groups, compared to 26 percent of articles that do not mention these groups, cite social structural contributors to obesity, a difference that is statistically significant. Coded as a subset of social-structural factors, cultural causes for overweight/ obesity are also significantly more likely to be mentioned when blacks, Latinos, or the poor are cited (17 percent versus 4 percent), often because—as



Notes: With the exception of biological cause and individual choice, all differences are statistically significant ($p < .05$, one-tailed tests). Thirty-five articles mention blacks, Latinos, or the poor whereas 227 articles do not explicitly mention these groups.

Figure 6 • Percentage of Overweight Articles Evoking Specific Frames, by Whether or Not They Discuss Blacks, Latinos, or the Poor

we discuss below—*minority culture* is being blamed. Articles that mention blacks, Latinos, or the poor are also more likely than those that do not mention these groups to discuss obesity policy solutions (37 percent versus 18 percent). As we discuss below, many of these not only address social-structural problems, such as access to affordable fresh fruits and vegetables, but also seek to educate people considered unable to make good food and exercise choices, and to change minority ethnic *cultural attitudes* about food and eating.⁴ Fifty-four percent of articles that mention blacks, Latinos, or the poor, compared to 38 percent that do not, discuss how individual choices lead to overweight, but this difference is just shy of statistical significance at $p < .05$ ($p = .055$). Fifteen percent of articles mentioning blacks, Latinos, or the poor discuss biological causes of overweight, compared to 20 percent of articles not mentioning these groups, a difference that is not statistically significant.

Note that the number of articles that *explicitly* mentions blacks, Latinos, or the poor are relatively small, so that most articles that frame obesity as an individual, social-structural, cultural, or biological issue or mention policy solutions do *not* explicitly mention these groups. However, the fact that certain kinds of frames are more or less prevalent depending on the groups being discussed suggests that these news publications may be reproducing common social assumptions about these groups. Below, we flesh out these quantitative patterns with details from the qualitative analyses. We discuss news reporting on (thinness-oriented) eating disorders, overweight, and binge eating disorder, respectively, in three separate sections.

Anorexia and Bulimia: No-One to Blame

A typical article on anorexia evokes “complex webs of cultural factors and psychological processes” (Isherwood 2005), serving to diffuse responsibility amongst several factors. Similarly, a *Newsweek* editorial proclaims: “Good news: scientists are developing a better sense of how genetic and social triggers interact” (Whitaker 2005). In such articles, genetic factors and social constraints are said to work in tandem, jointly diffusing focus away from individual blame. In contrast to how parents are frequently blamed for their children’s (over) weight problems, the article cited in the introduction to this article concludes: “Parents do play a role, but most often it’s a genetic one. In the last 10 years, studies of anorexics have shown that the disease often runs in families” (Tyre 2005). In other words, when it comes to anorexia there is, as the title of this article proclaims, “no-one to blame” (Tyre 2005). Contemporary reports on anorexia tend to portray parents as part of the solution, rather than as part of the problem. For instance, an article on anorexia describes how parents of anorexics “are encouraged to think of the disorder as an outside force that has taken over their daughter’s life. And they are exhorted to be unwavering in finding ways to feed their child” (Goode 2002).

Even when an eating disorder is described as beginning with a choice (i.e., to start a diet), the choice is depicted as a “normal” response to cultural pressures, rather than as an irresponsible or self-indulgent behavior. For instance, an article entitled “When Weight Loss Goes Awry” describes a teenager’s anorexia as beginning with an innocent diet: “last summer, as friends started dieting, she decided to lose five to 10 pounds. Within a few months Amelia, now 15, was on the death-march called *anorexia nervosa*” (Kalb 2000). Of course, in a society where watching one’s weight is a moral obligation, it makes sense that Amelia would not be faulted for beginning a diet. Rather, anorexia is viewed as a case in which good intentions go too far. Amelia is described as “a straight-A student and cheerleader” who says “in a weak but determined voice from her bed at the Children’s Hospital in Denver” that she “would never want this to happen to anybody else” (Kalb 2000). The article thus describes anorexia

