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**Medicalising and Pharmaceuticalising Discourses in
Food Supplement Advertising: A Multimodal Critical
Discourse Analysis (MCDA) of Weight Loss Websites**

Katherine Rebecca Anne Morgan

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Abstract

The Internet has provided a window for the pharmaceutical industry into people's domestic spaces and facilitated the advertisement and purchase of pharmaceutical goods (Fox et al., 2005d). Whilst direct to consumer marketing of pharmaceuticals, including weight loss pills, is not permitted in the UK, these marketing restrictions are bypassed by food supplement promotions (Ventola, 2011). Consequently, online sellers of potentially dangerous slimming pills are putting "desperate dieters" health at risk by seducing them with the promise of "quick-fix" and discreetly procured weight loss solutions (U.K. Government, 2017). By examining the website data of four major purveyors of herbal weight-loss products, I explore the persuasive, discursive strategies that marketers employ to sell herbal weight loss pills as commercial products.

A critical, fine-grained social semiotic analysis of dietary supplement promotion websites is particularly timely since 'speech and language no longer appear adequate in understanding representation and communication in contemporary global, fluid and networked society' (Jewitt, 2009:114). Accordingly, using the framework of 'multimodal critical discourse analysis' (Machin, 2013), I examine the way in which dietary supplement websites verbally and visually encode medical and pharmaceutical discourses as a means of promoting a thin body 'ideal' and the consumption of slimming pills. Furthermore, I consider how medical and pharmaceutical discourses operate to responsabilise the weight loss consumer and thereby contribute to the transformation of the consumer as patient, all the while configuring the seller as "expert" advisor and provider of ostensibly clinically sanctioned and effective weight loss 'remedies'.

As well as contributing to theoretical perspectives concerning medicalisation and pharmaceuticalisation, this study will be of practical interest to professionals and educators

concerned with public health, arguing as it does, for the need of stricter regulations around the promotion and sales of slimming pills over the internet.

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1 Introduction

The Internet acts as a conduit for the commercial exchange of dietary supplements designed to facilitate weight loss. Advertisements and websites promoting a huge cache of products and services saturate online spaces as part of a gargantuan industry that occupies a global weight loss market. Sales of dietary supplements are growing exponentially with a market size value of \$132.3 billion with a revenue forecast of \$230.7 billion by the year 2027 (Grandview Research, 2021). The internet, comprising a huge proportion of the diet pill market, accounted for an estimated \$504 million in 2018, or 36% of the total digital market for diet pills (LaRosa, 2019). What this indicates is that marketers of weight loss pills face fierce competition, vying for consumer attention in a hugely profitable, yet saturated market.

At present, we know very little about how internet marketers successfully promote weight loss supplements. Previous research in weight loss promotion has privileged thematic analysis of non-digital advertising modes such as: magazines, billboards, radio commercials and television programmes. This study is unique in that it analyses website data, comprising of visual and textual information in a more fine-grained, systematic way, drawing on critical multimodal approaches to discourse analysis. In doing so, I aim to expose the assumptions and beliefs that undergird these commercial texts and establish how marketers of dietary supplements seek to persuade prospective consumers to purchase and consume weight loss products and thereby engage in potentially harmful body weight management practices.

Analysing the data of four prominent commercial weight loss supplement websites, I critique the predominant discursive strategies deployed by these text producers, along with the ideologies that issue from them. My critical analysis of these websites is timely, constituting as it does, a necessary inquiry into the intricate semiotic practices of online marketers, particularly in light of the rising

deaths and injuries resulting from the consumption of diet pills so easily obtained over the internet, and the increasing prevalence of behavioural and eating disorders in contemporary society (Cosslet, 2018; Eating Disorders Statistic Group, 2019; Kilbourne, 1994).

1.1 The fraught reality of buying weight loss pills online

In the UK, one in three people wanting to lose weight have purchased such products from online purveyors (U.K. Government, 2016, 2017; Marsh, 2017). The propensity to consume online diet pills is so rampant in the UK that the government have issued press reports in conjunction with the Medicines and Healthcare products Regulatory Authority (MHRA) warning consumers about the dangers of buying diet pill products (U.K. Government, 2016, 2017). Led by market and governmental research, the MHRA and Slimming World, revealed that 77% of consumers resort to this practice, enticed by over-exaggerated performance promises, combined with the convenient and discrete method of purchase that appeals to individuals wanting to avoid awkward or unnecessary conversations with friends, relatives, pharmacists, and GPs (U.K. Government, 2016; 2017). This is an alarming statistic, even more so when it is understood that 62% of pills bought online are substandard, fake, or comprise of illegal substances withdrawn or banned from EU and global markets (Matthews-King, 2017). Research has shown that diet pills, if they are not substandard and inauthentic, are at the very least utterly ineffective, and thus their marketing constitutes a form of commercial manipulation, financially exploiting the consumer with grossly misleading sales pitches and exaggerated performance results (Hayes, 2019; World Health Organisation, 2018). For all the marketers' assurances that diet pills are safe and natural, there have been many instances where consumption of these pills has led to extremely damaging and fatal consequences (Cosslet, 2018).

Multiple news and media reports describe how online marketers and distributors of diet pills are reaping financial rewards through targeting individuals who are 'desperate' to lose weight (U.K. Government, 2017). In particular, individuals with eating disorders and mental health issues, who

consume or abuse the pills without prior medical consultation, prescription compatibility or age restriction checks, are especially vulnerable (see Hayes, 2019; Sugden, 2019; Cosslet, 2018; Evans, 2018; Marsh, 2017; Khomami, 2015). Worryingly, diet pills bought online often contain extremely harmful substances that have caused serious illness and distressing deaths in the U.K. Often, these pills contain a component of dinitrophenol (DNP), a highly toxic industrial chemical used in explosives, hair dye and fungicides, that is reported as being responsible for ‘cooking’ consumers’ organs (Abusson, 2018). Since 2016, the U.K. Medicines and Healthcare products Regulatory Authority have seized four million of these dangerous diet pills, which have side effects including ‘diarrhoea, bleeding that wouldn’t stop, blurred vision, heart problems and death’ (U.K. Government, 2017). Alarmingly, 81% of consumers featured in a survey by the MHRA did not report the side effects to anyone (U.K Government, 2017).

In various reports on health and dieting, the UK Government (2016; 2017) notes that desperation to lose weight can cause otherwise sensible people to be reckless, claiming that some dieters have used slimming pills knowing the dangers. Thus, the potential detriments to health are not always enough of a deterrent (BBC News Online, 2020; McKay, 2020; Sugden, 2019). Despite the urgent warnings that have been issued over the dangers of chemicals found in online weight loss supplements, diet pills have since claimed the lives of 26 people in the U.K. since 2007, and injured and harmed many, many others (Sugden, 2019). What is significant here, is that despite efforts by the MHRA and trading standards to combat this problem by shutting down 2,000 weight loss supplement websites since 2015 (Starling, 2016), new online marketplaces are replacing the closed ones at a greater speed.

1.2 The need for a multimodal discourse approach to weight loss marketing

At present we know how the diet pill industry penetrates the weight loss market from a commercial perspective, using, for example, websites, social media platforms, spam emails and pop-up

redirections. However, we know little about the multi-semiotic, discursive strategies the marketers employ to engage the consumer in weight loss and pill consumption behaviours. Theories and sociocultural insights into this area of health promotion have typically been grounded in content and thematic analysis, categorising attitudes and beliefs about consumer perceptions of product types appropriate for different cultures, and the projected benefits of purchasing weight loss products and services. Examples include Minjeong and Lennon (2006), who conducted a thematic analysis of weight loss topics in hard copy magazines, cross-comparing prevalent attitudes between Korean and American promotions. Cleland et al. (2002) conducted a survey of current trends in weight loss advertising in the USA, categorising the types of claims made by the promoters about the products' performance. Similarly, Ethan et al. (2016) conducted an analysis of weight loss articles and advertisements in mainstream women's health and fitness magazines, discussing the quantity and prevalence of each product type. Whilst this strain of research demonstrates some ability to categorise and critically analyse the more obvious forms of deceptive weight loss advertising, it fails to identify how the advertising texts evoke emotional and behavioural responses and fails to explicate how visual and textual advertising techniques perform together, to convey specific ideologies, identities and beliefs around the weight loss seeker and the weight loss achiever (Hobbs et al., 2006). Fundamentally, there has been little or no research that I am aware of that analyses weight loss advertising through the medium of commercial websites. Hence, this study begins to bridge this gap, providing a thorough and systematic investigation into both the textual *and* visual elements of website data, using an attested multimodal critical discourse approach to interrogate the online discourse of slimming pill promotion.

1.3 Methodological approach to study

In employing a multimodal critical discourse approach, my research allows for a more in-depth understanding of the grammar of visual design (Kress & van Leeuwen, 2006), and how the marketers construct meaning in order to blandish and persuade people to purchase and consume what are in effect 'snake oil' slimming remedies. By analysing the multiple modes of communication, different levels of semiosis, and the interplay between modes, I aim to provide insights that a mono-modal approach alone would fail to produce; I aim to provide a more complete analysis of the total communicative effect of the discourse with which website visitors are confronted as they navigate slimming websites.

This study is unique in that it illustrates how the marketers of weight loss pills seek to evoke emotional and behavioural responses to diet pill advertisements. Methodologically, the critical multimodal framework I employ has contributed to scholarship in the analysis of other food products that exposes the ways by which text producers construct 'health' food products. For example, Chen and Erikson (2019) provide an account of the mythologization of protein in snacks packaging, underscoring how buzzwords and phrases such as 'a source of protein', 'added protein' frequently appear on a multitude of food product labels amid the growing health trend of high-protein intake (Sanders, 2017). This trend is connected to contemporary ideas about eating protein to supplement exercise activities, despite a lack of robust scientific evidence that eating additional protein will benefit these practices. Additionally, Eriksson and Machin's (2020) work on discourses of 'Good food', explores the commercialisation of healthy and ethical eating. Similar in analytical approach, Eriksson and Machin's (2020) research analyses product packaging, marketing, media reports and policy documents that help to construct societal understanding of how commercial enterprise colonises and shapes our ideas of what it means to be healthy, and to behave like a responsible, good citizen.

1.4 Research aims, objectives and questions

While the weight loss websites examined in this study draw on and reproduce multiple ideas and assumptions around the topic of body weight management, three prominent ideologies emerge in the following analysis as salient features within the marketing materials. Specifically, given their prominence and the potential dangers they present to public health and society at large, I focus on the ideological concerns of medicalisation, responsabilisation, and pharmaceuticalisation and their role in the construction of slimming and weight loss practices.

Specifically, the aims and objectives of this study are to:

- Examine the means by which prospective consumers are encouraged to see themselves as medical subjects.
- Examine the ways in which the websites seek to persuade consumers to engage in weight loss practices.
- Examine the ways in which food supplements are potentially pharmaceuticalised.

In light of the problematic sociocultural context outlined earlier in the chapter, I respond to the following research questions:

- How do marketers of food supplement products promote weight loss as a pressing medical concern?
- What promotional strategies are deployed within the weight loss websites that present the weight loss pills as attractive and effective products?
- How is the consumer compelled to engage in food supplement consumption as a viable response to weight loss desire?

1.5 The organisation of the study

This study is resolved into seven chapters. Chapter 2, the literature review, presents the background of the study in which I contextualise the history of fat society and the sociocultural background around dieting practices. I consider the phenomena of medicalisation and pharmaceuticalisation and the underlying theme of responsabilisation with respect to the body, dieting practices and other lifestyle choices and behaviours. In doing so, I explore how weight loss is presented as a medical imperative in contemporary western society, how, in particular, pills are presented as a panacea, and how people are encouraged to monitor and control their bodies. The review also considers the pharmaceutical and nutraceutical industry and how it operates commercially in the weight loss industry. Finally, I describe studies that have analysed the advertising of dietary supplements, along with research concerned with commercial website analysis and the role of the Web in weight loss promotion.

Chapters 3 and 4 provide the methodological approach to the thesis and is comprised of two parts. In Chapter 3, I outline the multimodal critical discourse approach to analysing website data, detailing the utility of qualitatively investigating the visual and verbal codes of online communication. In Chapter 4, I introduce the reader to my data sample, namely the four food supplement websites. For each website I provide an account of the purpose and function of each site, along with relevant contextual information.

Chapters 5 and 6 constitute the analysis. In Chapter 5, the analytical focus is on the process of medicalisation, flushing out and critiquing the various medicalising discourses at work across the websites, discourses which are realised through four specific discursive strategies. Against this backdrop of medicalised discourses, I address how the consumer is transformed into a medicalised

subject and encouraged to perceive unwanted weight exclusively through a medical lens. Chapter 6 proceeds along similar analytical lines but addresses the related phenomenon of pharmaceuticalisation. As with medicalisation, I identify a number of recurring discursive strategies that realise the nature of pharmaceuticalisation, and in doing so I address how the consumer is encouraged to regard food supplements as pharmaceutical products and bona fide solutions to weight management, and thereby ultimately encouraged to purchase and consume weight loss products.

Chapter 7 presents the discussion where I comment on the significance of my findings, while I evaluate the processes and practices that emerge as a result of consumer engagement with the website data and discuss the relevance of internet advertising along with the multimodal approach to analysing weight loss promotion. Chapter 8 provides a short conclusion, bringing together an overall synopsis of the research findings, followed by a reflection of the limitations of the study and the implications for future studies.

2 Background

2.1 Definition of terms

This chapter will outline key concepts and areas of research that inform the subsequent study of food supplement websites. Before doing so, however, it is important to specify at this point that the terms 'fat' and 'fatness' are employed hereinafter as neutral descriptors rather than pejorative labels. The need to make this explicit is the result of fat and fatness being widely related to the idea of an undesirable bodily state in modern, Western cultures where the fat subject triggers negative emotional responses and public condemnation of the fat individual (Borero, 2007). The negative responses that accompany these terms contribute to the difficulties in locating a completely neutral word to describe the fat subject and require definition in this instance. It has been demonstrated that fat is in fact a 'four letter word' (Schroeder, 1992), a critical label that is sometimes forbidden from being used in certain schools, places of work and institutions (Wann, 1998). Terms such as: 'plus-size', 'voluptuous' and 'Rubenesque' often replace the term fat, employed as euphemisms which possess more positive connotations of fatness, which in turn suggests that the truth is 'so distasteful it has to be masked' (Saguy, 2013:5). The most widely used terms for fat in society today are 'obese' and 'overweight' (Rich & Evans, 2005) but for the purposes of this study I alternate between 'fat', 'fatter', 'obese' and 'overweight' as they arise as part of the analytical process. Importantly, the terms 'obese' and 'overweight' both pertain to fatness as a medical condition which anticipates a reactive response for disease prevention and treatment (Jutel, 2006; Saguy, 2013), with 'obese' denoting a larger body size than 'overweight'. The association of these terms with ill health and disease culminates in the fat body bearing negative, deviant connotations, considerations which remain a focal part of this study.

2.2 Contemporary history of fat society

In the early 20th Century, writers and publishers begin to openly discuss strategies and tactics that sought to guarantee weight loss at any cost (Vigarello, 2013). The highly popular US magazine *Ladies Home Journal* periodically offered diet advice to readers wanting to 'lose flesh' in a column authored by Emma Walker, entitled 'Pretty Girl Papers'. In it, starches and sweets were touted as the culprit 'for the girl who is too fat' (Stearns, 2002:15) where exercise for the lazy remained a staple suggestion for 'fat women' (2002:15). Overeating and laziness, described as unacceptable behaviour, resulted in fat being identified as a 'burden that should be disposed of as soon as possible' (2002:16). According to *Ladies Home Journal* the 'perfectly formed woman' was between 5ft 3 and 5ft 7 weighing between 125lbs and 140lbs (Wyeth & Bok, 1893). While this publication initially prided itself on self-restraint in advertising and did not promote fad dieting to its readership, dieting and fatness soon became a popular topic of discussion driven more by the readers than the editors.

Later in the 20th Century Western society, middle class males were suddenly targeted with advice to reduce their weight, not driven by aesthetics but as a concern for health and potential morbidity. Slogans appeared in publications which 'lay at the core of unnecessary aging' (Stearns, 2002:62), exemplified by comments in the press about President's Roosevelt's death at the age of 62. Assertions that the President's excess weight 'lessen[ed] the length of his life' forged an alarming relationship between fatness and premature death (Green, 1986:42). Clearly, the simplistic perception that fat is either 'good' or 'bad' became increasingly more complex and more widely known.

A significant facet of the changing cultural perceptions of fatness during this period was the advent and increasing availability of commercial devices and gimmicks that could be employed in the

process of looking and becoming less fat, thus laying the foundation for the self-reflexive treatment of fatness through consumer products. For example, during the 20th Century it was fashionable to employ devices which would re-distribute areas of fat using the corset, which remained the standard appliance to create a fuller chest and a smaller waist in this period. During this time, attempts at body constriction remained the prevalent method of limiting fat bodies, behaviours heavily influenced by the belief of 'mechanical constraint' as a means of producing attractive bodies; to 'shape-up' was to challenge the body into appearing slimmer (Vigarello, 2013). An advertisement from 1920's France claimed that "Obesity makes one ridiculous. Men with big bellies, get rid of that silhouette by wearing the Frank Braun Belt" (Kharbine-Tabapor, 1928). In addition to devices such as Braun Belts, alternative fads and remedies began to enter the consumer market designed by medics and academics who were interested in the growing prevalence of fatness in society. These new 'remedies', however, were mostly frauds and sometimes highly dangerous. For example, Turkish baths involving rubber masks would 'strain the heart, induce extreme sweating and poison the body' (Stearns, 2002:69). These pseudoscientific practices gave rise to a realm of gimmicks and fads reported to assist in fat reduction. In the United States, at the turn of the 20th Century, fat faddists heavily influenced popular public belief about nutrition, such that people were more likely to be informed and motivated by such faddists beliefs than medical and scientific approaches to nutrition (Stearns, 2002).

In the early 1900s, Dr Chittenden, a Harvard scientist, developed the extremely popular Chittenden Pill that sold in vast numbers during the entire first half of the 20th Century. Chittenden Pills were a hugely successful consumer product in the American market where the manufacturers capitalised on the reputation and involvement of the Harvard scientist who was notorious for his studies on calorific properties and aspects of weight control (Schwartz, 1986). This 'expert' involvement was emulated in Europe where a similar product entitled 'Persian Pill', associated with a physician 'Dr Blyn', gained notoriety in European medical society. However, it was not only physicians who

profited from the weight loss industry; figures from popular culture such as Lillian Russell, an actress and singer, also jumped on the endorsement 'wagon' using her celebrity status and personal 'battle' with body weight to appeal to the consumer market (Vigarello, 2013). This increasingly popular practice gave rise to the phenomenon of product endorsement in the pharmaceutical industry that rapidly became a highly lucrative endeavour (Apfeldorfer, 2000).

This emergence of pills and potions in the consumer market differed from earlier body reduction conventions as their function was to provide an overall slimmer appearance, a total reduction in body size rather than forging an alternative shape. Manufacturers of slimming pills sought to change people's perceptions about weight loss, a process that was now said to be rapidly and radically achievable. For instance, the *Ladies Home Journal* carried periodic notices written by a columnist, 'Mrs Warren', who claimed that 'obesity is curable without inquiry, dieting or much expense' - outrageously bold statements written to capture the attention of the overweight reader seeking 'magical' solutions. It was notices such as this that claimed exercise or dieting was too slow to achieve results, consequently cultivating the notion that prescription medication could 'do the trick' a lot more quickly and easily than a regime of food restriction and physical exercise (Schwartz, 1986).

Up until the 1920's, the denigration of fat people appeared to be well established in Western cultures (Vigarello, 2013). By 1926 the issue of weight control and problematic fat became so pervasive that Hutchinson, a medical professor and a previous advocate of fat as the most 'harmless and innocent of tissue', became resigned to the fact that 'in the present onslaught of the most peaceful, useful and law abiding of tissues, fashion has apparently the backing of grave physicians, of food reformers, of physical trainers and even of great insurance companies, all chanting in unison the new commandment' that thinness was in (Fraser, 2009:12). The insistence on weight control as a sign of 'proper' behaviour continued to augment as diet consciousness was publicly promulgated.

Between the 1920's and 1950's there were some striking developments in the perception of fatness and the expected behaviours of the fat subject (Borero, 2007). Primarily, a greater shift towards a misogynistic phase of weight attitudes occurred, despite relative gender-neutral origins in the preceding history. It was during the 1920's that gendered beliefs surrounding dieting and perceptions of fatness most profoundly influenced women's feelings of food guilt and body shame. This newly adopted body shaming behaviour gave rise to a frenzy of diet products and services demanded by a public for whom weight control had become a prevalent concern. What was most striking during this period was the sheer disdain for fat people that infused popular reading matter (Stearns, 2002). Contemporary media publications from this time both promoted and made acceptable the thin body, and the diet industry was born on the back of this (Yudkin & Carey, 1960). The level of denigration towards the fat female, in particular, intensified, with popular literature of the day setting out to expose the larger woman as depressed, lazy and undisciplined (Petrie & Stone, 1969). One publication entitled 'The Thin Book, By a Formerly Fat Psychiatrist' (Rubin, 1966) exemplifies this with the declaration that 'psychiatrists have exposed the fat person for what she really is – miserable, self-indulgent and lacking in self-control' (1966:123).

The number of women dieters steadily increased worldwide by millions over the following two decades and by the early 1970's 72% of all dieters were women (Stearns, 2002). During this period, the objective of losing weight became a standard expression in cultural ideals, depicted most prominently in popular magazines and publications (Roberts, 1993). Likewise, most diet books and commercial programmes such as Weight Watchers and Slimming World were directed primarily towards women. This cultural insistence on thinness has been a major facet of women's lives for many decades and has become steadily more demanding and more personally challenging and daunting over time (Gonick, 2006). While virtually half a century of overt attention to women's

weight continues to leave a mark in society today (Stearns, 2002), it would be a mistake to see 'anti-fat campaign' as something exclusively directed at women.

Although the pressure on men was by no means as intense as that on women, the last few decades of the 20th Century have witnessed both genders pursuing ever more marked weight controlling agendas. In Western society, by the 1970's, men's enthusiasm for weight loss equalled that of women and the distinctions that had previously existed between genders began to dissipate (Cassidy, 1991). Dieting culture continued to grow, as did the belief that 'good looks' and 'slim appearance' were associated with success (Siegelman, 1991). Male worries about appearance and the need for slenderness increased in tandem with increasing public and medical concern about the consequences of high levels of male cholesterol. It was during the late 1960's that men grew more fearful of heart attacks and their physical vulnerability as a result of excessive fat consumption, a view that became firmly entrenched during that period (Ehrenreich, 2011).

As a result of this sociocultural climate, with its increasing concern about the morbid effects of fat on the body, multiple nutritionally based publications emerged, targeting males and exhorting them to shed body fat. A distinctly masculine set of weight loss narratives emerged where emphasis was placed on competition between men, with "Fat Men Can't Win" being a title representative of this genre (Desmond, 1948). The chance to display dominance over male peers, to 'score points' over their friends and claim independence in their weight-loss initiatives was a common set of themes in such articles. Male diet 'heroes' proudly cited their ability to control their own weight without the help of physicians or psychiatrists, emerging in such accounts as physically and sexually reinvigorated individuals: 'Wheeler amazed his wife in bed whereas when he was fat, he could hardly stay awake, now it is she who sleeps thanks to his sexual prowess' (Desmond, 1948:44).

Between the 1950s and 1970s, shifting social values increasingly underscored the negative evaluation of fatness where ideals of female and male beauty became based on thinness (Garner & Garfinkle, 1980; Wiseman et al., 1992). This had an alarming and significant impact on the way society perceived fat people and consequently the manner in which they were increasingly placed under the realm of medical jurisdiction: fat men and women becoming increasingly thought of as medical subjects. Put another way, their fatness was medicalised.

2.3 Medicalisation

The term 'medicalisation' describes the process whereby 'nonmedical problems become defined and treated as medical problems, usually in terms of illnesses or disorders' (Conrad, 2005:19). A further, earlier definition provided by Zola (1983) describes the process 'whereby more and more of everyday life has come under medical dominion, influence and supervision' (1983:295). As a theoretical concept, medicalisation was first introduced in the 1970s as an object of critique rather than a neutral term, meaning that it was generally considered in sociological literature in a 'pejorative manner' (Lupton, 1997:97). The medical profession stood accused of 'attempting to enhance their professional position and status' (Lupton, 1997:97), of seeking to possess exclusive rights on defining illness and disease. One of the first chief observers and describers of medicalisation was Talcott Parsons (1951), who utilized labelling theory to conceptualise medicine as an institution of social control, in particular the way the 'sick role could conditionally legitimate that deviance termed illness' (Conrad, 2005:210). Following Parsons' lead, a number of case studies emerged (Conrad, 1975; Scull, 1975; Pfohl, 1977; Schneider, 1985) which emphasised the medicalisation of deviance in areas such as hyperactivity in children, anorexia, mental illness, child abuse and alcoholism. The substantial body of literature building on Parsons' theory has consistently examined the process of medicalisation as an ever 'expanding realm of the machine' (Conrad, 2005:222), while also identifying that medicalisation derives from broader and more complex social domains than

psychiatric and medical imperialistic ideologies, as the earlier studies first concluded (Zola, 1972; Conrad & Schneider, 1992; Barsky & Boros, 1995; Riska, 2003).

Early sociological studies of medicalisation take a social constructionist approach whereby the expansion or construction of new medical conditions contributed to the further expansion of medical jurisdiction (Conrad, 2007). Other factors said to encourage or abet this phenomenon include 'the diminution of religion; an abiding faith in science, rationality, progress and a general humanitarian trend' in Western societies (Conrad, 1992:23). Additionally, Barsky and Borus (1995) suggest that 'the public's tolerance for mild symptoms and benign problems decreased, triggering a progressive medicalisation of physical distress in which uncomfortable body states and isolated symptoms were further reclassified as diseases' (1995:193). The studies relating to these diseases broadened the understanding of the range of medicalisation and the attendant social processes (see Conrad, 1992). Significant factors which contribute to the rise of medicalisation are further discussed and explored in detail in 'The Shifting Engines of Medicalisation' (Conrad, 2005). Factors which affect this rise of contemporary medicalisation include the dominant influence of the medical profession possessing extreme medical power whereby medical monopolisation gave authority to virtually anything to which health or illness could be attached (Freidson,1970). Also, advocates for social movements and interest groups who promote human conditions as medically definable, such as alcoholism, chronic-fatigue syndrome or mental illness which is commonly known as 'lay medicalisation'.

As Gwyn states, 'we get to know about illnesses through the language of Doctors, Nurses [but also] friends and relatives' (2001:13). Lay health beliefs derive from 'a wide variety of sources not limited to scientific or proven-in-practice dimensions' that are used by lay people to inform their own perspectives (Hughner & Kleine, 2004:216). From this, cultural and sociological factors can be identified as contributing to 'the conditions for individuals to reconceptualise previously normal

facets of their embodied lives in terms of pathological, biological characteristics requiring medical explanation and treatment' (Hunt, 2013:41). Anxiety and the effects of illness on social, financial and emotional well-being (Stoppard, 2000; McKague & Verhoef, 2003) provide a motivation for individuals to medicalise their condition. Additionally, professional developments that 'promulgated medicalisation' (Conrad, 2005:4), such as the rise of obstetric medicine and the corresponding decline in the perceived status of midwifery (Wertz & Wertz, 1989), are also held accountable for the growing shift. Finally, and perhaps most prolifically, medicalisation theorists have argued that the pharmaceutical industry should be regarded as the significant driver, especially 'since the "Prozac Era" of the late 1980s' (Abraham & Lewis, 2002; Conrad, 2005), which in medical and pharmaceutical terms is described as 'one of the most potent transformations of the last half of the twentieth Century in the West' (Clarke et al. 2003:6).

2.3.1 The medicalisation of fatness

Fatness has been interpreted through a variety of medical models which have been successfully categorised as medical issues at some point in recent history, including: genetic deviance (Bouchard 1994; Mayer 1965), endocrinological disturbance (Hernandez et al., 2009), the agent/host/environment conceptualisation of epidemiology (Nordsiek, 1966), personality disorders (Cassin & von Ranson, 2005), and addictions/substance abuse models of psychology (Benton, 2010). Many of these medical models exist simultaneously and the application of each to fatness has its 'champions' (Maurer & Sobal, 1995:77). However, people in contemporary Western societies tend to regard those who are fat as socially deviant (Wright & Harwood, 2012). An important principle that underpins the medicalisation of unwanted fat is the assumption that the appearance of the body reveals the nature of the individual, be this moral or physical. Social values abhorring fatness have augmented stigmatisation of fat people, reinforcing the 'popular moralistic notion that overweight is the result of laziness' (Austin, 1999:245-262). Evans (2009) claims that one of the most remarkable

features of contemporary popular culture may turn out to be how moral virtue became entangled with corporeal ideals. In the process, countless numbers of ostensibly fit human beings of all shapes and sizes, who three to four decades ago would think there was nothing wrong with their general health, have been discursively shifted into regarding themselves as being 'irresponsibly' unwell (Evans, 2009:10).

It was around the post-war period that the medicalisation of fatness intensified with ever-growing, widespread claims that fatness required medical intervention (Levenstein, 1993). With an aesthetic of slimness already in place, Sobal (1995) suggests that the moral model of fatness shifted to a medical model in which obesity was designated as a disease becoming a general and growing concern for healthcare professionals. Initial opinions expressed by the medical profession, however, held a dim view on the chances of success for the slimmer; a typical notion declared that 'most obese persons will not enter treatment for obesity: Of those who do, most will not lose weight, and those who lost weight, most will regain it' (Stunkard & McClarenhume, 1958: 83). Such negative assessments of the plight of the 'over-weight' individual 'sparked an intensity of medical involvement' as a rise in 'overweight' statistics occurred in 1960s and 1970s (Maurer & Sobal, 1995). This was reflected in popular culture, epitomized in Wyden's' best-selling book *The Overweight Society* (1965), which stigmatised the fat person as problematic, in need of urgent medical intervention (Maurer & Sobal, 1995).

Along with social stigmatisation came overt discrimination in education (Canning & Mayer, 1966), rental housing (Karris, 1977), employment (Larkin & Pines, 1979), marriage (Sobal, 1995) and other areas in life. Chomsky (cited in Evans, Rich and Davis, 2008:12) points out that 'fat' and by implication, poor people, or the inadequate, middle-class single-parent families that represent them, are 'represented as irresponsible monsters, threats to social order because of their misuse or overuse of resources'. Thus, fat was perceived not only as immoral and ugly but increasingly a

concern for social control. Spurred on by these feelings of discontent, the medical profession exercised their authority with more frequent, powerful and pervasive claims for social control over fatness in contemporary society. One of the ways this happened was the emergence and use of new labels which redefined the condition and shaped how it was managed (Conrad, 2005).

To successfully medicalise a condition, it needs to 'be designated and officially recognised as a disease' (Sobal,1995:70). Once the problem is labelled as 'disease', it allows the condition to be completely taken out of the moral realm and into medical jurisdiction. Naming or defining fatness as 'obesity' was pivotal in its definition of a newly classified disease. As previously discussed, changing the name of a condition is part of the process of medicalisation, with language helping to shift perceptions from badness to sickness (Segall,1976). Parsons (1951) argues that the use of new labels is not simply a euphemism but signifies underlying perceptions represented in linguistic choices. Earlier terms for high levels of body fat included: corpulent, porky, plump and chubby, all of which can be contrasted with current medical terms which portray fatness as medical using more value neutral and scientifically sounding jargon: obese, adipose and overweight.

Degrees of medicalisation are directly related to the extensiveness of the medical category involved (Conrad, 1992). Expansion of categories therefore makes them more inclusive to support more powerful claims about medicalisation (Maurer & Sobal, 1995). Thus, an increase of terms pertinent to fatness which appeared in scientific literature, medical journals and professional discourses broadened the terminology about fatness to include weight disorders, eating disorders, and metabolic disorders. For example, the name of the *International Journal of Obesity* was modified to add the subtitle 'and metabolic disorders' (Stock, 1992). This process of extending the boundaries of classified diseases serves to augment 'audiences of potential patients, making medicalisation ever more pervasive' (Maurer & Sobal, 1995:40).

The medical and public assessment of the fat individual as a problematic social concern became increasingly discussed in a host of different forums, journals, official reports, weight clinics, conferences and hearings, and government statements in the mass media (Sobal,1995). Since the 1990s, the saturation of public health literature and government health policy, with their array of concepts such as Body Mass Index (BMI), recommended calorie intakes, 'Five-a-Day' stipulations and messages of personal culpability (see Department of Health, 2004), have 'propagated a biomedical model of normative eating among the populace and habituated concerns with food and weight' (Wright & Harwood, 2009:6). What distinguished the early medicalisation of fatness as a concern for the individual has turned into an issue for society as a whole, giving rise to what is commonly known in media and popular culture as the so-called 'obesity epidemic' (Borero, 2007).

2.3.2 Fatness as an 'epidemic'

One of the most powerful and pervasive discourses currently influencing ways of thinking about health and about bodies is that of the 'obesity epidemic' (Wright & Harwood, 2009). Increasingly, the term 'epidemic' is being employed in the media, medical journals, and health policy literature to describe the current expansion of an 'overweight society' (Harwood, 2007). Newspapers, magazines, and social media sites are awash with accounts of the British public's 'expanding waistlines,' and the health problems and risks associated therewith (Borero, 2007:42). Mass media coverage has escalated to the point to where news articles concerning the 'epidemic' are reported to exceed 8000 per year in British publications (Wright & Harwood, 2009). The idea that there is an obesity epidemic has, as a result of this, gained credence in both the scientific health community and public consciousness.

From the late 1990s the publication of newspapers pointing to obesity as a 'serious' health issue became unavoidable. Saguy and Ameling (2008) describe how science and news media publishers at

the beginning of the 21st Century ‘typically evoke[d] an impending disaster’ (2008:53) around fatter bodies, for example, “‘Bigger Waistlines, Shorter Lifespans’: Obesity, ‘A Threatening Storm’” by Semuels (2005) in the *Pittsburgh Post-Gazette*. Such publications increasingly reported a dramatic increase in people with a BMI above 30, describing the phenomena as a worrying epidemic (Saguy & Ameling, 2008). Moreover, it was claimed that the issue of the obesity epidemic became a ‘key plank in Western (and increasingly Asian) government health agendas’ (Evans, Rich & Davis, 2008:262) and was therefore considered worthy of front-page reporting by national press agencies.

In the U.K., the Health Select Committee on Obesity (HoC) stated with absolute certainty that an epidemic of obesity has, with astonishing rapidity, swept over western nations (HoC, 2006), compounded by the declaration that this generation will be the first where many people die before their parents as a consequence of obesity. Such claims have been upheld as ‘frankly ridiculous’ by a body of sociological scholars (Evans, Rich & Davis, 2008:262). Though I do not deny that the figures and statistics formulated by World Health Organisation (WHO) are accurate, nor deny that there any potential health problems associated with obesity, my concern here is how the media contributes to the construction of obesity not only as social concern, but increasingly as a medical ‘epidemic’, and what this use of labelling achieves.

The ‘obesity epidemic’ is part of a new breed of what Borero (2007) calls ‘post-modern epidemics’ in which ‘unevenly medicalised phenomena lacking a clear pathological basis gets cast in the language and moral panic of “traditional epidemics”’ (2007:4). A moral panic alludes to public chaos (Rosenberg et al., 1992). Thus, a sense of panic and derision around fat people is born, designating fat bodies as out of control and threatening, further stimulating feelings of personal and collective vigilance and a general repulsion and fear of the fat individual. Fear, then, came to characterise the ‘obesity epidemic’; in the mid-1990s, one researcher reporting in the *New York Times* (1994) that “We’re frightened right now because obesity is an epidemic that has made us all wake up” (cited in Borero, 2007:5). In the case of obesity, this sudden fear ‘cannot be fuelled by the existence of or

even “spread” of fatness alone’; there must also be a shift in the evaluation of fatness and fat bodies (Clarke et al., 2010:309). This shift is ever-more apparent in a ‘persistent daily onslaught’ (Evans et al., 2009:89) of media messages that deems Western populations to be too fat, overweight, or obese and which recommends that measures should be taken to make more people thin. What makes the obesity epidemic unique is that we are all at risk of becoming fat and entire societies are now under pressure to lose weight (Butland et al., 2007). Such practices implore the public to be responsible for not only their own health, weight, and body size, but that of others too.

2.4 Responsibilisation: monitoring and transforming bodies

Responsibilisation can be understood as the self-management of risk by the autonomous individual (Kelly, 2001). Responsibilisation has become a key characteristic of contemporary Western health policies, in which concepts of individualism and autonomy are interwoven with ‘highly authoritarian social policies’ (Bondi, 2005: 499) that attempt to regulate and control individuals and groups within a community or society.

Within a neoliberal system that promotes agency and self-control, individuals are expected to manage their own risks and demonstrate self-care. Failure to comply with this expectation can render individuals excluded and marginalised (Rose, 1996b). One way the individual is drawn into a neoliberal system of responsibility is through exposure to, and influence of, discourses that promote systems of self-monitoring and self-control, otherwise known as biopedagogy.

‘Biopedagogy’ is a sociocultural system of self-management drawn from Foucault’s (1984) concept of ‘biopower’, defined as the governance and regulation of individuals and populations through practices associated with the body (Wright & Harwood, 2009). The word ‘biopedagogies’ is employed in this study to marshal the concepts of ‘biopower’ and pedagogy to help us recognise the

body as a political space within a sociocultural context (Wright & Harwood, 2009). Henry Giroux (1993) suggests that this term applies to politicised sites in which 'identities are shaped, desires mobilised, and experiences take on form and meaning' (1993:45), such as in health promotional texts and weight loss advertising. Hence the websites addressed in this study are biopedagogical in the sense that they seek to encourage visitors' self-management of their bodies and to define the terms through which that self-management takes place.

Bordo (2003) uses the word pedagogy in relation to the power that digitally enhanced media images have in projecting an 'ideal body'. She argues that '[t]he digitally modified images... [are] not just a matter of deception - boring old stuff which ads have traded on from their beginnings: this is perceptual pedagogy, "How to interpret your body 101". These images are teaching us how to see' (2003: xviii). This illustrates that culturally projected meanings associated with the body, constructed in multiple pedagogical sites, have the capacity 'to teach, to engage in meaning making practices that [people] use to make sense of the world, and their selves' (Bordo, 2003:45). Media platforms such as the commercial websites examined in this study compel individuals to make objective assessments about their personal appearances, and to scrutinise themselves for 'abnormalities' against the ideals of western appearance culture. In this cultural backdrop of self-monitoring and body comparison, individuals participate in identifying their shortcomings through fat dialogue, ritualistic conversations about one's own and other's bodies (Wright & Harwood, 2012).

