At spise
– ikke kun et spørgsmål om mad

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Aims and scopes

The Journal for Research in Sickness and Society is an interdisciplinary journal which has a theoretical background in medical anthropology. The aim and purpose of the journal is to promote and develop research in the borderland between the health sciences and the humanities/the social sciences. The goal of the journal is to function as a forum in which these disciplines may meet and inspire each other – epistemologically, methodologically and theoretically. The journal conveys the debate and theoretical development which takes place in the growing collaboration and research initiatives emerging from this borderland. The journal addresses all with an interest in research in sickness and society and especially health professionals working with education and/or research in interdisciplinary institutions.

Indhold

Originalartikel

Being stout: on health and lifestyle-change

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I vestlig diskurs, er god helse blitt individets egen moralske plikt. Ettersom overvekt må stamme enten fra uvitenhet eller manglende viljestyrke, kan det sies at fedme peker til motsatsen til Det moralske individ. Anlegger man et sådan moralsk perspektiv vil man imidlertid stå i fare for å misforstå hva massive kropper kan bety for den enkelte, ettersom viljestyrke ikke nødvendigvis er i kjernen av egen forståelse av det å være stor. Basert på casestudie av en ung, norsk overvektspasient, "Ulrik" – undersøker denne artikkelen hvordan en selverklært "tjukkas" forholder seg til samfunnets forståelse av hans type kropp. Skjønt han aldri kan frigi seg fullstendig fra tanken om at "fett er farlig", innebærer for Ulrik det å være stor samtidig det å være fysisk sterk. Det å fremstå som "tøff" er med andre ord til hindring for hans genuine deltagelse i overvektsbehandlingen og kompliserer mulighetene for vekttap gjennom livsstilsendring. Man bør innen overvektproblematikk, streve etter å forstå enkeltindividet. Debatten er først og fremst myntet på fagfolk opptatt av hvordan konseptet helse gjennom rett livsførsel gjør seg gjeldende i moderne samfunn.

This article discusses factors which from a (teenage) patient's perspective complicate adherence and commitment to obesity treatment. I investigate the individual-level meaning of the conceptual chain 'health' (through) 'lifestyle-change' – which seems pertinent for several reasons. Paediatric obesity is, on the one hand, perceived as an alarming medical and social problem (e.g. Haslam & James, 2005). Conventional, non-surgical treatment consists largely of encouraging enduring changes in the patient, in terms of reduced intake of food and increased physical activity (e.g. Barlow, 2007; Spear et al, 2007). Documentation on long-term effects has been scarce (e.g. Summerbell et al, 2003). The traditional medical approach might not adequately account for socio-cultural factors that predispose and maintain obesity. On the other hand, generally, the paediatric obese are imagined to "embody an anti-ideal" (Gilbert, 2002, p.11) and "all the properties falling outside the health-signified self" (Petersen & Lupton, 1996, p. 25). Obesity, essentially, signifies immorality. Clearly, related discourses might easily rub off on a young person's sense of identity. At the same time, obesity is a condition which evokes the undeniable description, " … Inexpungible but for extreme exertion[1]".

To bring light to this veritable double bind – that obesity reads bad health/bad morals but cannot easily be reversed or removed – I draw on the circumstances of one particular patient. I take this as important social data in its own right. More pointedly, since the aetiology of obesity varies with individuals, I highlight the generic importance in addressing childhood adiposity, of considering closely the circumstances of life of the individual youngster. If that appears a banal call, it is nonetheless necessary. Society's fundamentally moral view of (paediatric) obesity is such, I argue, that in dominant discourses, as in interpersonal encounters, the individual tends to be 'erased' or 'imprisoned' by the rhetoric[2]. Society takes for granted obesity means pathology, assuming this meaning is shared (or, at one point, will be) by the obese individual. We overlook how people can read anything else into being large. Said slightly differently, to be fat is to be burdened with a communal, overriding and stigmatising identity, in all articulated in relation to the fundamental (medico-scientific) perception of obesity: Energy in/energy out. That dictum reduces the condition to a visual representation of an individual's overindulgence and laziness. It also, conversely, has direct bearing on weight-regulation discourses. The obese patient is, in moral terms, left with impossibly little room to manoeuvre. Metaphorically called on to surrender his former self completely, renounce his entire moral code, a patient must certainly adopt a whole new mindset on food and exercise – but no less submit to the notion that "obesity is bad". In the following, note how Ulrik deflects the more biting moral ramifica-