4. Race and class are often conflated in news media discussions of obesity, by, for instance, discussing “the poor and minorities” as a group or by using examples of poor members of ethnic minorities to illustrate larger discussions of, say, “black” or “Latino” culture.

as something that “happens to” people, even model teenagers, rather than something people bring upon themselves. The article states, “there’s no simple explanation for why intelligent, often highly accomplished kids spiral into such destructive behavior.” It considers a host of factors from “obsessive-compulsive disorder, depression, low self-esteem and anxiety” to the “‘reduce fat in your diet’ drumbeat, which can haunt children who already feel pressure—from gaunt models or each other—to be thin” (Kalb 2000). Similarly, absolving anorexics from blame, the article cited at the start of this article explains that “For some kids, *innocent*-seeming behavior carries enormous risks” (Tyre 2005, emphasis added).

Despite wide acceptance of dieting as normal and desirable, many news articles point the finger at the narrow beauty standards of popular culture. For instance, discussing anorexia and bulimia, one article declares that “the apparent precipitant of these [eating] disorders seems to be an overwhelming desire to be thin, thin enough to walk down a Paris fashion runway, to act in a Hollywood movie, or to dance with a leading ballet company” (Brody 2000). In these discussions, African American subculture, and specifically an alleged preference for larger female bodies among black Americans, is cast in a positive light, as protecting minority girls from internalizing mainstream pressures to be thin. Quoting a medical doctor, one article reads:

Dr. Brooks said experts traditionally had thought that “anorexia and bulimia didn’t happen to black, Asian or Hispanic women, that they were somehow immune.” . . . “Curvy African-American women were celebrated,” Dr. Brooks said. “These girls didn’t experience anxiety and shame about their bodies. Being curvy or large was a source of pride within the African-American community” (Brodey 2005).

Those black (and sometimes Latina) girls’ who do develop eating disorders are often seen as being especially vulnerable to “white” pressures. The article quoted above, for instance, describes how one black teenage girl developed bulimia because, as one of nine black students in a high school of 3,000, she was “struggling simply to be accepted. [In her words:] ‘When it came to body image, my perception of beauty was based on my white peers and images of white celebrities in the media’” (Brodey 2005). Thus a mainstream diet culture is implicated in (thinness-oriented) eating disorders, while African American culture is praised as offering some cultural buffering.

Yet, even such blaming of mainstream cultural pressures is tempered by arguing that they only result in eating disorders among people with a biological or psychological predisposition. For example, after noting that doctors have observed a “disturbing trend: a growing group of women in their 30s, 40s and 50s who have eating disorders,” one article reassures readers that many of these newly diagnosed older women have actually had lifelong psychological problems and that “lots of people in our culture diet, [but] relatively few end up with an eating disorder” (Rothman Morris 2004). Here, not only are individual dieters not blamed for their behavior but the *culture of dieting* is normalized. Another similar article writes that:

While everyone is exposed to similar societal pressures to be thin, only a small percentage develop eating disorders. Those who succumb typically are prompted by extreme career pressures, as often happens to ballerinas, models, actresses, and jockeys, or they have some underlying emotional and/or physical vulnerability” (Brody 2000).

Similarly, the article cited in the introduction to this article compares anorexia to alcoholism and depression, “potentially fatal diseases that may be set off by environmental factors such as stress or trauma, but have their roots in a complex combination of genes and brain chemistry” (Tyre 2005). It continues:

Many kids are affected by pressure-cooker school environments and a culture of thinness promoted by magazines and music videos, but most of them don’t secretly scrape their dinner into the garbage. The environment “pulls the trigger,” . . . but it’s a child’s latent vulnerabilities that “load the gun.”