Therefore, biopedagogies not only place individuals under constant surveillance but also encourage them to 'press towards increasingly monitoring themselves', often through imparting knowledge around weight-related risks and instructions about 'how to stay active, healthy and thin' (Wright & Harwood, 2009:2). Systems of social control such as this become ever present in a 'totally pedagogised society' (Bernstein, 2002) where methods to evaluate, monitor and survey the body are found across a wide range of contemporary sites (Burrows & Wright, 2007). Indeed, we can

encounter sites of self-evaluation and self-monitoring in many modes of modern media: webpages, radio, film, posters, patient information leaflets, public health campaigns and television shows, and so on (Miah & Rich, 2008). What is most directly portrayed in these texts is that risk, lifestyle, and individual responsibility around body weight are urgent and necessary issues that must be addressed and rectified, and that fatness is an overwhelming and pervasive component of society. Messages that are disseminated through these widely accessible channels of communication are promulgated not only to the 'weight-watching' audience, but to the viewing public more generally, who are vulnerable to becoming overwhelmed by the messages they convey.

Systems of self-control, then, are enforced by individuals, organisations and institutions that claim to enhance individuals' understandings of their own and others' corporeality (Harwood, 2007) but which ultimately enforce disciplinary and regulatory strategies that encourage the governing of bodies in the name of health and good citizenship. In doing so, the healthy body has come to signify the responsible citizen; 'one who exerts discipline over his or her own body' (LeBesco, 2011:154) and shares the burden of governance with the state. Systems of social control that urge people to work on themselves, and thereby influence how they act on themselves and others, thus emerge under the guise of societal and individual responsibility.

Individual responsibility understood in the context of neoliberal discourse posits 'choice' as a central organising theme (Brown & Baker, 2012), coexisting with the broader neoliberal construction of success, virtue and good citizenship as achievable through consumption and expenditure (Leve, Rubin & Pusic, 2012; Ringrose & Walkerdine, 2008). Hence, advertising channels that target individuals and groups to engage in weight loss consumption and/or body transforming processes can be accused of responsabilising the consumer. Gill (2007c) argues that representations of women in cultural spaces such as advertising are widely regarded as objects of transformation, their bodies serving as the ideal neoliberal subjects of discipline and self-surveillance (Moran & Lee, 2013).

However, this is becoming increasingly impressed upon the male population of contemporary society (Benwell, 2003) and the contemporary sociocultural context of responsabilisation now targets physical appearance in both men and women as the guiding principle to evaluate moral worth and personal responsibility (Leve et al., 2012). It valorises self-transformation which is defined as 'spending time and money in shaping the body to meet restrictive standards of beauty' (Moran & Lee, 2013:374). This process helps to position human bodies as commodities (Negrin, 2002), as something to be worked on, all part of a social and moral imperative to be happy and healthy. As such, responsabilising messages that are conveyed in weight loss promotion contribute to, and promote, cultural associations between the body, happiness, and personal motivation (Gill, 2007b).

As Tiggeman, Polivy, and Hargreaves (2009) suggest, contemporary ideals such as body transformation coincide with a wide array of purported psychological benefits and positive life outcomes. In fact, the pursuit of bodily perfection has become so pervasive across society that the messages people receive in advertising, film, media and consumer culture reinforce the agents of 'bodywork' and colonise this as popular culture 'in increasingly large numbers' (Schilling, 2016:118). Importantly, advertising has become complicit in convincing individuals that the body is a measure of overall happiness but also contributes to one's value to society in general (Serna, 2018).

Embedded within a wide array of cultural spaces, the body has thus come to be viewed as a project that requires persistent upkeep to achieve happiness, self-fulfilment, and societal approval. In this market of appearance culture, individuals seemingly make choices they believe are independent of coercion or control. In such ideological environments, media channels communicate that health and beauty ideals are something that every person is not only capable of but something that they owe to themselves as a matter of personal responsibility. Commercial websites conveniently respond to these imposed responsibilities, shrewdly providing 'magical', convenient, and discrete solutions for

the 'irresponsible' fat subject, with a 'one-size-fits-all' approach to weight loss: 'for every ill a pill' (Blech, 2003).

2.5 Pharmaceuticalisation

Globally operating pharmaceutical firms and internationally networked medical associations are accused of attempting to redefine our health in new ways where 'natural vicissitudes and normal modes of behaviour are systematically being reinterpreted as pathological' (Blech, 2003:2).

Pharmaceutical companies are blamed (see Moynihan, 2002) for contriving a plethora of clinical procedures and medicinal solutions as antidotes for newly formed conditions formulated by the same industry, thus creating an ever-expanding market, commonly entitled 'disease mongering' (Moynihan, 2002; Blech, 2003), from which the medical organisation can profit. In short, drug marketers 'recognize that in order to foster a marketplace for medications, the promotion of indications and symptoms is far more profitable than selling a cure' (Ebeling, 2011: 828). Moynihan (2002) claims that 'it is easy to create new diseases and new treatments where many of life's normal processes – birth, ageing, sexuality, and unhappiness can be medicalized' (2002:859). In fact, the expansion of diagnoses in the industrial nations has reached gargantuan proportions where it has been reported that more than 40,000 additional epidemics, disorders, syndromes, and diseases were identified by physicians during the last decade of the 20th Century (Blech, 2003). Not only is there a pill for every ill, therefore; it increasingly seems that for every new pill there appears a 'disease' that requires its treatment.

Scholars have noticed that pharmaceuticals are increasingly playing a prominent role in people's lives. This has led theorists to refer to the 'pharmaceutical person', or 'pharmaceuticalisation', as an independent sociological concept separate from medicalisation theory (Abraham, 2010; Fox & Ward, 2009). Williams et al. define pharmaceuticalisation as 'the transformation of human conditions, capacities or capabilities into pharmaceutical matters for treatment or enhancement' (2011:100).

Additionally, Abraham defines it as 'the process by which social, behavioural, or bodily conditions are treated, or deemed to be in need of treatment, with medical drugs by doctors or patients' (2011:100). Despite the obvious overlap with medicalisation, there are significant differences illustrated between the two concepts. While increased use of pharmaceuticals augments pharmaceuticalisation per se, medicalisation is expanded when personal issues, previously outside the jurisdiction of the medical profession, are affected (Abraham, 2010). An example pertinent to this study is found in recent treatments for overweight people prescribed with diet pills where management prior to drug prescription consisted of food restrictions, exercise programmes and surgery (Padwal & Majumder, 2007; Throsby, 2009). Thus, pharmaceuticalisation can be enacted without the process of medicalisation alongside it: drugs can be increasingly employed to treat an established medical condition which does not involve the transformation of a non-medical condition into a medical one (Abraham, 2009).

Significantly, when weight-loss drugs are bought online, pharmaceuticalisation takes place without one characteristic feature of medicalisation since the medical profession itself is by-passed for a pharmaceutical choice. Abraham (2010) argues that, in fact, medicalisation is decreased as prescription items are now widely available through deregulated international internet channels, thereby diminishing the role of medical professionals as gatekeepers of pharmacological interventions. This process is supplemented through the abuse of consumers violating internet pharmacy regulations through Europe and North American networks (Montoya et al., 2010; Weiss, 2006), and through the emergence of alternative nutraceutical supplements developed to bypass regulatory channels - supplements made available without prescription or medical consultation. The supplements sold in the websites analysed in chapters 5 and 6 constitute such pharmaceutical products.

2.5.1 Pharmaceutical and nutraceutical industry.

As a relatively new addition to the healthcare lexicon there is currently no universal standard definition at present for the term 'nutraceutical'. The *OED* defines it as 'a foodstuff, food additive, or dietary supplement that has beneficial physiological effects but is not essential to the diet'. Also called 'functional foods', the industry around nutraceuticals operates in the same way as the pharmaceutical industry but has fewer regulations around the advertising, sale, and consumption of products (O'Nickel, 1999:172) as they are regarded as natural products, devoid of pharmaceutical intervention or synthetic composition.

The growth of the nutraceutical industry, claims O'Nickel (1999), is being stimulated largely by public interest and demands for alternative means for addressing personal health concerns. Consumers are increasingly turning to dietary supplements to lose weight, with global sales of all dietary supplements projected to reach USD230.73 billion by 2027 (Globe News Wire, 2020). A rapid increase in the use of nutraceuticals by large segments of the population presents an opportunity for pharmaceutical industry. The main opportunity posed to the pharmaceutical manufacturers, many of which manufacture nutraceutical goods, is the less stringent rules and regulations regarding the marketing and advertising of food supplement products. Additionally, quality control varies significantly between manufacturers and is similarly less regulated. Unlike pharmaceuticals, which are strictly regulated and have limited channels of distribution from manufacturer to final consumer, nutraceuticals reach the consumer via a diverse array of means, such as the Internet, high street shops, gyms, and small business enterprises. Nutraceuticals are also sold by healthcare practitioners; including physicians, naturopaths, herbalists, and nutritionists to treat patients and other customers.

O'Nickel points out the multiple reasons that nutraceuticals are being 'strongly embraced' (1999:174) by consumers as a solution to their needs, be they health-related, or not:

- For chronic diseases not responding to conventional medical treatments.

- Due to the heightened level of access to public information on health-related topics.
- As a result of the public perception that natural is inherently better.
- As a consequence of the governmental promotion of disease prevention and wellness.
- Stemming from a more widespread desire for more personalised healthcare.

A significant finding, here, is that the general public often perceive nutraceuticals to be safe to use without prior consultation and external regulation (Eisenberg et al., 1998:1569-1575). Reflected in a survey specifically targeted at public perception of herbal products, 79% of participants considered herbal products 'very safe' to consume without thought of physical or emotional impact (Brevoort, 1998:33). Additionally, dietary supplements are perceived as requiring less effort than more traditional behavioural changes such as diet and exercise and considered a quicker and more convenient method to lose weight. In weight loss advertising channels these beliefs are consistently promoted and heavily exploited (Pillitteri et al., 2007:790).

The media has played an important role in popularizing the use of complementary therapies (O'Nickel, 1999). Items such as news articles and magazine contributions widely extol the virtues of one or more food supplement for 'optimum' health. Although the information in these articles is described as 'primarily anecdotal and not from well-designed clinical trials of efficacy and safety' (1999:173), the use of recommendations and endorsements embedded within the articles play an effective part in the promotion of these products. Much like pharmaceutical manufacturers, the nutraceutical industry perceptively invests large sums of money in advertising their products to the general public, yet information regarding the actual efficacy of nutraceuticals, and any potential side-effects likely to ensue from consumption is not widely disseminated (O'Nickel, 1999). Furthermore, as outlined in Chapter 1, the vast array of products that permeate the diet pill market are often unlicensed and are counterfeit replicas of the big brand herbal supplements.

On the opposite end of the scale, nutraceuticals in the marketplace that are licensed and considered safe to consume may not be physically harmful but are reported to be grossly ineffective, consisting of benign ingredients completely incapable of triggering biochemical responses to catalyse weight loss (Aronson, 2017; Maunder et al., 2020). Interestingly, Stephen De Felice, the inventor of the word 'nutraceutical', said in a plenary lecture at the National Congress of the Chemical Society about nutraceuticals in 2014:

Many studies now have been published on dietary supplements and diets . . . and most of them have proven that these things do not work. *Not proven*. The results of clinical studies have shown that they do not work... I think, again I'm not sure, that the quest to demonstrate whether chronic administration, long term diet, long term supplementation, can prevent serious diseases . . . has come to an end. These things don't work, these dietary supplements don't work, these diets don't work. The cell doesn't need them. If the cell's not deficient in them, it doesn't need them (DeFelice, 2014).

Despite DeFelice's claims, the use of food supplements for health-related conditions continues to rise.

One study that considers obesity statistics in the U.K. alarmingly claims that half the UK will be obese by 2030 (Wang et al., 2011); a study that is referred to by multiple news agencies linked to the NHS website (2020). This serves to highlight that more and more individuals and groups will be coerced to lose weight (appropriately, or not) and potentially purchase nutraceuticals in a bid to effectively lose weight. Therefore, it is a worrying concern that researchers such as Pillitteri et al. (2007) note that 'substantial proportions of adults have gross misconceptions about the safety, efficacy and regulation' of these pills (2007:795). However, the current trend for buying health supplements and herbal slimming pills continues to rise exponentially (Grandview Research, 2020), largely due to advertising messages that 'surround us everywhere' and are now 'as much a part of our daily lives as the air we breathe' (Jhally, 2017:1).

2.6 The role of advertising

There is no escaping the substantial role played by advertising in modern, western culture.

Advertising is everywhere, presenting a broad range of symbols that have the potential to guide individuals in their 'daily work of identity development and maintenance' (Richard et al., 2000:2-3).

Advertising conveys meaning about who we are individually, as members of groups, and as a society as we are closely connected to the values and systems of belief communicated through advertising channels (Johnson, 2008).

At the root of the word 'advertisement' is the Latin verb 'advertere' meaning 'to turn towards' (Goddard 1998:6), to take notice and look. Most people describe their consumption of advertising as looking; we look at advertisements, rather than read them. Visual elements of advertising communication are typically observed as the 'quintessence of advertising culture', and the term "image-based culture" has come to mean visual dominance in culture today (Johnson, 2008:3). Jhally (2003) discusses the culture of advertising as having two fundamental characteristics: 'reliance on visual modes of representation, and the increasing speed and rapidity of the images that constitute it' (2003:255). This means we make sense of advertising by quickly interpreting images drawn from an established cultural context to make a meaningful impression.

Advertising draws on information from a 'knowable world', information which the text producers 'rework, magnify, simplify, contort or otherwise re-sharpen and reshape the salient signifiers' (Johnson, 2008:2) to serve the interests of a given commercial organisation. Thus, through analysing advertising discourse, we can 'grind out representations of the social world but can also disrupt, redirect and accelerate how the social world is conceptually configured' (Johnson, 2008:6). To take a prominent and pertinent example; modern, western advertising has for some time been a central

driving force in the abundance of social constructs that represent leanness as the 'ideal' body, and central to the conception of beauty and attraction. Of course, concepts of beauty and the thin ideal are not entirely dependent on advertising but are reproduced by numerous entities, such as governments, media, and fashion industries, all of which promote images of thinner bodies.

Importantly, advertising spaces engage linguistic *as well as* visual features that draw upon each other and work in conjunction to convey larger social and ideological messages. This occurs through the expansive reach of advertising channels, especially online advertising channels which reach countless numbers of potential consumers. The role of advertising in circulating ideology is a pivotal one, Hall (1981) argues, because it produces 'representations of the social world, images, descriptions, explanations and frames for understanding how the world *is* and why it works as it is said and shown to work' (1981:31). Images and language in advertising thus serve as representations of our lives and our worlds, as Richard Dyer (1993) discusses:

[...R]epresentations are presentation, always and necessarily entailing the use of codes and conventions of the available cultural forms of presentation. Cultural forms set the wider terms of limitation and possibility for the (re)presentation of particularities, and we have to understand how the latter are caught in the former in order to understand why such-and-such gets represented in the way it does. Without understanding the way images function in terms of say narrative, genre, or spectacle, we don't really understand why they turn out the way they do (1993:2).

Advertising messages and the semiotic components of adverts, then, are not arbitrarily produced. The meanings conveyed by advertising texts are entrenched in cultural representations that reflect specific, culturally cultivated ideas, beliefs, and values. Advertising, as many scholars have observed, draws on representational codes that are already well established (Fowles, 1996; Frith, 1997; Goldman, 2005; Johnson, 2008). In the (re)circulation and (re)distribution of pre-established cultural messages, advertisers attempt to draw from, and contribute to, culturally familiar meanings to

create engaging and stimulating discourses able to prompt consumers into buying the service or product being promoted.

Fowles (1996) discusses advertising strategy, describing the need for a two-pronged approach towards messages that are 'composed of familiar elements that articulate commonalities. Yet by the same token... must not be so overtly familiar, so banal, that they elicit indifference or even rejection from consumers' (1996:167). He further states that 'the work of the advertising industry is to scratch away at the psyche of the public, to uncover deeper veins of sentiment, and to produce fresher symbols with improved chances of striking newer chords with consumers' (1996:167). Accordingly, advertising texts rely on a combination of perceived knowledge and culturally acquired understandings to successfully convey their messages, to communicate them in a comprehensible, yet compelling and persuasive way.

Johnson (2008) claims that we are 'long past a time when advertising was considered to be just one of many influences of culture...interrupting cultural spaces, distracting citizens from more worthy pursuits but not yet part and parcel with culture' (Johnson, 2008:1). Instead, Johnson argues that 'advertising *is* part of the cultural environment...an ever-present entity' (2008:1) acting as a prominent and well-established discourse of the 20th and 21st Century. This argument is well expressed by Twitchell (2003), who describes advertising in today's consumer culture as 'the folklore of a commodity culture' (2003:187), what is seen is to be believed. This idea is further supported by Lacey (1998), who claims that when examining the multiple modes of communication in online advertising, the adage 'seeing is believing' is so powerful that the majority of reader-viewers accept this view as true and common sense. Leiss et al. (2005) argue this point further, claiming that the cost of advertising is not just a speculative commercial expense but is rather an integral part of modern culture comprising of 'unsurpassed communicative powers [that] recycle cultural models and references back through the networks of social interactions' (2005:5). Some of

the symbols derive from outside advertising spaces while others are shaped in significant ways through advertising itself. As such, advertising, as an ever-present and pervasive feature of modern, Western culture that circulates and disseminates messages of cultural significance, acts as a harbinger and disseminator of ideological codes, and a catalyst for cultivating and shaping attitudes and behaviours.

As advertising relies on compact elements to make its point within a limited space, every textual and visual choice deliberately contributes something to the overall meaning of the advertisement. In considering advertising as a major contributor to ideology, language and (moving) images are integral to overall meaning-making. A combination of integrated (moving) images and texts, then, has the specific capacity to frame an idea or disposition that the text producer seeks to sell in a particular way. By focussing on the interplay of the verbal and visual in the weight loss websites I analyse in this thesis, it is possible to identify and interrogate the sociocultural ideological codes relating to body weight and body weight management. Weight-loss advertising, then, constitutes a 'cultural footprint' (de Waal Malefyt & Morais, 2020) through which ideologies, identities and power relations are constructed linguistically, as well as visually, and hence any analysis of slimming websites, designed to flush out buried meanings, needs to take into account their multi-semiotic composition.

2.6.1 Narratives and testimonials

The employment of expert, celebrity and consumer endorsement is a well-established commercial strategy that remains a prevalent advertising strategy. Embedded within multiple media and advertising channels, one can find a plethora of recommendations in the form of consumer narratives and testimonials, all of which extol the benefits of whatever product or service is being

promoted. In weight loss websites, they are a ubiquitous feature that are difficult to ignore, and their rhetorical and ideological significance cannot be overlooked.

Narrative is 'one of the oldest and most quintessential human activities' (Gwyn, 2001: 134) which are 'part and parcel of our becoming human' (Kerby, 1991:53). It is through the hearing and telling of stories that human beings have come to understand their experiences (Gwyn, 2001). The narration of experience-through-time organises human activities by 'imposing a sequence of events from an inchoate mass of experiences' (2001:136) which are, through the process of narration, made meaningful. Narratives of weight loss consumers offer stories in which the body, as public property, is regulated and reformed (Wright, 2009:13). Narratives in the form of testimonies therefore have an important biopedagogical role to play. In modern advertising texts, rarely have the public been made to feel so bad about their bodies (Puhl & Heuer, 2010). Since the 1990s personal narratives of health '[have] taken a substantive turn towards the pathologised body' (Gwyn, 2001: 135), accounts in which individuals relate stories about personal health matters in public spaces such as online forums, social media platforms, and of course advertising channels. Importantly, the lived experience of health and illness in narrative discourses of weight gain and weight loss has come to be judged essentially in terms of how bodies are managed through confessions of 'bad' lifestyles and behaviours.

Online advertising provides regular access to narratives of lived human experiences, of 'bad' lifestyles and behaviours embedded in personal testimonials and confessions. Said to be a 'quintessential late modern form of interaction that centres on the practices of consumption' (Vasquez, 2014: 58), this genre of online communication comprises information very much of interest, and of use, to readers of online product reviews (Sen & Lerman, 2007; Vermeulen & Seegers, 2009). In deciding which products to consider, consumers are 'sensitive to cues about product user identities' and their personal stories, considering factors which relate to 'how similar

the person's views, needs, or circumstances are to [their] own' (Forman et al., 2008). The fat identities constructed in the online testimonials are recognised by the audience who are more-than-likely visiting the weight loss websites with the intention of obtaining weight loss information and potentially weight loss products. Thus, the deployment of online testimonials cleverly aligns the website visitor's identity with that of represented participant - be it genuine, or not (Vasquez, 2015). Thus, ideological constructions of the body are potentially acquired and internalised by the consumer in accordance with the views projected by the represented product user within the advertising space – in respect of this study, specifically through the medium online advertising.

2.7 Relevance of online direct-to-consumer advertising (DTCA)

Direct-to-consumer advertising is an increasingly prevalent aspect of our daily lives, and the quantity, visibility, and impact of DTCA has risen substantially with the ever-pervasive reach of the internet (Brownfield et al. 2004; Rosenthal et al. 2003). Increasingly, online marketers of weight loss goods target individuals and groups through direct-to-consumer means. This form of direct consumer targeting, which 'transcends country boundaries and is more difficult to control and regulate' (Koshla & Koshla, 2011: 483), utilises sophisticated algorithms as a primary mode for consumer reach. Kammerer (2020) explains that such sociotechnical systems flood the internet, providing new ways for people to access information. Algorithms extract data from our internet behaviours and automatically select and prioritise content for us to see, based on the data. Significantly, Conrad and Leiter (2004;2008) name direct-to-consumer advertising as a key factor in perpetuating the idea that there are increasingly medical solutions to life's problems, widening the boundaries of pharmaceuticalisation. One of the ironies of DTCA is that it expands the relationship of drug companies, physicians, and consumers, returning it to a situation where manufacturers have a direct and independent relationship with consumers (Ventola, 2011). It unmitigatedly encourages self-diagnosis and proposes treatment, allowing pharmaceutical companies to create specific, targeted

markets for their products and promote them to expectant customers. Commercial websites such as those analysed in this study, combine messages of medicine and science with food supplements, breaking the boundaries of what is acceptable in DTC advertising. What is clear, as outlined in the introductory chapter, is that the food supplement industry directly peddles weight loss products, and that internet consumers are increasingly purchasing these products, meaning that DTCA becomes an ever-more important player in the medicalisation of the consumer (Conrad & Leiter, 2008).

2.8 Value of commercial website analysis

The specific opportunities of the Web as a source of information and a research tool have been discussed by a growing number of scholars but in ways that are limited to linguistic methods of analysis only (for example Paccagnella, 1997; Jones, 1999; Hine, 2000; Mann & Stewart, 2000, Rossler, 2002; Andrews et al., 2003; Lister et al., 2003; Carter 2005). As with alternative advertising channels, this narrow focus 'exclude[s] the many distinct visual and multimedia features of websites that may embody very revealing aspects of culture' (Pauwels, 2012:247), such as in the weight-loss websites chosen for this study. This in turn supports the need for more research projects which investigate promotional multi-semiotic content of in websites, sites of communication which are inherently multimodal. One distinctive feature of promotional websites, when compared to offline materials, is their 'dynamic, multimodal, and interactive character achieved through a range of functionalities that allow multiple navigational routines' (Kress, 2003:19). The websites employed in this study encourage active engagement with the online information through embedded videos, pop-up windows and multi-navigational routes within their respective sites. (2008:1). Therefore, a multimodal approach to analysing websites that takes into account the dynamic interplay of their various modes is essential if one is to make sense of the messages they convey.

2.8.1 How the Web performs for weight loss websites

In modern technological societies people are exposed to a variety of texts that contain elaborate visual images, unusual narrative structures and complex design elements and unique formats (Goldstone, 2004: Kress, 2003: Serafini, 2011). Through the use of such a broad range of text types such as computer interfaces, magazines, graphic novels, textbook and television, there is 'no avoiding the multimodal nature of dominant and emerging cultural sites' (Duncum, 2004:259) that can be identified as ripe for analysing commercial weight loss discourse. In line with new media research scholars Domingo et al., (2012), I investigate online organisations 'who deliberately manage an online identity for income', such as the herbal weight-loss purveyors which depend on virtual technologies to discreetly, and easily, reach vast numbers of potential customers.

It is estimated that one in four people in the U.K. self-diagnose an illness rather than making a doctor's appointment, by accessing information relating to their complaint via the internet. It is reported that about 80% of Americans alone and approximately 70% of U.K. inhabitants have searched for at least one health-related topic by accessing more than 70,000 websites that provide health information on the world-wide-web (Office of National Statistics, 2019). Additionally, approximately 53% of internet users have used the web to respond to health complaints, indicating that the Internet plays an important role in the assessment, diagnosis, and potential resolution of health concerns (Office of National Statistics, 2019). This growing trend for people to seek out health information online (independent of the medical system) is, according to Toms and Latter (2007), attributable to the Web's capacity for providing convenient access to reliable health information, particularly its easy access to content on sensitive health issues, such as weight loss. Indeed, the general public is increasingly turning to the internet for diet and fitness information, information which in turn is liable to have an influence on their behaviour in relation to weight and weight loss (Saperstein et al., 2007). Weight loss behaviours are reportedly more prolific in adolescents, who are prone to finding information about a range of health topics, such as exercise/diet, sexual health,

and alcohol/drug misuse via the internet, when compared to adults (Gray et al., 2005). It is recognised that young people have difficulties accessing traditional health services (see Harvey, 2015); in theory, the internet offers them confidential and convenient access to an unprecedented level of information about a diverse range of subjects, such as body weight concerns.

The online trajectory from accessing information about weight loss to the commercial exchange of weight loss products is not a difficult one to plot. Online advertising is now the largest advertising medium by expenditure in the U.K., exceeding TV and print (Ashead et al., 2020). In 2019 it accounted for more than £13 billion expenditure in the U.K. and had a growth rate of 15% year on year. As the online advertising market continues to grow, concerns around consumer safety and other related issues have grown. The Advertising Standards Authority (ASA) received 16,059 complaints about online advertisements in 2018, 48% of all complaints and a 41% year on year increase. Compared to other media, online advertising includes high volumes of personalised targeting not likely to occur so commonly in other forms of advertising media. Consumer concerns specific to this study include misleading advertising, the purveying of counterfeit and illegal products, and the use of fake or unsubstantiated endorsements. These issues are of course not unique to online advertising but are more prevalent through a mode that, by nature, is more difficult to police and regulate. When considering the increasingly pervasive strategies of online marketers, internet users understand very well how sponsored advertisements pervade our everyday online spaces, with adverts and links to products appearing from a mere typing of a word or searching for a specific product or service (Cranshaw et al., 2012).

In short, the internet (or more specifically the commercial weight loss websites I examine in this this thesis) constitute convenient pathways to purchase weight loss supplements, supplements which according to U.K. Government and MHRA regulations do not require official prescription for online purchase. Access to herbal weight-loss products is entirely unrestricted and unobstructed.

2.8 Summary

This chapter has provided a detailed and comprehensive assessment of key research relevant to this study. I have considered the contemporary history of fat society and the sociocultural backdrop from which weight loss and dieting was born. The key themes of responsabilisation, medicalisation, pharmaceuticalisation were introduced and situated within the context of body weight management. I have also discussed the background of the nutraceutical and pharmaceutical industry in relation to the development of weight loss supplements. Finally, I delineated the role of advertising in weight loss promotion and discussed the role of the internet as a ready means of health information provision, as well as convenient conduit through which slimming pill purveyors are able to reach vast amounts of potential consumers.

The subsequent chapter will provide the reader with detailed information of my analytical approach to the study, and my reasons for applying this particular multimodal discourse framework.

3 Methodology (Part One)

3.1 Introduction

In order to examine the discursive means through which the weight loss websites promote their products, I employ a visual and linguistic analytical approach that affords a systematic, fine-grained and precise analysis of both the macro and micro elements of the weight-loss websites, in terms of their language, image and composition. The multimodal framework has been chosen in order to reveal emergent ideas, attitudes, and beliefs about weight-loss desire present in the websites, right through from diagnosis to prescription. Scholars of Critical Discourse Analysis (CDA) (Fairclough, 1992, 1995, 1995a, 2003; Wodak, 1989, 1996, 2001; van Dijk, 1993, 1996) and Multimodal Critical Discourse Analysis (MCDA) (Hodge & Kress 1988; Kress & van Leeuwen, 1996, 2001; Machin & van Leeuwen, 2003, 2004, 2005, 2007), have developed a set of methods designed to interrogate ideologies and power relations which are often subtly embedded in different linguistic and visual modes. Utilising the MCDA framework, numerous researchers (for example Eriksson & Machin, 2020; Harvey, 2013; Harvey & Brookes, 2017; Kotyeko, 2011; Moran & Lee, 2013 and Mulderrig, 2016) have conducted studies that similarly expose hidden attitudes and assumptions in health communication texts, attitudes and assumptions that are encoded across multiple modes of communication. This body of research attests the utility of a critical multimodal approach in the investigation of health communication research, which is still dominated by linguistic discourse analytical approaches.

The MCDA framework that I draw on for this study harnesses a specific set of concepts and tools introduced by Kress and Van Leeuwen (1996, 2001, 2002) which deviates from the more commonly used practice of content analysis-type approaches often used by researchers in media, cultural, sociological, and medical studies to analyse health and well-being communication. These analytical tools scrutinise communicative information systematically and meticulously, investigating the ways

in which textual and visual features are deployed by text producers to construct and convey meaning, and what semiotic resources are used to compel, persuade and manipulate reader-viewers (Kress & Hodge, 1979; Kress, 1985; Fairclough, 1989; Wodak, 1989; Van Dijk, 1991). To clarify, the multimodal critical analytical approach I adopt, developed largely by Kress and Van Leeuwen and their collaborators, permits a meticulous, granular deconstruction of the language, grammar, image and composition of the weight-loss supplement webpages. This approach allows me to conduct a more semiotically oriented inquiry into some of the cultural, social and medical ideas and associations that underpin the multi-semiotic content of the websites, all of which might remain otherwise buried beneath the semiotic surface. Additionally, I consider aspects of power, ideology and social relations with respect to the text “producer to consumer” relationship, since (M)CDA has traditionally been concerned with ‘exposing power relations and ideologies that are hidden within language, whether these are produced by authorities, ruling groups, institutions, or individual face-to-face situations’ (Machin & Mayr, 2012: 15).

Throughout this chapter I outline some of the principles and concepts that form the basis of CDA, followed by an introduction to multimodality and the value of MCDA application in sociocultural research. I propose that MCDA, being a development of language oriented CDA, works fruitfully in relation to this study, thoroughly engaging as it does with the textual and visual elements of the data and accounting for the interplay between the various modes of communication that constitute the semiotically rich weight loss websites.

First, I start by explaining what I mean by ‘discourse’, my interpretation of communication (image, sound or language) as accomplished through a set of semiotic resources, options and choices. During the analysis of the webpages (outlined in the following chapter), I critically examine these options and choices to understand how the text producers convey meaning, and what the consequences of

these motivated choices might be, including, importantly, their potential effects on prospective visitors to the weight-loss websites.

3.2 Defining discourse

The term discourse has become a 'common currency' in a variety of disciplines – critical theory, sociology, linguistics and philosophy – which means that the term is frequently left undefined, as if its usage were common sense and unquestionable. In fact, discourse has perhaps the widest range of possible significations of any term in literary and cultural theory and yet it is the term in literary texts that is least defined (Mills, 1997:26). Discourse, as observed, cannot be pinned down to one meaning as it is used in a range of different ways by different theorists, and sometimes the same theorist (Mills, 2004:4). Hence, to offer some clarity on the meaning of discourse that I adopt for this study, I aim to provide a specific working definition as it is used within the discipline of linguistics.

Common to all definitions of 'discourse' in linguistics is the idea of language in real contexts of use. As Simpson and Mayr (2010) put it, discourse can 'capture what happens when...language forms are played out in different social, political and cultural arenas' (2010:5). More formally, a linguistic approach to discourse is typically concerned with stretches of language that operate 'above the sentence, or above the clause' (Stubbs 1983:1), or which Gee (2014) describes as discourse with a little 'd' (2014:46), as opposed to societal big 'D' discourse. This formal, linguistic approach to discourse analysis involves the study of large units of texts concerned with analysing language-in-use in specific social contexts and is designed to elucidate the structural properties of discourse with a focus on the variation of linguistic forms across different genres and text types (Harvey, 2013). For example, investigating how discourse is organised and managed through features such as turn-taking, topic management and narratives (Thornborrow, 2010), according to the particular communicative context where the discourse is produced. Such communicative situations may involve service encounters, media interviews, doctor-patient encounters, and political speeches, to

name but a few, highlighting the ways in which discourse is used to achieve specific purposes, such as obtaining goods and services, disclosing and diagnosing medical problems, delivering intention of policy, and so on (Harvey, 2013:6).

In this study, however, I am predominantly concerned with discourse as social practice, also referred to as 'discourse with a capital D' (Gee, 2014: 46); a sociocultural approach which views discourses as comprising social and ideological structures. This approach to discourse and discourse analysis draws on the work of the philosopher, psychologist and critical theorist Michel Foucault (1972). While Foucault's work on discourse has been taken up in many different theories and disciplines, producing 'a rather bewildering range of overlapping and contrasting theorizations and analyses' (Fairclough, 2003:124), I am primarily interested in Foucault's work on the power of discourses, and how these constitute aspects of reality with which they are concerned; Foucault's famous claim that discourses are practices that 'systematically form the objects of which they speak' (1972: 49). In this sense, a discourse is something which produces something else (a concept and effect, an utterance, for example), as opposed to 'something which exists in and of itself and which can be analysed in isolation' (Mills, 2004:15). According to this approach, a discourse is a particular way of thinking and talking about aspects of reality. It presents a framework for understanding the world, a set of ideas and assumptions which inform and shape people's perceptions of the world as they perceive it (Parker, 1992:5). As people's perceptions of reality constitute their 'truth' status, the sets of ideas and assumptions which comprise a discourse are notably 'taken for granted, unquestioned and hence remain invisible' (Cheek, 2004:1142). As Harvey (2013) points out 'the workings of discourses are quite insidious; people are liable to draw on them on them unconsciously or at least pay them little, if any, critical attention' (2013:6). The aim of discourse analysis, therefore, is to uncover how a text is organised in order to construe the world in a particular, partial way. With this in mind, I turn to explain how societal and cultural discourses can be identified in the text.

Mills (2004:15) states that a discursive structure can be detected because of the 'systematicity of the ideas, opinions, concepts and ways of thinking and behaving' which form within a particular situation, and group of people and as a consequence of those ways of thinking and behaving.

Accordingly, it is possible to assume that there are sets of discourses, each with their own discursive boundaries where each participant is expected to think and behave within their respective parameters. For example, it is widely acknowledged that advertising texts for male grooming products often draw upon discourses of hegemonic, heterosexual masculinity that are taken for granted and are thus unsurprising or otherwise go unnoticed. Hence, prevailing discourses can become unobtrusively entrenched and commonsensical (Mills, 1997). Nevertheless, discourses do not exist in isolation; although some ways of representing the world may seem commonsensical, phenomena can be described in multiple and varying ways, resulting in a plurality of discourses.

Building on the work of Mills (1997), Sunderland (2004) provides a list of ways in which discourses can be analysed in a more 'systematic' and 'conscious' manner (2004: 36). Some of these methods include the identification of repeated lexical choices in the representation and evaluation of knowledge, individuals, ideas, beliefs and (linguistic) practices. Researchers and scholars, particularly critical discourse analysts (Fairclough, 1989), have identified discourses through the repetitive and systematic use of such linguistic features as hyperbole, euphemism, implicature, modality, agency (both grammatical and sociological), nominalisation and metaphor (Baker, 2010). There are, of course, other non-linguistic features of texts which facilitate discourse identification, such as image, sound, composition and layout which incorporate the multimodal aspect of the analysis that I later describe. As Harvey (2013) states, 'discourses can be multiple, variable and countable' (2013:11), demonstrating the 'multiplicity of and variability in the ways of making sense of, communicating about and ultimately constructing the world that discourses afford to speakers or writers' (Cameron, 2001: 5; Burr 1995).

As the reader will have noted, despite the ability to detect and differentiate between them, discourses are not all equal and some carry significantly more weight and influence than others. In short, discourses are not all equal and so called 'dominant' discourses (van Dijk, 2008), elevated by their respective status, have the power to 'marginalize, or even exclude altogether so-called "minority" discourses' (van Dijk, 2008). For example, this feature of discourse is identified in the asymmetry of 'herbal' vs 'pharmaceutical' approaches to health in the western world, whereby the latter 'scientific' framework remains more pervasive and more influential in comparison with the minority homeopathic 'alternative' discursive framework (Fairclough, 2003; Lopez, 2016). This is an important consideration for this study, which analyses weight-loss advertisements, and recognises that the authority and dominance of professional, medical discourses 'influence the way people make sense of and respond to health care concerns' (Harvey, 2013:7), such as those around body weight. Equally important is the knowledge that while dominant discourses often originate from so-called dominant social groups, it is also possible for traditionally marginalised groups to draw on 'dominant' discourses in a bid to construct meaning and gain power from, and for, their respective worlds (van Dijk, 2008). For example, many advertisements which promote cosmetic and beauty products also draw on the dominant discourse of science to reinforce their 'truth' status (Kaur et al., 2013; Coupland, 2007; Glinert, 2005). This strategy of utilising dominant discourses to support and legitimate marginal discourse of beauty advertising (Featherstone, 1991) is highly effective (and lucrative), as is evidenced by the ever-increasing sales figures within this industry (Pitrelli et al., 2006). What this demonstrates is that discourses are not only hierarchical but also unbounded: discourses, despite being dominant or otherwise, often draw upon others to make sense of their objects, or texts, commonly known as 'intertextuality' (Allen, 2011). With respect to my own study, the discourses I identify in the online weight-loss websites do not exist in isolation, but rather are likely to exist within 'networks' including other, related texts (Foucault, 1972: 23), further discussed in Section 3.2.1.