tions associated with obese bodies by reconstructing the meaning-content of the keywords 'Knowledge', 'Attitude', 'Incentive' and 'Representations of Obesity'. I suggest this is somehow Ulrik's way of 'having his voice heard'. Understanding the individual seems crucial. Inasmuch as the mainstay of obesity-treatment rhetoric – "Eat less, do more!" – might appear moot to someone whose perception of large bodies differs radically from socio-medico conceptualisations.

Methods

Recruited through a Norwegian treatment-programme for children – aged 3-17, with weight-for-height above the 97.5 percentile – Ulrik (14) was one of fifteen participants in a research-project on social aspects of childhood and adolescent obesity. Ulrik's participation generated a particularly fertile series of research encounters. Five afternoons, over a three-month period, we convened in a bowling-alley for conversations and activities. We conversed while bowling and afterwards in a more secluded setting, in the alley's conference room. Ulrik was accompanied throughout our interaction by Karl, (volunteer "Big-Brother"/"lifestyle-coach") whose presence very much added to the dynamics of our communication[3]. Karl provided valuable insight into the experience of living life as a large individual, himself having undergone "lifesaving obesity surgery". He supplemented Ulrik's verbal and non-verbal input with several extensive, more structured private conversations.

In planning a methodology for the research, it was assumed children/adolescents make for different 'informants' than would adults in the same situation (e.g. Gordon, 1992) – perhaps more easily distracted for one. In addition, the theme of the research was presumed a potentially disquieting topic for youngsters. Taking this into account, a tailor-made approach was crafted to facilitate conversational communication with participants and observation of their interaction with different social milieux (e.g. Hilden, 2003). This came to involve doing together the leisure activities of the individual's choice (often as it turned out, bowling). I have not encountered a similar approach in previous research on paediatric obesity. The idea brainstormed with colleagues was that conversations in informal settings, before, during and perhaps after activities, might yield more than 'interviews' on hospital premises. Engaging in assorted leisure activities proved highly suitable for 'breaking the ice', getting the kids talking, as well as allowing for interactional observations. Procedures were advised by the hospital's ethics com-

mittee, Regional Ethics Committee (REK) and Norwegian Data Service. Data collection took place between May 2006 and June 2007.

From among the group of young patients, Ulrik has been chosen for close discussion partly because, as an individual, he might be said to both confirm and contradict common stereotypes about obese people. Significantly, Ulrik's narrative illustrates how large bodies may carry connotations to the obese individual, such as comfort, pleasure and strength – while, at the same time, this bodily reality must be articulated against society's constantly overriding message of pathology. As will be seen, this point is actualised in Ulrik's relationship to the treatment-program where he had been a patient for about two years. The programme explicitly recognises that being large can be experienced as having positive personal significance. But this is perhaps best viewed as a pedagogical device in as far as "lifestyle-change" is foremost in the treatment-philosophy. Ulrik, meanwhile, had been slow in making actual changes. His future involvement in the programme, effectively, seemed uncertain. Focusing on Ulrik specifically allows for an angle on adolescent obesity not frequently encountered in the ongoing debate on "the obesity epidemic" (Gard & Wright, 2005).

Context

I shortly introduce Ulrik empirically. First, a glance at some of the discourses a youth encounters as obese teenager in Norway. Arguably, many of the extant prejudices against obese people stem from the basic-most biological understanding of obesity, viz. the measure-for-measure result of sustained surplus of energy. That thermodynamic premise ultimately colours medical discourses and popular perceptions alike. It doesn't seem far-fetched to argue that balance of energy is the result of behaviour. Many people would agree, all things being equal, it follows that if an individual so truly desires he can, "Push himself from the table, and be thin". Any failure to do so all but confirms the notion that obesity reflects the moral character of the individual. Consequently, he who 'chooses' to remain fat tends automatically to be written off as either ignorant or lacking the willpower necessary to stay the course.