By stressing the complex interplay between individual factors, biological predisposition, and macro-level environmental factors, this type of reporting mitigates blame of individual anorexics and their parents.

As victims of a complex illness, sufferers of eating disorders are not expected to “pull themselves up by their bootstraps.” Rather, they are depicted as needing medical intervention. For example, one article describes an anorexic 14-year-old who, despite wanting “to improve,” had failed to recover when going it alone: “It took a second hospitalization at Schneider, the following spring, before Molly could maintain a healthy weight” (Hochman 1996). The article cited at the start of this article similarly describes how young Katherine was only able to recover after *repeated* hospitalizations, because she frequently relapsed when not under direct medical supervision (Tyre 2005). Such failures are not seen as evidence of weak-will, as failed diet attempts are, nor are they blamed on their parents. Rather, they are used to underscore the seriousness of anorexia as a medical illness that requires medical intervention.

Even when eating disorder articles explicitly state that individuals can cure themselves, it is almost always under the guidance of a doctor. Thus, we read about new therapies for bulimia in which specially trained nurses coach bulimics to help themselves: “Many bulimics do not need traditional psychiatric therapy. Instead, he said, patients will learn to help themselves. ‘What we’ve done is change the treatment into a self-help format,’ said Dr. Fairburn” (Liotta 1999). Yet, when “self-help” for eating disorders is enacted under medical supervision, curing disordered individuals is still presented as the responsibility of an expert physician.

Obesity: No-One to Blame but Yourself (and Your Parents)

In contrast to reporting on eating disorders, even when articles mention more than one cause for overweight, individual blame usually predominates. For instance, a *Newsweek* article explains that “you can’t pick your parents, but you can pick what you eat and how often you exercise” (Barrett Ozols 2005). Thus, genetics does not provide an excuse for body weight. Rather, the article emphasizes people’s ability (and, seemingly, their obligation) to make *choices* regarding diet and exercise. Similarly, another article cites new research on “race and weight,” explaining that “on average, black women burn nearly 100 fewer calories a day than white women do when their bodies are at rest” but cautions that “the new findings do not mean that controlling and losing weight is a hopeless task for people with lower metabolic rates, just that it may require *more attention to diet and exercise*” (Brody 1997, emphasis added). Again, the reader is reminded that managing her weight is her responsibility. In that pursuing health has become a moral obligation (Edgley and Brissett 1990), this responsibility carries moral connotations.

Moreover, while heaping the blame on individuals, news reports also draw upon and reproduce stereotypes of fat people as gluttonous, slothful, and ignorant, and of parents of fat children as neglectful and irresponsible. Thus, such reports reproduce the negative moral valence of fatness. For instance, one *Newsweek* article writes:

Bruce and Lisa Smith never skimped much on food. Chips, fried chicken, canned fruit, sodas—they ate as much as they wanted, whenever they wanted. Exercise? Pretty much nonexistent, unless you count working the TV remote or the computer mouse. “We were out of control,” says Bruce, 42. And so was their son, Jarvae, who is 5 feet 4 and weighs 176 pounds (Springen 2007).

The Smiths’ obesity is portrayed as the direct consequence of a lifestyle of sloth and gluttony. Few readers would consider working a TV remote or a computer mouse physical exercise. Rather, sarcasm is employed to convey disdain and contempt for the Smiths, who are portrayed as lazy and irresponsible individuals and parents. This same article is unrepentant in its blaming of parents for an alleged impending crisis of global proportions. It continues: “The problem [of childhood obesity] is so grave that some researchers predict that the life expectancy of today’s children could shrink by as much as five years. The key to reversing the

trend? Parents” (Kalb and Springen 2005). Thus, individuals and parents are not only blamed for the onset of obesity, they are held responsible for “reversing the trend.”

