Ulrike Felt
Kay Felder
Theresa Öhler
Michael Penkler

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Address for correspondence:

Ulrike Felt
Department of Science and Technology Studies
University of Vienna
Universitätsstrasse 7/II/6 (NIG)
A-1010 Vienna, Austria
T: ++43 1 4277 49611
E-Mail: ulrike.felt@univie.ac.at
http://sts.univie.ac.at

Timescapes of obesity:

Coming to terms with a complex socio-medical phenomenon

Ulrike Felt, Kay Felder, Michael Penkler, Theresa Öhler

Obesity is generally considered to be a growing global health problem that results from changes in the way we live in late modern societies. In this paper, we argue that investigating the complexities of contemporary timescapes (i.e. the entanglement of physical, culturally framed and personally experienced times) is of key importance for understanding how 'the obesity phenomenon' is conceptualised, performed and acted upon. Analysing both focus groups and print media articles, we identified three major groups of temporal narratives that shape our perception of obesity: trajectories, temporalities, and timing. Each group of narratives follows a different logic and performs a specific kind of ordering work: ontological work that defines what obesity 'really is'; diagnostic work that assesses the state of contemporary society; and moral work that assigns responsibility to act. We show how the narratives are assembled into distinct timescapes that distribute agency in specific ways. Combining data from both focus groups and media articles allows us to analyse how these two discursive arenas are intertwined, as it makes visible how stories travel and converge, but also diverge in quite important ways. This highlights the importance of a multi-arena approach to fully understand the tensions between different framings of health related issues. The article argues that the difficulties of controlling body weight are closely entangled with a perceived lack of control over time on both collective and individual levels. In conclusion, we suggest time-sensitive approaches for the analysis of health phenomena and the development of corresponding policy measures.

> 'Time is our window on the world. With time we create order and shape the kind of world we live in.'
>
> (Rifkin 1987:1)

'This general phenomenon of weight gain, I do not think it is a disease. Much more I think it is a societal phenomenon, with a lot of causes. [...] It's also about life time, the rhythm of life, the beat of time. The computer gives the beat, doesn't it? This is not the beat of man [...].' (FG6_m5:2230-2237)[1] Participants in our focus groups in Vienna often made statements like this about how obesity is tied to an acceleration of contemporary lives and to broader shifts in society's temporal texture. Anticipatory reflections that frame obesity as developing along a predetermined temporal path that leads to a dystopian future are other recurring temporal themes in narratives on

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[1] Codes specify number of the focus group, gender, participant number, and line number of the quote. All participants have signed an informed consent agreement.

obesity: 'If the world's population continues to gain weight with this speed, in 2040 every second adult will be obese' (*Die Presse*, 2006-08-30), a daily Austrian newspaper warns. Similarly, discussion group participants as well as experts quoted in media reports stressed that 'we are at a point in time when something needs to be done' (*Kurier*, 2005-03-31). They highlighted the importance of getting the timing right and pointed at narrow windows of opportunity for intervening on a national as well as a global scale 'before it is too late'. These quotes are part of a recurrent and established set of storylines within the recent debates on obesity – storylines we call *temporal narratives*.

While the World Health Organization (WHO) has proclaimed the 'obesity epidemic' to be the major health challenge at the turn of the millennium (WHO, 2000), the debate did not immediately take hold in Austria. Only in 2006, the first 'Austrian Obesity Report' (Kiefer, 2006) was published amidst a then growing public interest in the issue and first obesity-related public health projects. Within these debates, the temporal dynamics of society occupy a prominent place in the ways in which obesity as a socio-medical phenomenon is understood, performed, and acted upon. Temporal narratives about obesity can thus be regarded as sites where obesity and society are co-produced (Jasanoff, 2004).

In what follows, we first introduce recent debates on obesity and our theoretical framing of time and temporality. We will then identify different groups of temporal narratives in discourses on obesity and analyse how they relate to each other. We apply a multi-arena approach and draw on two bodies of data, Austrian media articles and focus groups with citizens. In doing so we further ask how narratives travel between and differ within these two sets of material.

Obesity between health, morality and life-style

Given the increased concern about obesity, social scientific interest on this issue has risen as well. One body of literature relevant in this context has pointed to the gradual transformation of fatness from a 'simple' bodily condition to a disease-like phenomenon, a shift reflected in terms like 'overweight' (i.e. being over normal weight) and 'obesity' (e.g. Lupton, 2012). This process of medicalising the fat body (Sobal, 1995; Paradis, 2011) comes along with a clear consensus about disease aetiology and outcome. This in turn enables the establishment of specific surveillance practices in which data about weight as well as exercising and eating habits is steadily collected, compared, and measured against a scientific ideal. These emerging 'surveillant assemblages' (Haggerty and Ericson, 2000:606) create the conditions both for seemingly objective knowledge and for biopolitical interventions directed at subjects who do not comply with the defined ideal (e.g. Greenhalgh, 2012).

In criticising the progressive medicalisation of fatness, scholars have highlighted the uncertainties that underlie medical claims about health effects (e.g. Gard and Wright, 2005; Monaghan, 2008). Following this critique, questions of who can frame fatness have become important, not only because it has become a central health policy issue, 'but also because, in the case of body weight, medical frames compete with political rights frames' (Saguy and Riley, 2005).