Given common stereotypes, it is noteworthy that the paediatric obese are expected to personally assume responsibility (albeit with collaboration and support of family) for own treatment (Schwartz & Puhl, 2003). Also, "If you have inherited the disease obesity, it is not enough to live as normal-weight people do regarding

exercise and diet – you have to live a more-than-perfect lifestyle" (Flodmark, Lissau & Pietrobelli, 2005, p. 15). That statement merits closer scrutiny on several levels. Relevant here is the acknowledgment of the only "real cure" for obesity: A lifelong (it has been said, "obsessive") application of sheer willpower. Remarkably, the absence of that particular human quality is generally recognized as the sine qua non of the very condition.

Obesity makes for stigmatized identity in teenagers of both genders. This is extensively documented. (Some report markedly more adverse social effects in females, e.g. Reilly et al, 2003; BMJ, 2005; 330). Gortmaker et al (1993) argued paediatric obesity carries more severe social consequences than many other chronic conditions. To the point that, waist-to-hip-ratio has been dubbed, "A measure of hopelessness" (Adolfsson, 2004, p. 9). Accredited feelings of diminished bodily competence (Braet & Mervielde, 1997), obese youngsters are at greater risk of mistreatment by peers (Pearce, Boergers & Prinstein, 2002). Unlike 'positive', the list of reported negative characteristics is easily expandable. One well-known psychological sequel is that obesity precedes low self-esteem in many children, suggesting causality (Hesketh, Wake & Waters, 2004). It depends on age and gender (Cameron, Norgan & Ellison, 2006): Regarding Ulrik's age-bracket, "Significantly lower levels", have been found in obese boys at ages 13-14 (Strauss, 2000; French, Story & Perry, 1995). Unsurprisingly, improving self-esteem in patients has been identified as important to reversing obesity (French, Perry, Leon & Fulkerson, 1996).

'Coping' is integral to treatment-philosophy in the programme where Ulrik was involved. As promoted in brochures and promulgated by staff, the young patients and their families are ideally meant to acquire skills to "master" their social surroundings in new ways, through instruction and encouragement towards making appropriately healthy everyday choices. Implicitly though crucially, this can only work if the youngsters exercise willpower. (In such a schema, mastery is will-power supported by knowledge). It would seem tantamount to a statement of defeat for a staff member to allow for ignorance to be the driving factor behind patients' faulty lifestyle choices. Disseminating knowledge is a medical responsibility; acting on it falls to the patient. The interplay of these factors is exemplified by the following statement, by a staff-member:

> "With these kids, it's a question of attitude. I suspect they'd rather have a wonder-pill they could take and be thin, then go on living the same lifestyle. I mean, it's not like they don't know what's healthy and not …"

Treatment rhetoric and popular understandings of obesity intertwine and overlap, leaving a child with little recourse to alternative meanings as to what his body 'means'. The tinted moral nature of obesity, ultimately, chips away at a young patient's strategies for handling his regimen. The following discussion is informed by a notion that an individual only has these same discourses to fall back on, to guide himself through the maze of his condition.

Observations

"Happy is one who stands like a sturdy pillar" (R. Shim'on)

As an introductory caveat to this empirical section, I uphold the necessity of treading cautiously in applying established categories to a qualitative analysis of male adolescent obesity. One should not assume BMI carries particular and comprehensive significance for teenagers; best avoid adult-based understandings (Backett-Milburn, Wills, Gregory & Lawton, 2006). However, in order to prepare the reader to the urgency Ulrik's condition aroused in treatment-staff and others, in terms of sheer weight, I assumed his BMI to have been among the highest in the programme. I stress for clarity, Ulrik professed to suffer no comorbidities associated with obesity.