The fix is presented as a matter of common sense: “One simple way to get the entire family fit is to turn off the television and shut down the computer” (Kalb and Springen 2005). By describing solutions as “simple,” the authors imply a logic under which those who have fat children must be stupid, ignorant, or willfully disobedient. Indeed, in the context of childhood obesity, parents (and especially mothers, who are mentioned over twice as often as fathers)⁵ are sometimes described as legally unfit to care for their offspring. This was the context in which Heavy-T, discussed in the introduction, was removed from his mother’s custody. This type of reporting reproduces negative stereotypes. Likewise, from another *New York Times* article:

[It] is the confounding truth that parents—whether distracted, oblivious or both—are ultimately to blame for what their children eat. “Parents were created for that function,” said Dan Jaffe, executive vice president for government relations at the Association of National Advertisers, an organization based in Washington whose members include food companies. “I don’t know of any little child who jumps in the car and drives to a supermarket and buys their own food” (Buss 2004).

Again, this article portrays obesity as the product of parental neglect, heaping moral blame on the parents of heavy children. Another article portrays a lawsuit against McDonald’s as absurd, arguing that it was the plaintiffs own fault for “gorging themselves so wantonly” on fast food, whether ignorant of, or indifferent to, the likely consequences:

The [two black-girl plaintiffs from the Bronx] in the McDonald’s lawsuit use their ignorance as an argument, claiming that if they’d only known about the nutritional shortcomings of fast food, they certainly would not have gorged themselves so wantonly. (If that’s really true, they should consider a lawsuit against their parents for endangering the welfare of their children rather than a suit against McDonald’s) (Kuntzman 2002).

The word *wanton* is often used to indicate lewd or bawdy behavior and is clearly moralizing. Similarly, to *gorge* is to consume greedily, thus conjuring up gluttony. Thus, these girls are represented as immorally stuffing themselves with food. That they did not know any better is mentioned as grounds for a lawsuit for neglect against their parents. Also evoking parental responsibility, a letter to the editor in *Newsweek* (2000) asks “Are adults who permit their children to eat as they please (meaning anything and everything) supremely ignorant or genuinely abusive?”

In that heavier body weight is negatively associated with socioeconomic status and given that blacks and Latinos tend to have higher body mass than whites, any discourse that blames people for weighing too much risks reinforcing class and racial stigma. This is even more true when news reports focus on cases of overweight among blacks, Latinos, or the poor. Moreover, many news articles *explicitly* blame ethnic communities for contributing to higher rates of obesity amongst their own. For instance, an article reporting on a women’s health study states that “more subtle societal influences, like differences in acceptable body images among different ethnic groups, all contributed to greater obesity among women with lower incomes and those in certain ethnic groups” (Santora 2005). Ethnic culinary practices are also blamed for the alleged obesity epidemic. For instance, a 2003 *New York Times* article discusses how Latino culinary preferences contribute to overweight among Latino children: “[Mr. Batista] says some cultural habits are simply getting the best of his people. Latinos eating vegetables? Come on, he says, raising his hands in frustration. ‘We don’t eat vegetables. It’s rice and beans and meat. It’s very natural’” (Richardson 2003).

Another article, discussing the higher rate of overweight among minorities in inner cities, quotes a news source who acknowledges that “it is easier and less expensive to eat fast

5. On mother blame, see the work of McGuffey (2005).

food and very difficult to find, in some of these neighborhoods, appropriate foods, fruits, and vegetables at a reasonable price" (Braiker 2003). But the article then shifts to a focus on ethnic culture:

In the end, she says, "it will take a culture change" to reverse the trend . . . "Eating healthy is synonymous with whiteness for some of these kids," [an activist] says. They'll be like, "Salmon? That's white people food." There are ways to make it more accessible; the first part is about education. (Braiker 2003).

Thus, ethnic minorities are depicted as backward or ignorant and needing to be educated in proper food choices and preparation, thus reproducing stereotypes based on race as well as body size.