This ties into a second body of literature that criticises conceptualisations of obesity as a moral problem (e.g. Grønning et al., 2012; Gard and Wright, 2005). These

moralising conceptualisations are for example evident in stereotypical narratives of obesity as the outcome of a Western lifestyle that has allegedly become hostile towards physical activity and dietary discipline. Media plays an important role in the promotion of such a discourse, with its tendency to focus on alarmist and sensationalist messages (Saguy and Almeling, 2008). Scholars (e.g. Bordo, 1993; Lupton, 2012) have further questioned concepts of a 'normalized body' and pointed at the social, cultural, political, and economic contexts in which slimness is held as an ideal and fatness is condemned, and they have highlighted the embodied, material and emotional experiences of fatness. Similarly it has been argued that while affected individuals might accept the framing of obesity as a health problem, their conceptualisations of it draw on personal experiences and everyday knowledge more than on clinical categories. Furthermore, they largely object the framing that their own body weight is caused by their personal moral failure (e.g. Evans et al., 2004; Monaghan, 2008; Throsby, 2007).

Finally, a third body of literature looks into different kinds of more or less tacit interventions into the lives and values of (obese) citizens. 'Societies dominated by neoliberal rule' are characterized as increasingly calling upon citizens 'to live like an enterprise [, which] often involves aligning one's own desires and aspirations with those that are prescribed by various authorities, [...] ensuring that one acts 'responsibly'' (Petersen et al., 2010:393). Rich (2011), for example, shows how citizens are submitted to what she calls 'public pedagogy', an effort to incite citizens – in her case through TV programmes – to behave in a specific manner. Yet authors like Crossley (2004) point to a tension between a society increasingly described as weight and body conscious and the simultaneous rise of obesity rates. Therefore he suggests investigating how contemporary societies shape 'the human body in ways other than those explicitly manifest in the projects or programmes of individual agents, governments and experts of various kinds' (ibid.:249). Temporal structures could be one such force, which has so far not been investigated in detail.

Time as an ordering force

Clock time as a form of linear time plays a key role in how we organise and structure contemporary societies. 'In the realm of industrial politics, science and economics', Adam (2003:63) argues, 'time is decontextualized, [...] invariant, quantifiable and external'. It therefore acts as a powerful filter 'through which reality is sieved and as lens through which all social relations and structures are refracted' (ibid.:64). It allows us to order events, to differentiate cause from effect, and thus to produce futures by extrapolating from pasts and presents. By treating time as a purely physical phenomenon, Castells (1996) reminds us, we can also think about squeezing an ever-increasing amount of activities into the same unit of time. A corresponding imaginary of efficiency is highly valued in contemporary society as a marker of success. As a consequence, specific modes of ordering society and regimes of control are introduced to support and stabilize this ideal.

While the implementation of clock time has allowed modernity to pursue its dream of control and order (Law, 1994), we encounter simultaneously a growing awareness of its limits (Baumann, 1998). Late modernity's paradox lies in the fact that instead of realising the desired order we have witnessed the creation of ambiguity and heterogeneity, and thus of multiple alternative scenarios instead of one single predict-

able future. This also draws our attention to the difficult relation between being increasingly conscious of the problems at stake while at the same time having to admit our inability to control them.

As analysts, this invites us (1) to investigate how specific temporal orders are constituted and maintained (Adam, 1998); (2) to pose the question: Whose commodity is time? (Nowotny, 1994); (3) to scrutinize late modernity's growing ambition to 'colonize the future' (Giddens, 1999) and the idea that the future is open 'to exploration and exploitation, calculation and control' (Adam and Groves, 2007:2). This also highlights the political role time plays in debates and justifications of technoscientific and societal choices, in the proclamation of urgent problems but also in requests for citizens' compliance with certain decisions – always in the name of a specific future that has to be achieved.

In proposing the notion of 'timescapes', Adam (1998:9) draws our attention to 'the multiple intersections of the times of culture and the socio-physical environment'. The aim of this concept is to make 'the taken-for-granted visible, to render explicit as well as question what is currently assumed 'natural'' (ibid.). Taking up Adam's perspective on time means being attentive to a wide range of practices such as imagining, recalling, projecting or experiencing time, an analytic practice that has proven essential for understanding our empirical material.

The analogy with landscapes helps to convey the meaning of timescapes for analysis: Similar to an understanding of landscapes as a blend of physical elements, cultural arrangements, and personal perceptions, we will use the notion of timescapes to address the intertwinement of physical time with culturally framed and personally experienced time (Rosa and Scheuermann, 2009). Using timescapes as a sensitizing concept for our analysis of discourses on obesity thus means carefully tracing time narratives and how they relate to each other.