Ulrik is a lad who engaged the world with some bravado, though in a manner perhaps informed by the somewhat complex social problems in his life. Robust rotundity certainly hadn't lessened his physical strength, and this was a matter of great importance to him; neither had it seemingly depressed his self-confidence. His locomotor agility and competence were nothing short of impressive. This was particularly evident on one occasion at the bowling-alley. Ulrik, Karl and I were joined by an acquaintance of Ulrik's – a "very slim" boy, whom Ulrik held in some contempt, jocularly, calling him puny and weak. Bowling, Ulrik certainly played at another level than the other boy, whose (truth be told) childish strength and body-control produced only the feeble-most 'gutter-ball' projections. Ulrik easily outshone even Karl, the volunteer "Big-Brother" – himself "a very stout man" (a description borrowed from Scripture; as below).The following excerpt is from field-notes taken that afternoon, intended here to illustrate how Ulrik, as it were, experienced a direct link between being large and strong/confident[4]:

The audacious force Ulrik brings to bear on the pins is succinctly brought audibly home; it resounds in their clatter when made to uniformly scatter –

round after immaculate round. In a moment of pure indulgence, strutting with brazen confidence, Ulrik ostentatiously establishes the acme of his bowling ability. "He does not totter …" as he steps back fully three metres to the very end of the lane. With a triumphant grin splayed across his face, he dispenses the ball – stationary! Demonstrating that even from highly unorthodox positions, he is apt to deliver with his regular, deft precision. In so doing, he appears merely to let the ball slip from his hand and not at all as if expediting noteworthy exertion in his movement.

Why introduce Ulrik in this manner, casting him so at odds with conventional assumptions about obese youngsters? To intimate that for him, weight loss for the sake of some future benefit to his health, is an abstract concept compared to the very real advantages he associates with his body's condition. I understood Ulrik's rough-and-tumble way of dealing with the world to be nourished by his bodily vigour and physical strength. This may in turn have worked to isolate and insulate against "the ills of life". It was my working assumption that this sort of two-way process paralleled in Ulrik's perception of his very body itself, its size and dimensions, muscles and fat. Ulrik's weight status, the social issues in his life, and his 'personality', seemed somehow intermeshed as part problem, part 'strategy' for dealing with these same interconnected issues. From Ulrik's perspective, if you were to diminish "the aggrandizement of his bodily appearance" (Bruch, 1997), i.e. have him slim down – this would effectively undermine his " … foundation of strength". Critically, this might leave him less respected among his peers. As Karl put it, "*A weakling is not the kind of kid he wants to be*". To his mind, Ulrik risks becoming just like his "*slim and puny*" acquaintance, who, otherwise, "*lives the exact same way*". In brief, the quote at the head of this section is intended to capture something of what Ulrik read into being large.

Ulrik resists 'change'?

Ulrik's social problems are beyond the scope of this paper, I hint at how they complicated the issue. Suffice to say, "Substantial parental involvement" might facilitate treatment objectives (Zametkin, Zoon, Klein & Munson, 2004). The dynamics of his relationship with Karl provide insight into how Ulrik dealt with the topical issues, health and lifestyle-change. I hold it wasn't ignorance separating Ulrik from these concepts. Even if this young boy appeared to resist making changes in his life, the logic behind his being pushed to do so, did not elude him.

Ulrik's self-styled mentor had dedicated himself to inculcating in the lad, *"Values more compatible with the aims of treatment"*. Karl's strategy *("I am the only one who does anything"*) included scheduled weekly excursions, such as swimming, the drafting of an intake-regimen for Ulrik to follow, and all the encouragement he could muster from his own experience. Karl spoke with the authority and zeal one might expect from a survivor of obesity surgery. Under the circumstances, Karl felt Ulrik needed a form of *"life tutoring"*, an argument he saw as timely after Ulrik quit the exercise training organized through the treatment-program. This decision on Ulrik's part had been inspired by the opinion that, *"Those kids were all sissies ... And we had to use garbage cans for basketball hoops!"* Following this development, Ulrik and Karl agreed (albeit on the latter's continued insistence) to exercise at own leisure and initiative. Like many participants in the project, Ulrik regarded swimming an enjoyable option, whereas walking: *"Not cool! It's not cool walking around the lake or anything!"* Quipped Karl:

"I know exactly how it is, Ulrik! I did it for many years – planted on the sofa. Very nice, it nearly killed me! I made up my mind to live a little longer. I started doing something. That sofa's put sixteen kilos on you in a year, Ulrik!"

As it turned out, Ulrik's reluctant pledge to more activity proved slow in turning into an enduring pattern. It is fair to say his consistently cavalier outlook prompted dismay in those trying to influence his behaviour. Between Karl and the treatment-staff there was at times an air of desperation arising from Ulrik's *"failure to realize"* the implications and scope of the situation.