As well as looking for evidence of established, entrenched discourses in texts, it is also potentially fruitful to consider the discursive absences in the text(s) being analysed; as Mills points out discourses are, after all, 'principally arranged around practices of exclusion' (1997: 12). For example, in Hunt's (2015) article on diabetes pages on Facebook, it was identified that healthcare professionals are excluded from texts produced by a commercial diabetes support organisation on a social media platform, thereby presenting the process of managing diabetes as one involving the individual, the business and the Facebook community. This had the effect of centring the business as a source of healthcare expertise for people who used the page while marginalising qualified health practitioners. Absence, in this sense, does not only refer to what is *not* present in a text but also what is omitted by the text producer, which for the analyst means looking at discourse features that might be anticipated in the text's type and genre, *as well as* those discourses that are present (Mumby & Stohl, 1991).

Finally, the analysis of discourse, says Fairclough (2003) involves working with two interrelated domains: (1) communicative events and (2) the order of discourse. Communicative events are specific discourse moments that are enacted in the context of discourses that work together to create social meaning and impact. Pertinently, in the case of advertising, any particular advert would be a communicative event that is understood to be a product of advertising as an enterprise. Many communicative events that are recognised as advertising appear familiar, with only the particulars changing form from each advertisement. For example, adverts for cereal, shampoo or cars, etc. By its very nature, the order of advertising discourse will be susceptible to historical changes due to political, social and economic influences, much more so than the order of religious discourse which experiencing comparatively slow change, or the order of judicial discourse which is unchanging and entrenched (Johnson, 2016).

So far, I have outlined my definition of 'discourse' primarily within the boundaries of written language but of course this study analyses other modes of discourse to incorporate the multimodal

aspect of my approach. Jewitt et al. (2016) claim that 'discourse' is an equally important term for multimodality and many working in this field of inquiry are concerned with understanding the use and effects of 'discourse' through the uses of modes, and their arrangement in modal ensembles (2016:67). Jewitt et al. further state that all multimodal texts, artefacts, and communicative events are always discursively shaped and that all modes, in different ways, offer means for the expression of discourses. Discourses, then, are communicated through different kinds of semiotic modes but also realised through different genres (Machin, 2013). Pertinently, it is through *types* of text such as advertising, argues Machin, that many people most frequently experience discourse 'as fun, as style...and as simply part of "everyday world"' (2013: 2). Characteristically, the language and images used in advertising are designed to grab attention and be memorable. They can be playful, inventive, and representative of the latest trends in language use, but they can also circulate disturbing images that are part of the signification system beyond the product or service being advertised. Advertising discourses, then (such as those found in the weight loss websites), contribute to the conception, moulding, shaping and internalisation of ideologies and power relations between producer and receivers of the discourse itself. By expanding the reach of the discourse concept from linguistic, to include visual means of communication that we find in advertising resources, the approach offers a way to 'generate powerful insights into the social and textual dynamic of any particular advertisement, first to the enterprise of advertising and then to the wider cultural context in which they both operate' (Jewitt et al., 2016:33).

3.2.1 Salient discursive elements of advertising

As a consequence of the above, it is not just language and/or images that construct meaning to the reader-viewer but also the culturally acquired knowledge that they draw upon in order to inform their understanding of a text. This contextual knowledge can be activated (or not) by elements that advertisers attempt to foreground or obscure depending on their intentions. Frith (1997) observes

that '[t]he background of the advertisement is as important as the foreground because it creates the context without which there can be no meaning. Analysing the cultural content of an advertisement involves interpreting [the marketing] text to determine not only the primary sales message but also additional secondary social and cultural messages' (1997:4). Therefore, it is the interpretation of the advertisement based on a combination of given information and cultural knowledge that is fundamental to convey meaning in the advertising space.

As pointed out previously (Section 2.6), the nature of advertising means that discourse elements are spatially and temporally constrained, so discursive elements that compact the advertising message are valuable tools for textual engagement – insofar as what is omitted or implied is easily recoverable by the intended audience (McShane, 2005). In relation to consumer culture, Goldman (2005) states that 'the commodity-as-sign operates when images are allied to particular products and product images are then deployed as signifiers of particular relations or experiences...[The] image is then attached to a product which has *itself* been attached from the customary relations of usage formerly associated with it. In this process, the product becomes equivalent to the discrete image and when we think of the image we think of the product' (2005:18). Hence, one might think of an object, or the image of an object, and form an association with a product from a previous advertisement or cultural reference: a process known as 'intertextuality'.

Fairclough (1995) discusses intertextuality in advertising: 'Intertextual analysis focusses on the borderline between text and discourse practice in the analytical framework. Intertextual analysis is looking at text from the perspective of discourse practice, looking at the traces of the discourse practice in the text. Intertextual analysis aims to unravel the various genres and discourse - often, in creative discourse practice, a highly complex mixture – which are articulated together in the text' (1995:61). From this we might ask what genres and discourses are drawn upon in producing the advertising texts, and what traces of other discourses are evident within them? In doing so, the

analyst can consider how the reader-viewer is required to draw connections and associations from the textual content by extracting previously acquired knowledge from outside sources to fully construct meaning. To this end, I seek to analyse and interpret the commercial websites to reveal how the online consumer is encouraged to make associations between weight loss promotion and the perception of fat flesh as a pressing medical concern, to be managed and treated in a pharmaceutical way.

One might suggest that to analyse or interpret a text is to critique it; writing as a critical discourse analyst making sense of advertising in a sociocultural context, I concur with William Mazzarella (2003), who makes the point that advertising discourses require a critical investigation stemming from the culture in which they appear. He claims:

‘I would suggest that we owe it to advertising to do what nowadays it least expects us to: to take it seriously. Just as we should not placidly accede the fiction that advertising simply responds to consumer desire, so we should not peremptorily dismiss it as fraudulent. Its languages - whether we like it or not - are our languages, its spaces are our spaces. What we need to do is to examine *how* and *why* advertising intervenes in these languages and these spaces (2003:62).

In accordance with this this, I turn to the critical aspect of my methodological approach and outline the reasons for applying a critical framework to the weight-loss website data.

3.3 Critical linguistics (CL) and Critical Discourse Analysis (CDA)

Based on Halliday’s theory of Systemic Functional Linguistics (1973, 1975, 1978, 1985), the critical linguistics approach introduced by Fowler et al. (1979) and Hodge and Kress (1988) examine the way that language represents the world and the way that language is used to constitute it. As expressed by Frith (1997), texts can foreground, background, omit or include people, processes and practices

with the understanding that underlying or hidden ideologies can be uncovered through the application of a critical linguistic framework. Critical linguistics thus sought to identify specific textual features through which ideas, values and relationships can be encoded.

Despite the potential of CL to critically engage and analyse multiple texts, Fairclough (1992) believed that Critical Linguistics had limitations in the development of the link between language power and ideology. Fairclough's model of Critical Discourse Analysis later modified CL to incorporate methods and theories that could better describe and connect the interrelationship between language, power and ideology. In the same respect as CL, CDA also promotes the shift of focus from the more descriptive role of discourse analysis to the investigation of how and why linguistic and other semiotic features might serve to achieve specific ideological goals. CDA has typically revealed such strategies in many texts (such as identifying gender stereotypes in political discourse and observing asymmetrical turn-taking in doctor-patient communication) which have exposed the 'shap[ing] and representation of events and persons for particular ends' (Machin & Mayr, 2012:5).

The origin of CDA can be traced back to Saussure (1983) who used the term 'semiology' to refer to a science of signs. A sign is a basic unit of a language system composed of the signifier and the signified – the form which takes the sign and the concept it represents, respectively. The two concepts together derive from an arbitrary connection that results in the sign *as a whole*. Language, according to Saussure is a sort of code whose parts are relational, rather than referential. Saussure distinguishes between the 'parole' and 'langue' of language, parole being the concrete use of language and langue presenting a whole system comprised of signs. In short, the study of the use of language and the underlying system of it. CDA evolved from this notion that language could and should be studied in terms of its set of features and signs, in addition to its lexico-grammatical units. However, semioticians such as Barthes (1972) and Chandler (2002) contended that Saussurean semiology was incomplete, and that his concept of communication and meaning interpretation was

based on the sharing of cultural conventions and language that were analogous, rendering the concept too narrow and lacking in its application. Instead, CDA scholars turned to Halliday's (1978, 1985) linguistic theories to elucidate the multifarious and complex process of interpretation between text producer and receiver.

Halliday's linguistic theory stemmed from the concern with the social uses of language. The Systemic Functional Linguistic (SFL) theory (1973, 1976, 1978, 1985) presented Halliday's belief of language as a set of social signs, referring to culture and the relationship between communication and social structure. Halliday (1978, 1985) declared that linguistic grammar was a 'resource for meaning making' (1978:192) instead of a mere set of codes for producing the correct way to communicate. Therefore, Halliday (1985) augmented Saussure's definition and study of semiotics, proffering the interpretation that semiotics is rather 'the study of sign systems...the study of meaning in its most general sense' (1985:3). From this, Halliday claims that language, as a semiotic mode, has to represent three communicative broad metafunctions to operate as a full system of communication (and representation): namely, the ideational metafunction, the interpersonal metafunction and the textual metafunction (1978,1985). To describe the three metafunctions, relating more precisely to my analytical approach, I refer to Kress and van Leeuwen's (1996) social semiotic framework of visual communication grammar. The following explanations of each metafunction are taken from *Reading Images: The Grammar of Visual Design* (Kress & van Leeuwen, 1996: 40-41)

- **The ideational metafunction:**

Any semiotic system must be able to represent objects in a referential, or pseudo referential sense. It must be able to represent objects and their relations in a world outside the representational system. That world may of course be, and most frequently is, the world of other semiotic systems. In doing so, semiotic systems offer an array of choices, of different ways in which they can be related to each other. Two objects may be represented as involved in a process of interaction which could be visually realised by others.

- **The interpersonal metafunction:**

Any semiotic sign must be able to project the relations between the producer of a sign or complex sign, and the receiver/producer of that sign. That is, any semiotic system must be able to project a particular social relation between the producer, the viewer and the object represented.

- **The textual metafunction:**

Any semiotic system must have the capacity to form texts, complexes of signs which cohere both internally and with the context in and for which they were produced.

(1996:40-41)

The three metafunctions (from a multimodal perspective) are described in further detail, and how they relate to this study, in the section which introduces multimodal critical discourse analysis.

Moving on from Hallidayan and Saussurean principles, CDA has more recently been associated with the ideas of Norman Fairclough, Ruth Wodak and Teun van Dijk, although as CDA researchers themselves they point out that there is no single, homogenous version of CDA, rather a whole range of critical approaches which can be classified as CDA (for example, Gee, 1990; Scollon, 1998; Rogers, 2004; Jeffries, 2007; Richardson, 2007). Many of these scholars emphasise the need for analysts to draw upon a range of linguistic methods to research things like the production and reception of texts (Richardson, 2007; Wodak & Meyer, 2009). Importantly, what all these researchers have in common is the view of language as a means of social construction: language both shapes and *is* shaped by society. In short, 'CDA is not so much interested in language use itself, but in the linguistic character of social and cultural processes and structures' (Machin & Mayr, 2012:4).

As previously pointed out, rather than focussing on the mere description of the linguistic features in a text, CDA attends to '*why* and *how* the features are produced and what possible ideological goals they might serve' (Machin & Mayr, 2012:4). Some of the discourses may serve to highlight certain

ideologies and some may conceal or trivialise others. Van Leeuwen and Wodak (1999) suggest that we should think about discourses as including or being comprised of kinds of participants, behaviours, goals, values, and locations. Fairclough (2000) explains that certain discourses 'do not simply echo reality but point to, and bring into being, situations, objects of knowledge, and the social identities of, and relations between people and groups of people' (Fairclough & Wodak 1997:58); they project certain social values and ideas which in turn contribute to the (re)production of everyday life. In other words, it is through discourses that we understand the social world; essentially 'how we talk about the world influences the society we create, the knowledge we celebrate, and despise, and the institutions we build' (Machin & Mayr, 2012:21).

In consideration of this, the system of analysis that I adopt stems from the realisation that meaning is communicated not only through language but also through other semiotic modes. Hence, I turn to Multimodal Critical Discourse Analysis to reveal how the interplay between the two modes of communication work together to construct meaning, to convey power relations and hidden ideologies and to unravel the compelling, stimulating and manipulating discourses that promote the weight-loss products.

3.4 Multimodal critical discourse analysis (MCDA).

Towards the end of the 1980s, scholars of linguistics sought to provide a framework for analysing texts which incorporated visual features alongside language to project meaning to the reader-viewer. Despite a well-established tradition in media and cultural studies that has examined film and cultural artefacts, theorists like Hodge and Kress (1988) and Kress and van Leeuwen (1996) acknowledged that there was a lack of academic scholarship which permitted a more systematic and granular analysis than the more impressionistic and interpretive style previously applied by scholars and students of visual communication. Additionally, Kress and van Leeuwen stated that:

‘we seek to be able to look at the whole page as an integrated text...we seek to break down the boundaries between the study of language and the study of images, and we seek as much as possible to use compatible language and compatible terminology in speaking about both, for in actual communication the two, and indeed many others come together to form integrated texts’ (1996:183).

This understanding helped to encourage a more systematic application to the analysis of visual communication, and to develop a set of tools and concepts which evaluate how multiple modes of communication work together to construct meaning, as this study requires. The emphasis of the MCDA approach adopted here is based around *situated* meaning and the affordances of the semiotic resources within the website data, rather than an examination of the multimodal approach and system of analysis itself. This approach facilitates an understanding of which resources provide the institutional meaning-making, and the ideological effects of these (Machin, 2016). Other such studies have pointed to the ideological implications of semiotic resources in other modes of communication, such as Sakhr, et al.’s (2014) studies of new technologies in the surgical theatre and classroom environments.

The multimodal approach allows me to ‘develop analyses that stand up outside of linguistics; and, most importantly, permit [me] to both establish and demonstrate what MCDA offers’ (Machin, 2012:348), in addition to a discourse analytic approach to written text. Importantly, we now have a method of analysis which can help analysts interpret and understand how visual features of modern media texts, such as websites, communicate meaning in a way that cannot be expressed in language (Machin & Mayr, 2012).

3.4.1 MCDA in online communication

The value of a critical multimodal approach for the analysis of electronic texts is well anticipated in Kress and van Leeuwen's earlier work, as they write:

'dominant visual language is now controlled by the global cultural/technological empires of the mass media, which disseminate the examples set by exemplary designers and, through the spread of image banks and computer imaging technology, exert a "normalizing" rather than explicitly normative influence on visual communication across the world'.

(Kress & van Leeuwen, 1996:5).

In relation to the above quote, the application of MCDA to multimodal media texts can help to 'bring all means of making meaning together under a theoretical roof, as part of a single field in a unified account, under a unifying theory' (Kress, 2010:5), achieved by analysing the hegemonic discourse elements found in the image banks and computer imaging technology (often used by online marketers) that Kress and van Leeuwen speak of.

Contemporary online communication provides a clear example of the ways in which different modes have become more integrated and visual elements are being used to communicate more complex ideas and attitudes. While items such as a utility bill might previously have used text to communicate simply through words and numbers produced on a typewriter, the contemporary equivalent, delivered via an account portal on the provider's website will harness more sophisticated presentational methods, not least a range of other visual cues (Machin, 2013). This may include the communicative potential of rounded, 'friendly' fonts (such as comic sans), diluted colours of pale greens and pale reds to indicate relaxed moods, lots of space to create a sense of simplicity and room to breathe (2013:348). In the context of a utility bill, such visual features, when combined, serve to express the notion that owing money is not a pressing problem but constitute a friendly, relaxed communicative act which recognises an impending financial transaction. When applied to commercial websites, the rules and principles of MCDA permit the investigation of *how* semiotic

choices such as framing, salience, proximity, gaze, colour modality, and font-type, convey symbolic messages through images, sounds, and other non-linguistic communicative modes (Chen, 2016:99).

Utilising MCDA, then, I aim to expose *how* images, photographs, page layout, graphics, design, work together with language to construct meaning. By carefully and systematically describing the text producers' choices, I investigate the significance of these choices, and how they might affect the reception of the texts.

3.4.2 Multimodal grammar

Referring to the work of Halliday and the three metafunctions I outlined briefly in the CDA section, I describe here Kress and van Leeuwen's (1996) adaptation of the three concepts when applied to multimodal systems of communication. In discussing the analysis of visual communication, they use slightly different terminology:

- Representational instead of ideational (representation focusses on how images combined with language represent inner and physical worlds, actions, events or symbolic processes).
- Interactive instead of interpersonal (interaction focusses on how images and language enact imaginary relationships between representative and interactive participants).
- Compositional instead of textual (composition examines things such as layout, colour, size, frames and their cultural meaning or significance).

As the above list shows, the meaning of visual-textual information comes from the *arrangement* of different elements, rather than the images and text in isolation. Just like language, images have meaning when they are assimilated with others and with the attending discourse elements. The three adapted metafunctions introduced by Kress and van Leeuwen (1996) are not direct relationships between semiosis and meaning. Rather, 'the concepts of power, interaction, detachment, and involvement...are not meanings hidden in the images [themselves], rather they are

meaning potentials' (Jewitt & Oyama, 2001). In short, the meaning potential(s) are activated by the discourse arrangement of text producers and the perceived reception of the text(s).

To summarise: MCDA approaches linguistic *and* visual modes of communication as a joint means of social construction whereby both communicative modes *shape* and *are shaped* by society. Thus, MCDA is focussed on the way that semiotic choices play a part in the communication of ideologies and power relations as opposed to the simple process of semiosis itself. It is important to note that I draw mainly on the critical (multimodal) discourse work of Fairclough (1989, 1992, 1995a, 1995b); Wodak (1989, 1996, 2001; Van Dijk, 1991, 1993b, 1995). Hodge & Kress (1988); Kress & van Leeuwen (2001, 1996) Machin & van Leeuwen (2003, 2004, 2005, 2007). Machin (2010) and Machin & Mayr (2012). In line with CDA, what is central to MCDA is the sense of being critical, of denaturalising texts and probing beneath the surface of text and image to see how ideological meanings are encoded and reproduced. However, as with most analytical approaches, (M)CDA is not without criticism itself.

3.4.3 Criticisms of (M)CDA

Looking initially at criticisms of CDA (rather than MCDA), I refer to Henry Widdowson's claim that CDA is an 'exercise in interpretation', as opposed to analysis (1995:159). Interpretation (in this sense) is understood as a matter of 'converging on a particular meaning as having some kind of privileged validity' (1995:159). However, this privilege of particular meanings results from an ideological commitment and 'prejudice' of CDA. In response, Fairclough (1995:169) argues that Widdowson's view constitutes 'a misrepresentation of CDA' as it rests 'upon a confusion between two senses of interpretation' (1996:49):

- 1) Interpretation is an inherent part of ordinary language use, which analysts, like anyone else, necessarily do: make meaning from/with spoken and written texts. People make meaning

from the interplay between the features of the text and the varying sources which they bring to the process of interpretation.

- 2) Interpretation is a matter of analysts seeking to show connections between both properties of texts and practices of interpretation in a particular social space, and wider and social cultural properties of that particular social space.

I concur with Fairclough on this matter when he states that 'it is true that CDA has given particular focus to explanatory connections between texts and social relations of power, and therefore to questions of ideology. And it is true that emphasis comes out of the particular political conjecture within which CDA emerged...and reflects the political commitments of its practitioners' (1996:50). In short, some readers may indeed interpret texts compliantly, fitting-in with positions set up for readers in texts, while other readers (and critical analysts) may be resistant. However:

'interpreters are [like analysts] social subjects with particular accumulated social experiences, and with resources variously oriented to the multiple dimensions of social life, and these variables affect the ways they go about interpreting particular texts...it is important to take account of the ways in which interpreters interpret texts if one is properly to assess their political and ideological effectiveness (Fairclough, 1992a:136).

Thus, in line with CDA practitioners, I agree that individuals write within specific discursive practices, drawing on our own discursive practices and including or avoiding others. This means that CDA is arguably better placed to recognise its own partiality than most theories (Fairclough,1996). While 'aspects of discursive practices may serve to sustain relations of domination and may hence be ideological - no theory or science is immune from that' (1996:53). Although CDA is therefore partial and politically committed, its practitioners are typically aware of this and seek to reflect critically on their own interpretations. CDA is also able to offer transparent methods to demonstrate how interpretive conclusions have been reached, allowing other readers to check the analyst's interpretations.

With respect to MCDA, there has been an acknowledgement of the 'growing awareness of the fragmentation of the approaches to the visual' (Machin, 2016:2). Pauwels (2012) argues that there is a tendency for different research fields to reinvent the wheel as they operate within their own isolated fields of inquiry. Yet I would rather argue that this growing interest represents the desire to share knowledge of visual communication practices and to engage in cross/inter-disciplinary research which in fact serves to augment current and ongoing research findings. In addition to "reinventing the wheel", scholars have argued that there has yet to be a defined set of terms which are consistently used in multimodality. Forceville (2010) argues that multimodality is characterised by 'flourishing terminology which remains predominantly uncontested' (2010:178). One reason this remains uncontested is that 'multimodality tends to take on a huge range of topics, encompassing more and more things, rather than carrying out more localised studies around one subject of study to develop more robust and defensible principles and concepts' (Machin, 2016:3).

Another well acknowledged shortcoming of (M)CDA is that analyses focus in fine, meticulous and time-consuming detail on texts. This of course allows for a thorough reading of those texts, but it does not allow for broad generalisability of findings due to the sample size restrictions. This does not invalidate in any way the findings and insights generated by an MCDA approach to texts but merely serves to illustrate that analysts must select their analytical frameworks carefully. With respect to my own study, the data selection is necessarily restricted to a relatively small number of websites that affords a robust qualitative analysis (any larger selection would compromise the intensity of my analytical focus). Yet these websites are themselves extensive entities, compact of multiple pages and textual features. What is more, they are popular websites and thus are likely to be commercial sources which prospective consumers access over others.

3.5 Summary

I have expressed the view that all communication is achieved through a set of motivated signs, expressed through specific choices made by the communicator, and assessed respectively by the text receiver. In this study, I consider 'What interest and agency is at work in the making of meaning?' and 'What are the meaning potentials of the resources that are being used?' (Kress, 2010:57). Online advertising, being financially motivated, is deliberately wide reaching, publicly accessible, and considered a pervasive and targeted form of marketing (Muller & Alt, 2011). As such, weight loss websites act as public, open, strategic circulators of information about body weight and body weight management. The social constructionist view of communication that I adopt (outlined earlier) underscores that the specific choices the text producers' make have the potential to (re)circulate ideological associations, indicate hidden or suppressed meanings and reveal specific identities, values, and attitudes about the weight loss seeker, and weight loss achiever. The decision to approach Discourse with a capital 'D' (Gee, 2015; see p52), then, is driven by the understanding that the messages embedded within the websites contribute to the attitudes, behaviours and practices around weight management and diet pill consumption, and the attendant damaging, individual and sociocultural impact identified in the introductory chapter. By choosing to adopt a critical, analytical approach to this study, the means by which these attitudes, behaviours and practices are stimulated are thus illuminated. That is, I adopt a critical discourse analytic approach in this thesis precisely because this approach is intended to uncover the ways in which these ideological associations, meanings, identities, values and attitudes are textually reproduced

As the weight loss websites are multimodal by nature, awash with a rich abundance of both visual and textual features, I chose to widen the boundaries of CDA to incorporate a multimodal element of inquiry with the understanding that each semiotic mode within commercial websites is deliberately and strategically designed to maximise the message within spatial constraints.

Therefore, both the textual and visual components of websites have critical value, and together encode ideological and economic motivations, in line with the commercial agendas of the diet pill purveyors. Having a monomodal approach to website analysis that investigates the textual, linguistic components in isolation would deny the study the full critical engagement that the websites deserve. By conducting a more holistic semiotic inquiry into the textual and visual codes embedded within the websites, and the interplay between the two modes of communication, a more open, comprehensive and detailed account of the meaning making potentials are considered.

To conclude: it is because of the points aforementioned points I have chosen MCDA, as it permits a detailed, systematic, granular description and analysis of the semiotic choices the website producers employ in order to promote and sell weight loss supplements. Using an MCDA approach, I am therefore able to investigate how, and to what extent, the text producers harness certain discourses and legitimising strategies.

Having presented the analytical approach employed in Chapters 5 and 6, the following chapter discusses the data that constitutes the focus of this study.

4 Methodology (Part Two)

4.1 Introduction

In part two of the methodological approach, I provide general information on the website data and provide the reader with a rationale for the specific websites I have selected to analyse. I introduce each website, giving an overall description, including screenshots of the website homepages in order to familiarise the reader with their visual compositions. I then describe in more detail the multimodal analytical approach and analytical processes that I adopt in my analysis and outline the three dominant discourse themes that form the structure of the subsequent analytical chapters.

4.2 Sampling procedure

Given the large quantity of weight-loss supplement websites (a survey using the Google search engine in October 2015 yielded more than 88 results), I required a rationale to select the most appropriate sites with my research aims in mind. The four websites that feature in my study all appeared in the top 20 hits when searching on Google using the words 'herbal + diet + pills', 'natural + weight + loss + supplements' and 'organic + fatburners'. It is worth pointing out here that individuals using the internet for health information tend to pursue only those sites which appear high up on the initial search results (Eysenbach & Kohler, 2003) and that Google maintains an overwhelmingly dominant share of the search engine market. Hence these four websites are likely to have been popular choices for prospective consumers searching for weight loss pills online.

In addition to appearing high up in Google search hits, the sample of websites used in this study was narrowed down using the following criteria: (i) the website belonged to U.K. based company selling and shipping to consumers worldwide; (ii) the website featured predominantly herbal weight loss supplements for sale and public consumption; (iii) the website featured images and written

narratives of both interactive and representative participants (these criteria are outlined later in this chapter, when I elaborate on the research aims first introduced in section 1.4); (iv) the website included product testimonials written by alleged site users.

I identified 4 websites that from a total of 23 that fit the criteria at the time of the commencement of my research: the 4 websites selected appeared highest in the Google search I conducted. Upon conducting this initial search in October 2015, the higher-order appearance of the websites listed in the search engine results indicated the popularity of the products being sold at that time (Langville & Meyer, 2011). As new organisations continually bring new weight loss products to market conducting a Google search using the same parameters may now produce different results.

Owing to limitations of study size and the mode of analysis I adopted, the sample was limited to data from four websites, permitting a more fine-grained and meticulous analysis within the available space of this thesis. If I were to conduct a content- based style analysis, the sample size would be potentially much larger, but the analysis would not do justice to the richness and complexity of the multi-semiotic contents of the websites. I accessed the webpages of the four selected sites between October 2015 and April 2019. Upon viewing the webpages, I took screenshots that I labelled and printed, and stored as JPEG files on a computer. All four websites were subject to change over this period but each of the captured information “grabs” were part of the promotional strategy at some point of the four-year period, nonetheless. In the analysis chapters that follow, I include screengrabs from each of the four websites published over the four-year period October 2015 to April 2019. From this data, I pulled together related topics and themes, (re)defining them recursively, rather than in unilateral, linear fashion (Domingo et al., 2014; Cranny-Francis, 2005; Pauwels, 2005).

The websites selected for this study are: RevolynUK.com, CinicoUK.com, EvolutionSlimming.Com and T5Fatburners.net. All four organisations are UK-based, dedicated to selling herbal weight-loss

products for human consumption.

To provide an overall view of the website data, and their individual features, I provide a list of website components, along with screenshots from the websites homepages to provide the reader with an overall description of the substance and content of each platform. It is well-known that the content of the homepage of a website creates a strong, meaningful impression of the company (Singh & Dalal, 1999). In line with other modes of advertising, 'the "first look" is crucial in gaining and holding consumers' attention and interest' (Geissler, Zinkhan & Watson, 2001:69), where first impressions are 'critical in establishing online relationships' (Geissler et al., 2006), and are an increasingly important marketing tool (Watson, Zinkhan & Pitt, 2000). Importantly, Pring (1996) notes that 'intense competition for the user's attention means that websites' visuals must attract, inform (and maybe seduce) as quickly as possible', (1996:6) and this occurs through the initial visit to the homepage. In particular, the images selected by the text producer for the homepage of each website are afforded a high degree of salience as they fall within the 'guaranteed viewing area' (Kok, 2004:146), where the designers typically situate information they wish to present as the most significant.

It is important to state that over the duration of my study the homepages of each website have been subject to multiple changes with respect to their design, layout and overall content. However, the homepages reproduced below are typical of each organisation in respect of the language and images deployed the text producers. In each of the homepages, the website user is able to access the navigational tabs to move around the websites. Upon clicking on each tab, the website visitor is taken to new a page within the site. The reader-viewer is presented with a wealth of information: from advice about the nature of the products promoted, through to consumer testimonials and product recommendations. The latter serve to respond to consumer concerns about weight loss potential and to reassure the consumer about the suitability, and safety of these products.

Additionally, all the websites provide information regarding the purchase of slimming pills, with

particular emphasis on how they can be easily and conveniently bought online.

4.3 Introducing the weight loss websites

Revolyn-UK.com

Overview: ‘Revolyn Ultra’ is an internet-based company selling herbal weight loss tablets. Its name has changed several times over the preceding four years during the course of my study. The product name has changed from ‘Nuvoryn’ to ‘Revolyn UK’ and to ‘Revolyn Ultra’.

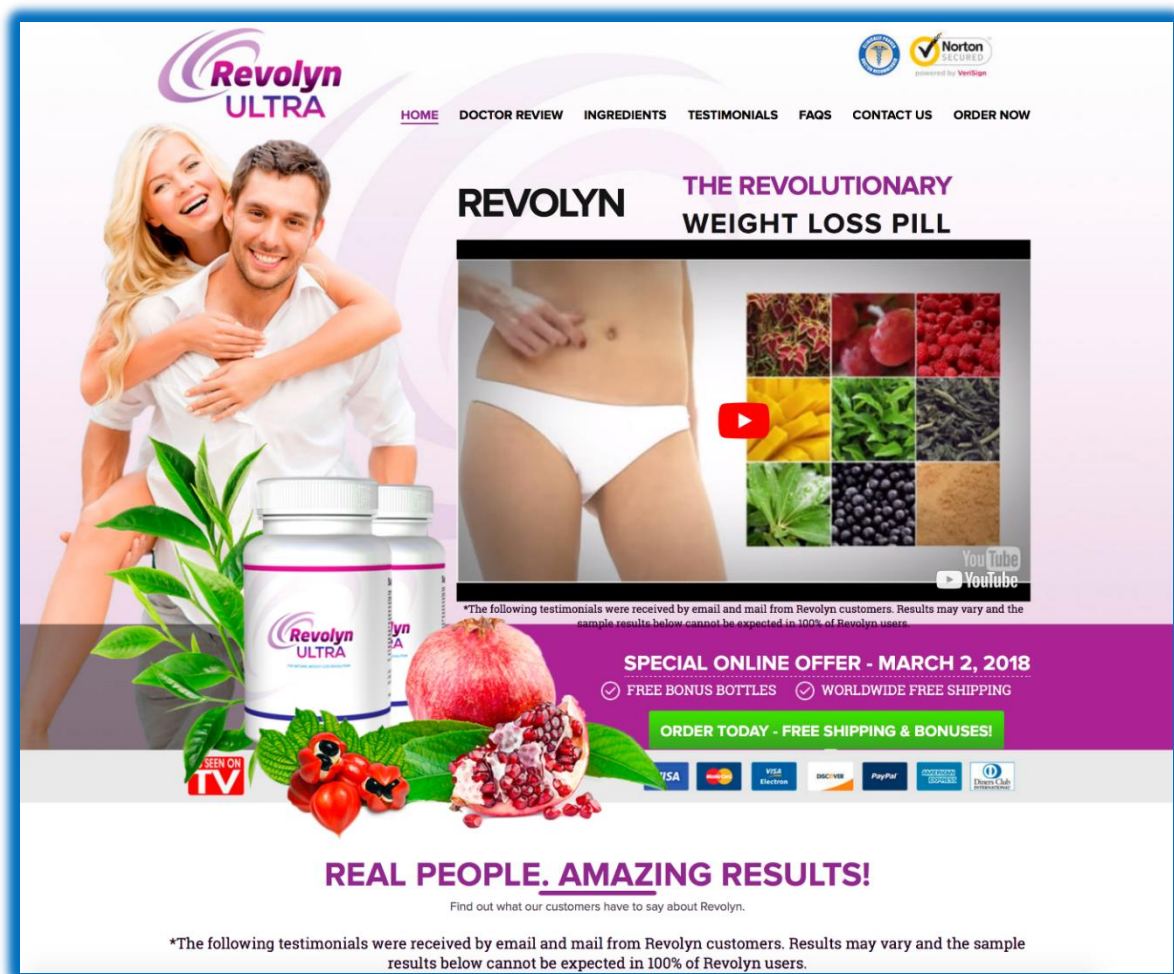


Figure 1: The Revolyn Ultra website homepage (2018) which identifies the ‘guaranteed viewing area’.

From December 2019 this site was no longer available for access. It is unclear whether this is a consequence of being shut down by trading standards or the MHRA, or through business failure.

General content: This website promotes weight loss products which are available for public sale and consumption via the website. The Revolyn products were also available through other internet providers such as Amazon and EBay. The homepage (Figure 1) introduces images of the products and its 'ideal' represented users. It provides information on the product ingredients, the cost and availability of each product, as well as details concerning purchase and delivery of the products. It promotes daily 'special offers' and depicts the 'amazing results' from user testimonials.

Navigation structure: The navigation menu is ordered in 'tabs' across the top of the web page as part of the headline banner. There are tabs which redirect the reader from the 'Homepage' to the 'Doctor Review' page, the 'Ingredients' page, 'FAQs', 'Contact Us' and finally 'Order Now'. Upon clicking each tab, the website visitor is presented with visual and textual information about each aspect of the menu.

The page layout: Below the navigation bar there are promotional images and text depicting both represented users of the Revolyn products, the product packaging and representations of the purported product ingredients, such as an image of a pomegranate or raspberry. However, there are no images of pills or drug-like substances on the website. Central to the screen there is an embedded YouTube video. The images and texts are broken down into readable chunks which is optimised for search engines and human eyes (Beymer et al., 2007).

The company logo: This logo is in the top left-hand corner of the web page.

Types of images: Images included in the webpages depict people, the weight loss product in its packaging, images of fruit and herbs. The website includes images of payment methods and logos, such as 'Visa' and 'Mastercard'. It also includes images of 'official' stamps and seals of approval pertaining to the safety and efficacy of the products. The images are static and do not have a rotation feature.

Shopping Cart or Basket: This website does not have a cart logo but does allow the visitor to place items in a cyber 'basket'. Upon placing the items in a basket, the visitor is directed to input

information pertaining to 'billing', 'shipping' and 'payment' details and methods. There is a final green button which when pressed indicates a 'complete order'.

Social Media links: The site includes an image of the Instagram logo, which suggests the 'before and after' photos on the page are taken from personal accounts on the Instagram website. However, this feature does not directly link to the social media website.

Multimedia: In addition to the YouTube video on the homepage which gives information about the product by the represented participants featured within it, there are a further three YouTube videos embedded within the webpages which all feature women giving recommendations about the Revolyn products.

External links: Within the ingredients tab, at the bottom of the web page there are links to 'research studies' which purportedly evaluate and support the efficacy of the herbal ingredients listed on the webpage. Investigating the research papers that are linked to this site reveals that they are produced by organisations which use the same ingredients to sell weight loss products, although this is not explicitly stated.

Clinico-UK.co.uk

Overview: Clinico UK is an internet-based company selling herbal weight loss tablets for customers worldwide and in the UK. The company name has not changed since research inception but images featured on the homepage above have changed numerous times. From April 2020 this site was no longer available for access. Similar to Revolyn-UK.com, it cannot be stated whether this is a consequence of being shut down by trading standards or the MHRA or through business failure.



Figure 2: The Clinico UK website homepage (2018) which identifies the ‘guaranteed viewing area’.

General content: The Clinico UK website promotes weight loss products which are available for public sale and consumption via this website alone. The website introduces images of the products and its represented users. It provides information on the product ingredients, the cost and availability of each product, how to purchase the products and details payment and delivery methods. It shows four ‘featured products’ across the top of the homepage screen which can be accessed by clicking on the particular product. It promotes daily ‘returning customer discounts’, news and views’, ‘testimonials’ and ‘fair trading information’. There are also three categories ‘herbal slimming’, ‘fat burning’ and ‘herbal remedies’. A disclaimer is printed on the website in muted grey print which can be seen if the visitor scrolls down to the end of the homepage (see Figure 2).

Navigation structure: The navigation menu is at the top of the homepage and consists of four separate routes, designed not as tabs but as highlighted areas when the visitor hovers over the area title. They are: 'About Clinico', 'Shop with us', 'Advice/Information' and 'Contact Us'. The four main 'featured product' areas include 'Burnoff Pills', '3-part crash weight loss course', 'Revolutionary Fast Weight Loss Pill'. These products have varied in title over the course of the investigation and the accompanying text and images have also been subject to change several times since this study's inception.

Page layout: The page layout consists of a headline banner with the company logo in the top left corner, and a description of the purveyor's profession. It provides an image of a pestle and mortar containing several herbs indicating 'natural' and 'herbal' ingredients. Underneath this structure, the reader-viewer is met with a welcome message and overview of how the products can 'change your life for the better'. To the left of this configuration there is a vertical banner which contains information on products, special discounts and customer testimonials. The page layout also provides details on the company location, its address, telephone number and 'fair trading information'. A disclaimer is included which recommends the consumer to 'consult your GP'.

Types of images: Types of images include representatives of the products, both medical and non-medical. It shows represented users of the products, in various contexts (at the fridge, comparing loose clothing, at the gym, by the ocean). Images also depict the product in its packaging and pill form.

Shopping Cart or Basket: Upon selecting a product the website visitor is met with a visual prompt that identifies if 'your basket is empty', or otherwise, allowing the customer to place several product orders before 'checking out'.

Multimedia: Within the consumer testimonials there is an embedded video from a represented user of the 'gastric band pill' which promotes the efficacy and safety of the product.

Social media links: There is information on a social media page but the Facebook logo and link is not present.

External links: There are no external links attached to this website.

T5Fatburners.net

Overview: Biogen Health Science is an organisation which sells one specific product called T5Fatburners. It is an internet-based organisation, based in the UK which sells and distributes their products worldwide. There are two predominant products on offer by 'T5 Fatburners' presented in both pill and liquid form. At the time of thesis submission this site was still available for access.

T5 Fat Burner™
[Pharmaceutical Grade Fat Burning Agent]

BIOGEN Health Science

Home Frequently Asked Questions Ingredients Purchase Contact Us Reviews

Burn off Even More Excess Fat with T5 Fat Burner!