Consistent with such stereotypes, many of the policy interventions discussed seek to educate people—and especially ethnic minorities—to make better choices. For instance, an article chronicling a public health intervention in a southern black community describes a recipe for "low-fat catfish" developed by nutritionists as "one of a series [of new recipes] showcasing revered family recipes purged of their sins by two Auburn University nutritionists" and notes how a leader of a public health intervention "recited a litany of virtuous eating for her largely female audience" (Markus 1998). The moral associations with food and eating in this article are striking. As with articles on eating disorders, this article identifies mothers as a crucial part of the solution, recounting how these interventions recruit minority mothers as "cheerleaders for good health" (Markus 1998) and target them as the preparers of food for their families: "We're building on community talent with women who are cooking for their children and passing on behavior patterns to their children and their children's children" (Markus 1998).

Binge Eating Disorder: A Need for Self-Control

Articles that discuss binge eating disorder in detail draw upon frames typical of *both* thinness-oriented eating disorders articles and of articles on overweight, underscoring the extent to which this condition straddles the symbolic space between usually polarized conceptions of body size. Ultimately, however, binge eating disorder is more firmly situated within an "overeating" frame, depicting sufferers as needing "self-control" more than medical assistance. For instance, in an account of her personal struggle with binge eating disorder, reporter Jane Brody (2007) writes: "My despair was profound, and one night in the midst of a binge I became suicidal. I had lost control of my eating; it was controlling me, and I couldn't go on living that way." A psychologist helped Brody resist suicide but "was not able to help me stop bingeing. That was something I would have to do on my own." As with eating disorder victims in other accounts, this binge eater is presented as needing help from a doctor or therapist, but ultimately, as with overweight, it is suggested that she needs to control overeating on her own.

Two articles that discuss binge eating disorder argue that the most important reason binge eating disorder needs to be taken seriously is because it makes it more difficult to *succeed at weight-loss*. In other words, the concern with achieving a "normal" weight, which also dominates discussions of overweight, seems to trump more general concerns about eating disorders as psychological problems. One article explains: "The importance of binge eating disorder is that people who fit these criteria do worse than others in weight management programs" (Alter Hubel 1997). By focusing on the importance of weight loss, these articles obscure or downplay the psychiatric symptoms experienced by binge eaters, which have been shown to have negative health effects independent of body size (Telch and Agras 1994). Another article draws upon binge eating disorder's relationship to overweight in order to depict it as a *public* health risk: "Because of the disorder's close link with obesity . . . it's a major public-health burden" (Springen 2007), a theme that we *never* encountered in discussions of anorexia or bulimia.

Further, while feminist authors have identified binge eating and compulsive overeating as serious "eating problems," which—like anorexia and bulimia—often "begin as ways

women numb pain and cope with violations of their bodies” and are “a logical response to injustices” (Thompson 1994:26), our news sample describes individuals with binge eating disorder as “overeaters” who have an “ordinary, if unfortunate, human behavior” (Bakalar 2007), and a few articles express concern that binge eating disorder has been “invented” by greedy drug companies. For instance, another article quotes an eating disorders researcher who says, “Outside North America, it’s basically a laugh . . . No one thinks it’s a serious condition . . . These are overeaters” (Goode 2000). In other words, there is resistance to giving binge eating disorder the status of a full-fledged eating disorder like anorexia or bulimia, for which outside forces of biology or culture—rather than individual choices—are to blame.