Little point in slimming

Bear in mind, in general terms, one might expect a boy of fourteen to be loath to engage in anything he perceives as effeminate, childish, lacking in challenge and the like. As Karl put it, *"There's a great deal of difference between him and a girl of ten or twelve"*. It may therefore not surprise, "*Skipping ropes is not for him!"* True, Ulrik expressed rather negative opinions on issues of exertion; it depended on context:

"A mate has one a' them Exercisers … My Mum says I can't get one, that they're pointless. But I think it's mellow to use, it feels good afterwards! It bends the lower-back all the way – sit-ups, man!"

From Ulrik's perspective, there's more to it than motivation. Likely, his strength and confidence had been enhanced by a somewhat regimented school-day, at *"a work-school"*, with outdoor manual labour, lumber and mechanics, interspersed

with academic subjects. Compared to regular school, this presumably involved some level of increase in his average daily energy expenditure. Ulrik claimed complete exhaustion on arrival home, a recurring conversational theme. He presented this afternoon fatigue as the reason for his disinclination to engage in all forms of leisure-time physical activity, and why he seldom left the house on his own volition. Ignorant beforehand of his school, I was put to shame first time the issue was raised. He became somewhat agitated when asked how he'd react if offered extra gym-classes: *"That'd be ridiculous, man! My school is gym all the time!"* Fiercely proud of his body-strength and tough-guy demeanour, it is worth noting Ulrik found reason to complain about the strenuousness of his school-day. Ulrik saw little reason to increase his activity-level in leisure.

'Obesity is bad [for you]!' – A familiar public health message

It would seem Karl's informal approach and personal expertise had failed to tip the scales towards Ulrik's more wholehearted commitment to the aims of treatment. (Having previously quit exercise-training) Ulrik was at one point given notice of his imminent ejection from the programme, should he fail to comply and conform. This disclosure was the preamble for the field-notes excerpt below. The episode came to light as a result of Karl quizzing Ulrik about it. According to Karl's allegation, during a consultation with treatment-staff, Ulrik had unabashedly spoken of his ongoing habit of polishing off two-litre boxes of ice-cream in a single sitting. Having completed our turns at bowling, (in a more private setting) the following exchange took place:

Initially, Ulrik is reluctant to say very much – understandably so. Judging it best to proceed cautiously, I ask what he thinks his body will look like in ten years time. *"Very big!"* he answers, in English as if to make things less personal. Looking Ulrik unflinchingly in the eye, Karl interjects: *"What do you think will happen then?"* Karl is more confrontational. *" … Have you considered how your body will be like when it gets that big?" "I'm dead!"* Ulrik responds, again in English. "*Now you weigh more than 100 [kg] and you're only 14!"* Karl won't let him off. *"I was much older before I weighed that. Listen, if you continue gaining you'll be sure to damage yourself,"* he says mercilessly[5]. Likely, the pressure this moment exerts on Ulrik to accept a more normative understanding of his body-state, is more intense than he has hitherto been subject to during actual treatment. Karl has virtually got him by the collar:

"Look what happened to me! Remember how I looked when we first met?" Less flippant now, Ulrik says, *"I didn't mind how you looked …"* It fails to placate Karl. *"I almost died from obesity! Ulrik, listen to me. You've got to do something about this! You've gained 16 kilos in a year! Wha'dya think you must to do to cope with this?"* Unhesitatingly, if somewhat mechanically Ulrik answers*: "Eat less and do more … ,"* making clear he is not entirely unaffected by official discourses.