- ▶ Fast Acting And Focused Formulation^{8,9,39}
- ▶ 100% Safe & Natural Ingredients
- ▶ No Prescription Required
- ▶ Strong Thermogenic Fat Burning^{2,25,29}
- ▶ Provides A Metabolic Boost^{12,21,32}
- ▶ Increased Energy^{10,34,53}

New Enhanced Formula & Customer Guarantee!

OUR STRONGEST FAT BURNER WITH A HOST OF ADDITIONAL BENEFITS
Dr B. Raspriz, Ph.D., Chemical Biochemist

What Are T5 Fat Burners?

T5 Fat Burners are a scientifically backed and potent fat loss product. With years of experience in nutraceuticals, pharmacology and pharmacokinetics, we looked to satisfy the requirement for a fast acting, reliable and capable formulation. We fully believe that we have succeeded in that goal, and the growing reputation of T5 Fat Burners speaks for itself. T5 Fat Burners are not just another eye catching thermogenic¹⁻³ fat burner, once you look further into it you can easily see the benefits for yourself. Thermogenic fat burning fat loss pills are a **new slimming innovation**^{3,1}. The ingredients within T5 Fat Burners provide natural stimulation within the body that many of us lack. People with high metabolism rates find it harder to add fatty weight, this is due to the body being able to burn more fat itself naturally. Many of us would need help with this process as it is more common to have a lower natural metabolism rate. But with **T5 Thermogenic Fat Burners it helps the body to work harder itself and obtain a stabilised and optimal metabolic rate as part of your healthy diet and exercise program.**^{6,29}

T5 Fat Burners are now being brought to you, so that you can experience the **fat burning power**^[25,35,45] that many would rather keep as their little secret. This advanced nutraceutical product will help you to achieve **thermogenic fat loss**^{4,8,40}, **enhanced metabolism**^{8,29} and also **improved energy levels**^{31,52} as part of your healthy eating and exercise routine. T5 Fat Burners have been scientifically formulated in a synergistically effective composition to provide a focused increase in lipolysis (the breakdown of fat) and thermogenesis (calorie burning), whilst also providing a host of other benefits. There has been extensive clinical trials surrounding each of the components of this formula, and as we don't believe in making any claims without extensive scientific backing, many of these scientific journals, studies and publications are referenced throughout this site and organised in our scientific reference section (see section § below).

All the ingredients are 100% natural and safe whilst also working together with your body to help it naturally increase your metabolism rate to a constant high level over the duration of the course.^[29,52,8] This is very important as the body is able to help burn up more stored fat than diets and exercise alone. The ingredients chosen have been carefully analysed with what the body needs and requires to burn more fat. The ingredients are not harmful and have no side effects at all when taken as recommended. Everyone needs a little help with fat loss and T5 is able to aid that.

Clinical Results That Shocked Even The Researchers

Result	Significance
Greater Fat Loss	+++
Greater Energy Gain	++
Greater Muscle Gain	+
Greater Drop In Cholesterol	++

* Note: During the research phase all subjects followed an "ad-libitum diet". This means they were given free reign to eat whatever they wanted!
ZERO dietary restrictions were given. §Study/Refs.

Please note: While many users of this product have experienced significant fat loss, we recommend all customers attempt to reach their fat loss goals through a combination of healthy dieting and exercise in conjunction with this product. This will lead to optimal results and the healthiest possible path to attaining your goals.

Figure 3: The T5 Fatburners website homepage (2018) which identifies the 'guaranteed viewing area'

General content: The T5Fatburners website (Figure 3) promotes 'fat burning' products available for public sale and consumption via this website. The T5 products are also available from other internet providers such as EBay and Amazon. The website introduces images of the product in its packaging form, a video of a Biogen Health Scientist introducing the company, the product and the product performance claims. The website provides statistics and scientific claims about the product. It also provides consumer testimonials and consumer guarantees.

Navigational structure: The website has different tabs across the top of the screen. However, the website is compact of one long webpage which can be navigated by scrolling up and down on the same page.

Page layout: The tabs across the top of the screen direct the website visitor to the related sections of the single webpage: Home, FAQ's, Ingredients, Purchase, Contact Us and Reviews.

Types of images: Images of the weight loss products, the consumers and the scientist are depicted in the webpages. Graphics of graphs and scientific studies are also embedded. There are commercial guarantees and stamps of approval.

Shopping Cart or Basket: There are several widgets on the homepage which direct the consumer to 'buy T5 products' and which navigate the consumer to the end of the webpage where the consumer is given the option of which 'bundle' to purchase. Upon selecting a preference, the consumer is redirected to PayPal where the commercial exchange is completed.

Multimedia: There is an embedded video within the website that gives the visitor an introduction to the company from the 'Biogen Health Scientist', describing the products and what the products do.

Social media links: There are no social media links attached to this website. However, the products promoted in this website are available through alternative sales streams, such as Amazon UK and EBay.

External links: The website includes references to externally published scientific studies and the academic papers that the consumer can click and read.

EvolutionSlimming.com

Overview: Evolution Slimming is an internet-based company in the UK which remains in operation, selling a variety of pill products designed to assist in weight loss. Products vary between ‘weight management’, ‘fat burn’, ‘detox’, ‘beauty’, ‘water retention’, ‘sports nutrition’ and ‘vitamins’.

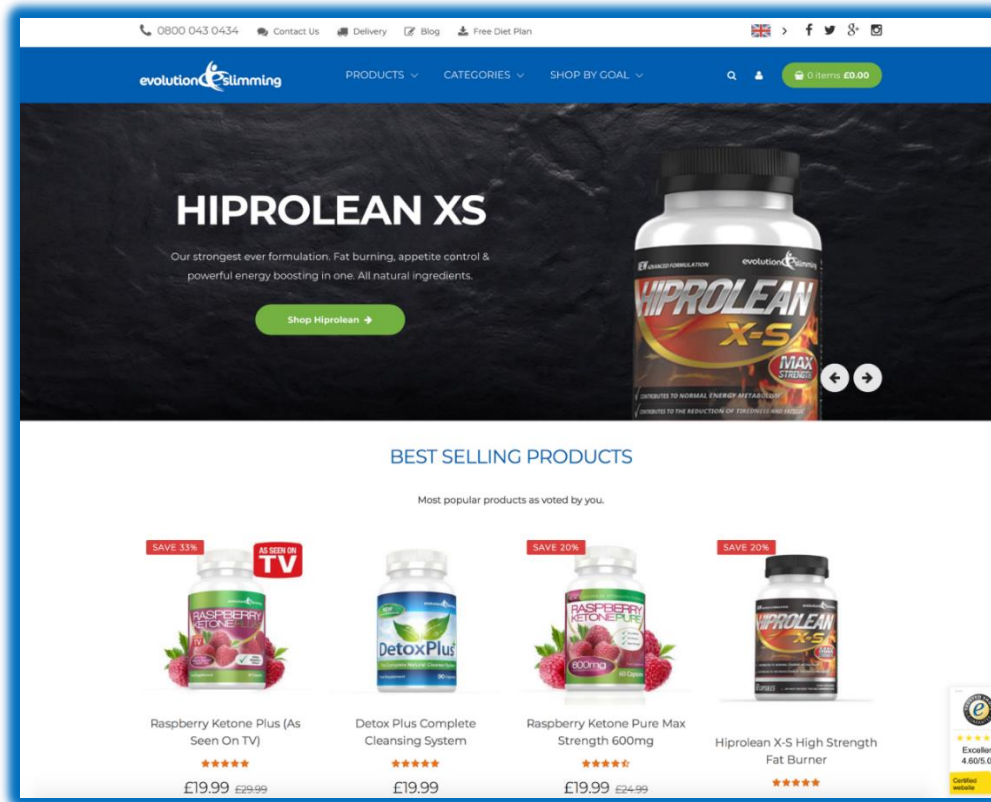


Figure 4: The Evolution Slimming website homepage (2018) which shows the ‘guaranteed viewing area’.

General content: The Evolution Slimming website (Figure 4) promotes a variety of weight loss products available for public sale and consumption via this website. The products are not available from other internet sites. The website introduces images of the products and the represented users. The represented users are invariably young and fit looking males and females engaged in some form of sporting activity. The site provides information on the product ingredients, the cost and availability of each product, how to purchase the products and details payment and delivery

methods. It also features information about 'best selling products', 'testimonials', 'consumer excellence' information and special discounted products. It provides three specific lists that the consumer can choose from depending on product type, categories of weight loss, or consumer goals.

Navigational structure: This website is the most sophisticated of the four in terms of its functionality and navigational structure. There are multiple ways to navigate around the site, including tabs, redirections, pop-up windows, widgets and sliding images. This website has the facility to 'login' as a customer with an account.

Page layout: The main homepage comprises of an upper and lower banner, the upper banner slides across the screen to show the consumer a variety of products without having to navigate the page.

Types of images: Close up shots of the products and ingredients; images of product users engaged in health activities, commercial guarantees, and consumer quality assurances.

Shopping Cart or Basket: Evolution Slimming has the capacity to accept and send orders globally, giving the consumer the opportunity to purchase the products in 32 currencies.

Multimedia: There are no embedded videos within this website but there are sliding 'still' images which rotate as the website visitor remains engaged on the page.

Social media links: There are embedded widgets within the webpages which link the website with Facebook, Twitter, Instagram and email.

External links: The website visitor can sign up to the Evolution Slimming 'Newsletter' to receive information and advertising of the company's products. It also has external links to 'Blogs & Articles', 'Diet Plans', 'FAQs', 'Trade Enquiries' and 'Affiliates'.

4.4 Analytical approach

In this section, I remind the reader of my research questions, followed by an outline of the analytical approach that I employ to respond to the research questions and aims.

Research questions:

- How do marketers of food supplement products successfully promote weight loss as a pressing, medical concern?
- What promotional strategies are deployed within the weight loss websites that present the weight loss pills as attractive and effective products?
- How is the consumer compelled to engage in food supplement consumption as a viable response to weight loss desire?

To conduct the data analysis, I employed the social semiotic framework presented by Kotyeko and Nerlich (2007:23), who similarly analysed websites in the realm of health product consumption.

Their framework is in turn informed by Kress and van Leeuwen (2001) and Fairclough (1995).

Specifically, when examining the weight loss data, I focused on the three following characteristics:

1. Discourse design:

What social actors and processes are depicted in the websites? How are these social actors represented in visual images and language? What images, colour and language are deployed to represent the inner and physical worlds, actions, events or symbolic concepts? For example, how is the doctor physically or symbolically represented in the weight loss advertisements, and to what effect?

2. Discourse audience and reception:

How are the readers/viewers of the websites positioned? Are they, for example, constructed as informed consumers or non-experts in need of scientific, medical advice? For example, how does the doctor interact with the reader-viewer, and what social/power relation does this interaction reveal?

3. Discourse as sociocultural practice:

What insights do the combined use of visual images and language reveal about the underlying ideologies of the websites, specifically their formulation of, and responses to, lifestyle problems such as weight gain and weight loss? As the images of the represented participants will have been subjected to stages of re-styling and editing, how is the end product designed and what semiotic choices are made to communicate particular ideas about the participants and attitudes towards them?

As the list above indicates, the analysis moves from examining the micro-textual features of the website data (their combined and interdependent use of language, visual images, colour, layout and composition, and so on), to considering how the website audience is positioned and examining the broader ideologies encoded in the websites' textual choices. This is reflected in the following analysis chapters; rather than being organised in terms of textual features (with separate sections on colour choices, layout, etc.), the chapters are structured in terms of overarching discourses and thematic patterns within the data.

4.5 Dominant discourse themes

Based on my analysis and the processes outlined above, I identified three dominant discourse themes through which the websites promote weight-loss and the practice of supplement consumption to achieve this goal: those of responsabilisation, medicalisation and

pharmaceuticalisation. The three dominant themes were consistent across all four websites and both overlapped and intertwined with each other, which served the purpose of achieving a particular goal, or goals (Murray, 1999). In this case, the goals identified are:

- **responsibilising** the reader-viewer to take control of their health and their weight, calling for a pressing need to lose weight, often through risk provoking strategies, using discourses of responsabilisation.
- **medicalising** weight loss, whether it be medically advised or not, and pathologising all body shapes and sizes, committing the need or desire to reduce body weight within medical jurisdiction, using discourses of medicalisation.
- **pharmaceuticalising** methods of weight loss, presenting supplement consumption as an easy and convenient method of losing body weight, with minimal or no risk, using discourses of pharmaceuticalisation.

The following two analytical chapters will focus on the themes of medicalisation and pharmaceuticalisation respectively. The theme of responsabilisation underpins the overall intention of the promotional material to impel the consumer to take action and lose weight. Discussion of this theme is therefore threaded through both analytical chapters.

5 Medicalising Discourses

5.1 Introduction

This chapter focusses on the identification of discourses which serve to reproduce the contemporary sociocultural process of medicalisation, a phenomenon by which emotional and physical conditions can be (re)defined and treated as medical (Conrad, 1995) as discussed in Chapter 2. Through a fine-grained analysis of the website data, I establish how weight loss marketers promote all body fat as problematic, insofar as designating all body fat as abhorrent and unwanted through the celebration and promotion of the thin 'ideal' (Bordo,1993). In line with Gwyn (2002), my argument in this chapter arises out of the conflation of two mutually supportive discourses: discourses of the body and discourses of medicine. It is difficult to consider either of these topics without reference to the other 'since our contemporary view of the body has become thoroughly medicalised' (2002:15). Moreover, the constant exposure of the human body to the 'medical gaze' (Foucault, 1973) forces us to consider ourselves as corporeal entities. With the above in mind, I illuminate how the reader-viewer is encouraged to engage with, and react to, the promotional material and (re)configure themselves from a consumer to a patient.

The four discursive strategies below align with the three dominant discourse themes, as set out in Chapter 4, Section 4.5. They are:

- Constructing body fat as problematic and as project.
- Promoting the desirability and self-assurance of the thin 'ideal'.
- Encouraging consumers to self-assess and diagnose weight loss.
- Imposing medical authority through a constructed doctor-patient relationship.

Cumulatively, these strategies provide a fine-grained and comprehensive account of the semiotic means by which the text producers represent all bodies as pathological and of how the weight loss

sites are designed to attract and influence people seeking advice, or indeed 'solutions' for weight loss. All told, these specific and distinct strategies serve to medicalise the body and body diversity.

Although the discursive strategies set out discretely above, in practice each intertwines and overlaps with others in order to produce the overarching effect of making 'things' medical. For example, the discourses I investigate which promote the slim 'ideal' also operate to problematise fatter bodies. However, for the purpose of comprehensive analysis, and to organise the chapter's analysis, I attend to each strategy individually. As I have adopted a multimodal critical framework for analysis, I reiterate that the representations I examine in this chapter result from series of deliberate, ideologically motivated semiotic choices made in the design of the texts.

5.2 Constructing body fat as problematic, and as project

In existing research, dissatisfaction with personal appearance is attributed to a range of factors, such as the influence of health and fitness, and advertising industries (Moran & Lee, 2013), where 'business looks set to profit from fat people hating themselves' (Kirby, 2014:6). These externally imposed norms frame the fat(ter) body in derogatory ways, constructing them as abnormal and problematic (Braun & Kitzinger, 2001; Davis, 2002). In alignment with Lupton (2012), I argue that the human body is ultimately the 'subject of all research and scholarship directed towards analysing the social dimensions of medicine, health and illness' (2012:20) and that when we observe, analyse or experience the human body, our 'capacity to theorize it is inextricably medicalised' (Frank, 1990:136). In the weight loss websites, images of the body appear prominently for maximum engagement by viewers, a semiotic choice which encourages critical scrutiny of the body and thereby gives rise to medicalising discourses.



Figure 1: Martine's testimonial from the Revolyn Ultra website



Figure 2: Anna's testimonial from the Revolyn Ultra website.

In Figures 1 and 2, the represented participants' bodies are paraded for assessment, presented in three separate locations within the same guaranteed viewing area (Kok, 2004). To the right of each image, the disembodied 'before and after' shots are visually aligned with the represented participant

to forge the connection between the headless torsos and the glossy models, as if the weight loss happened 'to them'. The quantification of the weight lost – '10kg lighter' or '12kg lighter' – branded in a light blue circular shape (the light colour giving textual adhesion with the light lexis) textually and visually connects the semi-naked bodies with the 'whole' social actor so the reader-viewer concludes that this person lost this weight through the means of this product (i.e., Revolyn). In addition, a notable semiotic feature of the decontextualized bodies in Figures 1 and 2 sees the isolated body parts situated in circular frames; the telescopic shaping of each design fashions a sort of portal that one is expected to peer through to seek the 'truth'. Here, the body parts are centralised and magnified, encouraging the reader to make the 'good versus bad' comparison between the 'headless fatty' (Cooper, 2007) and the thinner participant. The 'pre-treated', or 'before' weight loss participant is positioned as in need of improvement through the unflattering arrangement of the represented participant in the camera shot.

One particular way in which body fat is problematised here is through the commonly utilised design of the problematic 'before' representative versus the post-treated - and therefore 'better' - 'after' representative (Figures 1 and 2). In this structure, the normal, untreated or unenhanced body is pathologized through an explicit differentiation between normal and abnormal bodies (Geier et al., 2004). As Kargbo (2013:18) indicates, '[t]he fat body is culturally understood to exist in a permanent state of the before image, perpetually awaiting the after successfully slimmed self'. 'Before and after' features commonly found in weight loss advertising comprise of compelling visual and textual cues which depict what the consumer might achieve 'if only they used the advertised product' (Cook, 2015:11). Here the body is foregrounded as the site of struggle with the represented participants bodies set in close-range shots, occupying the majority of the screen. This signifies the body as the central focus for attention, the area of the whole person to be assessed and 'treated', accordingly. Commonly occurring comparative representations are widespread across internet weight loss sites and depict two distinct types of social actors: images of a fatter and a thinner weight loss consumer

(Cooper, 2007). I deliberately employ the comparative adjectives 'fatter' and 'thinner' as opposed to 'fat' and 'thin' as the represented participants can be predominantly considered within the average range of body weight and body mass proportions (Wang et al., 2011) but, as the reader will observe, the former are nonetheless designated with undesirable, abnormal or deviant labels. The contrasting depictions of the body in each circular frame, both of which 'carry a substantial part of the visual semiotic burden of construing representational meaning' (Knox, 2007:31), exemplify the polarised account of each consumer as a good or bad 'type' through the attached 'before' or 'after' labels, and directly encourage the reader-viewer to perceive them as such.

The depictions of 'Martine' and 'Anna' from 'before' and 'after' in Figures 1 and 2 are photographs which reduce the participant to simple isolated body parts. In these configurations, the represented participants become depersonalised, faceless bodies (Cooper, 2007), rendering the fatter and thinner 'self' mere corporeal tools for inspection or comparison. Additionally, the 'before' participants are styled in unforgiving, unflattering poses exhibiting a full-frontal range, with straight legs and collapsing gait, or posture, while at the same time the 'after' participants are styled in a more subtle, favourable pose with each body posture set slightly angular to the camera with one leg 'dropped' in a fashionably flattering pose. This narrow focus on the participants' torsos objectifies the subject by concentrating the focus, or view, entirely on the mid-section of the body, an object to scrutinise and assess as part of the prospective consumer's on 'body project' (Schilling, 2016). As Cortese (2007) argues, women's bodies are often hacked apart, or dismembered in advertising; their bodies are separated into parts, ceasing to be acknowledged as a whole person, and less human. This potentially perpetuates the notion that a woman's body is not linked to her mind, soul and emotions. The lack of face, head and feet symbolises a woman without a brain, a faceless person with 'no individuality, immobile and therefore submissive' (2007:37). The limited, deliberate and direct focus of the camera on the torso implies the most valuable feature of the representative lies

between the neck and the knees, the weight loss participant thus rendered an amputated version of themselves (Schilling, 2016).

The juxtaposition of fat and unhappy, versus thin and happy, contributes to, and perpetuates certain attitudinal meanings; this commonly reproduced discursive feature is deployed to enhance weight stigma and perpetuate damaging stereotypes (Geier et al., 2000). Indeed, the construction of fat as bad and thin as good is one of the most striking and stable semiotic features in the weight loss websites. Figure 3 exemplifies the deployment of the 'before and after' trope on the Evolution Slimming website which typically illustrates the 'before and after' representations of the same individual (or allegedly so). As pointed out, both types of good and bad, or fat and thin, social actors are bestowed with special significance, typically appearing in the homepages of the weight loss websites and occupying the central part of the screen. Designed in this way, the text producers position the representatives in the 'guaranteed viewing area' (Kok, 2004:146), affording the individual with a high degree of salience.



Figure 3: 'Before and After' configurations from the Revolyn UK website depicting the fatter and thinner represented participant.

In Figure 3, the 'before and after' trope is set in a grid-like structure which encourages the reader-viewer to engage in multiple comparative processes – the 'bad versus good' – presented in a simple and easily conveyed comparative design. The multiple and repeated comparisons serve to internalise the rhetorical dichotomy of fat versus thin, moving from left to right. Kress and van Leeuwen (1996) describe this left-to-right design as 'given' versus 'new', respectively. Given the interactive, compositional values of each participant in Figure 3 (Schirato & Webb, 2004), the level of detail, and indeed change, in the binary constructions of the same participant prompts the reader-viewer to compare and contrast one body type against the other and make respective value judgements. Despite each representative not being explicitly designated the 'given' and 'new' label, the visually repeated configuration of 'fat versus thin' tacitly conveys how each representative should be evaluated; the 'old' as 'given' versus the potential 'new you' (Geier, Schwartz & Brownell, 2004). Significantly, the negative evaluation of the fatter 'type' potentially encourages the consumer to critically assess their own bodies against those social actors, situating the 'before' type as

problematic and undesirable, and in return, promoting the desire to become 'new', thus ultimately inculcating the desire to become thin (Jutel, 2010). In parallel with Figures 1 and 2, the text producers, seemingly relentless in their depiction of 'fat as bad', present the 'before' representatives in unforgiving and unflattering poses in full frontal viewing to command 'maximum involvement' (Jewitt & Oyama, 2011:135) where the arms, legs and bodies are positioned 'head-on' with no angular positions, which create more flattering and varied shape and form. Instead, the weight-loss participants stand shamefully exposing their 'bad' former selves. Additionally, by subjecting participants to such extreme levels of objectification, these images undermine any other attributes of the represented participants or surrounding sociocultural factors which might have a bearing on health and body size, rendering them devoid of qualities or values outside of the purely aesthetic.

Referring back to the linguistic passages which accompany the photographs of 'Martine' and 'Anna' (Figures 1 and 2), the representation of the former, fatter self is clearly portrayed as problematic. In the opening statement of Figure 1, 'Martine' asks the question 'Where should I begin?' This rhetorical device invites the reader-viewer to engage in a synthetic, informal 'discussion' with the participant, in the same way that a gossipy exchange between old friends might begin with the phrase 'where should I start?' It intimates to the reader-viewer that the forthcoming depiction of the participant, prior to weight loss, will be complex and enduring, drawing on a shared, historical 'fat struggle' narrative (Le Besco, 2004). The narrator's explicit assumption is telling here: 'Martine' states 'like probably everyone else, I was heavier than I wanted to be and quite unhappy'. The pre-conceived notion, evident in the construction 'like probably everyone else', attaches emotional discontent to unwanted body weight; the collocation of 'heavier' with 'quite unhappy' further reflecting this assumption.

In Figure 2, the depiction of unwanted body weight as an agent of emotional distress is expressed more explicitly: 'Anna' claiming 'she could have cried' as a result of weighing 82kg. The articulation of unhappiness and sorrow, coinciding with unwanted body fat, communicates to the audience that

body fat undeniably results in physical and emotional states of unhappiness, stemming from body fat being discursively constructed as problematic. In short, the body is pathologized ‘through and explicit differentiation between normal and abnormal/right or wrong bodies’ (Moran & Lee, 2013). Thus, fatter bodies are pathologized bodies, constructed as having actual physical problems and causing emotional distress, and by implication require medical treatment without any recognition of normal genetic variation of body size, such as ethnicity and heredity (Gard & wright, 2001).

It is stated that we live in an era that is ‘obsessed with health and fitness in which “perfect health” is seen to have its corollary in total fitness’ (Gwyn, 2001: 13) and where a ‘perfect, healthy body implies a kind of immortality, or defiance of death’ (Baumann, 1992:88). This dedication to the body project (Turner, 1984; Featherstone, 1991; Lasch, 1991; Schilling, 2003), in which ‘millions of people throughout the affluent world strive to acquire toned muscles and discard unwanted fat’ (Gwyn, 2001:13), is increasingly being regarded as the norm and that in fact, the figurative concept of citizen “fitness” is often mistakenly conflated with the visible look of leanness. Such configurations of leanness attached to discourses of health are repeatedly exhibited in Figures 4 and 5.

What Do Customers Have To Say About T5 Fat Burners? †



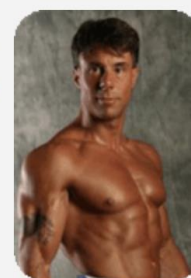
It happened so slowly, just eating a little more each time, it wasn't until I looked back at pictures from a year before that I noticed how tubby I was getting! I wanted to do something and quick. I decided to change my lifestyle and started a light training program. I also started taking T5 Fat Burners to give me a boost and felt it was aiding my progress considerably from the very first dose. Now I'm easily in the best shape of my life and planning to enter my first bodybuilding competition - something I never thought possible!

-Philip †



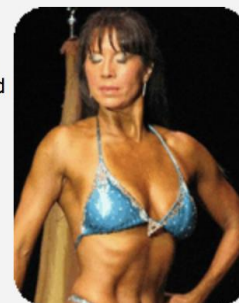
Incorporating T5 Fat Burners as part of my healthy weight loss management programme, I soon began to notice a difference in my energy levels and fitness. Dropping weight weekly, fat began to go and I was looking smoother and more toned. I had achieved my fat loss within a matter of weeks not months as I had once thought. Throughout the entire course I maintained strength and muscle mass which was very important to me.

-John †



Not only have I lost significant fat tissue within two months with T5 Fat Burners but I know that I will be able to keep it off! It has allowed me to kick start a better lifestyle and diet which I now enjoy and always find time for it in my new healthier life. I cannot recommend this product enough and feel that it has given me a considerable boost.

-Ericka †



I have always been self conscious about my weight. I've yo-yoed on so many fad diets trying every celebrity diet to hit the news stand including the cabbage diet and every time I never even lasted a week before I gave up and returned to my old eating habits. Things were looking up once I tried T5 Fat Burners, I felt the changes and saw the weight loss. I know it has helped me with my weight loss goals.

-Christina †

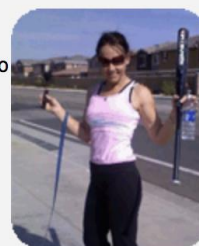


Figure 4: consumer testimonials from the 'T5ftburners' website depicting the product 'results'.

I have been on a number of diets which usually means eating less food, becoming more moody and always hungry with little energy. When I tried T5 Fat Burners I was eating like normal but had found all this new energy which I had not felt unless I had several cups of coffee before. Now I can't wait to hit the gym and constantly feel like I'm ready to go.

-Tommy †



I really thought there was no turning back once I let my body fat levels soar to an all time high, and was seriously prepared to write off ever getting back in shape again as it just seemed like nothing would work. T5 Fat Burners put me back in complete control when I found that I had more energy. I used this energy to maintain an exercise routine and my confidence has rocketed. It really seems like my prayers were answered! Such a good product, and will continue to use as I'm still losing fat.

-Maxine †



It is very difficult to stop taking a product like this as the gains are truly amazing and they just keep on coming. My abs are more chiselled than ever before from the very first bottle and my muscles are more pronounced. Bodyfat levels have gone from 16% down to 7%.

-Raj, Bradford

Join the success today and tell us your story!



Available Without A Prescription

Figure 5: consumer testimonials from the 'T5Fatburners' website depicting the product 'results'.

The social actors in Figures 4 and 5 are somewhat exaggerated in their 'positioning' (Cook, 2008) as they pose in the style of bodybuilding promotional photography. Social actors are often represented in a manner which fulfils the text producers' ideological preoccupations (van Leeuwen, 2008).

Therefore, the textual and visual reproductions of the bodybuilder 'type' multimodally situate the social actors in the same sporting demographic, the participants of which are known to severely restrict body fat and augment muscle tissue as a competitive practice (Perry et al., 2005). Thus, the products being sold to the general consumer will be equally situated within the same health and fitness paradigm. A frequently reported fact of the body-building community is the habitual use of

steroidal substances that whilst being banned are frequently and commonly sought out by amateurs and professionals to achieve or sustain a body type redolent of the type of sculptured physique represented in Figures 4 and 5 (Blouin & Goldfield, 1995). The representation of such lean and muscular body types alludes to potential fat-shredding, muscle-inducing properties (according to the product representatives) that the herbal products seemingly generate, represented in the respective physiques of the participants: all six of the weight loss participants appearing in the webpages as devoid of any body fat whatsoever.

The linguistic testimonials which accompany the images further reveal body fat is constructed as unequivocally 'bad'. In each of the product testimonials the text producers repeatedly draw on commonly reported experiences of defeat and failure in the weight loss 'journey' (Rich & Evans, 2005). In addition, in Figure 4 'Erika' states 'Not only have I lost significant fat tissue within two months with 'T5 Fatburners' but I know that I will be able to keep it off!' This construction is significant in multiple ways: 'significant fat tissue' situates the body in discourses of science and medicine, 'fat tissue' being reminiscent of language used to describe the human body in a surgical scenario, rather than language a person would use to describe themselves in everyday conversation. Secondly, body fat as problematic is conveyed through the assertion that Erika 'will be able to keep it off!' the exclamation mark highlighting the strident determinedness to do so. Furthermore, in 'Maxine's' grateful testimony, she reinforces the abhorrence of body fat, declaring that T5 is 'such a good product' to eliminate unwanted fat and insists her 'prayers were answered' as she is 'still losing fat'. Not only is body fat constructed as problematic here, but the fat-ridding and fat-preventing qualities of the products are concomitant with discourses of religious healing, connoting the idea that reducing body fat is akin to the process of miraculous healing.

Linguistic constructions which signify an urgent imperative to rid the body of all fat, despite fat being a normal, benign and healthy part of a human's body composition (Cooper, 2007) is undeniably

evident in testimonials of the herbal websites. In Figure 4, 'John' narrativizes his fat loss as if telling the reader-viewer his 'real-life' story: 'Dropping weight weekly, fat began to go and I was looking smoother and more toned. I had achieved my fat loss within a matter of weeks'. The portrayal of 'John's' weight loss, occurring in 'a matter of weeks' demonstrates a desire to remove body fat in a timely and urgent manner and urge for the consumption of weight loss products as a viable response. The insidious nature of eating and fat gain is encoded in Phillip's testimony where he claims - after he noticed 'how tubby he was' – that he 'wanted to do something and quick'. The description of body fat as a covert entity that 'creeps up on you' implies that one must be vigilant and morally responsible for your body and your 'healthy' appearance. The healthy (thin) body has come to signify the morally worthy citizen: 'one who exercises discipline over his or her own body' (Le Besco, 2011:154) is seen as a responsible citizen (Critser, 2003; Yancey, 2006; Berlant, 2007) setting good example in the otherwise 'obesogenic' environment (Gard & Wright, 2004).

Additionally, Grosz (1995) states that our understanding of 'food, dieting and exercise provide meanings, values and norms that [we] actively ingest' (1995:35). Multiple depictions of the bodybuilding physique in Figures 4 and 5 co-occur with linguistic expressions of 'light training', 'hitting the gym' and 'bodybuilding competitions' (Philip). Also, suggestions of exercise 'routines' (Maxine) and 'better/healthier lifestyles' (Ericka) contribute to the social codes that the reader-viewer attaches to the idealised, extremely lean participants. The multiple representations of such individuals and their desire to become so muscular and lean mean they become 'internalised, narrativized, simultaneously social codes, laws, norms, and ideals that become incarnated (1995:35). In these examples, the manner in which extremely lean individuals are collapsed into 'healthy' participants is undeniably ideological.

The precise quantification of body fat is another strategy which the text producers employ to pathologise larger body types. For example, in Figure 5, 'Raj' states that his 'abs are more chiselled

than ever before and from the very first bottle my muscles are more pronounced. Body fat levels have gone from 16% to 7%. Here, the portrayal of 'abs' being chiselled by the weight loss pills attaches technical and surgical discourses to the body project, medicalising the attendant processes of fat reduction through use of the T5 products. The herbal T5 supplements are discursively and metaphorically represented as surgical instruments actively 'chiselling' away at unwanted body fat. Significantly, the construction of body fat in percentage terms, '16% to 7%', accords precise values and properties to bodies, constructing them in scientific and medical terms – entities to be measured, quantified and, if necessary, reduced. The minimal body fat percentage of 7% to which Raj refers, represents an extremely lean, unrealistic body type but one to aspire to, nonetheless. It is thus articulated as *the* preferred type of body that is successfully obtainable through the consumption of the herbal supplements (Raj's testimony doesn't mention any other weight-loss activities besides pill consumption). The construction of technical and surgical discourses, then, establishes a marketing strategy which has the propensity to pathologise weight loss processes and practices. Furthermore, this rhetoric disguises the discourse of strictly defined norms surrounding the ultra-lean body, whereby practices of shedding all body fat dictate policies of sociocultural aestheticism, pathologising the fatter body and 'minimising natural diversity' (Moran & Lee, 2013:373). Such narrow models of normality, and the generalised makeover culture (Teifer, 2008), have provoked a rise in the number of people accessing the internet for a range of health and medical information (Hardey, 1999).

Fatness seems to equate 'instantaneously with unhealthiness, and thinness with healthiness, based on a false presumption about the transparency of these bodies in terms of the actions they undertake' (LeBesco, 2011:155), in effect how fat and thin people behave and how they might put themselves 'at risk'. What distinguishes the early medicalisation of fatness to the current reported 'epidemic' is the latter's focus on public health and 'risk' (Borero, 2007). Clarke et al., (2003) describe this as a characteristic of 'the extension of medical jurisdiction over health itself, to include illness

disease and injury' (2003:162). The increasing network of risk discourses surrounding the body (Petersen, 1996), including the relationship between diet, health and obesity, have given rise to a medical culture that encourages people to 'reveal the secrets of their bodies' (Armstrong, 1983:25). In Figures 6-8 below, a series of testimonials featured in the Revolyn UK website, encourages participants 'to speak, to confess, to reveal' (1983:25) in a way that gives rise to a series of confessional health and illness narratives. The herbal websites attempt to visually and textually reproduce this illness narrative through the depiction of the weight loss participants' 'speaking, confessing and revealing discourses' (1983:25). From this, the moral imperative to avoid such 'risk' coincides with the medical model of bodies and body sizes, designating those risky individuals firmly within the remit of potential patients and this is apparent in these Figures 6-8.



MATTHEW C.
AGE 39

LOST 4ST 4LB IN 9 WEEKS*

I come from a family that has always been quite big, okay FAT. I thought being overweight was genetic until I found Revolyn online. I took it religiously and even started exercising because it gave me a surge of energy. Now I'm proud to say that I'm the skinny one in the family. I've cut my risk of any heart disease and diabetes

BEFORE **AFTER**

and now my family are following suit. Thank you.

Month 1: Weight: 39lbs Waist: 14cm

Figure 6: from the Revolyn UK website depicting Matthew's consumer testimonial and his health-related risks.

MARK
AGE 29

LOST 3ST 13LB IN 2 MONTHS*

I'll be the first to admit I'm lazy and like the odd drink or two. But when my doctor told me I was in danger of developing diabetes and other complications from my weight, I knew I had to act before I died a premature death. My sister told me about Revolyn. She had lost a huge amount of weight with little effort, so I decided to give it a shot. It did the trick all right! I lost inches off my waist and I'm trim as, and I've even got a new pretty girlfriend to boot. Highly recommended!

Month 1: Weight: 36lbs Waist: 9cm

Figure 7: from the Revolyn UK website depicting Mark's consumer testimonial and the danger of developing health problems.

PAIGE D.
AGE 45

LOST 1ST 12LB IN 4 WEEKS*

I'm a busy mum. I work and look after 2 kids. My doctor has always been on my back to lose weight, but I just couldn't find the time to get to the gym. It was my doctor who ended up suggesting trying Revolyn. She didn't usually advocate weight loss supplements, but she saw I was desperate. It worked like a charm and now I follow a healthier and cleaner diet and I know I'll be around to watch my kids grow.

Month 1: Weight: 22lbs Waist: 10.5cm

Figure 8: from the Revolyn UK website depicting Paige's consumer testimonial and the risk of not living to care for her children.

Figures 6-8 subject the reader-viewer to personal histories and confessions from the weight loss participant in relation to their 'unfortunate', 'fat' situations. These configurations identify the represented participants' anxiety and concern for health-related issues, such as heart disease and diabetes (Figures 6 & 7) as significant risk factors with respect to being overweight. Here, the text producers use the testimonials of the Revolyn UK product users to provide authenticity, to voice to the notion of risk from the 'patient's' perspective, making the risk relatable and real since it is

‘spoken’ by the represented participant that the reader-viewer engages with. Underpinning the medical imperative, two configurations (Figures 7 & 8) show the represented participant referring to the doctor as the authority on whom their decision to lose weight is based:

“I’ll be the first to admit I’m lazy and like the odd drink or two. But when my Doctor told me I was in danger of developing diabetes and other complications from my weight I knew I had to act before I died a premature death” (Mark, Figure 7).

“My doctor has always been on my back to lose weight, but I just couldn’t find the time to get to the gym. It was my doctor who ended up suggesting ‘Revolyn’. She didn’t usually advocate weight loss supplements, but she saw I was desperate” (Paige, Figure 8)

In Figure 7, Mark’s testimonial reinforces the stigmatisation of fatter individuals, associating overweight with laziness and ‘bad’ lifestyle choices, such as alcohol consumption. Accepting blame for his weight status, Mark is the ‘first to admit’ his responsibility and fears the ‘danger of developing diabetes and other complications’ from his weight, as predicted by his doctor. The anxiety inducing strategies deployed in this configuration are evident; the represented participant describing his risk of ‘dying a premature death’ and the necessity to ‘act’ urgently and heed the doctor’s advice.

Interestingly, the results that Mark describes after losing weight are not associated with the reduction of health risk that the doctor addresses but are rather attached to the aesthetic. Mark describes how Revolyn ‘did the trick!’ and as a result he is now ‘trim’ and has ‘a pretty new girlfriend’. Claiming a ‘huge amount’ of weight loss ‘with little effort’, the act of consuming diet pills in this construction, egregiously situates the Revolyn products not only as combating health risk but as facilitators of new, happy relationships. The assumption that fatter people are unable to form intimate relationships as a consequence of their weight status is clear.