Material and Method

In investigating how temporal narratives are constructed, taken up, and employed in public debates on obesity, we follow a narrative approach (Czarniawska, 2004). We analyse how temporal figures give order and coherence to obesity and related phenomena in the narratives that circulate in two types of public arenas: Print media and focus groups. We conceptualise print media as a 'laboratory' where multiple possible understandings and framings of phenomena are 'tested' for their cultural feasibility in form of different societal narratives (Oudshoorn, 2003). These may subsequently become established in public discourse and get integrated into citizens' own personal understandings. We view the group discussions as arenas where such processes of negotiating these broader societal narratives and connecting them to personal experiences and stories take place (Felt and Fochler, 2010). Indeed, prior research using focus group discussions on other biomedical issues has clearly hinted at their interconnection with print media discourse and has highlighted the importance of the latter as argumentative resource, as point of reference, and as catalyst for both critical debate and common ground within group discussions (Felt et al., 2010). Investigating both bodies of material will allow us to see which key narratives are mobilised across both sites, and in which ways. This enables us to deliver a better-validated ac-

count on how temporal narratives constitute a shared basis for understanding the obesity phenomenon in the specific cultural context we investigate. We thus aim to understand how narratives of time are 'produced (concocted, fabricated), sold (told, circulated), and consumed (listened to, read, interpreted)' (Czarniawska, 2004:45) across two different settings, and to identify a 'repertoire of legitimate [temporal] stories' (ibid.:5) used in public accounts of obesity. We do not propose a systematic comparison between the sites, but see them as differently constituted but nevertheless connected spaces in a multi-faceted public sphere.

For the present analysis, we first conducted a sampling of Austrian print media articles published between 2005 and 2011. The starting date is one year before the publication of the first 'Austrian Obesity Report' (Kiefer, 2006) and coincides with a rise in public debate and media interest. We included print media that express diverse political views and are targeted to different demographics: *Neue Kronenzeitung* (circulation 930,000), the country's largest tabloid; *Kurier* (circulation 211,000), a nationwide daily in the middle of the political spectrum; the liberal-left *Der Standard* (circulation 109,000) and the conservative *Die Presse* (circulation 103,000), Austria's two widest-circulated broadsheets; *Oberösterreichische Nachrichten* (circulation 138,000) and *Salzburger Nachrichten* (circulation 91,000), two regional dailies with nationwide circulation. Two magazines were analysed: *NEWS* (circulation 222,000), a glossy magazine that aside from politics and high society also covers public health and wellness debates, and *Profil* (circulation 90,000), a nationwide weekly regularly reporting on health issues tailored to a readership with higher levels of education.

To construct our sample we searched the electronic database WISO for titles including the German terms for 'obesity', 'weight', 'fat', 'chubby', 'thin', 'diet', 'kilo', 'weight loss', 'nutrition', 'eating', as well as alterations, synonyms, and abbreviations of these words. We manually excluded articles not related to obesity/overweight, as well as articles shorter than 180 words, as we aimed at studying story-telling strategies concerning overweight/obesity. This led to a sample of 457 articles.

Second, we used transcripts of six focus groups on obesity as a societal problem conducted by the authors between 2009 and 2011. The two-hour focus groups consisted of 7-9 people of different ages (between 20 and 76), genders, levels of formal education, and self-declared body sizes. We gathered participants through a public call (leaflets distributed to households in socio-economically diverse districts of Vienna) and sampled the returns to maximise diversity. The focus groups were moderated and semi-structured by a small number of open questions and focusing exercises addressing different aspects of obesity. We started with their assessments of 'obesity as a societal issue' as well as their personal concern with it, followed by questions about the causes of the phenomenon, the available knowledge and expertise, and possible policy measures that could be taken. The group discussions were taped and transcribed.

Following a 'Grounded Theory' approach (Strauss and Corbin, 1998), we applied an open coding procedure on both materials, first separately, and then cross-applying the developed codes, supplemented by line-to-line coding in group sessions. Out of these first rounds of coding several recurring codes referring to time and temporal concepts emerged, which we further refined in successive rounds of axial and selective coding, eventually leading to the categories presented in this paper. For the media

sample more focused coding was done for 52 longer articles, a point at which saturation was reached.

Yet, due to the concrete design of the study, a range of questions remains open. Focusing more on how the two arenas converge on certain temporal framings, we elaborated less on their differences. Nor did the material allow showing if and how narratives are tied to gender, socio-economic class, age, or other social positions. Also, we did not address micro-shifts in temporal narratives in our media sample (seven years) – an interesting question considering that the global economic crisis took off during this time.

Empirical findings: Timescapes of obesity

Most Austrian media reports depict rising rates in the average body weight as an 'epidemic'. In discussing the scope and possible causes of this public health issue, they implicitly or explicitly link it to a diagnosis of the present state of Austrian society (Felt et al., 2014). The rise of obesity is tied to demographic developments and other structural changes in working and living conditions. Media reports thus draw on temporal concepts of societal change to conceptualise obesity as a problem. In the media we also find other frequently used temporal tropes: For example, obesity is described as a 'time bomb' (*Die Presse*, 2006-07-21), or as linked to the 'speed of everyday life' (*Profil*, 2007-09-24) in Austrian society. Similar accounts were picked up in our six focus group discussions on obesity. Participants explicitly and implicitly referred to narratives frequently encountered in the media and contested and/or affirmed them against the background of personal experiences and biographies.

In what follows, we analyse how such temporal narratives were presented, taken up, understood, negotiated, and formed into distinct timescapes within Austrian media articles and group discussions. We place special emphasis on how these narratives are tied to conceptualisations of the obesity phenomenon and how it should be dealt with. We identify three main groups of temporal narratives, each following a different logic and performing a specific kind of ordering work. We have termed them *trajectories*, *temporalities*, and *timing*. Needless to say these narratives overlap and we have separated them for analytic reasons.