The following week: Ulrik immediately seems more receptive, perhaps having given our previous encounter some deliberation*: "When I take food now,"* he claims – *"I always consider what Karl said! When I'm about to butter bread … I stop myself because I remember what he told me."* Karl: *"That's good, Ulrik, it shows you cope with that eating-situation … Excellent!"* Referring to the food schedule Karl has drafted for him, Ulrik says: *"But I probably won't be able to keep the four-hour-rule – school and everything, you know. Mealtime there's fixed …"* Karl explains to him again the importance of eating regularly. *"In many ways you're luckier than me, Ulrik,"* he continues, with text-book authority, as he grabs hold of his own spare-tyre paunch. *"The dangerous fat is what's called abdominal fat, beer-belly. This! Your fat is more all over; that's healthier. Its belly-fat that's dangerous!"* Ulrik laughs, *"Beer-belly you get from beer!"* Before long, Karl vents frustration at Ulrik's attitude towards his weight. *"I came to his house once",* he says, addressing the third party anthropologist. *"Right in front of me he guzzled down a pint of custard. 'It tastes good', he told me! I said, 'You'll never loose weight like that' … I calculated your BMI the other day, Ulrik … Its 40! You know, right now, you actually qualify for surgery!"* Karl shakes his head. Meek, at this point, Ulrik can only insist he has begun to change his ways. *"Now I know what is healthy. Mum told me it's better to eat two litres of ice-cream than a bag of crisps. That's why I told them that at the hospital …"*

Discussion

Prejudice 'confirmed'

The above exposé sheds light on some of Ulrik's concerns vis-à-vis his commitment to weight loss.

I now return to contemporary discourses defining adolescent obesity as a social and health-related issue, placing Ulrik's situation more closely within this framework; to draw out how his hands, as it were, are tied. As a social phenomenon obesity is read to express 'poverty', 'ignorance', and 'disease'. And more specifically, automatically, unequivocally, and morally scathingly: 'gluttony' and 'sloth'. It seems

incontrovertible Ulrik's body-state bespeaks the latter human qualities. An analysis wishing to do his reality justice would be amiss to neglect, he 'confirms' many fat-prejudices. It was made clear, often Ulrik would simply not be persuaded to forego his habitual afternoon recline with his computer. Even though – like everyone else – he eats and acts in given ways to mediate his particular social surroundings, unmistakably, he likes food too. *"If you offer me a hamburger, I'd say 'Thanks!' They taste nice, I tell'ya!"* The point is energy-in/energy-out is central to treatment rhetoric. In discussing Ulrik's weight-and-health-related behaviour, it is hard to miss the dimension of unregulated consumption – a term which might sit well with both Lupton and Valverde (1998). Akin to "tremens without trembling" (to finagle a phrase from a Norwegian writer), I find something in Ulrik's consumption stands out as a simile for bulimia-without-the-purges. At the same time it seems vital to keep in mind, the requirements of his daily activities, cutting and carrying lumber, may be detrimental to substantial reductions in energy intake. Ulrik is a growing boy.

Working all day – still lazy?

On physical activity, I must point out the efficacy of exertion towards weight loss in adolescents is subject to dispute, while significant individual variation has been established. A person's participation in physical activity is contingent partly on factors external to the individual, beyond issues of priority, personal competence, and self-consciousness etc (e.g. Nordic Council of Ministers, 2006; Sallis, 2007; Trost, Kerr, Ward & Pate, 2001). In terms of "lifestyle-change", the importance of access to accommodating sports-facilities and an encouraging social environment cannot be ignored. Beyond explicit criticism of the treatment-programme, inherit in Karl's views, he expounded on how other forms of organised activities fail to accommodate Ulrik's particular circumstances. Ulrik had for example been prevented from using the weightlifting equipment at his local gym, on account of his tender age:

"*With a physique like his, there's no way that could hurt him. That sort of thing isn't very helpful, when pushing weights is what he wants to do! I guess it goes to show how society's attitude must change too.*"

Karl's sentiment illustrates, more broadly, how there are very few 'good cultural ways' to think about large bodies (Wathne, in press). Morality renders mute any potentially positive message. Socio-cultural factors might bear heavy on individuals' long-term adherence to substantial lifestyle-change. I therefore argue, with previous authors, that endeavours to enhance levels of physical activity in youth stand to be-

nefit from paying close heed to the personality, preferences, needs, and individual circumstances of the target group (Blair et al, 1993; Neumark-Sztainer et al, 1997).