The medical imperative to lose weight is further reinforced in Figure 8. In this construction, Paige claims her doctor had ‘always been on [her] back to lose weight’ and in fact it was the doctor who ‘ended up suggesting Revolyn’ as Paige ‘was desperate’. Anxiety and risk discourses regarding a potential fat future is conferred upon the reader-viewer through the inference of an untimely, early death as Paige’s weight loss results confidently predict that now she is a thinner person will be alive to ‘watch [her] kids grow’.

In Figure 6, risk relating to serious medical conditions is predicated not by a medical professional but by the represented participant himself:

“I’m proud to say that I’m the skinny one in the family. I’ve cut my risk of any heart disease and diabetes and now my family are following suit...”.

In this construction, Matthew discursively associates the emotional experience of pride connected to weight loss, along with the prediction that his risk of *any* heart disease and diabetes has been entirely ‘cut’ due to the process of losing weight. He goes on to speak of his prior understanding of weight gain as ‘genetic’ which is then entirely dismissed by the change he underwent after he ‘found Revolyn’. This suggests to the reader-viewer that becoming overweight is not necessarily predicted by familial genes, and that genetic predisposition must not be used as an excuse or reason to avoid losing weight or changing body shape. This is problematic in that those individuals who are unable to change their body weight, shape or size through the means of diet pill consumption may feel inadequate, abnormal and ashamed (Persky et al., 2013). Importantly, this statement serves to inform the consumer that heart disease and diabetes will be the risk they endure if they do not lose weight, and to combat this risk they will benefit from a consumption of Revolyn products that alone provide the ‘surge of energy’ to ‘exercise religiously’ and become a ‘better’, ‘healthier’ ‘you’.

Being purposely constructed for promotional sake, the Revolyn testimonials reflect the 'real' lives of each weight loss participant and purport to be 'an authentic window' (Harvey & Brookes, 2019:993) into the life worlds of the weight loss consumer who confess serious concerns about potentially fatal consequences. As the three participants in in Figures 6-8 exhibit visual markers of fat flesh in their 'before' shots, they are read in ways which signify the subjects engage in 'unhealthy behaviours that position one as a moral and aesthetic failure' (Murray, 2008:69) and a significant contributor to their risky fat future. As Heyes (2007) points out, 'our concept of health has become more enmeshed with risk mentality' (2007:87), the prognosis being that the bearer of the risk must act to prevent any harmful consequences which 'offers a rational basis for adapting behaviour: you might feel well now but lose weight and your future morbidity may decrease' (Heyes, 2007: 88). This trend, identified in the websites, imposes significant pressure on the reader-viewer to act upon the risk as they relate to the life situations of the represented participants. The representations of risk in Figures 6-8 are twofold: the repeated reference to the doctor deliberately highlights the potential of health-related risk while at the same time asking the reader-viewer to consider themselves 'sufferers' of the 'illness' and to experience the represented participants' anxiety and fear for themselves as weight loss seekers. By presenting the narratives of the 'desperate' weight loss seekers we are 'pitched into the private world of the characters portrayed' (Brookes & Harvey, 2015:69) and asked to align ourselves with their 'plight', and their hopes of living a healthier, happier future.

Interestingly, in Figures 6-8 the represented participants do not describe any health symptoms relating to being overweight, merely the risk of developing them. As Clarke et al. (2013) contend, in an era of personal responsibility for health, 'one no longer need manifest any concrete symptoms to be considered at risk for any given disease' (Clarke et al., 2003). Hence, the fear- inducing strategies commonly harnessed by the weight loss websites compel reader-viewers to see their bodies and lifestyle behaviours in terms of risk and in need of remedial action, regardless of how they actually experience them. As Machin and Thornborrow (2003) observe, semiotic choices create a text world

which compels 'the protagonist' to recognise 'increased space for agency' (2003:460). In this instance, the text producers construct agentic discourses to create a world of urgent possibility and to promote self-responsibility in order to tackle 'risky' health issues (Mulderrig, 2017). Additionally, each testimonial pathologises the 'risky' lifestyles, or life world, of each participant: colloquial expressions such as 'busy Mum', 'quite lazy', 'fat family' and so forth invite reader-viewers to identify with these participants and their personal and narratives, and to perceive the risks for themselves. The cause-effect semantic relations and hedged epistemic claims of risk associated with not acting construct a timely and urgent stance on engaging in and justifying weight loss behaviours which direct the consumer to take action to reduce body weight before it is 'too late'. Thus, for those website visitors who fail to comply, the risk rhetoric serves as a fear-inducing strategy that predicts a 'window to the future self' (Johnson, 2009). This 'discursive framing of a shocking reality check' (Mulderrig, 2017:30) mobilises self-disciplinary changes, and stimulates concomitant consumerist behaviours.

5.3 Promoting the desirability and self-assurance of the thin 'ideal'

Throughout the websites, the sociocultural practice of weight loss is normalised and celebrated through the assumption that 'successful' results benefit emotional health as well as physical appearance. This is constructed in such a way that it appears possible to transform one's psychological state via the body (Braun, 2005). In each of the websites which promote the herbal supplements, the thin individual is lauded as the desirable, happy 'ideal' person to be, or to become. The websites invariably portray the thin(ner) person as smiling, or laughing, frequently photographed from a confident full-frontal position, at eye level, affording 'maximum involvement' with the reader-viewer (Jewitt & Oyama, 2001:135), a potential future reflection of the prospective consumer.



Figure 1 (reproduced from page 94)



Figure 2 (reproduced from page 94)

Revisiting Figures 1 and 2 to illustrate this point, the represented participants are depicted with alluring and smiling expressions; they operate a 'demand' gaze that constructs intimacy and a shared relationship with the reader-viewer (Kress & van Leeuwen, 1996) and their smiles connote to the reader-viewer that weight loss indubitably results in happiness and that weight loss is a normative and natural goal for women like 'you'. Such images of motivated, confident individuals invite the reader-viewer to associate being, or indeed, *becoming* thinner with physical contentment, emotional

well-being and a sense of newly found hope. This is a common feature in weight loss advertising where the represented product user is depicted as visibly happy and self-assured, featured in highly stylised, polished photography (Cleland et al., 2002). True to form, this is evident in Figures 1 and 2, with 'Martine' and 'Anna' both depicted as smiling, glossy, perfectly groomed fashion models in editorial-like shots. The linguistic components of the testimonials echo the portrayal of self-assuredness that the visual effects convey. 'Martine' claims she now has – note the capitalised emphasis – the 'MOTIVATION to carry on', while 'Anna' attributes her 'SELF CONFIDENCE' to losing '2 DRESS SIZES'. As Alvin (2016) notes, 'typefaces are not a simplistic nicety but convey distinct connotations and values that generate expectations' (2016:13). In these cases, the bold, black font of the lettering conveys strength and boldness and echoes a newly found confidence, while the upper-case letter confers increased value and significance on the content (Machin, 2007). The bold lettering in Figures 1 and 2, then, clearly demonstrates a motivated, deliberate attempt to highlight self-assuredness, an impression that is further emphasised by the white sterile background against which the text stands out in marked relief, making it difficult to ignore. Kress and van Leeuwen (1996) argue this style of typography is akin to a 'power dressing' (1996:348), presenting semiotic materials in a fashion that the reader-viewer must observe. By contrast, the red, petite, slimline and curvy lines of the surrounding text depict that of the newly 'feminised' figure, gently sloping and curving its way seductively around the strong black lettering (Moran & Lee, 2013). By illuminating self-confidence and desirability within the headlines, the reader-viewer is encouraged perhaps to believe that the simple consumption of the herbal products will result in such physical and emotional transformations. This widely reported association of improved psychological state which appears as a benefit, and result, of successful weight loss (Tigay et al., 2016; West, Gorin & Subak, 2011; Williams et al., 1998, 2002) is exploited in these testimonials. Discursive presuppositions which depict thinner bodies as emotionally healthy are awash within the supplement websites (Fraser, 2006b).

Other semiotic features which promote unmitigated weight loss as 'success' can be further seen within Figures 1 and 2. The blue circular 'rosettes' placed in between the before and after images serve as a congratulatory symbol. Additionally, the quantification of weight loss depicted in kilos is 'pinned' to the participants' skin, like an animal in an agricultural show, or the label of a meat product in a supermarket. Both of the symbolic representations celebrate achievements and judgments based solely on the appearance and metric assessment of the flesh. Similarly, as the reader-viewers are directed to the site of the participants' torsos within the close range 'portholes', they are encouraged to assess the women fundamentally in terms of their body shape and sizes. Furthermore, textual information which depicts hunger, stomach cramps, irritable bowel, depression, low mood and headaches - to name but a few - are notably absent, despite these experiences being reported as common side effects for supplement consumption in discussion groups and online forums (Fox, Ward & O'Rourke, 2011). This deliberate omission of fact identifies ideological work in situ as fat loss is portrayed as a simple 'before and after' process, the negative experiences of which are deliberately excluded through the process of recontextualisation where the text producers do not provide a fair and accurate description of the processes and circumstances relating to weight loss and the consumption of remedies (Machin & Mayr, 2012). The 'before and after' trope utilises an uncomplicated, simple narrative for the online consumer to anticipate their own future weight loss. A 'then and now' narrative is a marketing strategy that encourages consumers to aspire to the identity of the future as they often desperately desire weight loss 'above all else' (Yager & O'Dea, 2006). Discourses of joy, self-assuredness and confidence are inextricably attached to the representatives in these configurations which unmistakably promote emotional and physical well-being through the practice of herbal supplement consumption, medicalising the process along the way.

In Figure 9-11, below, three testimonials from the Clinico UK product range are featured on the homepage of the website.

"This is brilliant. I have tried every diet under the sun and failed with every one. Now after your Gastric Band Pills I am eating much less but get up after each meal feeling that I have eaten all I want. I just feel full and satisfied and best of all I am losing weight" *Mrs B W. London.

Figure 9

"I started your course 3 weeks ago I have lots of energy but dont get very hungry like I used to. My body feels so different. Thank you for your help and I will be telling all my friends about you" *Mrs S T. Winchester.

Figure 10

"This is brilliant, I am losing weight, congratulations" *Mrs W L. Carlisle.

"I read about the formula in the paper and wanted to see if it worked so I tried your Gastric Band Pills. I cant imagine how it works but it does seem to. Thanks so much for a genuine and worthwhile new idea. Every overweight person will want this" *Mr P F. Worcester.

Figure 11

Figures 9-11 comprising of testimonials from the Clinico UK website.

In Figure 9, 'Mrs B' from 'W. London' claims this product is 'brilliant', seemingly because she has 'tried every diet under the sun' prior to experiencing this product. Firstly, the inclusion of personal names and places of residence frames the author of the testimonial as a 'real life' person to intimate a shared relationship and shared understanding between the interactive and represented participants (Goffman, 1974; Kress & van Leeuwen, 1996). This co-occurs with the retelling of negative experiences, depicting the all-too-familiar failings of dieting practices (Wann, 1998), Mrs B

claiming she 'failed with every one', compared to the 'Gastric Band Pills' that apparently have the power to satiate appetite and control potential overeating behaviours (a dangerous claim in light of vulnerable site visitors, some of whom might well be suffering from eating disorders such as bulimia nervosa (Kilbourne, 1994). The portrayal of weight loss as the 'best of all' result, clearly demonstrates how weight loss is celebrated and promoted as the primary indicator of 'good', 'successful' practice (Thomson, Weber & Brown, 2001), as though it were a moral pursuit in which weight loss is synonymous with good and correct behaviour. Most alarmingly, the depiction of the herbal product being metaphorically constructed as a surgical intervention, the 'Gastric Band' being drastic but a highly effective method of losing vast quantities of body weight, undeniably pitches the advertising text in a medical paradigm. Moreover, the depiction of herbal products recontextualised as highly medicalised surgical equipment discursively attaches the same agentic, personified qualities to the practice of herbal supplement consumption.

In Figure 10, 'Mrs S.T' from 'Winchester' continues to draw upon, and take advantage of, commonly anticipated dieting experiences (Wann, 1998) by dismissing potential pitfalls of weight loss should they prefer to purchase items from the Clinico UK range. Claims such as, 'I have lots of energy' and 'I don't get hungry like I used to' employ informal, friendly constructions, or 'chatter' and invite the reader-viewer into a synthetic 'chummy' relationship (Fairclough, 2003) in which the represented product user confides in the website visitor and recounts her 'hungry' episodes as a distant memory now that her 'body feels so different'. 'Mrs S. T' hails the product as an unmitigated success. The statement 'Thank you for your help, I will be telling all my friends about you' encourages the reader-viewer to consider both the product user and the organisation as having a personal relationship (rather than a simple commercial, or business exchange), making the testimony more believable, like an honest conversation between friends. The overarching effect of this personalisation strategy simplifies and makes herbal supplement consumption a 'successful' and most agreeable socially

sanctioned practice with the assertion that this 'pill' works so brilliantly, and further celebrates being or becoming thin by promoting weight loss as something to be grateful and thankful for.

Perhaps the most succinct representation of 'weight loss as good' resides in the subsequent testimony in Figure 11 from 'Mrs B' from W.London who states, 'This is brilliant, I am losing weight, congratulations'. Whom or what is to be congratulated is not quite clear. Nevertheless, the simple, obvious celebration of weight loss is made entirely evident. The testimony in Figure 10 offered by 'Mr PF' from 'Worcester' also thanks 'Clinico UK' for a 'genuinely worthwhile new idea', claiming 'every overweight person will want this'. This bold unqualified statement denies the reader-viewer the opportunity to consider body fat as a negotiable concept as it speaks to a collective audience (van Leeuwen, 2008). Instead, the text producers make a generalised claim, as a given, that 'every overweight person' *will*, rather than *might*, want to become thin, as a matter of common sense and as 'good' practice (Bordo, 2003). The aesthetic and moral discourses here serve to 'reinforce and broaden the medical discourse of pathologizing the normal, both linguistically and visually' (Moran & Lee, 2013:379). The images of the 'successful' weight loss participants overwhelmingly depict people whose thinner appearance combine narrow ideals of beauty with the representation of emotional well-being, 'implicitly pathologizing' (2013:379) the normal or desirable range of body shapes and sizes. This rhetoric, which encourages the consumer to strive for often unattainable physical proportions rather than remain in their current undesirable and inadequate state, leaves the reader-viewer in no doubt about taking action to combat their abnormal bodily states.

The depiction of weight loss 'success stories' is a recurring discursive feature, with the primary aim being to reproduce happy, jubilant representations of experiences around weight loss. Such rose-tinted weight loss narratives are common in each website, with, for example, represented participants beaming at the scales, or outwardly rejoicing in other ways, as if celebrating their 'success'. Consider the images in Figures 12-14 below.



Figure 12



Figure 13



Figure 14

Figures 12-14: screenshots from the Revolyn UK website featuring discourses of weight loss triumph and celebration.

Each of the represented participants in Figures 12 and 13 are portrayed as self-assured, happy and active people, appearing with glistening eyes, smiling or wearing other jubilant expressions of their weight loss 'success'. They appear glossy and vibrant with energetic hues of pinks and purples connoting fun and energy, as if to underscore the idea that the herbal supplements can help promote a fun and energetic life. Other representations enact weight loss success in a more physical celebratory fashion. The image of the man in a suit 'cartwheeling' across a grassy mound (Figure 14), the sun gleaming down creating a spotlight on the happy occasion, all of which pictorially connotes the happy, sunny days of losing weight. The peculiar sight of a man cartwheeling in a suit makes the image arresting and amusing; such is the representation of joyful weight loss in the image, the represented participant throws caution to the wind in a moment of wild abandonment as the

reader-viewer is intimately invited into the shared experience of the Revolyn 'life'. Furthermore, the other represented participants in the Revolyn images balance nimbly on the weighing scales, as if to highlight their newly acquired 'lightness', having the ability to balance deftly on their toes. This is reproduced in Figures 12 and 13, the two social actors on the weighing scales raise their arms in victorious celebration, presumably at the decreasing metrics appearing on their weight loss devices. This depiction of personal celebration and triumph for weight loss 'success' leaves the reader-viewer in no doubt about the 'good', 'joyous' rewarding practice of shedding body weight, and the promotion of the desirable agile, thin and light body.



Figure 15: screenshot from the Evolution Slimming website depicting the 'slim kick' product representative.

In Figure 15 above, the joyful expression of the weight loss achiever is made evident on the label of the Evolution Slimming product. The 'Slim Kick' bottle featuring a slim, blonde woman happily eating an apple, serves as a potent cultural symbol of health (Barthes, 1975; Lakoff & Johnson, 1980). The attractive, slim and tanned woman on the label of the bottle is clearly confident with herself and her weight loss achievement that she carries the scales under her arm like an everyday accessory. The

act of self-assessment, then, is portrayed as an every-day occurrence and a routine part in the process of becoming a happy, thin, healthy person.

The body is a metaphor for social organisation and social anxieties and ‘the principal field of cultural and political activities’ where the ‘regulation, surveillance and monitoring of bodies, of the spaces between bodies, are central to the somatic society’ (Lupton, 2014:22). The regulation, surveillance and monitoring of the weight loss participant is a commonly recurring discursive feature threaded throughout each of the herbal webpages. One such example of this discursive device manifests in clothing comparisons performed by the weight loss participants (Figures 16- 19 below).



Figure 16: Clinico UK

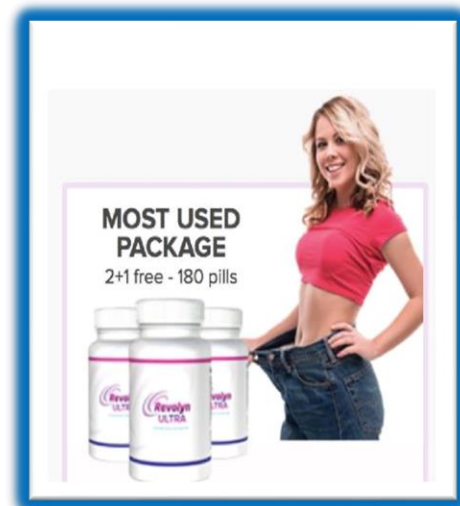


Figure 17: Revolyn Ultra



Figure 18: Evolution Slimming



Figure 19: T5 Fatburners

Figures 16-19: screenshots of clothing comparisons from each of the four websites.

This strategy is repeatedly performed in each of the webpages used for this study. It replicates the commonly accepted perception that an individual's clothes, and how they fit, reflect the owner's sense of self-assuredness and physical contentment (Tiggeman & Andrew, 2009) as they visually depict the newer, thinner selves being promoted by enactments of clothing comparison.

Furthermore, it is a commonly accepted social practice that weight loss participants use personal clothing to informally assess weight gain and weight loss as the body grows *in* or *out* of the same garments over time. In the reconstructions of this practice (Figure 17 & 18), two of the participants enact demand gazes, looking directly 'at you' to engage in a shared relationship with the reader-viewer (Kress & van Leeuwen, 1996), with one participant, giving the 'thumbs up' to the reader-viewer as if to pictorially confirm the weight loss success. This strategy reinforces the importance of self-assessment, which is clearly presented as an integral art in the successful pursuit of weight loss. Not only do these depictions promote weight shedding, but also a newly found 'glad' relationship

with their clothing, which measures their perceived success against their old, unhappy, 'fat' selves. Such images position body weight management as a rational and positive approach to health and well-being, a medicalising act of positive self-improvement.

As previously mentioned, emphasising the importance of weight loss, or celebrating its success is a recurring theme threaded throughout the website data. Linguistic constructions which articulate successful weight loss are evident in the same way as the loose clothing comparison depict weight loss but are also manifest in 'written', catalogic form (Figure 20, below).

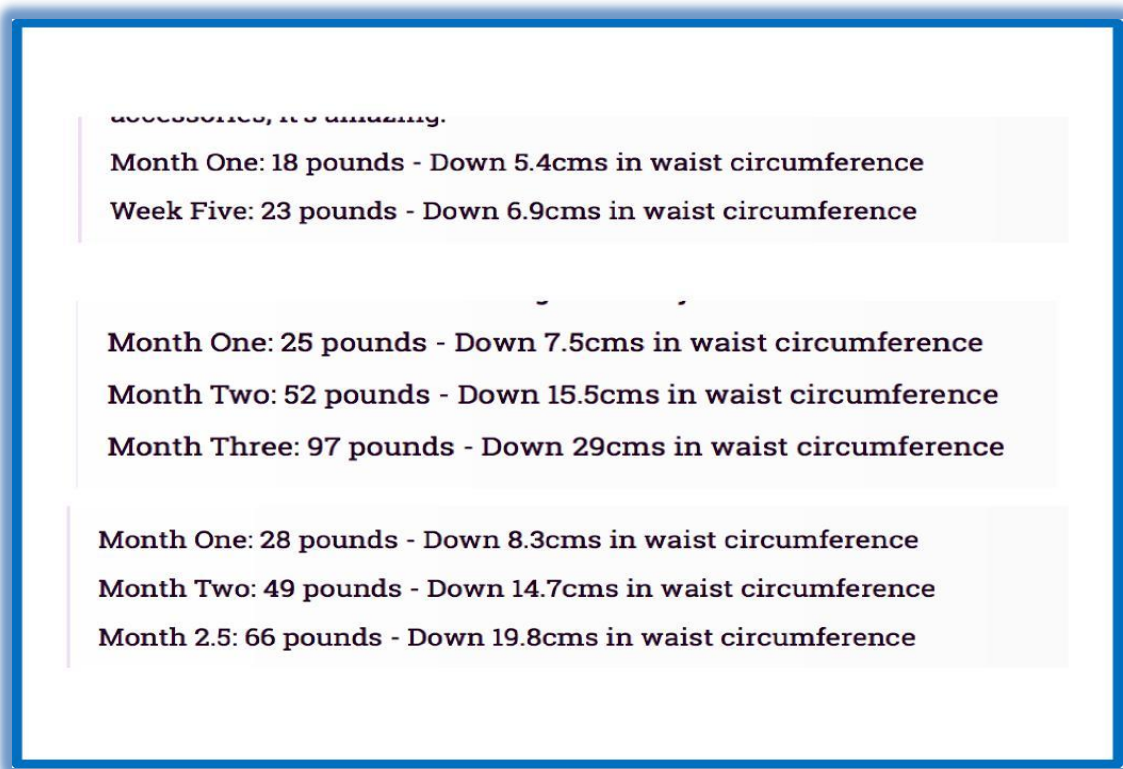


Figure 20: constructions of weight loss in testimonials from the 'Revolyn UK' website, quantified in pounds and centimetres.

Here, the 'opaque abbreviations' (Heyes, 2007:89) of the weight loss participant's identity, being described in linguistic terms through a narrow focus of weight and waist circumference, constructs a represented participant who is otherwise (visually) invisible. The represented participants are simply reproduced as an entry into a weight loss diary with the individuals confined to descriptions of

weight and waist reductions. In Figure 20, the description of weight reduction is visually and textually composed as such that the reader-viewer is encouraged to align the documented success of the invisible participant with the potential fat-shredding properties of the Revolyn UK products. The itemising of each weight loss milestone gives clear, concrete examples of the represented participant's achievements. For example:

'Month One: 25 pounds – Down 7.5cm in waist circumference.

Month Two: 52 pounds – Down 15.5cms in waist circumference.

Month Three: 97 pounds – Down 29cms in waist circumference'

The repeated use of the word 'Down' semantically enhances the quantification and reduction of weight loss and indicates that at no point body mass is increased or has moved 'up'. This an atypical depiction of weight loss, which historically sees a much more chequered and undulating progress. Therefore, this unrealistic, but nevertheless appealing depiction of weight loss, leads the reader-viewer into believing weight loss occurs uniformly at a steady rate through the consumption of this specific product. The deliberate portrayal of weight loss practice as facile, simple, convenient and successful, elides the (often) fraught reality of this sociocultural practice (Blaine & McElroy, 2002), presenting a utopian version of dieting as nothing but harmonious and benign – and utterly straightforward. This is, of course, a distorted picture designed to compel the consumer to consider themselves in need of treatment similar to that lauded so emphatically by the participants in the Revolyn UK testimonies. Furthermore, through the hyperbolic nature of the success stories, reader-viewers can be forgiven for thinking that any level of success (in weight loss) will be a panacea for all their attendant self-professed problems. Whilst people may insist that these discourses are 'carriers not reproducers of everyday life' (Bordo, 1993:104), the facts speak for themselves in mind of the increasingly rampant consumerism identified in diet and health industries (1993:104). It is suggested that the internet consumer, rather than interpret the websites critically, passively observes the narrative fabrications, 'bricolages of fact and interpretation' (Heyes, 2006:86), often in a desperate attempt to become an aesthetically pleasing, responsible, 'normal', healthy individual.

The websites, then, through the deployment of visual and textual cues, repeatedly highlight the affiliation between thinner bodies, healthier people, and self-confidence. Through the depiction of insecurities about body image and the negative portrayal of any body fat, the text producers rely on the reader-viewers' culturally cultivated anxieties about their self-image, paving a pathway for an easy and convenient solution in the form of diet pill consumption. By persistently reproducing images of celebratory, happy, smiling individuals who confidently pose and parade their new thinner bodies, the text producers encourage us to see these images 'as a passport to personal and social contentment' (Harvey, 2013:704). Conversely, to remain 'fat' means to be in a permanent state of unhappiness and discontentment using ideological presumptions which position reader-viewers as in need of correction. Furthermore, when bodies are identified as problematic, they are commonly regarded as requiring intervention or treatment, often from a medical or healthcare professional (Conrad, 2007; Lupton, 2009).

5.4 Encouraging consumers to self-assess and diagnose weight loss

Highlighting the salience of diagnosis in a medical domain, Brown (1995) states that '[d]iagnosis is central to the work of all medical professionals.' When a medical professional, or indeed a patient, performs a diagnosis it 'legitimises the patient's complaint, organises the symptoms and gives sense to them' (1995:39). As diagnosis is a pre-requisite for treatment, the promotion of self-diagnosis is a commercially fruitful way 'to promote particular conditions and their concordant therapies' (Jutel, 2010:1). Deborah Lupton (2013) further argues that fat bodies have become the target of a vast network of regulating strategies and surveillance technologies emerging from realms such as medical expertise and commercial entities. This sociocultural phenomenon resides against the backdrop of 'medicine and public health being immensely influential in the ways in which individuals understand, perceive and experience their bodies', and that 'those institutions have been integral in advising people how to conduct their everyday lives in a quest to control their weight' (2013:33).

In the following analysis, I argue that it is not only fat bodies that are open to critical assessment - but that in the widely networked space of commercial advertising spaces, *all* bodies are subject to such scrutiny where disease is commercialised and diagnosis is pharmaceutically shaped (Ebeling, 2011:825). One way by which the text producers attempt to promote systems of self-assessment - which ultimately seeks to diagnose problematic bodies - is through the reproduction of self-measuring practices. Tape measures and weighing scales are easily procured and easily recognised cultural symbols (Barthes, 1975) in common dieting practices. It is not surprising, then, that images of weighing scales and tape measures are – as we have seen earlier – located in multiple sites throughout the weight loss webpages to represent the social process of body weight management.



Figure 21: Clinico UK



Figure 22: Revolyn UK



Figure 23: Evolution Slimming



Figure 24: T5 Fatburners

Figure 21-24: screenshots of measuring devices found in each of the four websites.

In each of the four configurations in Figure 21-24, symbols of self-assessment/diagnosis are deployed. What is significant is that each website employs decontextualized participants presented within in a tight, close-up frame which obscures any signifying context (Lister & Wells, 2001), or associated features, that the reader-viewer might include in their visual assessment. Once again, the body becomes the most salient, indeed, primary focus of the textual information, in line with the well-known medical synecdoche where patients are described simply by the complaint they experience, such as ‘the broken leg in bed four’ or the ‘renal case in the waiting room’, for example (Segal, 1998:92). Again, in these configurations, the weight loss participant is transformed into one amputated feature of their complete selves, a metonymic representation of a complete human being (Segal, 1998:92). As metonymic constructs structure our language and thoughts, they also shape our attitudes and behaviours (van der Geest, 1989). The implied causal ordering of the metonymy in Figures 21-24 being the narrowed person(s), the narrowed diet pill and the narrowed weighing scales, brings about the (dys)functioning of the body as a whole. As Harvey and Brookes (2019) point out, ‘images of body parts...reveal little, if anything, of the character or psychological insight we might have otherwise gleaned from more nuanced and holistic images of people’ (2019:994). Instead, disembodied images such as these perpetuate the notion that unless the

human torso appears 'in order' (i.e., appears slim and sufficiently narrowed as the images project), it means that the whole person cannot be orderly, or 'well', or essentially a complete human being. Furthermore, such discourses construct the body as a commodity where decontextualised body parts encourage the reader-viewer to 'consider their own bodies as assemblages of pieces ...to fix for a particular shape' (Moran & Lee, 2013:382).

To visually and textually heighten the imperative to be, or become 'slim', the text producers deploy several semiotic devices. The dark black colour of the scales, and the contrasting blue and white pill are set against the bright yellow boldness of the tape measure (Figures 23 & 24), produces a heightened modality in which the tape measure stands out in relief as a signifier of weight loss (Machin, 2012). The bold, unflinching close-up depictions of the torso being squeezed and reduced clearly cements the connection between systems of self-assessment, weight loss pills and the process of losing weight. Furthermore, the repeated use of the bright yellow tape measure draws attention to the representation of a narrowed waistline as a likely, or probable, consequence of purchasing the weight loss products, bypassing other contributing factors of weight loss in practice. By limiting the viewing area to this specific region, the body becomes an object to be monitored and worked on following the act of self-diagnosis. As Brown (1995) states, 'it is the essence of diagnosis' (1995:11) that ultimately instructs the consumer to act upon the compelling weight loss messages. Furthermore, the absence of a 'successful' weight loss representative possessing any significant body fat denies the reader-viewer the chance to consider themselves 'normal' (unless they are themselves devoid of any body fat), transforming virtually all bodies into deviant, medicalised objects which require self-assessment as a means of adhering to normal sociocultural behaviours.



Figure 25: Clinico UK



Figure 26: Evolution Slimming



Figure 27: Revolyn UK

Figures 25-27 depicting images of the represented participant 'pinching an inch'.

Kellogg's Special K breakfast cereal popularised the phrase 'can you pinch an inch?' in the late 1970s and 1980s. Since then, the act of pinching an inch of flesh around the waist area proves a simple and common – if crude – method of determining weight. Kellogg's popular advertisement spawned a discourse in the U.K. which promoted critical evaluation of the self, and the notion that more than an inch of body fat is undesirable, unhealthy, and should thus be eliminated. Examples of this diagnostic method can be seen in Figures 25-27. The depictions of flesh grabbing around the torso area demonstrate the marketers' continued focus and most significant point of interest - the participants' torso. This easily conveyed method of enacting a fat diagnosis commonly recurs, demonstrating as it does to the consumer an easy method of extracting a fat diagnosis, especially as the consumer is encouraged to compare their own body fat against that of the 'thin' represented participant. In Figure 25, the reader-viewer is left in no doubt about the purpose of the flesh-grabbing procedure. The participant is holding a measuring tape against the flesh, seemingly poised to confirm a more accurate diagnosis as a consequence of 'pinching and inch'. In these instances, the weight loss consumer is once again rendered a mere torso for examination and assessment,

deconstructed as a single defining feature, rather than a 'real' human being with a brain, human emotions residing within an attendant sociocultural context.

Other ways by which the consumer is encouraged to self-assess, or to diagnose, problematic body fat is through the employment of interrogative structures such as questions, questionnaires, and online calculators. A significant interdiscursive strategy (Fairclough, 2003) which spans each of the weight loss websites is the harnessing of such tools of inquiry which ostensibly assist the consumer with their 'choices'. This precise framing of body fat as an individual responsibility 'promulgates the neoliberal idea that society must revolt against bad behaviours if we are to preserve good health and avoid future complications' (Mulderigg, 2017:42). By placing the regulation of body shape in this category, the public understands the quest for the 'slim ideal' coincides with notion of a personal application of a medical problem. Although the format varies over each website, the interrogative tools all share the same underlying purpose of helping to diagnose a problem, something of course that might not exist in the first place. Whilst the appearance of self-diagnostic tools - similar to pharmaceutical questionnaires - found within commercial websites is relatively rare (Emmons, 2010:825), this phenomenon is identified as a staple feature in the herbal supplement websites.

Height in centimeters

Weight in kilograms

How old are you?

How active are you?

If you'd like to receive special offers, please provide your email address (optional)

[See My Recommended Product](#)

Figure 28: Online questionnaire from the Revolyn UK website.

Which Evolution Slimming Product Should I Choose?

What Product Is Best For Me?

Answer the questions below and we'll recommend some products for you based on your details. No personal information is required and no data is collected.

	Female	Male
Are you female or male?	<input type="radio"/>	<input type="radio"/>
What aspects of losing weight do you have the most trouble with? *		
	True	False
I get hungry between meals	<input type="radio"/>	<input type="radio"/>
I am tired often	<input type="radio"/>	<input type="radio"/>
I lack energy to do exercise	<input type="radio"/>	<input type="radio"/>
I feel bloated and/or constipated	<input type="radio"/>	<input type="radio"/>
I snack in the evenings	<input type="radio"/>	<input type="radio"/>
My metabolism is slow	<input type="radio"/>	<input type="radio"/>
I can't swallow tablets	<input type="radio"/>	<input type="radio"/>
I eat a lot of carbohydrates	<input type="radio"/>	<input type="radio"/>
I can't have caffeine	<input type="radio"/>	<input type="radio"/>

Figure 29: Online questionnaire from the Evolution Slimming website.

A vast array of diagnostic tools is now available on websites and digital platforms (Kivits, 2013; Lupton, 2103a; Murthy et al.,2013). In Figures 28 & 29, the questionnaire formats found on the Revolyn UK and Evolution Slimming websites comprises several discursive strategies for fat diagnosis. In the case of Evolution Slimming, this tool is ostensibly presented to the reader-viewer to assist them in deciding 'Which Product is best for Me?', as though it were nothing more involved than making a simple purchase choice. The construction of a personalised inquiry generates a

synthetic personalisation effect (Fairclough, 2003) between interactive and representative participants, in the same way the demand gaze generates a connection between a photographic image and the reader-viewer (Kress and van Leeuwen, 1996). In this instance, the reader-viewer is invited into a faux consultation with the text producer (who is constructed as expert) with the aim of producing a personalised 'prescription' for weight loss. The adoption of informal, personalised 'speech' encourages the reader-viewer to envision themselves posing the same question. The invitation to 'see my recommended product' (Figure 28) reproduces a personalised linguistic construct which prompts the consumer to feel actively involved and made special in the 'consultation' process, included and involved, akin to a face-to-face exchange at a local pharmacy.

The title of the questionnaire from Evolution Slimming (Figure 29) is functional in other ways: 'What product is best for me?' rather than 'Are these products suitable for me?', for example, presupposes that the reader-viewer is in need of at least one weight loss product. This cleverly designed format coercively and collusively pre-diagnoses a problem, paving the way for the advertisers to promote the solution. Further inquiries relating to the reader-viewer's medical situation, such as queries about body mass, are designed to simulate those calculations expected in a Body Mass Index (BMI) calculator, commonly seen in healthcare settings and healthcare documentation (Rich & Evans, 2010). This 'instrument for diagnosis' (Jutel, 2010:45) is widely employed by medical professionals to ascertain levels of body mass (Lupton, 2013:8), recognised throughout modern Western societies as the 'clinical method to label people as obese' (2013:9) based on height and weight ratio, and nothing else. The myth of the BMI rhetoric is that there is a standardised range within which each individual's weight must fall in order for that person to be considered healthy (Heyes, 2006). Furthermore, height-weight standardisation tools are themselves a macro-tool for normalising society. The crude questionnaire depicted in Figure 28 calculates results from the vast range of website visitors to establish a 'normal' range in which everybody must fit to be, or become, 'healthy'. As Heyes (2006) reports, 'deviation from the norm is falsely read as proof of behaviours

that can be pathologized' (2006:73). Once the reader has identified a deviance in their proportions through the calculations of the crude questionnaire, they are able to give a label to these signs and authorise an illness. This discursive authority thus becomes 'a significant contributor to the status and dominance of the medical profession' (Lupton, 2015:129) reinforcing the sociocultural phenomenon of medicalisation.

Looking more closely at Figure 28, the text producers ask seemingly pertinent questions that one would normally expect during a routine healthcare consultation, questions relating to: gender, age and activity levels, and so on. Posing such questions to a prospective weight loss product consumer potentially discursively transforms said consumer into a patient. The diagnostic text, moreover, employs discursive strategies which are presumptuous in their description of the consumer's relationship with their body weight. The interactive chart in Figure 29 asks 'what aspects of losing weight do you have most trouble with?'. This is purposeful in two ways: it directs the question at the reader-viewer with the pronoun 'you', making the exchange between text producer and consumer a personal one, and it linguistically assumes the consumer has at least one problem with losing weight. The interrogative tool here, then, is designed to extract information from the reader-viewer, and act as a pivotal instigator of a diagnostic process: a tool which - by design - can only be answered by choosing an option from the 'true or false' binary available in the questionnaire. Unsurprisingly, there is no option to deny the existence of any problematic issues, or aspects of losing weight. By constructing the body as problematic, the self-diagnostic tool performs a clinical function and therefore parades as a medical instrument, conveniently obscuring its ulterior body-shaming, commercially driven purpose.

In addition to the design of the self-assessment tool, the linguistic register employed in the questionnaire gives rise to conversation spoken as in a 'real life' medicalised exchange. Language such as 'constipated', 'metabolism', 'tablets', 'carbohydrates' all feature prominently, along with

other medically-inflected disease-related expressions such as ‘fatty liver disease’, ‘I lack energy’ and ‘I am often tired’. Designing the self-assessment tool to include discourses clearly drawn from the paradigm of healthcare attempts to relocate the commercial context of food supplement advertising into that of the medical/pharmaceutical consultation, arguably medicalising both the consumer, and the food supplements themselves. Additionally, the tools for fat/healthcare evaluation repeatedly impresses upon the reader-viewer the value of self-scrutiny with respect to personal body states, encouraging the consumer to consider themselves as unfinished ‘projects’, selves that need to be continually worked on. This is particularly evident in the examples of self-diagnostic marketing tools that appear in the images below (Figures 30-32).



Why use Clinico? 

- ✓ Family business, established over 30 years
- ✓ Regular worldwide Customers
- ✓ We aim to exceed your expectations in every way
- ✓ We are honest and truthful
- ✓ The Clinico range is unique to us
- ✓ Everything we sell is 100% guaranteed
- ✓ Our research and development programme continually seeks new and innovative ways for mankind to benefit from natures medicinal herbs

Figure 30: Clinico UK



Whats Best For Me?