Trajectories: linearizing obesity

Capturing obesity as a time-ordered phenomenon, the first group of temporal narratives comes in two variations: as epidemiological, population-oriented trajectories and as individualized/personalized trajectories that focus on individual bodies or persons. Articles on obesity rely heavily on accounts that are supported by statistics:

'Approximately 40% of all Austrian adults and every fourth child are very overweight. The frequency of obesity has been rising in the last five years by 25%.' (News, 2008-02)

Such short descriptions are found in virtually all news stories and are often part of the lead or of 'fact sheets'. They try to capture both a dramatic contemporary situation and a development from society's past into a predictable, risky future. We have

named these temporal narratives *epidemiological trajectories* as they build on and are substantiated through statistical data such as the body mass index (BMI). Such 'obesity facts and figures' were regularly repeated and 'updated' throughout the years of our sample, with frequent references to the WHO and national health institutions: 'Instead of every fourth child now every second is overweight' (*Die Presse*, 2010-09-17), a newspaper article reports the changes. As a consequence, this trajectory is continuously reworked and becomes a taken-for-granted part of public discourses on obesity.

It is not only obesity rates that are depicted as being on the rise, but also comorbid conditions and with them the economic burden:

> '*Current figures urgently call for rethinking. Every year about one million Europeans die from the conditions that come along with being overweight and obese: cardiovascular diseases, diabetes or cancer; not to mention the costs for the health care system.' (Der Standard, 2006-12-22)*

Sensationalist and alarmist statements depict obesity as the 'most dangerous pandemic of the 21st century' (*Die Presse*, 2006-08-30) and are often presented as quotes from medical or epidemiological experts. Their forecasts of imminent danger are based on the idea that developments observed in other countries – mainly in the US – form a trajectory that can be transposed into other national contexts, and thus reveal how obesity will rise and spread in Austria as well. This implicitly assumes a cultural and biological homogeneity:

> '*The US is the region with the most obese inhabitants worldwide. Number 2 is Europe, which follows the US with some delay [...]. While in the US obesity has already touched broader circles in the middle and partly already upper-middle class, in Europe the phenomenon is still concentrated in the class with lower income and education.' (Profil, 2009-02-02)*

This statement from a magazine article projects an archetypical trajectory for obesity rates, in which 'Europe' follows the US. Furthermore, it exemplifies a timeline describing the move of obesity up the social ladder in the US context, a development also imminent in Europe. Interestingly, while national or cultural specifics (such as traditional food like schnitzel or Sacher cake) are often mentioned, neither this nor other articles depict them as making a substantive difference for the progression of the epidemic in Austria.

Through epidemiological trajectories, past, present, and future become aligned in a specific way, constituting obesity as a coherent and predictable phenomenon that can be understood and potentially managed. When data like the BMI or rates of accompanying diseases is assembled and ordered in media articles along specific timelines, it contributes to the constitution of causalities that often appear as self-evident. An example of this is the afore-mentioned idea that comorbidities like type 2 diabetes or cardiovascular diseases are unequivocal consequences of obesity, an assertion prominent in both the media and the focus group discussions. The imagination of obesity developing along a linear trajectory is very stable across the different media articles we analysed, and this, interestingly, is largely independent of the purported causes for obesity and the specific circumstances discussed in the article. It makes little difference whether obesity is claimed to be the result of an obesogenic environment,

of genetic factors or even, as an article suggested, of a virus. This testifies to the stability of this temporal figure.

Such stability was also evident in the focus group discussions, where participants occasionally made explicit reference to media articles:

> *'Yes, I always read the papers and on the web […]. And yes, they always write, and it is also my impression that people in Austria and the whole of Europe and the world [get] larger and larger, and that this is the disease of modernity.' (FG3_m8:69-76)*

An increase in obesity rates was often presented as a matter of fact that does not need to be backed up by concrete references and numbers. While in media articles explicit reference work still had to be done to establish such a claim, focus group participants seemed to take it for granted. They did not contest the general weight gain trajectory and merely cited media articles as confirmation of what they regarded as evident.

Besides epidemiological trajectories, we identified in the data narratives that concern individual bodies or persons: *individualized* and *personalized trajectories*. *Individualized trajectories* build on the idea that the individual progression of obesity can be deduced from epidemiological trajectories despite their status as statistical agglomerates. In the media articles, individualized trajectories build on epidemiological risk narratives and constitute causal chains of how certain choices in individual lives lead to predictable health problems. Accounts of overweight children who will be 'the overweight and obese adults of tomorrow' (*Profil*, 2009-02-02) are one such standard narrative. In media articles, biomedical experts often claim that traditional Austrian beliefs that chubbiness is a positive sign of a healthy and robust child are outdated and misleading. Participants in the focus groups reframed overweight children as future obese adults in a similar way. In line with arguments presented in the media but without explicit reference to experts, participants described their parents' mistakes in regard to nutrition and denounced practices like always having to eat up or being sent to feeding camps in the aftermath of the Second World War as the root of present-day struggles with body weight. They thus criticised what they saw as outdated – yet deeply rooted – cultural beliefs and instead embraced a decidedly biomedical framing. For example, a middle-aged male participant drew on such a framing in his introductory statement:

> *'Children become overweight in early years and this causes problems with their pancreas; so that in principle we bring up future diabetics, which will cost enormous amounts to the taxpayer and the health care system.' (FG1_m8:99-102)*

Such a biomedical model is based on causal chains that frame being overweight and obese as indicators of a (future) ill body. In this and similar accounts epidemiological trajectories are translated into individualized trajectories, and these in turn are tied to issues of (economic) responsibility towards the collective.