Discussion and Conclusion

Previous research has shown that the news media frame obesity as a moral problem of gluttony and sloth (Boero 2007) and overwhelmingly blame bad individual choices (Saguy and Almeling 2008), despite increasing discussion of social-structural factors over time (Lawrence 2004). Extant work, however, has been limited either analytically—by, for instance, not examining the role of gender, class, or race (Lawrence 2004)—or methodologically, by relying heavily on a small (Boero 2007) or nonrepresentative sample (Saguy and Almeling 2008). In contrast, the current study draws on a relatively large and representative sample of news reports in the *New York Times* and *Newsweek*, while harnessing the analytical power of both quantitative and qualitative analysis. Moreover, the systematic comparison of reporting of overweight/obesity with reporting on eating disorders—a first on its kind—allows us to tease out the effects of negative attitudes about fatness from generic media routines that favor morality tales and the tendency in the United States to individualize responsibility for health (Fitzpatrick 2000; Lupton 1995; Tesh 1988). We find that, in the contemporary U.S. society where thinness is highly prized, news articles are less likely to blame individuals for being (or trying to be) *too thin* than they are to blame them for being *too fat*. This suggests that, more generally, cultural values shape how the news media assign blame and responsibility. In turn, such reporting is likely to reinforce and naturalize such values. This article further suggests that, depending on how they report on the demographics of a given condition, the news media may reinforce group-based stereotypes.

Specifically, the association of heavier bodies with gluttony and sloth and thinner bodies with discipline and responsibility, leads our news sample to frame anorexics as victims of cultural and biological forces beyond their control, while blaming the obese for their weight, which, in turn, reinforces these original associations. Our sample of news articles tends to deny binge eating disorder, in which sufferers eat large quantities of food and tend to be heavier, the status of a “real” eating disorder, reframing it instead as ordinary and blameworthy overeating. Moreover, because anorexia and bulimia are described as more often affecting middle class white girls and women, the analyzed news reports on these disorders reinforce the image of white middle class girls and women as victims. Since overweight/obesity is described as a problem most common among the poor and minorities, such news reporting on obesity reinforces stereotypes of poor minorities as ignorant or willfully defiant of health guidelines. While articles discussing blacks, Latinos, or the poor are more likely to blame weight on social-structural factors, they are also more likely to blame ethnic preferences for larger women or ethnic cuisine.

These findings have important substantive implications. To the extent that reporting on bigger bodies as a health problem reinforces the negative stigma associated with being heavier, women—who suffer more from weight-based discrimination (Puhl et al. 2008)—will bear the brunt of this stigma. Women, the greater consumers of medical weight-loss interventions, including weight-loss diets, drugs, and surgery (Bish et al. 2005; Santry, Gillen, and Lauderdale 2005), are also likely to increase their use of these costly and often risky interventions. As

higher body weight is increasingly discussed as a medical and public health crisis, men may increase their consumption of these products as well. Moreover, characterization of obesity as an “epidemic”—warranted or not—creates a sense of urgency and potentially justifies forms of regulatory intervention that would otherwise appear excessive (Lupton 1995). Given the greater vulnerability of the poor and ethnic minorities to surveillance, we can expect regulatory intervention to target these groups.

Demand for increasingly punitive measures may come in response to images of fat populations as “wantonly gorging” themselves and allowing their children to do the same, thereby bringing diabetes and heart disease upon themselves, their families, and their communities. Removing children from their homes, like Heavy T, discussed in the introduction, is the most chilling example of such punitive measures. Anamarie Regino is another such child who was wrested from her parents by state officials, in her case at the age of four years (Belkin 2001). The state of New Mexico justified putting her in foster care on the grounds that her weight was both life threatening and her parents’ fault (Belkin 2001). In Anamarie’s case, her family’s Latino ethnicity was taken as further evidence of her parents’ ignorance and inability to care for her. Despite the fact that Anamarie’s mother was born in the United States and spoke fluent English, the social worker’s affidavit stated that, “the family does not fully understand the threat to their daughter’s safety and welfare due to language or cultural barriers” (Belkin 2001).

As these examples show, the way in which body size and eating are framed in public discourse has far-reaching consequences for individual behavior, public policy, and social control. Because of their visibility and cultural authority, the news media are important sites of meaning making and merit serious attention from sociologists. We hope that others will join us in investigating, not only the content of news reporting on eating and body size, but also its ramifications for individual behavior, interpersonal relations, public policy, and personal freedoms.

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