Struggling to choose from our extensive range? Let us help you decide.

If you're struggling to decide what product is best for you, use our tool below to select from our range of herbal supplements. If you've browsed through our range of weight loss pills and can't decide, we'll do our best to find the one that's right for you.

This information should be used as a guide, please check the product's individual recommendations before use.

What Product Is Best For Me?

Answer the questions below and we'll recommend some products for you based on your details. No personal information is required and no data is collected.

Figure 31: Evolution Slimming

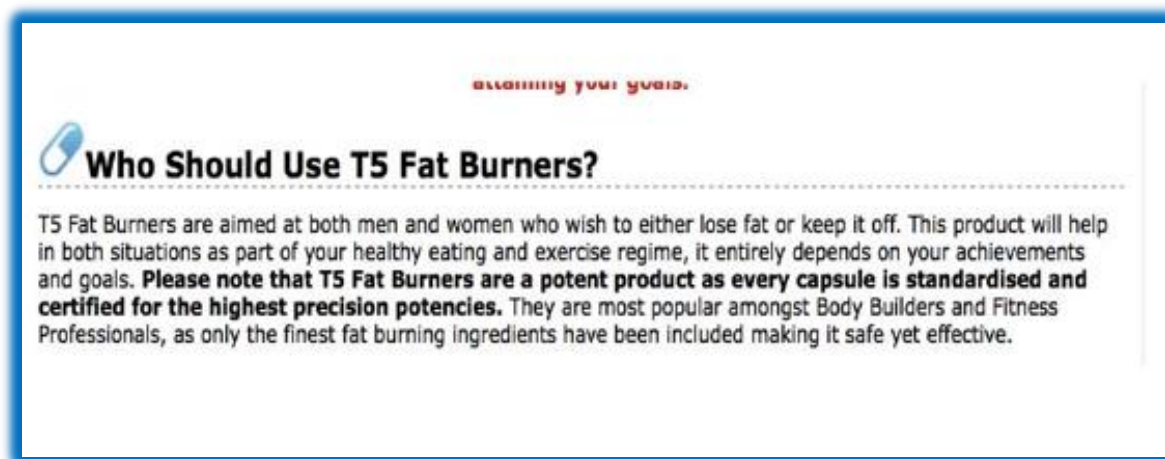


Figure 32: T5 Fatburners

Figures 30-32: configurations from three of the websites featuring interrogative promotional tools.

Each of the four websites, as part of the persuasive medicalising rhetoric, harness questions that directly seek information from website users: 'Why use Clinico?' (Figure 30), 'What's' best for me?' (Figure 31), 'Who should use T5 Fatburners?' (Figure 32). While each question might be initially perceived as offers for external help such as 'Let us help you decide', they are often rendered in the first person, i.e., 'Whats best for me?' [sic] (Figure 31). In other words, the supplement marketers 'manipulates the voices of its prospective consumers – it presumes to speak on their behalf, and thereby seeks to dictate the course of consultation by proxy' (Harvey, 2012:829). Figure 32 from the 'T5 Fatburners' website ask the question 'Who should use Fatburners?', which supposedly serves to establish the suitability of the weight loss products for the reader-viewer. What is notable is the appearance of a blue and white capsule which resides at the start of the question, a sort of medicalised pictorial bullet point. The pill-like bullet point serves, I suggest, to distract the reader from the real purpose of the question: Who is a suitable consumer for herbal products for weight loss? Here the absence of any language pertaining to herbal medication, alongside the undeniably pharmaceuticalised imagery, serves to reinforce the idea that the body should be regarded as pathological and hence should be treated as such with a pharmaceutical product, or at least one

which is represented as such. Additionally, deontic modality evident in 'Who should...', rather than the conditional 'Who could...' linguistically obligates the reader-viewer to use T5 products instead of any other alternative (Fairclough, 2003:173).

The questions in Figures 30-32 are presented as an innocent means to ascertain the suitability of the products for the consumer. The interrogative tools which operate in the herbal websites 'ostensibly encourage [the consumers] to take an interactive, self-motivated role in making healthcare decisions' (Harvey, 2013:18). The justification of such diagnostic tools is that 'they enhance people's self-knowledge of their conditions, thereby empowering them to take control' (Ebeling, 2011:929). However, I argue that instead they reproduce auto-diagnostic, pedagogic tools that assert medical authority over website users, symbolically coercing such individuals into believing that they are not only suitable for fat loss 'remedies' but are also obliged to follow up on their positive diagnoses. By 'combining technical, biological discourse with more interpersonal, conversational forms of language,' the weight loss websites 'seek to reconcile scientific authority and expertise with pseudo-intimacy and informality' (Harvey, 2013:17), a potent and persuasive amalgam indeed. In their harnessing of self-diagnostic assessments, moreover, the websites tap into the commonly held belief that many people have internalised a 'fat phobic self-hatred', to the extent that even thin people are not entirely satisfied with their body size or feel the need to discipline their bodies in order to remain thin (Lupton, 2013:10). Trading on such common insecurities, the self-assessment questions ultimately act as a compelling and seemingly authoritative and instructive means to augment consumer uptake and enhance current body dissatisfaction.

In short, the phenomenon of (self)diagnosis exists in a context where body modification is commercialised and diagnosis is determined through highly persuasive (and hence questionable) assessment tools that are designed to induce body insecurities in as many website visitors as possible. Thus, the promotion of self-diagnosis can be regarded as the foundation of herbal

marketing campaigns for weight loss, for as Ebeling (2011) argues: 'health promotion is presumed vital to any D-T-C successful pharmaceutical campaign' (2011:825). The implications of disease-mongering are considerable. Diagnosis means that 'curative and preventative strategies' can be 'put into place' (Jutel, 2006: 26), and that the 'complaint' is worthy of 'serious thought and investigation' (2006:28). Once the consumer deems themselves fit for 'treatment', they are pitched into the world of the sick.

5.5 Imposing medical authority by constructing a doctor-patient relationship

One of the ways the medicalising process is further established in the weight loss websites is through the deployment of the medical representatives, who lend credence to any self-diagnosis, acting as supportive 'expert' as well as endorsing the herbal supplements as the legitimate 'solution' to the legitimized 'problem'. As I have highlighted, the work of diagnosis medically reifies the 'patient's' complaint, organises the symptoms, and gives sense to them, reducing potentially complex personal, social and cultural concerns into little more than a simplified clinical matter. The process of diagnosis 'defines the lay-medical professional relationship, identifying the roles of the seeker and grantor of the 'abnormal' label. (Jutel, 2011:38). The operation and performance of the grantor is discursively reproduced in the supplement websites, where medical power is harnessed in order to legitimise the consumer's complaint and transform it into purely a medical one. The operation of power asymmetry in the doctor-patient relationship has become naturalised, or normalised, in modern, western societies (Harvey & Kotyeko, 2012:24). Without exception, the social actors represented in the herbal supplement advertising all employ people represented as medical doctors as *the* 'expert' advisors (rather than, say, fashion or cosmetic advisors). Importantly, Cook (2008), states that images of social actors found in advertising spaces have 'almost certainly been subjected to several stages of re-styling and editing, in line with common advertising practice' (2008:13). Significantly then, one of the most outstanding features identified in each of the herbal

websites is the stereotypical and easily recognisable construction of the doctor, or healthcare professional, each of which is depicted in strikingly similar ways (Figures 33-36, below).



Figure 33: Clinico UK



Figure 34: Evolution Slimming



Figure 35: Revolyn UK

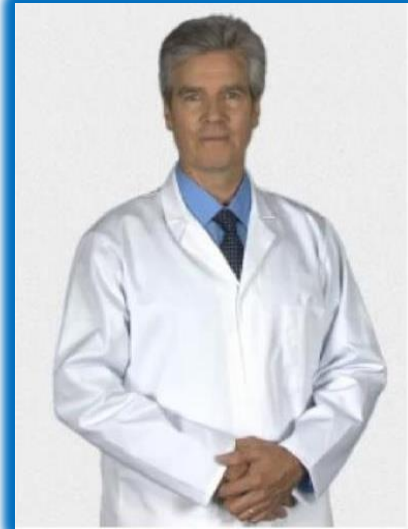


Figure 36: T5 Fatburners

Figures 33-36 depicting the medical doctor in food supplement websites.

Each representation of the doctor is virtually identical: white, middle-aged, male physicians (seemingly the preferred, and perhaps most trusted type of clinician). That aside, the repeated discursive representation of the doctor as 'expert', and the linguistic and visual ways this expert authority is realised in the herbal supplement advertising, is telling. One common method of representing doctors is by situating them in areas of visual primacy (Kok, 2004). Each representation of the doctors in Figures 33-36 has - at one point in the four-year research period - been extracted from the homepage of each website, which demonstrates the significance that the marketers

bestow upon these health professionals. Furthermore, each configuration was situated amid the headline banners, or top-left-hand corners of the website, considered as the 'guaranteed viewing area' (Kok, 2004:146). These prime positions are especially significant as they reside within the typical directional eye tracking route of modern, western readers where the eye is habitually drawn to the top, left-hand areas (Cook, 2005).

Looking more closely at the doctor's appearance, items of medical iconography are easily identified. Barthes (1973) argues that iconography reflects ideas and values that are being communicated through the images employed, and this is clearly evident in the depictions of the doctor. For example, the use of white coats and stethoscopes is a recurring visual choice - cultural symbols that are easily recognised and associated with the portrayal of medicine and health science (Barthes, 1973; Lupton, 2012). This simple application of classic medical iconography reinforces the medical and pathological significance of weight. The inclusion of a doctor in the advertising webpages also introduces something of a power asymmetry, inserting the reader-viewer into a relatively subordinate, powerless subject position in which they are, as it were, fair game for instruction and advice.

Other objects associated with the doctors and their concomitant medical authority are readily apparent. Each of the participants is well-groomed and neatly presented. They each have clear skin with white teeth and appear as generally healthy, able to consult others in matters of health, as their own 'good' examples suggest. Each doctor wears a clean shirt-and-tie combination, conforming to the notion of being professional in the workplace (Jacob, 2007; Palacio-Gonzalez & Lawrence, 2015). The colours of the clothing beneath the lab coats are plain white and muted blues; colours which represent conservatism and professionalism, rather than colours of fancy flamboyancy such as orange or pink. The social semiotics of colour are explored by Kress and Van Leeuwen (2011), who discuss colour as communicational resource, arguing colour has connotations through experiential

associations which when shared construct a universal meaning. Thus, we establish meanings on the basis of our experience of 'where the colour comes from', 'where it has been culturally and historically seen' (2011:12). In the U.K. we can strongly associate the colour blue with that of the NHS, and the colour of green with surgery and pharmacy, colours which are peppered throughout the websites to create textual cohesion (Koller, 2008) but are more notably evident in the clothing of doctors as 'expert' educators in the subject of body size and weight loss. These fine-drawn but nevertheless meaningful semiotic choices all contribute to evidence of medicalised discourses subtly working throughout food supplement marketing platforms.

In addition to professional attire, contextualised settings are often markers of ideology in which marketers attach a visual fantasy world to their products (Williamson, 2002). For example, advertisements of weight loss products typically feature happy smiling participants 'at the gym' to connote health and happiness where the consumer is seduced by a particular lifestyle, or event, which is intimately associated with the product or service (Machin & Thornborrow, 2003). Whilst the doctors in Figures 33 and 36 are placed in nondescript settings which are difficult to identify, the decontextualisation permits the reader-viewer *carte blanche* to envisage the doctor in a place representative of their own experience 'at the doctors/hospital/clinic', etc. This 'de-territorialized simplicity' (2003:459) allows the viewer's gaze to be drawn directly to the figure in the image without being unduly distracted. It also creates a visual vector, a visual line of connection between the consumer and the text producer (Kress & van Leeuwen, 2006). On the other hand, contextualised images can have an equally arresting effect, as is evident in Figures 34 and 37. In Figure 34, the reader-viewer is invited to draw upon culturally appropriated knowledge that doctors work together 'at the hospital', or 'at the clinic', as the primary, foregrounded representative is pitched as part of a collective cohort, situated as he is with two further uniformed medical representatives. Contextualisation of the medical representative is made more explicit in Figure 37, below.

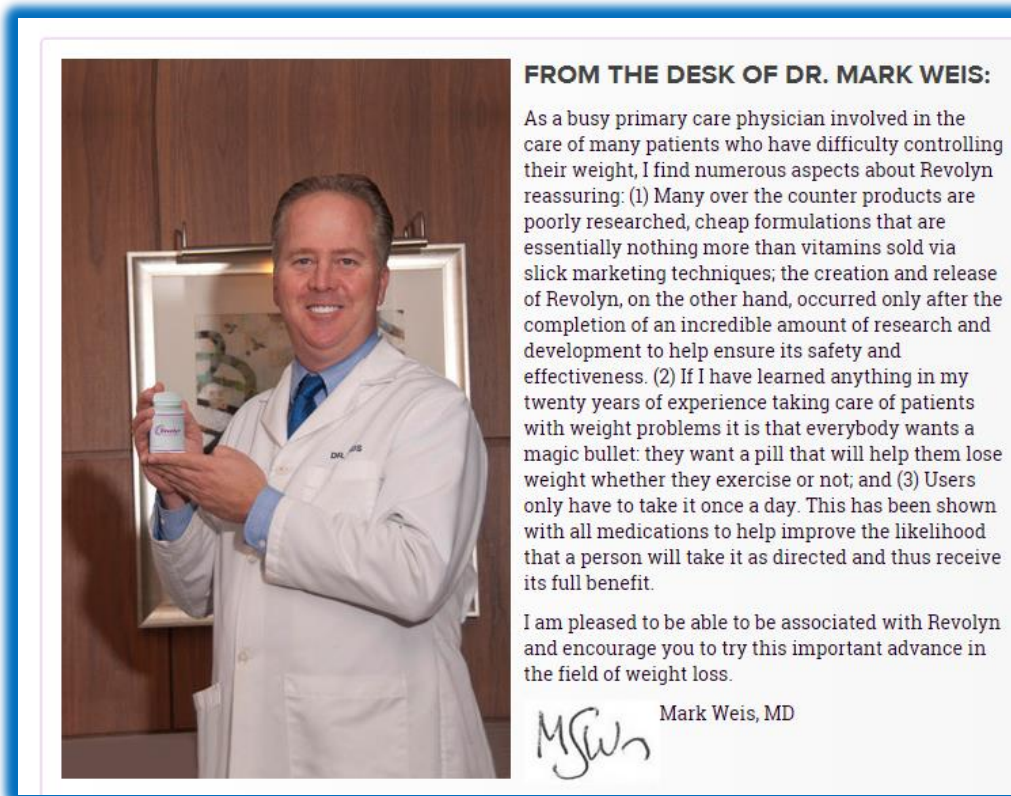


Figure 37: the contextualised ‘Dr Mark Weis’ in the Revolyn UK website

In Figure 37, ‘Dr Weis’ is clearly situated ‘at the surgery’, or ‘at the office’. This co-occurs through the participant’s attire (it is unlikely that healthcare professional would wear the doctor’s uniform anywhere outside of their workplace), additionally through the background within which Dr Weis is situated. The explicit headline of the expert endorsement also helps to pinpoint the location: ‘FROM THE DESK OF DR MARK WEIS’. The framed photographic image of the doctor, residing next to the doctor’s testimony, but within the same frame, creates a textual and visual cohesion, with the producer’s attempt to convey a ‘precise imprint of reality’ (Jewitt & Oyama, 2001:151), which has the effect of making make the exchange between doctor and patient-consumer more medical than commercial. The ‘signature’ at the bottom of the text box (Figure 37), acts as a final stamp of medical authority to underline the significance of medical expertise (Calvo, 1990).

The visual significance of Dr Weis is textually reinforced in a number of other ways. His image is displayed in a double frame, one sitting behind the social actor, and the actor also situated like a

personal photograph, or a certificate on a wall, in a room. The framing device creates a clear vector between the reader-viewer and the represented participant, making the doctor difficult to ignore (Kress & van Leeuwen, 1996). The emblazonment of his professional title on the white lab coat confirms his medical status and visually articulates a direct form of address between the interactive and represented participant. The white pharmaceutical style bottle in Dr Weis's hands recreates this direct form of address, the label facing forward to produce the effect of the weight loss product being directed at and addressing 'you'. Without exception, each medical representative across the websites, directs their gaze at the reader-viewer. Looking directly at the viewer, or having the right to do so, in itself is an act of power over the viewer, as Hartley (1982) discovered in an investigation into media correspondents where only the person(s) with 'important' information were permitted eye contact with the camera, and others not. I argue that the 'demand gaze' (Kress & van Leeuwen, 1996) is enacted in the websites so the reader-viewer is encouraged to engage with this figure of authority as would be expected in a 'real life' doctor-patient scenario. Social etiquette dictates that one must make eye contact with the 'expert' as is socially polite and respectful. This authoritative 'demand gaze' becomes all the more potent when one considers the angles between represented and interactive participants; the doctors appear slightly elevated in the low camera angle, looking down slightly on the patient-consumer (a kind of symbolically peering down one's nose perhaps). Additionally, each doctor appears in a close-up shot, revealing only the heads and bodies, where we 'get close to', rather than 'keep our distance' from (Machin, 2012:116), synthetically producing a close proximity between the two parties. As Delin (2010) argues, 'advertising and promotional discourses seek to create [through the use of informal communicative acts] a sense of ordinariness, depicting amiable personal relationships between audiences in authority' (2000:135).

Visual representations of the medical doctor in the herbal websites repeatedly co-occur with lexis that promotes the supplements on the persuasive basis of 'trust' and professional 'recommendation'. Theo (2000) calls this 'overlexicalisation', when a 'surfeit of repetitious, quasi-

synonymous terms [are] woven into the fabric of discourses, giving rise to a sense of over completeness' (2000:16). It represents a form of over-persuasion suggesting something is problematic or of ideological contention.



Figure 38 Clinico UK

Pure Svetol Green Coffee Bean 50% CGA (60 Capsules)

Fat Burner & Antioxidant ★★★★★

Svetol® is the only clinically proven brand of green coffee bean recommended by Dr Oz. Svetol® Green Coffee Bean Extract contains the recommended 50% CGA.

Figure 39: Evolution Slimming



DOCTOR RECOMMENDED

Doctors have long recommended natural solutions for weight loss because they are completely safe and don't have any of the negative side effects that can harm the body extensively. With Revolyn, you get the natural solution doctors prefer with a clinically tested supplement that can help burn body fat. Doctors everywhere want you to lose weight and with Revolyn you now have the natural solution to weight loss your doctors recommend.

Figure 40: Revolyn UK



Evolution-Slimming.com

DOCTOR TRUSTED

click to verify

Active 04-27-15

Figure 41: Evolution Slimming

Figures 38-41: representations of recommendation and trust in the weight loss webpages.

The examples in Figures 38-41, above, exemplify how the doctor is situated as a trusted and expert figure in matters concerning weight loss, an expert figure who also endorses the use of the

companies' slimming products. Figure 39 identifies the 'Fatburner and Antioxidant' 'capsules', promoted in the 'weight management' section of the webpages. This product is linguistically and visually endorsed by 'Dr Oz', the accompanying product complete with a trademark symbol, serving as a 'stamp' of approval for the 'only clinically proven' product by a representative of the medical profession. Katz (2011) observes that modern marketing scholarship and jurisprudence view trademark law as an institution aimed at providing a concise identifier of goods and services at persistent qualities (2011). In the context of using a trademark for herbal promotion, the conflation of commercial and medical discourses lends further credence to the doctor endorsement. The four-and-a-half stars (out of five) which accompany this recommendation in colour saturated blue text connotes the blue NHS brand, emphasises the recommendation of the '60 capsules' – the medical, pharmaceutical aura engendered by the term 'capsules' here further reinforced by the additional use of technical language such as: '50% CGA', whatever that abbreviation means.

In short, 'trust' and 'recommendation' appear to be 'spoken' by the medical social actors as they reside in the same semiotic space, aligning the endorsement of *this* doctor to *this* product. In these instances, the absence of an (in)definite article linguistically encompasses *all* doctors within this frame of recommendation. This strategy is repeatedly evidenced in the text from Revolyn UK in Figure 40. Examples are: 'doctors have long recommended', 'you get the natural solutions doctors prefer' and 'doctors everywhere want you to lose weight'. Additionally, Dr Mark Weis personalises the recommendation using the second person possessive pronoun '*your* doctors recommend'.

The homepage of the Evolution Slimming webpage features a framed badge entitled 'DOCTOR TRUSTED'. In the configurations from the Evolution Slimming website and the Revolyn UK website (Figure 38 & 41), the headlining lexis – 'DOCTOR RECOMMENDED' and 'DOCTOR TRUSTED' – acts as a title that links the visual image of the doctor with the surrounding text. In the Evolution Slimming webpage, the discursive positioning of the doctor is reinforced with the use of upper-case lettering –

'DOCTOR TRUSTED' – which appears in clear bright white, against a muted blue background; and the presence of a bright saturated green shield, which is in turn a potent cultural symbol of pharmacy (Barthes, 1973). In addition to this, the Evolution Slimming website further seeks to bolster the doctor's medical, professional endorsement. For instance, the imperative 'click to verify', and elliptical declarative statement 'active every day' textually engage and direct the website visitor to perform this verification process readily for themselves. After the reader-viewer performs this simple 'click', (s)he is navigated to a pop-up window (Figure 42). This navigation is purposeful in two ways: it allows the reader-viewer to experience a feeling of personal control, enacting an autonomous inquiry into the product's safety/efficacy/reliability, and spontaneously manufactures a false prescription for a product that might be otherwise procured from a potentially embarrassing (or indeed needless) conversation about weight loss with their personal GP. Here, the discourses of recommendation and trust embedded within the supplement advertising in effect attempt to bypass a real-life experience of a potentially awkward appointment at the doctor's surgery.

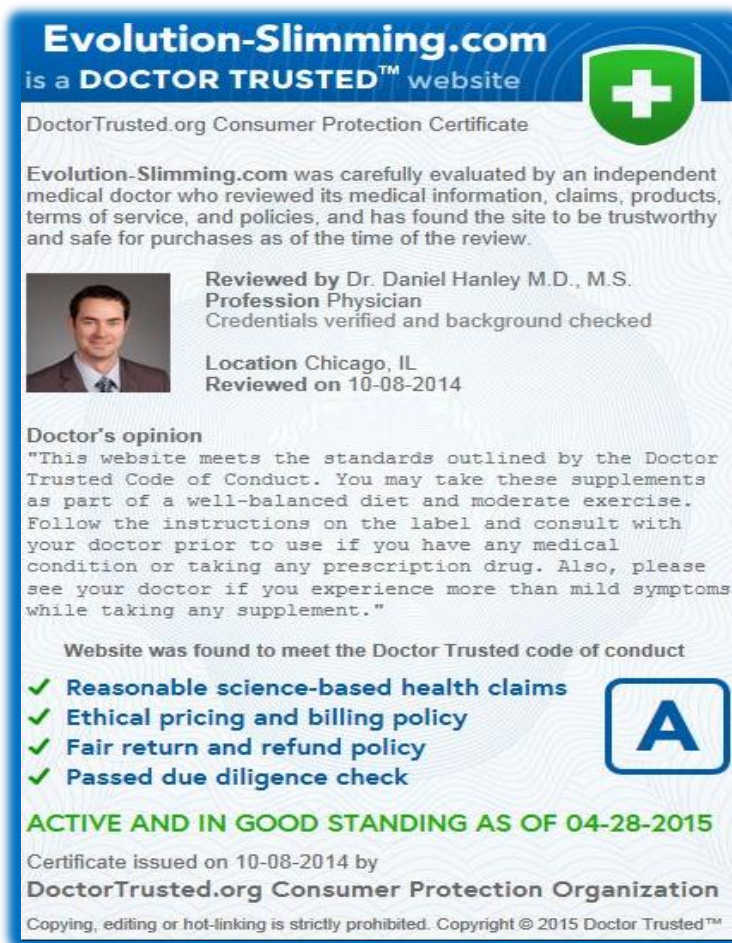


Figure 42: the pop-up certificate from the Evolution Slimming website

The pop-up window (Figure 42) demonstrates multiple discursive ploys by the text producers of Evolution Slimming that draw upon discourses of trust in several ways. The description of the text as 'DoctorTrusted.org consumer protection certificate' provides evidence in itself of a medicalised discourse, which is clearly apparent in a larger surrounding commercial discourse that works tirelessly to communicate values of authenticity, reliability, professionalism and the like. For instance, we are told that the certificate has been 'carefully evaluated by an independent medical doctor' who 'reviewed the medical information' and who has 'found the site to be trustworthy and safe for purchases'. In this case, the passive voice does not assign the evaluation to a specific person other than a nebulous 'independent medical doctor' (who may or may not be Dr Daniel Hanley). Whatever the case, the photograph of Dr Daniel Hanley, textually enforces an 'official' authentication of the text, his credentials reportedly 'verified and background checked'. The

representation of endorsement and authentication is repeatedly deployed to persuade the website visitor of the reliability of the company concerned, and subsequently by extension, the reliability of the herbal products themselves.

The realisation of authentication and recommendation is deployed in greater detail in the website 'certificate' (Figure 42) in which a series of bullet points constitute the company's 'trusted code of conduct':

- ✓ Reasonable science-based health claims
- ✓ Ethical pricing and billing policy
- ✓ Fair return and refund policy
- ✓ Passed due diligence check

The bulleted tick marks serve to conceal specific processes: the exact facts or figures in relation to *who* makes the science-based claims, *what* precisely the 'ethical' and 'fair' policies are, and the *details* of the due diligence are omitted (Machin & Ledin, 2015). Using this discursive strategy, the external processes that would require such authentication are abbreviated, the transformation of such lengthy processes elliptically reduced to a simple, bulleted list that serves to succinctly legitimise the trustworthiness and standing of the organisation. The ticks, moreover, discursively represent a completed project, not requiring further consideration and evaluation: visually marked as 'done'. Other semiotic choices which similarly serve this process of legitimisation include the use of legal lexis such as 'policy', 'due diligence' and 'claims'. The use of formal, authoritarian language here supports the projected authority of the speaker represented in the same semiotic space, to wit Dr Hanley. In short, the more discourses which reinforce 'expert' legitimacy, the greater the likelihood of the desired response (Crowley & Hoyer, 1994), in this case of course the ultimate purchase of the companies' products. Previous research (Crowley & Hoyer, 1994; Eisend, 2010; Goldsmith et al., 2000) predicts that an expert endorsement, especially when the consumer is cued by honorific titles, such as 'Doctor', acts to enhance the perceived credibility of a product producer

as a health information source. If consumers regard an advertised brand as 'doctor-recommended', they are likely to regard the product in the same way (van der Geest, 1989).

I argue that the emphasised and repeated deployment of expert and authoritarian medical discourses symbolically claims authority over the reader-viewer and positions the consumer as ignorant in matters of weight loss and body management. The doctors represented within the websites contribute significantly to the 'semiotic burden of construing representational meaning' (Knox, 2007:31), such figures being portrayed as incontestable figures of authority. At the same time, these authoritarian discourses legitimise weight loss without express professional instruction (i.e., website users are not expressly told what to do), potentially negatively affecting vulnerable people by inducing further anxieties about their body image, in particular those affected by eating disorders and mental health problems.

5.6 Summary

Throughout this chapter I have illustrated the many ways by which the diet pill promoters situate body fat as bad and as pathological, and how the thin ideal is depicted as *the* body to strive for as a 'good' responsible citizen. The repetitious discourses which reinforce pre-conceived notions of medical imperative and jurisdiction, giving power over the website visitor, gives ample, clear evidence of how the consumer is transformed into a medicalised subject by dint of engagement with - and their positioning with - the aforesaid medicalising texts. This has the overarching effect of augmenting and widening the sociocultural phenomena of medicalisation, simultaneously encouraging the consumer to buy into a culture of drug consumption to lose weight. In doing so, the pharmaceuticalisation process emerges as the text producers promote diet pills as an effective and convenient solution to unwanted weight. In the subsequent chapter I analyse the prominent visual and textual strategies that demonstrate the discursive shift from medicalising bodies to pharmaceuticalising body weight management.

6 Pharmaceuticalising Discourses

6.1 Introduction

Medicines are absolutely central to health care in the views of both patients and practitioners (Abraham, 2010). This fact, which has long been taken for granted in western cultures, is brought to our attention and often over-emphasised in weight loss advertising, as weight loss products become increasingly widely available in developing countries (Fox & Ward, 2008b). Medicines as 'concrete substances' are used in treating 'concrete illness', as van der Geest and Whyte (1989) suggest in their classic paper 'The Charm of Medicines' (1989:2). Thus, medicines as 'things' are understood as the hard core of therapy (Britten, 2008; 2010) which ostensibly sets them apart from other forms of healing. This notion of 'concreteness' and 'hard core therapy' largely informs this chapter as the weight loss consumer is, in various ways, bombarded with the contention that weight loss is better performed through the single direct act of consuming pills. Drugs symbolise that fact that the body can be treated, the 'fat' person can be 'cured'. It is well known that a pathologised person will typically seek to benefit from a pharmaceutical solution as a convenient and effective method to cure their 'ill' (Blech, 2003), a process known as 'pharmaceuticalisation' (Abraham, 2010). In the previous chapter, I have highlighted the propensity in weight loss advertising to 'sell sickness' (Conrad, 2007: 19) and to medicalise weight loss processes and participants. Now I seek to demonstrate at length the textual and visual interplay in food supplement advertising that pharmaceuticalises those weight loss processes and participants by encouraging drug consumption as *the* solution to unwanted weight. Pharmaceuticalisation, then, works hand in hand with medicalisation.

To reiterate, pharmaceuticalisation is 'the process by which social, behavioural, or bodily conditions are treated, or deemed to be in need of treatment/intervention, with pharmaceuticals by doctors, patients, or both (Abraham, 2010:290). According to this definition, I first illuminate how discourses

of science are deployed to legitimise the commercial advertising discourses and to blandish the consumer with techno-scientific 'facts'. Next, I explore how food supplements are depicted as herbal and pharmaceutical hybrids to maximise the promise of safety combined with the augmentation of perceived potency. Following this, I explore the repeated construction of biochemical representations that impose agency on the food supplement products to make salient their overriding function in weight loss. Finally, I consider some of the ways unwanted weight is constructed as entirely, or most effectively, treatable through the purchase and consumption of weight loss supplements alone. I argue that each of the four discursive strategies, when combined, generate a robust, multi-faceted pharmaceuticalised account of weight-loss processes and participants. Aligning with the dominant discourse themes previously set out, the structure of this analytical chapter is informed and thus structured around the following four strategies which are pervasive across each of the four websites:

- Exploiting science and the scientist to impose legitimacy.
- Hybridizing nature and pharmacy to maximise safety, efficacy and potency.
- Imposing biochemical agency as a necessary facilitator of weight loss.
- Fostering a culture of drug consumption for body weight management.

6.2 Exploiting science and the scientist to impose legitimacy

In the previous chapter, I critically analysed the representation of the doctor and examined the way by which unwanted weight is medicalised in food supplement advertising. Here, I am concerned with the discursive depiction of pharmaceutical authority and technology, exploring how the discourse of pharmaceutical science and technology contributes to legitimising pharmaceuticalising weight and weight loss.

Scientific images are increasingly travelling outside the laboratory and entering news magazines, courtrooms, media, and advertising (Perez-Llantada, 2012), whether claims of potential health

benefits or trumpeting a scientific breakthrough (Brooks, 2017). Such scientific ‘magic stamps’ have been historically (ab)used by charlatans and ‘snake oil merchants’ in the same way that modern scientists are employed to offer sophistication and expertise in modern media today (Lupton & McLean, 1998). Criticised for his preference for promoting these supplements as ‘not just baseless and wrong’ but potentially hazardous to health (Belluz, 2014), one such ‘snake oil merchant’, Dr Mehmet Oz, appears in the ‘Evolution Slimming’ website (Figure 1).

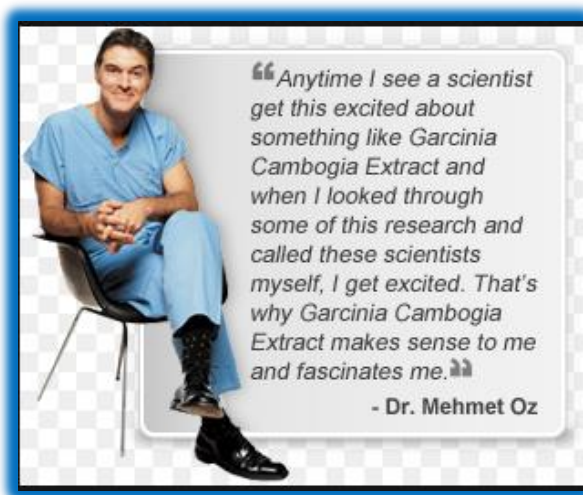


Figure 1: Dr Oz from the Evolution Slimming website, exploiting scientific research for Garcinia Cambogia Extract.

Dr Mehmet Oz sits casually on a chair facing sideways, with his legs crossed and hands clasped as if in casual conversation with the interactive participant. He looks directly into the lens of the camera in the direct form of address, his conversation being directed at ‘you’ (Kress & van Leeuwen, 1996). In the same manner of the doctors in the last chapter, he is smiling as if anticipating a relaxed, happy conversation with his audience and his clothing leaves the reader-viewer in no doubt about his standing as a medical ‘official’- but the representation of this doctor differs in a fundamental way. Here, the text producers bridge the legitimacy of the GP with the authority of the scientist by employing the doctor as represented participant who makes a recommendation based on science and scientist’s “facts”. The scientific-based endorsement of Dr Oz (Figure1) is made obvious,

represented in speech marks to avoid any confusion about the origin of the recommendation, with his name and title provided with the quote. The recommendation states:

‘Anytime I see a scientist get this excited about something like Garcinia Cambogia Extract and when I look through some of this research and called these scientists myself, I get excited. That’s why Garcinia Cambogia Extract makes sense to me and fascinates me’.

The repeated overlexicalisation (Machin & Mayr, 2012) of ‘scientists’ underscores the projected legitimacy of this represented participant. The suggestion that ‘anytime I see a scientist get this excited...’ implies that multiple scientists, on multiple occasions have been *this* thrilled with ‘Garcinia Cambogia Extract’. An air of intrigue and risk is linguistically attached to the name of product, the three-part esoteric construct will most likely be unfamiliar to most readers and is morphologically complex, difficult to pronounce. Disfluent products names are often perceived as more exciting, more risky, independent of actual valence (Song & Swarz, 2008b; 2009). Repeatedly underscoring the value of scientists and scientific research here constitutes a common marketing strategy through which the advertiser attempts to validate and augment efficacy claims, as if science, by nature, simply spoke for itself.



WHY ARE SCIENTISTS SO EXCITED ABOUT THE NO. 1 MIRACLE FAT BURNER?

-  Raspberry ketone is the main flavour compound found in red raspberries. It regulates adiponectin, a protein used by the body to regulate the metabolism.
-  It also helps to break down fat in your cells more effectively, so your body burns fat at a much faster rate.*
-  Raspberry ketone has attracted the attention of science as a powerful and effective supplement for weight loss.*

Figure 2: Represented participant from the Revolyn UK website, promoting the scientific value of the Raspberry Ketone.

Scientific discourses help reproduce the objective authority of science and technology. In Figure 2, the reader-viewer is invited to discover ‘WHY ARE SCIENTISTS SO EXCITED ABOUT THE NO 1 MIRACLE FAT BURNER?’ a rhetorical device which encourages the consumer to arrive at their own conclusion, rather than their simply, passively, being told what to do (Fialova, 2017). The headlining question (‘WHY ARE SCIENTISTS SO EXCITED ABOUT THE NO.1 MIRACLE FAT BURNER?’) textually connects the scientist with the name of the product. The three bullet-point paragraphs of information that follow, locate the answer with a realm of scientific response. The symbol assigned to the uppermost bullet point is scientific in representation: a physics-like structure, akin to an electron or cathode, uses a lightening symbol centrally located in a four-pointed sphere. The language attributed to this symbol is scientifically descriptive: the raspberry ketone ‘compound’ which actively ‘regulates adiponectin’ ascribes scientific value with its abstruse construct. The technical language is textually clarified for as ‘a protein used by the body to regulate the metabolism’, imparting biochemicalised information for the reader-viewer to process and consider. The second paragraph is introduced with the image of weighing scales, intimating to the consumer that the next important point is about body weight and how the product purportedly affects it. Here, the ‘No 1 miracle fat burner’ is allocated with agentic, physiological capacity to help ‘break down fat... more effectively’, ostensibly important ‘so your body burns fat at a much faster rate’. The propensity to impose an agentic narrative on the food supplements is explored at length later in the chapter – for now I focus on the depiction of the science as perceived legitimacy.

Perhaps the most explicit, crude depiction of science resides in the third paragraph; the image of glassware typically used in schools and laboratories for scientific experiments. In this example, the attendant language reinforces the scientific relevance of the laboratory equipment: ‘raspberry ketone has attracted the attention of science as a powerful and effective supplement for weight

loss', so the consumer is reminded, here, of science as the simultaneous voice of legitimacy, and the perceived value of science in the practice of body weight management. Of course, one cannot ignore the represented participant who visually promotes the labours of 'Raspberry Ketone' as a scientifically endorsed product. The extremely slim and scantily clad woman situated to the left of the text discursively engenders the results of the No 1 Miracle Fat burner that the scientists are 'so excited' about. As a reminder to the reader, the semiotic choices the text producers make are never value neutral but are based on the way they wish to signpost what kind of person they seek to represent. The represented participant, here, serves not to depict a woman in the active practice of body weight management, but symbolises an attractive, glamorous, confident young woman in an intimate, abstract setting, operating as a living embodiment of a 'successful' slim woman (Kress & van Leeuwen, 1996; Machin and Mayr, 2012). Furthermore, Machin and Thornborrow (2003) significantly point out that whilst these representations may very well take place in the realm of fantasy, they nevertheless carry real, true and meaningful messages about identity, ideas, values and actions with potential social consequences.