In discussing individualized trajectories, focus group participants accepted and drew on media accounts in similar ways as we described for epidemiological trajectories. In contrast, *personalized trajectories* – (auto)biographical narratives that retrace personal weight biographies by drawing on anecdotal evidence – differ more pronouncedly between the two materials. Media articles often illustrate their stories with

accounts delivered by affected individuals that focus on very personal aspects of what it means to be fat. For example, the longer magazine article 'Land of the Fat', which was published shortly after the first 'Austrian Obesity Report', juxtaposes reports on rising obesity rates with three dramatic accounts of personal struggle. One of these accounts tells the story of a very obese man who had 'snack attacks' that began in the wake of a major personal tragedy and led him to 'gorge himself up to a weight gain of 90 kilos, to a point where he could not even get up from a chair anymore' (*News*, 2006-34). Such and similar stories display right and wrong forms of self-conduct – of self-responsibility and how to deal with temptation and hardship – and thereby often convey a quite strong moral message.

In the focus groups, participants also told about their lives and eating habits, but often explicitly distanced themselves from scandalized media portrayals of what it means to be an obese person. They rejected stereotypical accounts and emphasized that they do not gorge themselves and are not simply undisciplined. Most participants stressed that in their own biography being overweight is attributable to more complex reasons. In one of our groups a woman who introduced herself as a formerly successful but now unemployed journalist told the story of how after a very physically active youth she started working in her late 20s:

> *'I stopped doing sports overnight. An extremely radical change of life […] in favour of solely working, working a lot. Now I have been working for 20 years and three years ago I have reached my highest weight of 127 kilos.' (FG4_f7:176-178)*

In contrast to often quite shocking transformations depicted in the media, personalized accounts in the focus groups often pointed at gradual transitions that nevertheless structured life into time-ordered phases with clear causalities. We found frequent references to beginning careers, the cessation of physical activities, and the onset of health issues. Other stories focused on alternating phases of losing and gaining weight. This figure of the 'yoyo effect' constitutes an upward trajectory as well: every pound lost seems to come back multiplied. Personalized trajectories within the group discussions are hence, firstly, deeply tied to a (re)writing of individual life stories through the lens of body weight. Elements that are potentially irrelevant to other life stories are moved to the fore as they are (re)interpreted as having an effect on a person's weight. Secondly, these narratives are a way of reinterpreting and escaping the normalized narratives of media accounts. They express a variety of (often invisible) changes that lead to the fat body in all its visibility. Participants thus reintroduced complexity into life stories and gave meaning to personal weight changes. They refused to let themselves be portrayed as passive victims and talked for example about shifting priorities in life. Personalized narratives within the focus group discussions thus introduce very different forms of agency as compared to similar accounts in the media.

Temporalities: Diagnosing temporal consequences of late modernity

The quote about changes in the rhythm of life at the beginning of this paper is drawn from a sequence in which participants heatedly debated the changes in pace of living that – in participants' views – characterize modern work and everyday life. We term accounts about the relation between obesity and a broader temporal restructur-

ing in late modern societies *temporalities*. These were not only brought up frequently in the group discussions, they also appear in numerous media articles, albeit, as we shall argue, in a less generalizing manner.

The experience of increased tempo is among the most frequently referenced in the group discussions. One male participant who used to work as a fitness instructor stated:

> *'Life has certainly become more stressful. You do not sit down anymore to prepare your meal, you eat your Big Mac or two, and additionally a shake – you gulp it down quickly, quickly […]. Life has certainly become faster, more stressful, and we don't have any time anymore.' (FG3_m2:403)*

In the ensuing debate, the other participants brought up their own examples, unanimously agreeing that an increased tempo diminishes the time to eat consciously and slowly. This debate featured two important aspects: First, fast food and other trends regarded as American served as negative symbols exemplifying an undesired societal development towards acceleration. Second, participants quickly strayed beyond the topic of food and obesity and had lengthy arguments about topics like mobile phones, emails, or other technologies that in their view contribute to a faster pace of living. As the participant in our opening quote put it, 'this is not the beat of man' (FG6_m5:2230-2237), pointing to a perceived threat to long-established societal values. An increased tempo, as seen in a 'trend towards fast cooking', is also picked up in media accounts discussing the roots of obesity, but, unlike in the focus groups, not related to wider moral aspects: 'A critical aspect of our modern society is the change in eating habits. Good food needs preparation – and preparation needs time' (*Profil*, 2007-03-05).