Notwithstanding, Karl for one realised, some adolescents fail to make use of sports-facilities even if they live in close proximity to such resources:

"When you're as big as Ulrik, you just can't be bothered getting started with anything. Everything's a drag, your body included. Literally! Everything sucks! That's where he's at right now – trust me, I know the feeling! He won't do anything unless I pull him out …"

Between his lack of incentive to slim, his personal attitude to being exertive, and the arduousness of his school-day, the arguments put to Ulrik to become more active seemed to ring out less sonorously than other concerns and interests in his life. This arguably held true to his diet. Ulrik, as it were, was able (intermittently) to 'divert' many of the negative associations medical and popular discourses tie to his bodily state. He did this, seemingly, by projecting himself as embodying the positive connotations he tied to (some configurations of) large bodies, sc. strength and confidence. *"Not all tragedy, being the fat-kid!"* he claimed; credibly. To the "fat-kid" and his peers alike, a large body with muscles comes across as 'Powerful' – an identity which can override 'Fat'. Indeed, less muscular/assertive male participants professed radically different experiences; bullied rather than bullies. For some adolescent boys 'being strong' is a hindrance to slimming. To extrapolate, individuals who correspond to the personality-cum-body type outlined here might be at heightened disposition to adult obesity.

However, the respite Ulrik could draw from being large/strong, was clearly situational. Able to fall back on this resource in some social situations important to him, one should not assume he at any time could free himself entirely from wider society's starkly incommensurable message. Making everyday decisions, likely he had to juggle these contradictions. By the end of our interaction Karl had frankly nuanced his hope of scaring Ulrik straight. Ulrik's words encapsulate his attitude to the project of change. *"I don't really care what they say at the centre. I only listen to Karl anyway*!"

Knowledge & willpower

Improving parents' knowledge of nutrition is often held as essential towards curbing childhood obesity (e.g. Gable & Lutz 2000). I say only part of Ulrik's pattern of consumption and activity should be written down to (what Karl took to be genuine maternal) ignorance of nourishment and physical activity. Nevertheless,

Ulrik's involvement in treatment appears to have proven fairly unsuccessful; in his desire for actual weight loss as well as in overall commitment. He frequently indicated aloofness regarding his 'health':

"*What they tell me at the hospital? I don't know – I don't remember much. Mum keeps the sheet with all the food advice and stuff. She tells me what to do …*"

However, this does not indicate he is ignorant of, or deems irrelevant to him, the salubrious effects of say, "being active". (CF: "Work-school"). In common with practically all participants in the research-project, Ulrik certainly is aware of – he knows – the axioms on 'physical activity', 'obesity' and 'health'. And that is hardly surprising; this kind of information is widely disseminated in the general population (e.g. Mortensen, 2008; Kafatos et al, 1999). Precisely, the current debate has been developed to suggest how health promotion strategies succeed –

"As is apparent in the ways people articulate their concerns about their health and the types of health-enhancing activities in which they engage" (Lupton, 1995, p. 131).

Even if, some individuals might articulate such concerns contextually and, it may be added, apply their own peculiar logic to the process.

Hilda Bruch classically described paediatric obesity as a type of "somatic compensation", whereby, "The total size of the body becomes the expressive organ of the *conflict*" (Bruch, 1997, p.161; italics added). This turn of phrase indicates there is more to 'obesity-related behaviour', beyond information and motivation. However, my added emphasis on the word 'conflict' is not intended to point to Ulrik's turbulent social circumstances as such. But to the way some of his behaviour, part of which he does to mediate those circumstances, conflict with the more narrowly defined conceptualizations of the treatment rhetoric. In perhaps turbulent circumstances, strong incentive can be found in being in conscious control of some area of one's life. Whatever ultimately prods Ulrik when he claims to now know what is healthy in the above scenario, what is clear, figuratively, his back is to the wall. Whether he has finally seen the normative light is not at issue. He is faced with a rhetorical ultimatum of sorts, imbued with the power to coerce making healthy choices. At least momentarily buying into the treatment rhetoric, Ulrik understandably finds it easier to plead (previous) ignorance than to being weak of will.