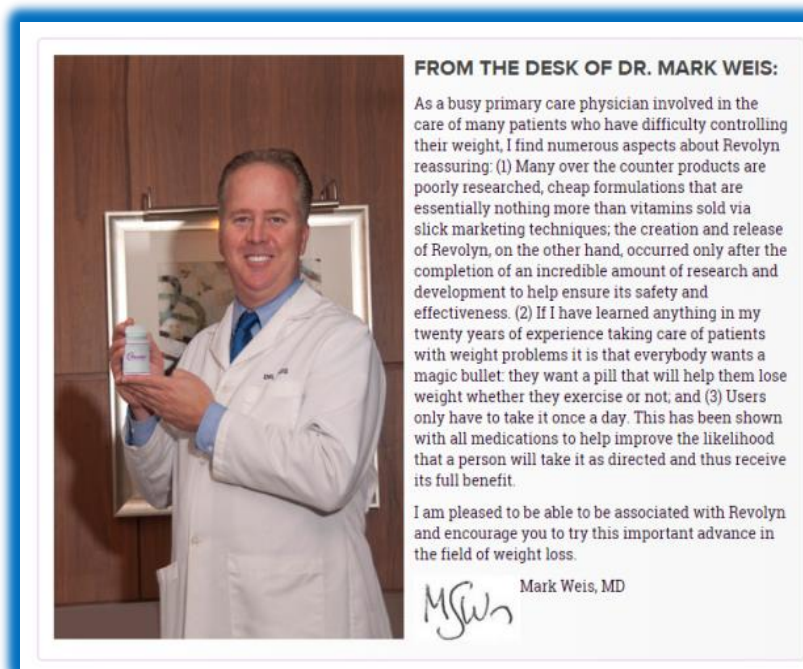


Figure 3: Represented participant from the Revolyn UK website, exploiting scientific research and development.

Marketing devices deploying the value of ‘research and development’ are consistently spread throughout the four websites and form a cornerstone from which the products are legitimised. In Figure 3, the numbered points (1), (2) and (3) attempt to persuade the website visitor of the scientific claims, and the ‘research and development’ background of the Revolyn product. Point (1) states that that ‘many of the over-the-counter products are poorly researched, cheap formulations that are essentially nothing more than vitamins sold via slick marketing techniques’. This effective comparative marketing technique (Boddewyn, 1981) sneakily responds to the commonly reported concerns of herbal supplement efficacy (Eyeington, 2012). It does so by acting as a co-accuser of ‘snake oil’ merchants, thereby disassociating and separating this brand from such ideas in a bid to reassure the consumer that *this* product is exempt from any such outrageous claim. Dr Weis makes further attempts to renounce ‘nothing more than vitamins sold via slick marketing techniques’, suggesting that ‘on the other hand’, the creation and release of Revolyn occurred only after the completion of an ‘incredible amount of research and development’ to help ensure its safety and effectiveness, and thereby present it as effective preeminent and valid solution to unwanted weight.



Figure 4: Represented participant from the T5 website exploiting the scientist ‘at work’, scientific references and studies.

In Figure 4, the reader-viewer is subject to a configuration of the scientist in situ. In this example, the represented participant is deliberately poised in an active work scenario, dressed in the white lab coat, replete with laboratory goggles and hygienic, latex gloves, while peering through the lens of a complicated, technically appearing microscope. Each element of clothing and equipment in this Figure are white, connoting sterile, clinics and laboratories. The dark skin of the represented participant gives contrast to this feature and makes the surrounding elements all the more clear, striking and bold (Machin & Mayr, 2012). This representation of the scientist 'at work' incontrovertibly designates the food supplements in the realm of science, as they appear textually reconfigured from factory manufactured food supplements to laboratory designed pills. The language which underscores the value and authority of the scientist in situ, reads: 'The Brand You Can Trust', underlined with the simple construction 'Scientific References and Studies'. This crude semiotic linkage between science and trust serves to enhance public trust in the brand and therefore legitimacy of science. As Davis (2008) puts it, simply labelling a piece of information as 'scientific' generates a 'powerful incantation that inspires "childlike faith" in the consumer' (2008:14). Repeated references to 'Scientific Studies' continue at the bottom of the frame: 'We have conducted countless scientific studies and have numerous references' once again emphasises scientific credibility - but lexically suppresses any contextual information about the references or studies, where they are from, or what they mean. References to studies in advertising are very useful for supporting or refuting theories and claims but they are also problematic (for the reader-viewer) because data can easily be manipulated for commercial advantage. Data manipulation has become widespread in commercial fields but seems especially prevalent in health and fitness domains because scientific study claims have proven fruitful for promoting and selling products (Cook et al., 2014).

Today we live in a visual culture (Stafford, 1996) which values quantification, numbers (Porter, 1995; Rose, 1999) and scientific results (Hubbard, 1988; Nelkin & Tancredi, 1989). Images that traverse

scientific and non-scientific domains reproduce prevailing, commonly accepted societal beliefs (Martin, 1987), such as the value of clinical trials and their relative success. Moreover, publishing ‘Clinical Results’, or labelling a product as ‘Clinically Proven’, ‘adds a veneer of respectability and reassures us about the safety of the product’ (Davis, 2008: 34).

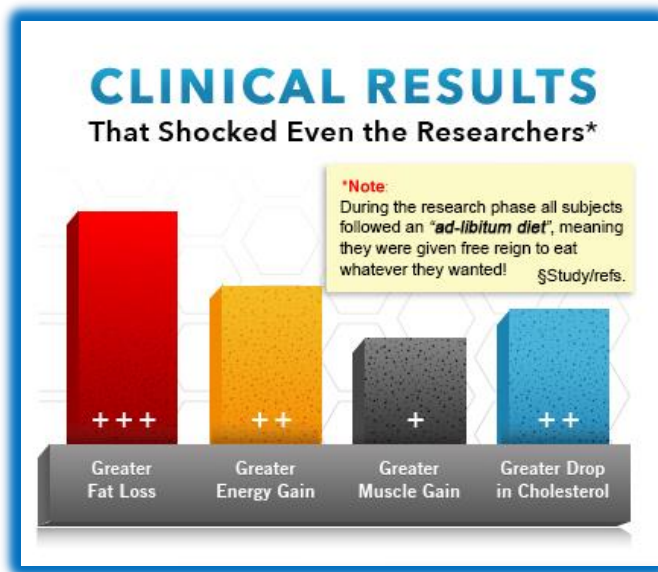


Figure 5: Conceptual representation of T5 effects, exploiting ‘clinical results’,

In Figure 5, the T5 marketers employ this manipulative discursive strategy, claiming the ‘CLINICAL RESULTS’ represented in the graphic representation ‘Shocked Even the Researchers’*. The accompanying red typography of the ‘* Note’ situated above the bar chart, colourfully attracts the reader-viewer to the content of the yellow box, serving to qualify the researchers supposed ‘shock’. The language expounded in this box heightens the modality of the claim (Kress & van Leeuwen, 1996), as the text producers give salience to the information produced in a separate and visually emphasised space. It reads: ‘during the research phase all subjects followed an “ad-libitum” diet...’ This construct underlines the text producer’s attempt at appropriating scientific lexis to promote herbal supplements, identified in the lexical choices: ‘research phase’ and ‘subjects’. This language is

undeniably extracted from a scientific community of practice (Lave & Wenger, 1998), connoting concrete clinical trials, or ‘research phase[s]’ (despite suppressing explicit information about the research) and the participants as ‘subjects’ rather than ‘people’. The decision to do this is arguably ideological with the reminder that this construct is incongruously embedded within a food supplement website. The Latinised ‘Ad-libitum’ confers scientific credibility, engaging the reader-viewer with language commonly perceived or understood as the traditional universal language of science (Slaughter, 1982). The clarification of the Latinised construct ‘...meaning they were given free reign to eat whatever they wanted!’ makes more plain and simple the meaning of ‘ad-libitum’ not only contributing to ‘a sense of ordinariness’ and familiarity (Delin, 2000:135) but also communicating a grossly manipulative and appealing prospect to the weight loss consumer who might hope to achieve the same ‘shocking’ results whilst engaging in such ‘free reign’ consumption. Since scientific images draw on cultural and consumer preferences to create persuasive representations— such as weight loss without effort or sacrifice - these manipulative constructs are well placed.

The appropriation of diagrams, charts and models seek to translate and make simple specific beliefs as a key source of legitimacy through visualisations in science (Morgan & Morrison, 1999).

Moreover, learning to understand with the help of diagrams and models has been documented as an irrefutable method of demonstrating facts (Dumit, 2004). In Figure 5, the text producers attempt to pictorially depict the ‘clinical results’ of T5 products using a simple, one-dimensional bar chart. As Kress and van Leeuwen (1996) point out, one dimensional, quantitative topography is based on the represented quantity or frequency of aggregates of participants being analysed at the same time. Aggregation means that participants are quantified and treated as statistics, in cases of aggregation Machin and Mayr (2012) point out ‘where actual numbers are replaced by such abstractions, we can always ask what ideological work is being done’ (2012:84). The four aggregates of participants in Figure 5, represented in the red, yellow, grey and blue bars, are thus ideologically situated as

concrete, unmovable representational structures, formally charting the 'clinical' results in an easy-to-read and unquestionable format (Kress & van Leeuwen, 1996). A bar chart pictorially informs the reader-viewer that the results relate to the same abstract carrier of representation, in this instance, the weight loss consumer. The horizontal axis showing the four 'possessive attributes' connects to each other in a relation, or taxonomy, against the vertical axis which quantifies each of the attributes, the scale of which is subject to the 'attributes, or aggregates, being analysed as the same in some respect' (1996:103). In Figure 5, each participant of the 'research phase' (tellingly not explicitly quantified for brevity or accuracy) is thus graphically represented as experiencing the same results: 'Greater Fat Loss', 'Greater Energy Gain', 'Greater Muscle Gain' and 'Greater Drop in Cholesterol'. The vertical axis, despite being pictorially quantifiable is also not numerically represented, making the respective levels of each attribute abstract and disputable. There is also no relative information provided that corresponds to the attributes being greater *than* anything: they are simply, comparatively described using the 'Greater' adjective - the levels of efficacy thus ambiguous, vague and undeterminable. Furthermore, the '+' marks situated within each of the bars do not contribute to the exact quantification, or clarification of each attribute, as two of the bars possessing two '+' marks are visually reproduced at different heights. By analysing this bar chart, one can see the wide gaps in accuracy, with zero transparency of exact numerical, or quantifiable figures which might legitimise the 'shocking' results: the chart is crudely and ambiguously presented. However, in line with Martin (1987), it is understood that graphs and charts operate with codes that typically tell 'very concrete stories rooted in our particular form of social comprehension' (1987:197). Diagrams, graphs, tables, drawings, photographs, and illustrations used in every day scientific work and common publications are received as a transference of authority, and of credible knowledge. Thus, by imposing such graphical configurations in food supplement websites, the text producers encourage the consumer to consider the information as authoritatively verbatim facts, despite, upon investigation, their lack of credibility and accuracy.

As Donna Haraway (1997) observes, 'There are no unmediated photographs...only highly specific visual possibilities, each with a wonderfully detailed, active, partial way of organising worlds (1997:177). In Figure 6, below, the reader-viewer is subject to a detailed, compact visualisation of science and chemistry, organised and redeployed in such way that discourses of pharmacy are unavoidable.

The image is a promotional banner for 'T5 Fat Burners'. On the left, there is a white bottle with a yellow label that reads 'T5 Fat Burners' and 'EXTREME FAT BURNING AGENT'. To the left of the bottle are several red and white capsules and a molecular model. The background is dark blue with various chemical structures and formulas like CH_3 , H_2C , CH_2 , COOH , and N . On the right side, there is a list of five bullet points, each with a small icon and a reference number:

- ▶ Fast Acting And Focused Formulation ^{8,9,39}
- ▶ 100% Safe & Natural Ingredients
- ▶ No Prescription Required
- ▶ Strong Thermogenic Fat Burning ^{2,25,29}
- ▶ Provides A Metabolic Boost ^{12,31,52}
- ▶ Increased Energy ^{10,34,53}

Below the list, it says '§ Scientific Studies/Refs.' and 'New Enhanced Formula & Customer Guarantee!'. At the bottom right, there is a blue button that says 'Buy T5 Fat Burner' with a right-pointing arrow. At the bottom left, there is a white box with the text 'OUR STRONGEST FAT BURNER WITH A HOST OF ADDITIONAL BENEFITS' and 'Dr. B. Raspriz, Ph.D., Chemical Biochemist'. At the bottom right, there is a circular seal that says 'SATISFACTION 100%'.

Figure 6: Pharmaceutically dense text from the T5 website comprising of multiple, chemicalised arrangements.

In the same way that 'scientists compose and place representations within texts, and use [scientific symbols] in a myriad of ways' to construct meaning (Lynch & Woolgar, 1990), so do the marketers of weight loss supplements. In this configuration (Figure 6), the T5 text producers figuratively explode techno-scientific discourses in arguably the most pharmaceutically dense text out of the four websites. Prominently situated on the headline banner of the T5 website, the product is described as 'OUR STRONGEST FAT BURNER...' and is textually endorsed by a 'Dr B.Raspriz, Ph.D., Chemical Biochemist'. It is unusual that the precise occupation of Dr Raspriz is relayed to the reader-viewer. In previous analysis, the propensity to exclude the precise information about the doctor's field of medicine was identified to potentially obscure that fact that the endorser may not be a 'Dr' from a medical background. This website contradicts this strategy by making a concerted effort to attach the credentials of a scientist from a particular area of science; the 'chemical biochemist PhD' linguistically put forward as an endorser, if not creator of the T5 product. This occurs with the

emblazonment of the honorific, and the attendant possessive, collective pronoun ‘*our* strongest fat burner...’ This is arguably ideological as it would appear peculiar and misplaced to feature an endorser’s occupation in an advertisement unless it bore relevance to the product being promoted: one would not anticipate Dr Raspbriz ‘Biochemist’ endorsing biscuits, or tea, for example. So, through this, the T5 products are textually designated with a techno-scientific classification, over their rightful food product title. This misleading classification co-occurs on the product’s label, reaffirming a concerted effort to reframe this product as pharmaceutical: the marketer’s describing the T5 product as a ‘Pharmaceutical Grade Fat Burning Agent’. Pharmaceutical *grade* is in itself a manipulating concept, the reader-viewer potentially left unclear about the meaning. What does Pharmaceutical *Grade* actually mean? In reality, the understanding of Pharmaceutical Grade Manufacturing that has permeated the dietary supplement industry is nothing if not misleading (Triacrio, 2016). It is, in fact, reported that supplement manufacturers and contract manufacturers who boast “pharmaceutical grade” capabilities are likely misinformed as to how the term can be used as they cannot be applied to dietary supplements (Tricarico, 2016). However, due to the lack of regulatory advertising standards for food supplement marketing in the UK (MHRA) this attribute is often overlooked. Linguistically, the label ‘Pharmaceutical’ is substantial enough to persuade the reader-viewer of the product’s scientific, synthetic and arguably more potent character.

Perez-Llantada (2012) observes that ‘scientific discourses invariably involve the employment of highly complex lexical or visual terms’ (2012:58). One cannot ignore the blatant appropriation of scientific discourses, then, when inspecting the background of this configuration (Figure 6). The hexagonal, cell-chained chemical symbols, with lettering reminiscent of figures from the periodic table, is constructed and easily recognised as “sciencey”. An accurate analysis of such semiosis might not be completely possible (by the lay person) due to its complex visual composition, although it does comprise of semiotic elements which the average reader-viewer has likely seen in a scientific report or school experiment. Having researched the chemical symbols in this configuration, using the

Online National Library of Medicine (2020), it was discovered that those symbols depict chemical compositions of caffeine – but nothing more than that. Nevertheless, to an unspecialised audience, it is unlikely that this knowledge would be preconceived, or sought out - the chemical imagery more likely operating as a pharmaceutical beacon that the 'T5' promoters seek to transmit. Such a high concentration of chemicalised imagery and specialised language in this densely packed semiotic space, undoubtedly recontextualises the T5 food supplements as pharmaceutical weight loss products.

Looking at the bullet-pointed information in Figure 6, the T5 products are further raised to a scientific category with multiple superscript numbers '8, 9, 39', '2, 25, 29' redolent of scientific referencing. Upon accessing these studies by clicking on the website 'widget', they do indeed correspond with studies pertaining to each represented action: 'Thermogenic fat burning', 'metabolic boost', and 'increased energy' references are embedded within the website for the visitor to discover and read, should they desire. Yet it is unlikely that the majority of weight loss consumers would take the trouble to read the scientific studies pertaining to the bullet pointed information, let alone process it. As Dodds et al (2008) discovered in 'Making Sense of Scientific Claims in Advertising', 'participants did not express a desire to investigate the validity of the claims made but were largely prepared to accept them on face value', and that they were 'looking for simple, easy to understand messages, and relating these to their basic scientific knowledge' (2008:218); for example, the knowledge that 'fat burning' instigates weight loss. The simple citation of scientific references, then, contributes to legitimising strategies of the text producers who seek to inform and 'educate' the reader-viewer about the significance and salience of science.

Tellingly, Behrenbruch (2016) in a news article called 'Why People Fall for Pseudoscience' maintains: 'wherever there is money involved science gets thrown out the window'. He speaks about health-related situations in particular claiming; 'as a health condition degrades there become fewer and

fewer treatment options, and the tendency to try anything rises’, meaning that often the pseudoscience behind the claims is accepted by increasingly desperate people wanting, or needing to lose weight. He further explicates that ‘the confounding part of this equation is the concept of human hope – and that unfortunately is what undermines science every time. We hope that something will work, we believe that something will work’ (Behnrenbuch, 2016). All of the pharmaceutical symbolism spread across the herbal websites attempt to exploit pseudoscience and how weight loss could, or should, be performed. It makes obvious the ‘awesome authority that science possesses’ in the western world (Davis, 2008:13), especially when producing texts to persuade weight loss consumers to buy perceived techno-scientific products: science, for the most part, sells.

Despite the overwhelming presence of scientific authority in the texts, there are discursive elements which accommodate and naturalise the perceived danger of pharmaceutical potency. In Figure 6, for example, ‘No prescription required’ intimates to the reader-viewer that this product may well be recognised as pharmaceutically effective but - in line with herbal supplements - contains ‘100% Safe and Natural Ingredients’. It is the hybridisation of such ‘safe but effective’ discourses that sit on the intersection of herbal versus pharmaceutical promotion, a strategy of persuasion to which I now turn.

6.3 Hybridising nature and pharmacy to maximise safety, efficacy, and potency

Given the fundamental importance of demonstrating that a supplement or medication will work and be safe, it is not surprising that the main focus of weight loss supplement advertising is to promote those functional brand values (Blackett & Harrison, 2001). Hybridisation of values and beliefs is often realised through intertextuality which involves a process whereby texts weave together different discourses and genres of communication in order to construct new messages (Fairclough, 2003). Furthermore, intertextuality accentuates the dialogicality of a text ‘in effect rendering salient the

presence of different voices' (Mulderigg, 2107:465), to reinforce multiple ideas, beliefs and values. In this instance, promoting the safety, efficacy and also potency of food supplement products. Figures 7-10, below, present slimming products from each weight loss website.



Figure 7: Evolution Slimming



Figure 8: Clinico UK



Figure 9: T5 Fatburners



Figure 10: Revolyn UK

Figures 7 – 10: Screenshots of the product packaging for each diet pill purveyor.

As Cook (2008) observes, deliberate design choices in advertising tells us much about the intentions of the text producers, and how they seek to convey their products to the consumer. In Figures 7-10

the herbal products are undeniably stylised in a similar fashion. Primarily, each of the containers all face forward, being directed at 'you' in the same way a human representative would face you in a direct form of address, making it difficult for the consumer to avoid engagement (Kress & van Leeuwen, 1996). Situated as such, they reproduce a synthetic personalisation effect (Fairclough, 2001), the pill bottles facing 'you' and engaging 'you' in a direct-address relationship.

A second consistently occurring semiotic feature is the depiction of the food supplements in white twist-top style pharmaceutical bottles akin to any prescribed, or over-the-counter (OTC), medicine as commonly seen in modern western societies. This is an important factor when assessing how the marketers position their products, as Wagner (2015) argues that packaging communicates wider discourses about things like: modernity, health, safety, and nature. The pharmaceuticalised packaging observed in the four configurations above, encourages the reader-viewer to consider the contents as medicines, rather than food supplements. Furthermore, Ledin and Machin (2018) claim that 'packaging communicates by combining many different semiotic resources into a coherent whole' (2018: 68). In these instances, the combination of the shape of the packaging, the material, the colour, the design, and the functionality, all communicate a coherent association that the reader-viewer assigns to the product. The plastic of the packaging communicates technology and modernity in the way that 'things' are processed and synthesised for consumption, giving a sense of artificiality rather than, say, unprocessed or recycled cardboard that is more often used for 'eco' or 'natural' type products. The food supplements are therefore deliberately reproduced, or recontextualised as medicinal rather than food supplements - for the purpose of promoting effective, potent weight loss potential (Ventura, 2015).

When analysing website data, Barthes' idea of 'photogenia' - 'the connoted image becom[ing] the image itself' (1977:15) - proves particularly relevant. In Figures 7-9, the food supplements are laid bare in order that the reader-viewer conceptualises the products as concrete substances - as pills - graphically configured as ready and available to pluck out of the image to conveniently swallow. In

configurations 7 and 8, the pills are situated in alignment with the containers to make clear to the consumer what they are; concrete objects, set in a pill-like construct. Whilst Figure 10 does not reproduce a visual depiction of the pills, there is a textual reconstruction of a pill, nonetheless. The accompanying tagline: 'The little pill packed with nature!' illustrates the linguistic hybridizing of nature and pharmacy. More explicitly, in Figures 7 and 9, the depictions of the pills appear as typical mono or two-tonal pharmaceutical capsules. In Figure 8, the pills appear to be comprised of a grainy, brown substance more indicative of herbal components - but the capsule is pharmaceutical in its appearance, nonetheless. The decision to use capsules, over, say, diffusers, or loose powder, perfectly exemplifies how marketers attempt to situate food supplements as undeniably straddling herbal and pharmaceutical domains. As Van der Geest and Whyte (1989) point out, the particular appeal of 'high-tech' forms of Western medicine, such as capsules, is that they are 'so obviously products of advanced technology' (1989:360). The metonymic associations of pharmacy are particularly intense, then, for a capsule is recognised as a bit of Western technology 'with all the implications of potency and possibility' (1989:360). Thus, the textual and visual reproduction of the food supplements, strongly resembling pharmaceutical products, and residing in the same semiotic space as the pharmaceutical container, positively identifies the text producers' attempt to pharmaceuticalise herbal weight loss supplements.

Investigating how marketers position the appearance of their products tells us much about the platform from which they wish to build relationships with consumers, and the methods they seek to 'reach over the shoulder of the middle-man' direct to the consumer (Blackett & Harrison, 2001:39). Moreover, at the heart of all brands lies a set of deliberate values which have a set of perceived beliefs about a brand they find intuitively attractive and are likely to influence their purchase decision (2001:40). Consumer choice, and beliefs about the product, can therefore be driven by influences such as brand names, labels, and logos. Attending to this knowledge, the primary display

panels attached to the supplement bottles (Kilmchuk & Krasovec, 2006), and how they are designed is worthy of attention.

Expertly illustrated in Figure 9, the primary display panel of the T5 product is awash with drawings of chemical chains and technical structures (previously identified) and includes the abbreviations of the chemical symbols as would be written in the periodic table. This reproduction of such chemical, technological discourses subvert the typical positioning of herbal products in a bold way. Typically, one would most likely associate the promotion of herbal products with semiotic affordances pertaining to nature, such as a field, a fresh crop of produce, or a posy of herbs, and so forth.

Kress and van Leeuwen (2002) discuss colour as a semiotic resource, and links notions of colour into the social and cultural concept of grammar in the more traditional sense. It is argued that a colour has a range of associations that arise from experiential metaphors, our experiences of life and culture (Gage, 1994). The black colour of the lid in Figure 9 signifies 'seriousness, secrets and concealment' (Ledin & Machin, 2018:102), sparking curiosity and desire, if only one would remove the lid. Furthermore, the yellow label, and the red and white capsule, conceptualise alarm. The text producers deploy colours that are uncharacteristic of herbal advertising where one might ordinarily see colours of nature, such as, ocean blue and muted 'leafy' greens. Instead, crimson red and acid yellow are deployed to evoke caution and danger: colours of heat, urgency and extreme potency which has the associated value (Kress & van Leeuwen, 2002; Messer, 1997) of public hazard warning signs. Additionally, in biology, the colour red is activated through exercise, appearing as heat in our faces from physical exertion (Ledin & Machin, 2018). The colour coded semiotic relevance to weight loss is thus communicated through the linkage of the colour red and physically expending energy. Such colour-coded significations are imposed upon the reader-viewer, representing the product's active, robust and intense capacity to work, and to work quickly. Furthermore, in nature, the danger potential of black, red and yellow is attached to venomous snakes and spiders, further legitimising

our cultural understanding of colour as symbolic with associated value and meaning (Kress & van Leeuwen, 2002). Paradoxically, the promotion of danger, caution and potency in this respect potentially becomes an appealing component of the product, as intoxicating and potent remedies trade well in a highly developed weight loss market with a social appetite for potent weight loss remedies (Halford & Blundell, 2000).

The brand name of the 'fat burning' product 'T5' is, in itself, a construction which articulates technology and science as it comprises of an upper-case letter and digit combination, reminiscent of a technological or scientific company (3M), or product (WD40). Importantly, this single letter plus single digit logo is easily recognisable to the bodybuilding community who are commonly aware of a historically well-used but now banned steroidal substance 'T4' (Lefavi, Reed & Newland, 1990; Westerman et al., 2016), this substance but a single digit away from 'T5'. In this case, the consumer would be forgiven for believing that this product comprises the same potent, pharmaceutical properties of the T4 steroid, being labelled, and branded, in an alarming and disturbingly similar fashion. Printed directly below the name of the product, this steroidal depiction is reinforced with the linguistic description that T5 Fatburners contain an 'extreme fat burning agent', visually supported with chemical symbols and pharmaceutical chains. The unabashed manipulation of food supplement advertising is blatant as there are no redeeming features, or affordances which might situate this item as fundamentally a food supplement product. The deliberate pharmaceuticalised branding can arguably be taken as a conscious and deliberate attempt to mislead the internet consumer, to augment the efficacy of food supplements with the perceived potency of pharmaceutical goods.

In Figure 10, the 'Revolyn Ultra' products are portrayed less explicitly as pharmaceutical goods but more in line with an herbal/pharmaceutical hybrid. Suspended in clouds, pictorially harnessed by the elements of nature, the containers appear weightless, waiting to be released like rain from the fluffy,

white clouds. There is textual cohesion between the predominant whiteness of the containers and the fluffy white clouds, discursively constructing the weight loss products as similarly light and airy, as the weight loss consumers wish to become. The bottles are arranged in the style of a shop display, as if the reader-viewer could reach in and pluck the product out, perched in prime position to be easily and conveniently selected. The foremost container appears easy-to-reach, situated freely ahead of the two bottles behind, not tied down or snuggled tightly between other products. The whirling logo of Revolyn ties in with the brand name; stemming from 'revolve' or 'revolution', appealing to the reader-viewer's intentions to become new, and 'revolt' against their unwanted weight.

It is important to evaluate not only the names of the products but also how the names are designed on the packaging, as typography is a crucial part of the design (Ledin & Machin, 2018). In Figure 8, the Clinico UK marketers adopt a 'no frills' approach to their branding, reminiscent of unbranded prescription medicine that are often presented in plain white boxes or bottles with the brand names printed in plain, minimalistic design. This positioning as a 'no nonsense', 'does what it says on the tin' product, is no doubt designed to comfort and reassure consumers, presenting them with unambiguous information written plainly in black and white. The simple but bold description: 'FAT BLASTER EXPRESS' is printed in saturated black, upper case typography, giving visual and textual emphasis with bold, angular, well-defined lines that connotes strength and power. In addition, 'EXPRESS' draws on discourses characteristic of OTC medication which can be seen in every-day pharmacies where one might purchase potent 'Xpress' pain killers, language which signifies urgency and speed, rather than lexis typically employed for herbal brands to depict gentleness, such as 'Kalms' or 'Smooths'. The description of the product situated on a primary display panel, cleverly hybridises pharmacy with nature. 'A master herbalist formula for slimmers' where the language 'Master' and 'formula' imbue the slimming product with the aura of science and medicine (Perez-Llantada, 2012).

In Figure 7, from the Evolution Slimming website, the typography on the label is rounded, brightly saturated orange font that resembles that of the citrus fruit visually aligned with the container and the glossy orange roundness of the pill. This creates a cohesion between the label and the concrete raw product, as if each element is one and the same. Glossy hues, bright colour saturation, and gentle curved shapes all emphasise the primary three objects in the same semiotic space: the bottle, the pill and the fruit, discursively formulating a cohesive, well-rounded, neatly developed, weight loss product. The camera angle forces the reader-viewer to 'look up' to the bottle as if the product should be revered in some way. The high modality of the luscious fruit with its glossy, fine detail and naturalistic, tart, acidic tones appear 'real', as if recently cut, ripe and ready-to-eat. This deliberate marrying of the artificial pill with the fresh ripe fruit is tantalising, enticing and manipulating the reader-viewer, as if able to easily reach into the screen and pick the fruit as a whole, unpolluted organic product of nature.

Fetishization is a 'useful concept for analyzing communication processes' (Shroeder, 2009:1) and refers to the process of imbuing an object, or idea, with power. It illuminates important aspects of consumers' relationships with media texts in general and 'how popular communication creates objects of desire'. Importantly, advertising is reported to eroticize and reify consumer goods, making them appear 'larger than life, animate and desirable' (2009:1). In three of the four websites, the reader-viewer is subjected to repeated illustrations of fruit and fresh produce being fetishized, highlighting a recurring discursive strategy in food supplement advertising. Figures 11, 12 and 13, below, all demonstrate this feature.



Figure 11: Revodyn UK and fresh fruit



Figure 12: Evolution Slimming and Raspberries



Figure 13: Citrus depictions from the Evolution Slimming website

The visual depiction of fruit displaced from its natural source - either on a tree or plant - reproduced as fresh produce, stands in sharp contrast to the synthetic reality of the supplements framed by the pharmaceutical style packaging. In each configuration, multiple images of fruit at various stages of consumption: either whole, prepared or already torn apart, occupy a significant proportion of the advertising space. The fruit, typically foregrounded as a prominent feature makes salient the ripe, fresh 'realness' of the fruit. This occurs through the high modality of the three-dimensional images, with finely detailed photography, bright glossy hues and bold colour saturation, subverting the reality of the artificially manufactured, synthesized pills. The textual recontextualisation of food

supplements as fresh, unadulterated produce, imposes an unrealistic evaluation of the processed food products, and fetishizes the supplements that are reconfigured as 'ripe' for the picking. The placement of the fruit in Figure 13 appears to support the structure of the bottle, discursively underpinning, or propping up the product, the citrus fruit figuratively supporting the projected 'naturalness' of the 'citritherm' product. In Figure 11, the plastic containers are tucked tidily behind the pomegranate, the ripped open flesh of the fruit spilling out of the image, ready for the reader-viewer to take a sample, without the having to cut or separate the flesh from the skin. This further intensifies the naturalness of the process where the use of knives and other fruit processing equipment is discursively omitted. The bottles line-up amongst other fresh green herbs and rosehips, situated as if growing or emerging from its natural habitat. In Figure 13, the juicy looking grapefruit is cut open, the glistening flesh nicely/temptingly prepared for the reader-viewer to contemplate consumption. The Raspberry Ketones (Figure 12) appear neatly burrowed amongst a bed of fresh ripe raspberries as if the bottle is grown out of the same plant, the leaves still attached to the raspberries creating cohesion with the fruit and the container, appearing as inextricable objects, one and the same. By fetishizing fruit in such a way, a *decontextualisation* of the pills occurs; the reader-viewer denied a genuine depiction of the artificiality of the supplements and how they are manufactured to be truly ready for consumption. The absence of semiotic devices which could represent and illuminate the artificial processes involved in supplement production, highlights the ideological workings (Machin & Mayr, 2012) of the text producers. For example, the deliberate exclusion of textual and visual information pertaining to things such as: working assembly lines, or capsule making machines, manipulates the consumer to trust that they are 'all natural' products, despite them being artificially processed by manufacturing trade, or indeed produced with illegal products by fake manufacturers. Instead, much of the herbal discourses are deployed as 'fresh, unpolluted and uncorrupted by the industrial polluting process of modern production; uncultured and unstressed' (Elbro, 1983:58). Nature is represented as good and unspoiled raw material, bought directly to the consumer with minimal intervention from manufacturers or production companies

which of course 'ideologically glosses over the un-natural processes of production' (Hansen, 2002:503).

Despite the flagrant appropriation of discourses that seek to enact fresh produce and a perceived safety of herbal remedies, the consumer remains exposed to a contextual hybrid of nature with pharmacy, nonetheless. The hybridity is evident in several ways, in the stylizing of the pharmaceutical packaging (already discussed) but also in the language that is employed to describe the content and ingredients. In Figures 12 and 13, the supplements are described as 'capsules' and the packaging include a description of the 'mg' and the number of capsules (600mg and 60 capsules, for example). This is set in white typography to heighten the degree of articulation (Machin, 2010): set against the dark gray, or green backgrounds it makes prominent discourses of technology. What is not specified, however, is what the 600mg, or 450mg refers to (Figures 12 & 13). The quantities expressed on the labels indicate that 600mg is 'pure raspberry ketone' as described on the packaging (Figure 12) but avoids any mention of other substances, such as artificial additives that are present within a synthetically made weight loss tablet.

In Figure 6, language redolent of over-the-counter medication is printed on the primary display panel, 'MAXIMUM STRENGTH FORMULA', which is commonly seen on the packaging of cold and flu remedies, for example, rather than herbal products. In this label, the ticked bullet points serve to outline the core features of the pills: 'no extracts', 'no caffeine' 'max strength'. Exactly what the significance of these elements means is made opaque by the bullet points, which largely serve to describe what is *not* in the containers, rather than what *is*. Moreover, the language abbreviates, or does not explicate what the 'max strength' is: max strength of what?

As Diez Arroyo (2013) points out, employing 'Greco-Latin scientific terminology in advertising texts creates an aura of mystery, and in some cases a degree of unintelligibility, difficult to attain in any

other way' (2013:199). Interestingly, medical professionals are known to adopt Latin terminology 'as an instrument of opaque communication with their patients' (Diez Arroyo, 2013:200) stemming from the impression that 'if someone uses incomprehensible language, they are a good doctor' (Marečková et al., 2002:582). Thus, the textual effects of Greco-Latin compounds can transfer the notion of mystique, expertise and authority to the herbal supplements as they implicate techno-scientific powers and sophistication. In Figure 13, Greco Latin terminology is assigned to the 'citritherm' product. The two components 'citri' stemming from the Latin 'critric' meaning citron tree, and the second component 'therm' from the Greek, meaning thermos or heat: the textual reproduction of heat a common theme in weight loss advertising (T5 fat burners, for example). The description of the 'citritherm' product is situated directly below the title, which makes the claim 'scientifically tested weight loss support', deploying techno-scientific language in both the name of the product and also the description.

As science is invoked to gain credibility or authority over the reader-viewer (Diez - Arroyo, 2013), weight loss advertisers particularly emphasize that the solution offered is the best possible one because their methods are "scientifically" backed. In this case, 'Scientifically tested' undoubtedly mitigates the less impactful construction written in much smaller typography in the bottom left-hand corner of Figure 13 which discretely describes a 'food supplement', 'Sinetrol', a key ingredient featured on the primary display panel, provides evidence of concerted effort to promote a pharmaceuticalised, 'sciencey' sounding compound. The text producers promote their special, secret, patented ingredient, describing it on the Internet as 'fat shredding technology', or a 'patented synergistic blend of bio-active polyphenols'; a lengthy and specialised way of describing a 'citrus fruit extract' to the lay person.

The presence of diverse, mutually supportive or even contradictory discourses in texts, is not unusual. In line with Bakhtin (1986) the hybridization of discourses not only draws meanings and

conventions from each other but also mixes meanings in ironic and paradoxical ways. The deployment of hybridised discourses which exemplify these sites of contention can be found in the headline banners of the food supplement websites which offer further pharmaceuticalised accounts of food supplement branding.

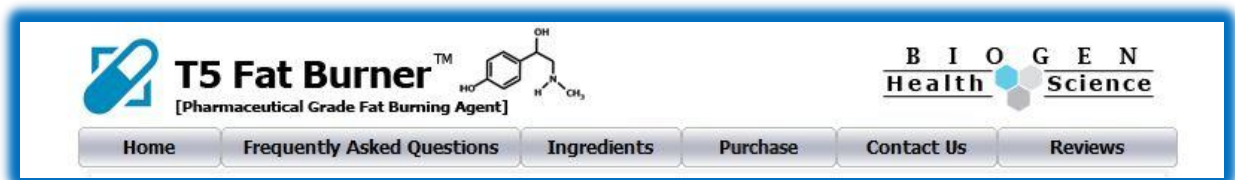


Figure 14: Headline banner from the T5 website

The manufacturers of T5 Fatburners, are discursively deployed in this configuration (Figure 14) as 'Biogen Health Science', the company name textually encoding T5 food supplements with scientific origins and preconceptions. The prefix 'bio', from the Greek 'bios' meaning 'life' is commonly used in advertising to represent 'organic life' such as in biology or biochemistry, the study of living things or the scientific study of the chemistry of living things (Diez- Arroyo, 2013). This is combined with the modifier, or affix, 'gen', from the Greek race, birth or born, thus connoting the science of genetics, of sophisticated modern health research and technology. The attachment of 'sciencey' semiosis with the production of the food supplements, then, forces the consumer to consider them as technological, pharmaceutical pills. In the same way, pharmaceutical companies produce not only drugs but similarly produce medico-scientific knowledge that justifies the products value as the solution; the websites becoming all the more effective when it seeks the alliance of science. The use of scientific discourse in a non-scientific domain of food supplement advertising tries to compel and persuade the reader-viewer of the unquestionable scientific values which are underpinning the efficacy of the product. Whilst each of the four supplement websites explicitly formulate unwanted weight as a scientific concern, repeatedly and pervasively informing consumers that science provides

an effective and safe solution, the scientific discourses are mitigated somewhat with discourses of nature, of herbal remedies. The product is thus depicted as being both potent but also safe.

The appropriation of 'nature as safe' reproduces a powerful selling point deploying symbols and language referring to 'all natural' products (Clinton, et al., 2014). People think 'if a product's label says natural, it is safe by definition', according to Scholtz (2014:119). The semantic richness of nature combined with the ascribed efficacy of pharmacy combine to mutually support each other. In the headline banner of the Revolyn website the semantic power of nature linked with pharmacy is introduced (Figure 15, below).