Tied to their discussions of an increased tempo, group participants put emphasis on the changing rhythm of life which, in their view, leads to a growing number of demands that people must face simultaneously. 'This rhythm is crazy, isn't it? And all this time pressure' (FG6_m5:2250), a former life coach in his early sixties stressed, pointing again to wider implications of the claimed temporal restructurings. He underlined the multiple co-existing demands put on each person. This topic had also come up in an earlier discussion among the participants: Issues such as 'gulping down a meal in the canteen' (FG6_m7:1060), 'eating breakfast while already working' (FG6_f3:1075), or 'the pressure to consume' (FG6_f4:1410) were raised, which allowed participants to find common ground. They agreed that people who are always rushed lose the capacity to perform tasks in a self-determined manner. As these examples illustrate, discussions of rhythm were often able to generate agreement around observations that concern very different parts of everyday life, well beyond immediate aspects of obesity. In media articles, we found similar accounts, but here they were much more focused on societal change directly related to obesity.

Nevertheless, articles and group discussions shared the unquestioned idea(l) that in former times individuals used to be more embedded in stable and coherent temporal structures, as expressed in well-defined meal times when families gathered around the dining table or in clearly maintained distinctions between work and leisure. Nowadays, the individual appears to be less and less embedded in such collectively shared structures, and consequently the social organization of eating is lost. In an in-

terview that is part of a larger article on the 'hype' that surrounds new biomedical treatments for obesity like drugs or surgery, a nutritionist argues: 'Eating is unfortunately increasingly degraded to a side activity' (*Profil*, 2007-05-03). Both media articles and group discussions share the assumption that as people living in the Global North become busier, by choice, by habit, or because they have to, the need for coordinating everyday tasks grows – and individuals are expected to acquire the necessary skills to order their time on their own.

The difficulty of time management is tied to the often stated perception that different tasks require different ways of structuring time that do not necessarily fit together, resulting in a tension that could be described as *asynchronicity***.** We find reference to such conflicting time frames in both sets of materials. A female participant who gained weight right after she started working recounts how she had 'neglected her life' for a job to the point where she had no time at all to exercise (FG4_f7:260). The former life coach put it this way:

> *'In former times work would adjust to the eating breaks. […] Today eating has to comply […] to the workflow. You gulp something in between, most of the time even in parallel to the work.' (FG6_m5:1222-32)*

Especially when accounting for their own weight, participants stressed a growing discrepancy between bodily/individual needs and societal pressure tied to a lack of control over one's own time. As they talked about general societal trends, their stories tended to become more moralizing and to attribute a lack of skills to affected individuals and society as a whole. Talking about themselves, conversely, participants stressed the role of wider societal and economic factors that put them into a position where they could no longer control their own time in ways that would be necessary and suitable for a 'slim lifestyle'. In contrast, such wider factors are largely absent in the media where articles tend to focus on food and dieting. An exception is one of the few critical articles, an op-ed in the weekly *Profil*, which denounces the prevalent moralizing discourse:

> *'People from lower classes do not consume cheap and quickly prepared food on purpose, but because they lack money and time. The fatal perspective of many health recommendations is that they are not compatible with the basic conditions of lower classes. […] When does the care worker go to Pilates? Where does the shift worker regularly get her freshly cooked meals made of high-quality organic ingredients?' (Profil, 2009-08-07)*

Group discussions and media articles both imply that people have lost control over their own time. Yet, media articles tend to relate this increasing heteronomy more narrowly to aspects of food and dieting, while the focus group participants pose a more explicit critique of modern ways of living. In this, obesity appears as only one of many consequences of changes in the temporal tissue of society. At the same time, these changes are related to what is seen as a decay of established value structures, and obesity thus becomes a symbol of this threatening development.

Timing: Making time and taking action

The temporal narratives traced so far often come along with descriptions of what should be done, when, and by whom, constituting specific forms of what we call *timing*. In media articles covering the obesity epidemic there is often a call for taking immediate action, pointing to the urgency of the issue. Expressions such as 'warning bells' (*Kurier*, 2005-03-31), 'imminent danger' (*Die Presse*, 2006-08-30), 'time bomb' (*Die Presse*, 2007-05-26), are followed by claims that obesity is 'escalating' *(Profil,* 2007-03-05), 'rising' (*Der Standard,* 2007-06-27) or 'doubling' (*News,* 2006-34). In this context, biomedical experts are frequently quoted as saying, for example: 'Now is the point in time when action has to be taken' (*Kurier*, 2005-03-31).

In the media, the epidemiological trajectory of obesity and its projected futures legitimizes calls for a reordering of society. However, imaginations of concrete forms of such a reordering exclusively remain on an economic level, as in debates around higher health insurance costs for overweight individuals. Scenarios of collective action in regard to the societal origins and consequences of the epidemic are never spelled out, leaving the individual as the only capable actor. This is tied to an appeal 'to take responsibility into one's own hand' (*News*, 2007-16), as the editor of the 'Austrian Obesity Report' is quoted in an extensive article on obesity and weight management.

While media articles lack clear ideas of how a collective reordering of society might look like, discussants in our groups were even hesitant to imagine that something could be done collectively. Here, narratives about individual responsibilities played a yet more central role. Drawing on a biomedical model of disease that is inherent in what we termed individualized trajectories, a female participant who successfully lost weight with the help of a diet group stressed that it would be inacceptable to simply 'lie at the age of 70 in a hospital bed and say: Take care of me' (FG1_f6:2013). Discussants used scenarios like this to stress the individual's responsibility and tended to regard a reliance on collective care and solidarity as both problematic and immoral.