Closing remarks

Conducting research and presenting some findings in analysis, I have focused on a fundamental principle: To uncover aspects of adolescent obesity in non-normalizing terms. Attention has been paid to question some of society's prejudices about overweight youngsters, and perhaps more importantly, make sets of seemingly irrational behaviour a little more comprehensible. I have made sincere effort to do Ulrik's universe justice by avoiding 'preconceived' or 'emotionally tinted' notions of health. On occasion, when interacting and conversing with Ulrik, I could not help silently share Karl and other's assessment of despair. Still, the most potent argument put to Ulrik, all told, in trying to modify his behaviour (recall, he doesn't feel sick) – probably is, 'Your future health'. I bracket to underscore: Many factors in adolescent life make that a highly abstract concept. As for instance, juxtaposed to mundane matters like palatability and mouthfeel of given food, or if consumption has taken on specific psychosocial connotations (Adolfsson, 2004, p. 26). Bruch (1997) claimed, "Unwillingness to change the established faulty feeding habits points to the exaggerated importance food has in the life of these families."

More recently it has been argued, weight issues may be related less to pleasure derived from actual consumption than with cues and motivations to eat."

(Mela, 2001).The following bears repeating. A combination of pragmatic factors – not only related to consumption and confidence – pull weightier sway in Ulrik's life, than calls for moderation. These include the memento mori which is Karl's obesity; the ubiquitous association linking adiposity and pathogenesis in Norwegian society; and whatever resultant feelings of unease these notions and admonitions have sprouted in Ulrik, beneath his veneer of impregnability. (Even he is, somehow, burdened by obesity.) Rousseau claimed, in Émile:

> "The weaker the body, the more it commands; the stronger it is, the more it obeys. All the sensual passions lodge in effeminated bodies" (quoted in Forth, 2005, p. 208).

My guess is Ulrik would diasagree – witnes his bowling prowess. By raising issues not frequently encountered in obesity discourses, this article has been designed to throw light on factors of importance on the particular level. Since Ulrik vehemently denies being weak (including weak-willed) – declaring ignorance is his only recourse, to justify his bodily condition. Inasmuch as change is emergent in his mindset and life, though the list is not exhaustive, these are concerns that bring to bear on Ulrik's body image and health-related behaviour.

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Notes

1: (A quote from The Book of Splendor) The term 'condition', here, simultaneously connotes two states: the 'physical' and the 'culturally-informed'; viz. part 'body', part 'potential illness'.

2: The "fat-kid" is effectively trapped. Beyond the sense that you cannot easily not-be fat, in any social encounter, moral aspects of obesity threatens to drum out all other messages. Elsewhere (in press), I explore "a lack of adequate signs" in terms of "ergonomics" of obese bodies. The present focus is on an analogous mechanism, only on a 'cognitive' or 'ontological' level. The common ground in these articles is one of 'reflexivity' (lack thereof really). In the sense that: "Fundamental to participation in everyday social life, to communication and meaning, is the act of reflexivity, whereby individuals can engage in a conversation with self and with 'other'" (Kapferer, 1984, p.187). The overall point I stress is, in the face of 'moral condemnation', discursive options are severely limited.

3: Ulrik's idea of fat-as-strength presumably plays out better among (some of) his peers. I observed and interacted with Ulrik only in a fairly adult setting – or negotiating an 'adult rhetoric'. I see our interaction – Karl always present – as forcing Ulrik into dialogue with this 'adult understanding' (which was Karl's explicit intention.) Ulrik's general attitude easily reads as sign of youthful opposition. Such an element is likely present in Ulrik's mindset, though did not reflect vis-à-vis Karl.

4: Ulrik's body/behaviour contrasts markedly with Berit (Wathne, in press). Her body works to constrain her functionality, even in executing daily, seemingly straightforward movements like bending down. Having observed the minutiae of both of their movements, I recognized that fat-distribution, (likely) the 'quality' of fat-tissue, and other such factors, in sum, the entirety of Ulrik's body, made for a radically different ('ergonomic') experience than Berit's. My impression was that, largely, Ulrik didn't experience the particulars of his body as impeding his ability to perform given body-tasks. Even so, his weight must make movement burdensome. I leave it mostly to Karl's comments to conjure an idea of Ulrik's specific dimensions.

5: Karl didn't mince words. Privately, he told me: "You have to show them exactly where the bucket's at! It's not enough to give advice and hope they heed it. You have to force them to change, grab them by the collar – these kids in the programme! Why, because if you're fat as a kid, you'll be fat as an adult – guaranteed! That doesn't change overnight. These kids are future potential candidates for [obesity] surgery the lot of them – the lot!"

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