Mostly, participants were less concerned with abstract biomedical predictions and situated questions of timing within their own life experiences. They thus negotiated shared normative assumptions about how obesity develops and when something should be done against the background of their own biographies. They narrated specific moments when taking action could no longer be postponed, as in the case of the previously mentioned former journalist who felt she had neglected her body in favour of her successful career:

> 'When I was standing or sitting and wanted to let my arms hang down, they would stick out [from my body]. This was the moment when I thought: This cannot be, it cannot go on like this.' (FG4_f7:776)

Some participants described themselves as normal looking kids who had gradually developed into obese adults. They described weight gain as a steady and at first unnoticed process and told stories about specific moments when they felt that realisation hit them suddenly. For one participant, this moment was linked to the focus group itself. In preparing for the group, he had recently calculated his BMI, noting that he was getting too close to the threshold of being overweight and should thus take action:

'This interesting BMI calculation showed that I was just about to become overweight. I didn't really believe it – there were just 0.2 points missing or so, then I would be over [the threshold]. Thus I consulted my wife: What should we do?' (FG4_m6:197)

Besides the interesting slip to the 'we' when it came to taking action, this quote illustrates the power of seemingly objective indicators. Even though our participants often called them into question, such indicators nevertheless – at least discursively – trigger action, constituting moments when the individual learns to audit him/herself. In the wake of realizing and acknowledging their weight gain, informants also told us how they came to see their own biographies in a new light. They learned to reinterpret their own lives by retracing moments like starting to work or getting married in order to understand how they came to gain weight.

In the focus groups, changing one's ways in order to lose weight is tied to an understanding that one has 'to make time for yourself' (FG6_f6:1345). As the individual is no longer embedded in collective temporalities like regular dinner times, it is deemed necessary to implement individual time structures that guarantee regular eating and exercising. This is framed as a matter of discipline, as vehemently expressed by the former fitness instructor: 'Everybody must do this for him/herself. And if somebody can't do this – bring discipline into his life – it is his own fault' (FG3_m2:1101). Furthermore, given the heteronomy of contemporary life, people have to learn to find workarounds, squeeze their time into pre-existing structures, in short, make the time needed to work on one's body, i.e. to cook, eat, and do sports.

Both media articles and group discussions contain accounts of when and how to take action as well as a common understanding that life has become more stressful in society as a whole. While the media posit a need for collective measures without spelling them out, group discussions contain more detailed and vivid descriptions of the individual's possibilities and need to structure her own time. But despite differences in how narratives are constructed, both materials narrate timescapes in which it is the individual who has to take care of handling temporal pressures.

Discussion

Focusing on temporal narratives in discourses on obesity, we have not treated 'social time forms as […] taken-for-granted, unquestioned assumptions' (Adam, 2003:60), but have tried to make visible the work they accomplish. The analysis of temporal aspects in the constitution of socio-medical phenomena allows us to avoid the usual divides between social and biomedical explanations of obesity and helps us to understand how temporal narratives give order and coherence both to common-sense understandings and scientific accounts. Crossing culture and nature, time is a structuring force in all of these domains.

In particular, we have distinguished three major groups of temporal narratives that are weaved together to form distinct timescapes, allowing for different versions of obesity and society. Within these timescapes, the narratives are connected but partly perform distinct things.

The first group of narratives, labelled **trajectories,** perform what Mol (2002) has called 'ontological politics'. They grant obesity a past and a future that can be regard-

ed as settled and predictable. Within the media, this is done through the imposition of a specific version of obesity that is mainly performed through numbers. The implicit belief that data on obesity is based on rigid empirical protocols renders trajectories objective, and enables a shared understanding and trust that goes beyond the epidemiological community that has produced the data (Porter, 1995). Trajectories, viewed as easily transportable time-ordered assemblages of data, enact a specific temporal dynamic of obesity and define its structure and direction. This gives obesity credibility as a socio-medical phenomenon without explicating medical specificities beyond simple mechanistic input-output relations: If you eat less, you will lose weight; if you eat more, you will gain weight. The transportability of this temporal order is also evident in the focus groups, where clear-cut causal models of obesity form tacitly shared and taken-for-granted background assumptions.

By imposing a specific time order, the phenomenon of the obesity epidemic can appear as an ontologically well-circumscribed 'global' entity, part of what Law (2011) calls a 'one-world world'. But a closer analysis of our two sets of materials has revealed how beneath the seeming consensus of what obesity is lies a complex multiplicity of different stories and accounts that constitutes multiple versions of this seemingly singular 'object' (Mol, 2002). While media articles tend to subscribe to a more globalized biomedical account of obesity and its timescapes, the focus groups are arenas where more local, idiosyncratic, and biographically embedded versions of the phenomenon are performed.

The second group of narratives we identified are **temporalities.** They are mainly about diagnostic statements and explanations for the emergence of obesity. These narratives point to the co-existence of different time orders and the growing tensions these time orders produce in everyday life. Within what we have called 'diagnostic narratives' (Felt et al., 2014), obesity appears as an indicator of a societal disorder that requires intervention. Stories on obesity become a site for reflecting on changing temporal structures and on how contemporary societies handle issues of time. Within the media, these changes are closely discussed in relation to the phenomenon of obesity. In contrast, participants in the focus groups tended to make more comprehensive claims about society at large and discussed obesity as but one exemplar of what they perceived as a wider societal aberration. In both materials, these temporal developments are widely understood to have their own momentum and to be difficult to control. In the end, these temporal narratives are mainly about the imperfect fit between citizens and their bodies and the challenges of late modernity. Furthermore, they also contain references to the specific Austrian context as they point at specific eating habits and broader imaginaries of local rhythms of life.

The third group of narratives – **timing** – is mainly about issues of responsibility and agency. Media articles state the urge for collective measures while the focus groups lack such imaginations of collective agency. Across both materials, there seems to be little room for scenarios of large-scale change in the timescapes of contemporary societies. Mastering time, folding and framing it in particular ways, and taking action when windows of opportunity are open: All this becomes the responsibility of the individual who has to organise his/her own time within the wider timescapes. While obesity is in both materials narrated as a collective problem, solutions are situated predominantly at the level of the individual.

Conclusions

Comparing the group discussions and media articles has allowed us to show both similarities and differences in how temporal narratives are weaved together into complex timescapes. These differentiated and differentiating constitutions of multiple versions of obesity and society are politically consequential as they are tied to what Mol (2002) has called 'politics-of-who' and 'politics-of-what'. Each performance of the phenomenon gives voice to specific actors, presents a different blend of what constitutes obesity, and distributes blame and responsibilities differently. In the media, biomedical knowledge is put to the fore and possible collective actors are addressed. Individuals are largely rendered passive and victimized at the same time as they are made responsible and called upon to act. In the focus groups, on the contrary, biomedical knowledge is largely implicit within commonsensical accounts of temporal developments. The participants, while denouncing the state of society and the passivity of their fellow citizens, reclaim active agency for themselves. Both media articles and group discussions constitute timescapes that consist of similar elements – trajectories, temporalities, and timing – yet they are assembled differently and allow partly different viewpoints and interpretations. Through investigating both materials, our analysis points at how these two discursive arenas are intertwined, at how stories travel and converge, but also at how they diverge in quite important ways. In particular when it comes to issues of responsibility, agency or possible solutions, differences are striking. This highlights the importance of a multi-arena approach to fully understand the tensions between different framings of health related issues.

Further, the comparison allowed us to highlight the specific role of temporal narratives in the constitution of a health phenomenon and the transportability of accounts and knowledge. We could show how the general contour of timescapes remains stable across our two sites of investigation and ties together different imaginations in a robust and shared causal structure. For example, no matter whether the causes of obesity are attributed to developments in food environments, to moral decay, or to changing work patterns, the basic phenomenon remains the same and leaves the individual in the centre of agency. The robustness of temporal narratives is also evident in the transportability of trajectories and explanations across cultural and national contexts: In this way, Austria can be imagined as a latecomer that repeats a development that has been outlined in the US.

Relating theoretical work on time to our empirical material opened up novel perspectives for understanding the construction of obesity as a socio-medical phenomenon. It allowed us to show how temporal narratives play an important role in classifying and ordering both the biomedical phenomenon and its accompanying social worlds. Connecting theories and empirical observations also made it possible for us to unravel the more concrete ways in which temporal narratives contribute to the stability and coherence of biomedical phenomena. We thus hope to have offered an empirically grounded understanding of how timescapes are assembled out of a specific set of temporal narratives. Further, we wanted to show how an analysis of time advances an understanding of how obesity is constructed as a coherent phenomenon that distributes responsibilities and agencies in distinct ways. Our time-sensitive analysis made the co-production of social and biomedical worlds through temporal narratives empirically traceable.

In a similar vein, other contemporary biomedical phenomena might be better understood through analysing their temporal texture. Such an analysis can show how time becomes a tacitly governing force, opening up or closing down possibilities for action. Obesity could thus be seen as only one arena where we can observe how questions of time and temporalities play an important role for understanding phenomena and for acting upon them in late modern societies. Hence we argue that a similar analysis of timescapes might be fruitful for investigating contemporary health issues through unravelling the role that time plays in their constitution.

The concept of timescapes makes us aware that time and temporalities play an often neglected and mostly invisible – but nevertheless essential – part in organising modernity, and thus in understanding complex phenomena like obesity. Lifestyle related diseases like obesity constitute an increasing proportion of health issues and call for new health care policies. A key challenge in formulating such policies is to find a balance between a consideration of individual responsibility and a careful rethinking of societal structures and entrenched routines. Our study strongly indicates that it would be necessary to question the taken-for-granted assumptions about time and to consider ways of addressing the temporal tissue of contemporary societies in order to both improve health policy discourse in general and develop adequate interventions and support related to obesity in particular. Sensitivity towards time renders visible the multiple entanglements of biomedical phenomena with questions of collective life in contemporary societies, and with people's individual choices about how to lead their lives. Taking temporal narratives into account would thus open up a heightened reflexivity of how they not only tacitly govern the perception of a complex biomedical issue and frame responsibility, but also of how they limit the scope of thinkable solutions.

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