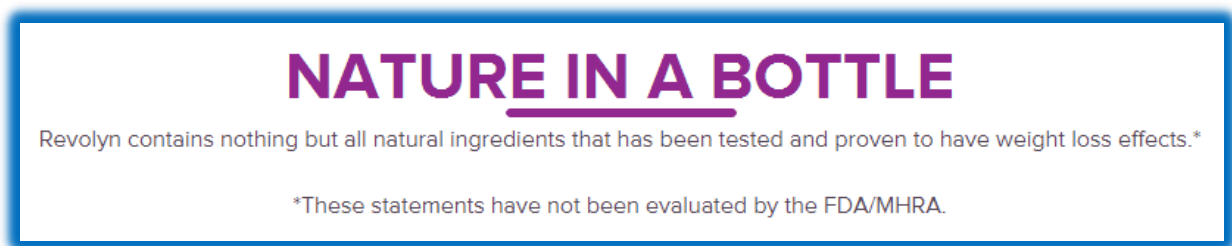


Figure 15: Nature as safe in the headline banner of Revolyn UK.

The general belief in consumers is that 'naturalness is a guarantee of harmlessness', and that because these products are assigned with the 'natural' label, they are deemed safe (Myers & Cheras, 2004:222). Figure 15 dramatically underscores the projected safety of Revolyn as an appealing component of the weight loss product. Here, the tagline 'NATURE IN A BOTTLE' is textually shouted at the reader-viewer, captured in bold upper-case font, underscored to signify the salience of the construction. The reader-viewer is invited to conceptualize the contents as '*nothing* but all-natural ingredients'. Significantly, the 'all-natural' assertion is underpinned with the information that the 'all-natural ingredients has [sic] been tested and proven', demonstrating discourses more akin to scientifically produced products. Paradoxically, despite the accompanying caveat, 'these statements have not been evaluated by the FDA/MHRA', the consumer, potentially ignorant of the two

acronyms, may already be influenced by their understanding of science based ‘tests’ which acts as a legitimising construct (Peters, 2013). Either way, the consumer is forced to consider the value of ‘proven’ tests, and to somehow navigate governmental endorsements in advertising and make a decision if they can be accepted as true, or not. In this case, should the website visitor be looking out for such approvals from the FDA or MHRA in other promotional texts, for other health-related, or even non health-related products? If so, the perceived value of those governing bodies, in a commercial capacity, arguably becomes more socially acknowledged as a result.

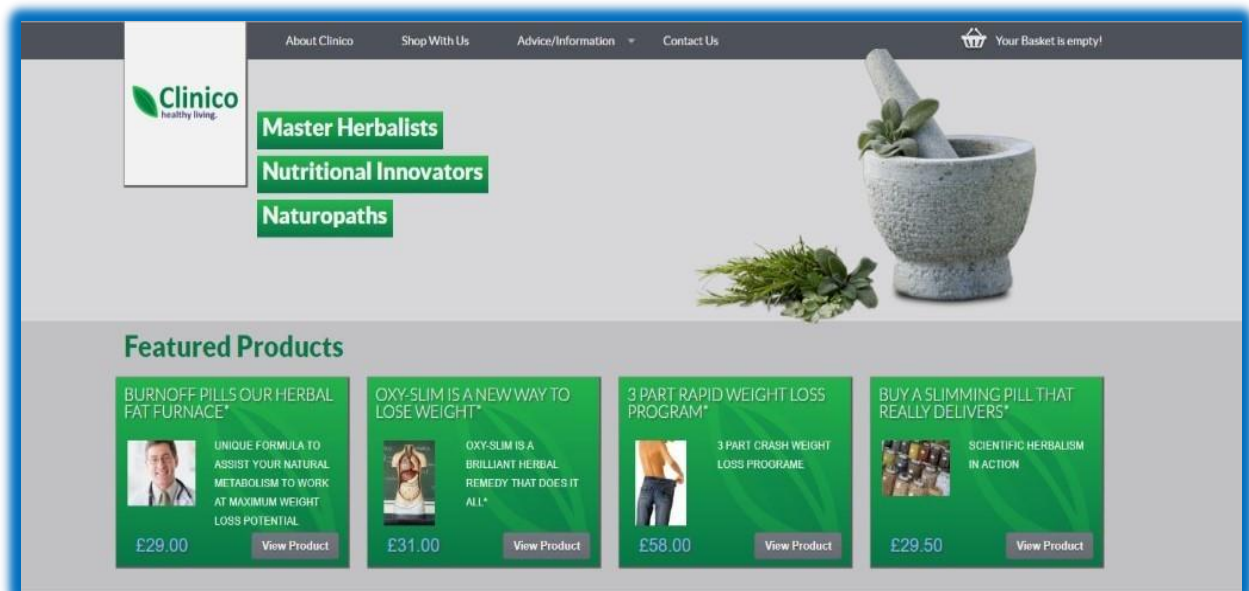


Figure 16: The headline banner from the Clinico UK website depicting multiple hybridized affordances.

The headline banner of the Clinico UK website (Figure 16) produces multiple affordances which hybridise discourses of pharmacy and nature, despite this brand positioning itself as arguably the most herbal out of the four. The predominant green colour acts as a cohesive element throughout the website to consistently reproduce the fine ‘greenery’ effect of nature, further reinforced with the apothecary images of the pestle and mortar, and surrounding herbs. The herbs are situated directly at the side of the granite-looking vessel, and also within it, discursively conveying the

production of the herbal products mixed 'by hand' and made from products of the earth.

Furthermore, the language, in conjunction with the images reproduces discourses of homeopathy, the supplements textually configured as products of 'Master Herbalists', 'Nutritional Innovators' and 'Naturopaths'. Yet, despite the unmistakable 'herbal' classification, therein lies a significant conflict between the company branding and the positioning of the 'Featured Products', configured in the same semiotic space on the company homepage.

Three of the images depicted in the 'Featured Product' boxes (Figure 16) have been criticised in the previous chapter for their medicalising potential: the doctor, the human torso and the waist evaluation images which all construct the weight loss consumer as a medicalised entity. However, the attendant linguistic structures which support this, serve to situate the consumer in a pharmaceuticalised way, as the marketers try to persuade the reader-viewer of a pharmaceuticalised solution to unwanted weight. Products are described as: 'Burn Off Pills', 'Unique formulas' and 'Slimming Pills': 'pills' and 'formulas' giving rise to pharmaceutical remedies, rather than herbal ones. The featured product 'OXY SLIM', is described as a 'BRILLIANT HERBAL REMEDY THAT DOES IT ALL', the product description reminiscent of other well-known prescription brands using the letter X, such as: XLS and SuperX and Slim Fit X. This choice of spelling textually and aurally connects the 'X' with 'extreme', attaching power and potency to the herbal products. The far-right configuration of the 'Featured Products', perfectly illustrates the predilection to hybridise discourse, for example describing the product as 'SLIMMING PILLS THAT REALLY DELIVER' as 'SCIENTIFIC HERBALISM IN ACTION'. What exactly scientific herbalism *is* can only be surmised as an elaborate attempt to coin a phrase that constitutes a slick new 'thing' for the reader-viewer to be impressed by: a new field of weight loss, or a breakthrough discovery. Consumers respond positively to cues that suggest a source is knowledgeable, that the message is reliable, so advertisers appeal to these consumer heuristics by using 'sciencey' jargon such as 'scientific herbalism'. The hybridisation of herbal and pharmaceutical affordances, then, contributes to the dissemination of advertising

discourses which draw on multiple genres of communication to augment potency and promote the safety of herbal weight loss goods. The signature elements of all-natural produce such as fruit and herbs, alongside pharmaceuticalised language such as pills and scientific herbalism, exemplify this as they tap into discourses of nature and pharmacy to circulate wider meanings associated with weight loss promotion, which connect nature with safety and pharmacy with potency, and active agency.

6.4 Imposing biochemical agency as a necessary facilitator of weight loss

Discourses relating to bodily and biochemical processes typically occur in the four websites, arguably to make their information come across as more personal, scientifically factual and compelling.

Within each four of the food supplements websites, the text designers appropriate biochemicalised discourses in a bid to qualify the products as effective and necessary, by informing the reader-viewer about activating biochemical processes that take place as a result of supplement consumption.

GREEN TEA

Studies show that green tea can increase your metabolic rate safely and without side effects. In other words, it can help you raise your metabolism and burn fat ... without exercise! Green tea also contains Theanine, a naturally occurring amino acid that helps you relax and promotes a sense of well being by boosting GABA levels (another "feel good" neurotransmitter) in the body.

GUARANA

Which is a creeping shrub native to Venezuela and northern Brazil in the Amazon rain forest, is one of the world's richest sources of caffeine. Guarana seeds are also rich in tannins and xanthine alkaloids theobromine.

YERBA MATE

Is a tree native to the rainforests of South America. It is known to promote weight loss and to boost heart health. It can also be used as a pain and headache reliever and energy booster.

Figure 17: Extract from the Revolyn website demonstrating the agentic powers of the food supplement ingredients.



Figure 18: Extract from the Revolyn website demonstrating the agentic powers of the food supplement ingredients.

The multi-semiotic texts in figures 17 and 18 richly depict the promoted, active healing properties of the food supplements by describing the compositional values of the herbal ingredients: ‘Green Tea’ is described as containing ‘Theonine’, an ‘amino acid able to boost GABA levels’. In this example, the consumer is encouraged to consider Green Tea as biochemical agent, capable of catalysing biochemical processes in the body. The second configuration ‘Guarana’ exploits this idea: this ingredient is listed as ‘rich in tannins’ and ‘xanthin alkaloids theobromine’, where the significance of these abstruse-sounding ingredients is not further explicated. To an unspecialised audience, unfamiliar, complex constructs can be very difficult to separate and identify as misleading, or

untruthful (Dodds et al., 2008). In this case, it is as though the 'sciencey' sounding component 'xanthin alkaloids theobromine' speaks for itself.

In Figures 17 and 18 the text producers tap into a semiotic domain of weight loss, health and fitness, cataloguing each ingredient and its catalytic agent of change whilst encoding food supplements with health-related potencies in a pharmaceuticalised way:

Examples from Figure 17:

'Green Tea contains Theonine... a naturally occurring amino acid able to boost GABA levels, (another "feel good" neurotransmitter)'

'Guarana seeds are rich in 'tannins' and 'xanthin alkaloids theobromine' and is 'one of the world's richest sources of caffeine'

'Yerba Mate promotes weight loss and boosts heart health...is a pain and headache reliever'

Examples from Figure 18:

'Reservatrol is an antioxidant.. believed to boost endurance , prevent weight gain and improve energy'

'Siberian Ginseng prevents colds and flu and.. can increase energy, longevity and vitality. 'is also 'highly effectvie for weight loss and diabtetes control' to 'help the body better cope with stress'

'Pomegranate...has been shown to clear dangerous triglycerides (blood fats) before they are converted to a form of fat which can be stored in our fat cells...important because lowered tryglicerides have been shown to reduce the risk for heart disease and death from a heart attack'

The excerpts from Figures 17 and 18 illustrate the text producer's attempt to advocate a wide range of health-related agencies with the herbal ingredients and the Revolyn product. The ingredients are promoted as having a broad scope of potent capabilities not only to heal but also to prevent illness. They are described using complicated, scientific lexis to produce a scientific, pharmaceuticalised account of each component. For example, 'xanthin alkaloids theobromine', 'GABA levels', and

'dangerous triglycerides', are all purported to have an impact on the health, on both non- and weight-related issues. The health-related issues outlined are wide-ranging and not defined within the boundaries of weight-related concerns. 'Green Tea' is described as impacting the 'feel good neurotransmitter', a biochemical process in the brain. 'Yerba Mate' is listed as an agent for pain and headache relief. 'Reservatrol' boosts endurance and improves energy, and 'Siberian Ginseng' increases longevity and helps the body 'better cope with stress'. Arguably the most impactful configuration which describes how the food supplements trigger health-related benefits, as opposed to weight loss, is embedded in the promotion of 'Pomegranate', said to lower those 'dangerous triglycerides' and 'reduce the risk for heart disease and death from a heart attack'. Such alarming, scientific, and unexplained medicalised accounts of how 'natural' ingredients impact biochemical processes are clearly designed to augment the perceived efficacy of these 'naturally occurring' products. Additional health-related benefits act as bonus components to firmly situate the products in the broad realm of health science.

In Figures 17 and 18 discourses of South America (Brazil, Amazon Rainforests and Venezuela) and The East (Russia and China) idealise ancient wisdom and the mystique of Eastern medicine (van der Geest & Whyte, 1989). Guarana is described as a 'creeping shrub native to Venezuela and northern Brazil in the Amazon rain forest'; Yerba Mate is promoted as 'a tree native to the rainforests of South America' and Siberian Ginseng lauded as an ingredient 'used for centuries in Eastern China and Russia'. As van der Geest and Whyte (1989) highlight in *The Charm of Medicines: Metaphors and Metonyms*, 'the allure of exotic contexts [in Western society] is exemplified time and time again' (1989:360), generated through a desire and demand for foreign medicine which has remained a staple feature of cultural interaction since the precolonial period. Discourses of ancient mystique and exoticism, then, 'appeals to our images of the East in advertising' (1989:360) sparking curiosity, intrigue and respect; a feature that the Revolyn marketers have clearly capitalised on in a bid to create a platform that appeals to consumers of 'natural' versus 'harmful' fat loss products.

Lewenstein (1995) claims that the media acting as a disseminator of culture has contributed to what is known as 'science literacy', making lay people 'aware of the existence of certain scientific terminology' (1995:358). Lay people are thus familiar with specific scientific terms as a result of the media making the concepts accessible to the general public. The commonly used term 'metabolism' is frequently employed in the advertising texts; discourses which promote the enhancement, or activation of, 'metabolism' are deployed throughout making salient 'metabolism' and 'metabolic rate', as a necessary consideration for successful weight loss. For example, in the upper most banner of Figure 17, 'studies show that green tea can increase your metabolic rate safely and without side effects! The claim is further qualified with a less formal, chummy reassurance of the 'facts': 'In other words, it can help raise your metabolism and burn fat...without exercise!' As Harvey (2013) states, many websites 'suffuse their technical, scientific explanations...with informal discourses with language redolent of ordinary face-to-face communication' (2013:706) to mitigate the authoritarian position of the science based text. The construction (Figure 17) which comprises of a textual elipsis 'burn fat...' acts as a rhetorical drum roll in anticipation of the declarative '...without exercise!', replete with an exclamation mark for emphasis. 'Burn fat... without exercise', undeniably a compelling "holy grail" of weight loss for the hopeful weight loss consumer.

Raspberry Ketone Plus™ is our most popular weight management supplement with 8 super ingredients as seen on TV.

The extract of the enzyme found in red raspberries has been shown in studies to boost metabolism. This product contains 100 mg of Raspberry Ketone, helping to effectively burn fat.

Raspberry Ketone has been used in Asia and Europe due to the great source of vitamin C, niacin, folic acid and riboflavin in red raspberries. Traditionally, a specific ketone in red raspberries has been used to prevent and treat various health issues such as diabetes and cholesterol.

Figure 19: From the Evolution Slimming Website, promoting their ‘most popular weight management supplement’, ‘Raspberry Ketone Plus’.

The verb choices in Figures 17 to 19 illustrate the text producer’s propensity to employ the active voice used in material action processes (Halliday, 1985), a common feature found in pharmaceutical advertising (Harvey, 2013). For example, the verb ‘boost’ is employed in all three configurations, acting as an indicator of the potent activating effect Revolyn and Raspberry Ketones have on: ‘metabolism’, ‘endurance’, ‘energy’ and ‘heart health’. The legitimacy and perceived efficacy of the food supplement as ‘active agent’ is textually qualified with a further catalogue of vitamins and minerals: ‘riboflavin, niacin, folic acid’, listed to impose scientific credibility. In addition, the herbal products are promoted as possessing *deactivating* properties using the same linguistic device. Figures 17-19 demonstrate the combative potential of the herbal products, able to: ‘reduce’ the risk [for] heart attack, ‘prevent’ weight gain, ‘prevent colds and flu’, ‘relieve’ headaches and ‘cope’ with stress. Exactly how these health-related processes occur is left notably unexplained; instead, bold and unmitigated claims of scientific authority, or biochemical potency, are linguistically, unquestionably assigned to the herbal products.

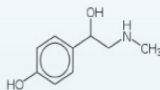

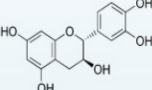
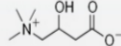
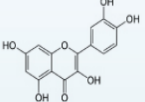
 <p>Bitter Orange</p> <p>The active fat burning components are two alkaloids found within the peel (synephrine & octopamine), both have medicinal properties similar to ephedra. The stimulant properties result in thermogenic boosting, which cause an increase in body heat as well as a heightened metabolism - making for the best legal alternative without any side effects.</p>	 <p>Caffeine Anhydrose</p> <p>Contains a metabolite of caffeine called paraxanthine which is proven to increase lipolysis - the breakdown of fats and other lipids by hydrolysis to release fatty acids which are then used as an energy accelerant ideal for high-intensity or maximal endurance exercise.</p>	 <p>Guarana</p> <p>Contains traces of protein, choline and caffeine - twice the caffeine found in coffee beans. Guarana has been proven effective to help your body perceive itself to be full, and as a result fat cell reduction occurs. Guarana has also been proven to improve memory and physical endurance.</p>	 <p>N-Acetyl-L-Carnitine</p> <p>Is one of several forms of carnitines, which carry fatty acids to the mitochondria to be burned as fuel. The n-acetyl-l-carnitine boost works with your mitochondria and helps your body metabolize fat, also improving mental function — since the nervous system relies on certain fats.</p>	 <p>Green Tea 40% Extract</p> <p>Subject to many scientific and medical studies over the years, regular consumption of green tea extract containing polyphenols has been proven to induce thermogenesis and stimulate fat oxidation, boosting the metabolic rate 4%, furthermore green tea can decrease your chance of developing heart disease.</p>
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Figure 20: From the T5 website, promoting the metabolising effects of the Fatburners products.

In Figure 20, the T5 Fatburners website underscores the science-inflected nature of the T5 Fatburner components. Each of the product ingredients are textually and visually configured for the reader-viewer to process, represented as five chemical structures in individual boxes describing the active compounds and biochemical effects that relate to the food supplement. Each ingredient is discursively constructed in a separate compartment as important enough to warrant an explanation of its apparent potency, and its part in the “special blend” of ingredients. At the head of each box, the reader-viewer is presented with an image of the relevant chemical structure, attached to the name of the food supplement ingredient. Organised in such a way, the reader-viewer is encouraged to forge a connection between the language and the image (Kress & van Leeuwen, 1996), and to interpret the T5 products as exclusively chemical or pharmaceutical in composition. Each ingredient is presented as chained in format, akin to highly specialised drawings one might see in a laboratory/scientific report or experiment: not typical discourse one might see on herbal advertising texts.

Moving from left-to-right, the reader is subject to the following claims: ‘Bitter Orange’ is constructed from ‘two alkaloids’ found within the [Bitter Orange] peel. These are scientifically transposed as

'synephrine' and 'octopamine' both depicted as possessing 'medicinal properties' said to 'result in thermogenic boosting which cause an increase in body heat as well as a heightened metabolism'. Alarming, this ingredient is attributed with the label: 'best legal alternative (to ephedra) without any side effects'. Ekor (2014) argues that while drugs are seen as sometimes perceived as dangerous and linked to potential side-effects, they are simultaneously understood as powerful with the ability to transform bodies. By making equal comparison of the T5 product with the potency of 'Ephedra' (a highly potent and banned substance said to be a major contributor to heart failure and death reported in historic users of the steroidal drug) the text producers foreground the pharmaceutical nature of the product, where chemical-clinical efficacy trumps everything else. Such a depiction also obscures the possibility of the consumer's experiencing unpleasant side effects to which an illegal chemical component might well give rise.

Much of the lexis in Figure 20 is difficult to pronounce. Unfamiliar words with lengthy morphemes and tricky consonant clusters, such as: 'paraxanthine' and 'n-acetyl-carnitine' appear complicated as the reader fails to articulate the lexis as simple and fluid speech. In turn, this has the effect of making the ingredients textually and aurally esoteric, contributing to the notion of a complex, scientifically put-together compound, made only possible by clever scientists (See section 6.2). The potentially overwhelming effect of this is mitigated with the accompanying explanations. On this occasion: 'the breakdown of fats and other lipids by hydrolysis to release fatty acids which are then used as an energy accelerant for high intensity or maximal endurance exercise'. Such complex, lengthy sentences with unfamiliar lexis leaves the reader-viewer slightly opaque in comprehension but happy to be led by the 'science' which 'speaks for itself' (McConnell et al., 1993). The usefulness of the 'N-Acetyl-Carnitine', for example, depicts a 'sciencey' sounding compound seemingly able to 'carry fatty acids to the mitochondria to be burned as fuel'. It goes on to explicate that 'mitochondria helps your body metabolize fat, also improving mental function –since the nervous system relies on certain fats'. The explication of this multisyllabic, scientific construct re-enacts a convoluted attempt

at establishing, and transposing biochemical agencies and the related effect they have on the body, and on weight loss. The complex, esoteric instructions lead to poor understanding of the reported specialised processes, arguably planned, ambiguous attempts of the text producers who take into account preconceived assumptions about science held by the lay person. This co-occurs in the same way that patients unquestionably accept the advice of 'expert' doctors operating under the belief that science is beyond them, or indeed that there is no requirement to fully understand the complex, scientific claims that are being made. In short, as long as the advice is touted as scientific then they are to be accepted without question.

The use of second person pronoun is highly valued in advertising (Kaur et al., 2013) and is widely observed in each of the four websites. This value is fostered by the reader being addressed individually rather than as part of mass audience - referred to as 'synthetic personalization' (Fairclough, 1989:62) - which has the ultimate aim of establishing a closer relationship between text producer and text receiver. There are multiple instances of the text producers directly addressing 'you' and 'your body' which not only constitutes a deliberate attempt to engage the reader-viewer in a personal health consultation (Toolan, 1988; van Leeuwen, 2005) but also implicates them in a discussion about 'their' bodies. A recurring feature of the four websites, when speaking of biochemical processes and how the supplements operate on the body, is the propensity for the text producers to resort to the possessive determiner 'your', rather than 'you'.

Returning to Figure 20:

- 1) 'Guarana has been proven effective to help your body perceive itself to be full, and as a result, fat cell reduction occurs'.
- 2) N-Aceyl-L-Carnitine 'carry fatty acids to the mitochondria and helps your body metabolize fat'. It also improves 'mental function - since the nervous system relies on certain fat'.

The extract above illustrates this propensity. In the first construction (1), Guarana purportedly helps 'your body perceive *itself* to be full'. The choice of the gender-neutral determiner 'itself' would typically refer to an object or an animal, 'your body perceive itself' linguistically refers to your body as something external to you. This is in contrast to a more commonly employed construct in advertisements for, say, porridge, or protein bars which often claim their product '...helps *you* feel fuller, for longer', for example. This choice of reference co-occurs in the same construct (1) in the explanation of why Guarana works as a viable weight loss ingredient, the abstraction of the second personal pronoun here conceals 'you' as the agent, or recipient of fat loss, with the passive, agentless claim that 'as a result [of this process] fat cell reduction occurs'. In the second construction (2) this device is redeployed with yet further effect. The N-Aceyl-L-Carnitine ostensibly helps 'your body metabolize fat', designating metabolism as a dependent biological system, ineffective and underperforming, and unquestionably ripe for the intervention of external help. This seemingly vital ingredient for fat loss is further scientifically transposed, being described as a vehicle to carry 'fatty acids' to the 'mitochondria' to improve 'mental function'. In this construction, the text producers make redundant the weight loss consumer's natural, biological inherent autonomy to metabolise fat - without external help from the herbal ingredients - and put forward this ingredient as an essential component of weight loss plus emotional well-being 'since the nervous system relies on it' (Figure 20). To demonstrate the broad utilisation of this linguistic strategy, one can observe the same in the Clinico UK website, below.

SUPERCHARGE YOUR METABOLISM TO REDUCE YOUR FAT*

Burnoff is formulated to compliment and enhance any weight loss regime, product, or diet that you may be using to decrease your weight. They help to support your metabolism and can be used by themselves or in conjunction with any other weight loss product*

BURNOFF WORKS BY SUPPORTING THE NORMAL FUNCTION OF YOUR THYROID GLAND

The chief function of the thyroid is to produce an iodine rich hormone. The active ingredient of the hormone is called Thyroxine. This hormone is one of the most important in the body as it passes directly into the blood stream and helps maintain the fat burning function of your metabolism*

*DISCLAIMER. Results may vary from person to person. The herbs used in our remedies are organically grown. There are no known or reported risks from their consumption. These remedies are safe to take and non-habit forming. If in any doubt please consult your GP before use.



Figure 21: From the Clinico website, promoting the Burnoff Pills that supercharge ‘your’ metabolism.

In Figure 21, ‘BURNOFF PILLS’ are promoted as the agents able to ‘supercharge your metabolism’, the Clinico UK marketers inviting the reader-viewer to ‘support your metabolism’, as BURNOFF works by ‘supporting the normal function of your thyroid gland’. Communicating in such a way, the consumer’s body, thyroid, and metabolism, are linguistically situated as external from the reader-viewer, addressed as separate entities but still belonging to you. The possessive determiner ‘your’ linguistically diverts the all-important activating metabolic potential to ‘your body’ rather than ‘you’: the ‘problem’ thus lies with ‘my body’, ‘my metabolism’, and not ‘me’. This covert blame shifting method imposes agentic values on ‘your body’ and on the weight loss supplements: the problem becomes something that belongs to you, something that you can manage, control, or instruct with the external assistance of food supplement products. By promoting the supplements as the vital activating ingredient to trigger fat loss upon ‘your body’, the text producers construct a weight loss narrative whereby the consumer is simply able purchase the ‘solution’ to the ‘problem’ in a controllable, convenient, and scientifically supported way.

The widely used strategy of imposing fundamental biochemical agency on the supplements renders the average functioning human somewhat devoid of the independent capacity to generate weight loss without external intervention by such active ingredients. There are no attempts in each of the four websites to mitigate the over-inflated value of supplement consumption or focus instead on alternative ways to reduce body weight (such as diet, lifestyle changes and exercise). On each occasion the websites erroneously suggest that the food supplements alone can simply make those changes for you, underpinned with the assertion that pills or potions which ‘involve ingestion of a remedy, medication or tonic... automatically have some biologically or physiologically “active” ingredient’ that undeniably works (Dew et al., 2014:29), be them herbal, pharmaceutical, or both.



**A GAME-CHANGING
BREAKTHROUGH FOR
THE
WEIGHT-LOSS FIELD**

America's best-loved doctor has endorsed raspberry ketone as a "fat burner in a bottle"

- » Burns excess stored fat*
- » Suppresses appetite*
- » Maintains muscle mass and increases energy levels*
- » Suppresses emotional eating*

Raspberry ketone strengthens the anti-obesity mechanisms by changing the way fat is burned. It has been proven that raspberry ketone increases the lipid metabolism, which prevents obesity and supports dieting. This means that the body can burn more fat.

MADE FROM THE BEST-QUALITY, HIGHEST-CONCENTRATION EXTRACTS

WILD 100% ORGANIC RASPBERRY KETONE

Figure 22: From the Revolyn Ultra website, promoting the ‘game changing breakthrough’ which ‘increases the lipid metabolism’.

As previously outlined, a recurring scientific ploy used by product marketers is to say that their product contains a special blend, specific chemical, or compound of ingredients (Diez – Arroyo, 2013), unavailable from alternative sources. For example, returning to Figure 19, a claim by Revolyn that a ‘*specific ketone in red raspberries*’ is used to ‘treat various health issues such as diabetes and

cholesterol'. The indefinite article 'a' specific ketone, establishing ownership of *that* 'specific ketone' only made available by the purchase of Evolution Slimming products. This occurs in a different way in Figure 22: the 'game-changing breakthrough for the weight loss field' leads consumers to believe that the latest weight-loss inventions exclusively enhance the product's performance because they arrive as a result of new scientific knowledge and the latest weight loss technology. In this instance, raspberry ketone, being the special ingredient, with a special agentic power, harnessing the gross capacity to 'Burn excess stored fat', 'suppress appetite', 'maintain muscle mass and increase energy levels' and 'suppress emotional eating': all undeniably enticing attributes for the oftentimes desperate weight loss seeker (Gailey, 2012). According to the Revolyn text (Figure 22), Raspberry Ketone 'strengthens the anti-obesity mechanisms by changing the way fat is burned...increases the lipid metabolism which prevents obesity'. However, what exactly is an 'anti-obesity mechanism' is, what it really means, or how the fat is magically changed, is not textually clarified. The reader-viewer is instead left with the simple explanation that 'This means the body can burn more fat', an attempt to impart a more conversational and informal register amid specialist vocabulary to downplay differences in perceived authority between text producer and text receiver (White, 1998). Of course, one cannot ignore the represented participant who is visually anchored to the right of the promotional information. Textually situated as the 'new you' (Kress & van Leeuwen, 1996), being model-like in appearance and typically clad in a revealing black bikini, this represented participant demonstrates to the reader-viewer the potential biochemically activating effect the "special" raspberry ketones have on the body. Throughout the website data, the marketers are not simply selling the product but the product's product's product, i.e., Revolyn's Weight Loss Pills' new, slim, happy, perfectly polished, sexually attractive 'you'.

Throughout the analysis, discourses pertaining to biochemical processes have been illuminated by examining the outward appearance of represented participants' bodies, wholly depicted as 'real' people with faces, personalities and often named individuals. Interestingly, in two of the weight loss

websites, the designers instruct the reader-viewers to consider their bodies as raw, dehumanised, science-based entities. This is significant in attracting the reader-viewer as Perez-Llatada, (2012) states, ‘scientific discourses become the most striking when the images are of our own bodies and how they function or operate (2012:305). Our bodies, as objects of knowledge and perception, are educated bodies, shaped by descriptions, drawings, and visualisations (Duen, 1991) which bring the subject to life. Inside, bodies thus become fascinating and exciting, personifying subjects to engage and intrigue the reader-viewer with a personalised depiction of the represented participant’s biological status, or history. Furthermore, scientifically reproduced images serve to materialise bodies, sometimes with open visualisable interiors (van Dijck, 2008). Such visualisations implicate that seeing equals curing: if one can see the problem, one can locate the solution. This phenomenon is bought to life in the two extracts from the Clinico and Revolyn websites (Figures 23 & 24, below).

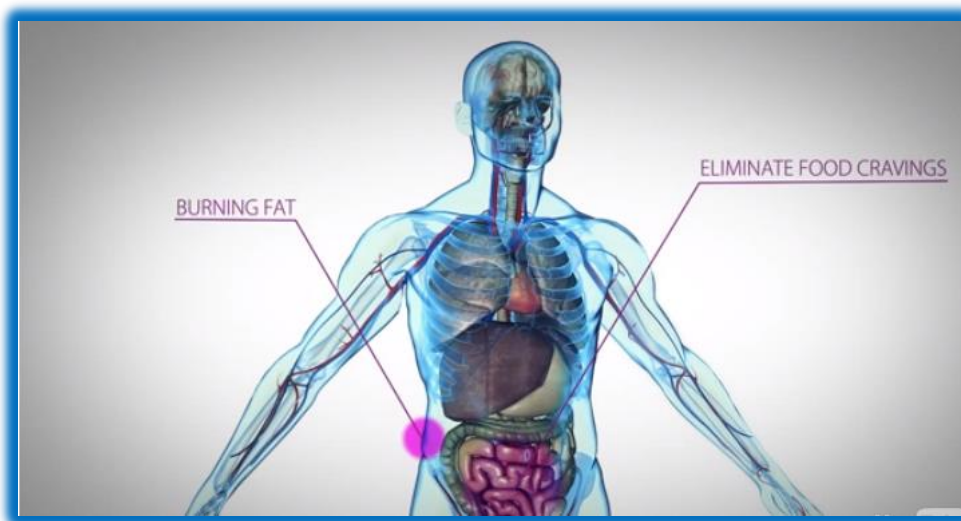


Figure 23: Screenshot from the Revolyn UK website showing the represented participant as a holographic figure.

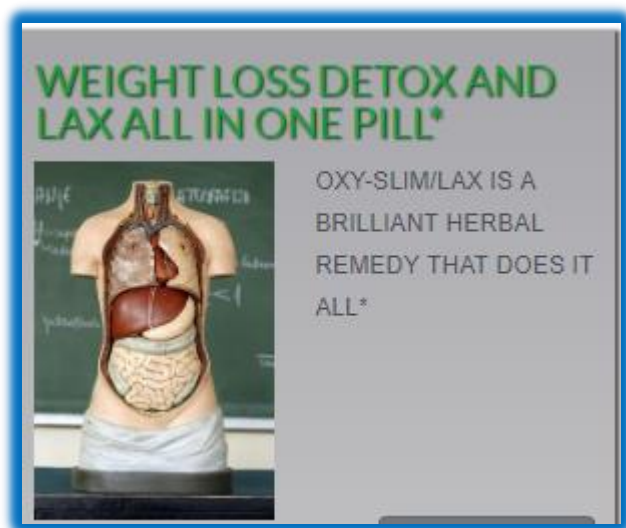


Figure 24: Screenshot from Clinico UK website showing the body as a medical model.

In the Revolyn (Figure 23) and Clinico (Figure 24) websites, the marketers adopt explicit visualisations of the human body, making visible the internal, visceral components of the represented participants. Such affordances ‘territorialise the body, rendering it into a simple “body-with-organs” by focusing largely on its anatomical aspects’ (Fox, 1993:15). The graphic and highly detailed carnival of bone, skin and flesh crudely depict major organs, blood vessels, bowels, guts and brains to parade the represented participants as medicalised entities in all their corporeality. In Figure 23, this is digitised and illustrated using textual annotation: the body parts responsible for ‘eliminat[ing] food cravings’ and ‘burning fat’ are assigned to specific, identifiable areas of the gut and torso using simple visual vectors (Kress & van Leeuwen, 1996). The connection between the body and how it successfully performs weight loss is thus discursively forged. Arguably, the intended focus here is to evaluate how specific body parts connect with preconceived knowledge about ourselves and our internal functions; to transfer common understandings of our bodies in action, and to apply it to the promotional material. In Figure 24, the body is presented as a medical mannequin that one might see in a biology classroom. The surrounding context reinforces this, observable in the drawing of a chalked blackboard seen in the background. The dummy is set on a table, with the dissected skin and flesh exposing the entire contents of the represented participant’s

digestive system, projecting the salience of this biological function in the process of weight loss. The surrounding linguistic information textually attaches 'OXY-SLIM/LAX' as a facilitator of weight loss that 'does it all' to our internal, biological systems. The reader-viewer is thus forced to consider how their own body performs weight loss in a strictly biomedicalised way. 'OXY-SLIM/LAX' described as a 'brilliant herbal remedy', yet lexically situated in a pharmaceutical way, described as a 'pill' that is said to contain ingredients which facilitate weight loss, detox, and laxative inducing properties. Disturbingly, this might present as an alluring and appealing outcome, not simply for the weight loss consumer, but worryingly for individuals with eating disorders such as bulimia and anorexia nervosa (Pederson et al., 2003).

In Figures 23 and 24, bodies are exposed to reveal secrets of the inner self, illustrating how the body is a signifier and regulator of fat and of weight. The highly processed images which focus on the centralised digestive systems suggest a realism: an immediate, direct, and true relationship between the reader-viewer and the synthesised body. They promote a desire to see the truth in the construction of body parts by flaunting the body in 'real' terms. As Perez Llatada (2012) points out, 'in semiotic terms, an image of the body and its internal composition is hyperreal: it is stylised, reduced in layers and reproduced as an idealised concept of how one's body is perceived. Furthermore, they are more compelling than an actual picture of the internal body would be (2012:301), as the processing of realised images become persuasive, engaging and entangling. Scientifically reproduced images of humans are images of us: they point deictically at us (Dreden, 1993), telling us truths about ourselves. In the examples from the Revolyn and Clinico websites, the reader-viewer is encouraged to see unwanted weight as a scientific concern entirely, to be approached as a medical concern and treated with a pharmaceutical solution.

6.5) Fostering a culture of drug consumption for body weight management.

Medicines are 'positioned as industrial technologies within the context of a society that is disordered and pathological - a signifier of things that are not quite right, but at times a necessity' (Dew et al., 2015: 273). To remind the reader; the pharmaceuticalisation of everyday life involves the use of drugs for non-medical purposes: the enhancement of health in the healthy where people are driven by a desire for self-improvement (Abraham 2010). The propensity to promote drug consumption as *the* solution to weight loss is egregiously performed in the weight loss websites.

The advertisement for Revolyn ULTRA is designed to promote weight loss through supplement consumption. It features a central image of a fit woman and a product bottle. The headline 'LOSE WEIGHT WITHOUT DIETS OR EXERCISE!' is prominent. The ad lists several benefits and includes a 30-day money-back guarantee. The overall aesthetic is clean and professional, with a focus on the product and the woman's physique.

Figure 25: Screenshot from the Revolyn website depicting weight loss as achievable through supplement consumption alone.

'Not all participants are social actors... they may also be objects instead' (Fairclough, 2003:145).

Positioned as the most significant represented participants, occupying a large percentage of the commercial frame, the woman and the pill bottle in Figure 25 become the pivots of attention around which everything is focused (Kress & van Leeuwen, 2006:197). With such prominent positions,

covering an entire breadth and depth of each side of the homepage screen, the solution to weight loss, and the potential results demonstrated by the human participant are clearly reproduced. The relative size of the pill bottle, here, does not reflect 'real-life' dimensions, underlining the respective heightened modality (Machin & Mayr, 2012) assigned by the text producers. The unrealistic ratio in size discursively inflates the significance of the affordance, and textually ascribes greater power and weight potential with the Revolyn pills. The semiotic linkage between the two affordances (woman and pills) is forged by a bold, declarative statement that attempts to convince the reader-viewer it is possible to 'LOSE WEIGHT WITHOUT DIET OR EXERCISE!' Colour saturated red and black typeface, in uppercase lettering, occupying the central space of the webpage, this message is 'shouted' at the reader-viewer as a principal point of focus (Machin, 2010). The pill, arguably characterised as the significant agent of weight loss, becomes the compelling determiner which the woman discursively embodies. As typically presented, the participant is highly stylised as glossy, glamorous and well-polished. Notably, she appears as extremely lean, a body devoid of any visible fat. Her arms fixed behind her head, and her dropped hip, typify a Glamour Model shot, her glossy body set in a sexualised pose symbolising the product's potential, illustrating the person 'you' could become (Machin & Thornborrow, 2003). Such a simple, crude narrative depiction of such a transformational change, seemingly achieved by pill consumption alone, grossly pharmaceuticalises body weight management, employing a rhetoric of unrealistic, yet highly desirable outcomes for an aspiring weight loss seeker.

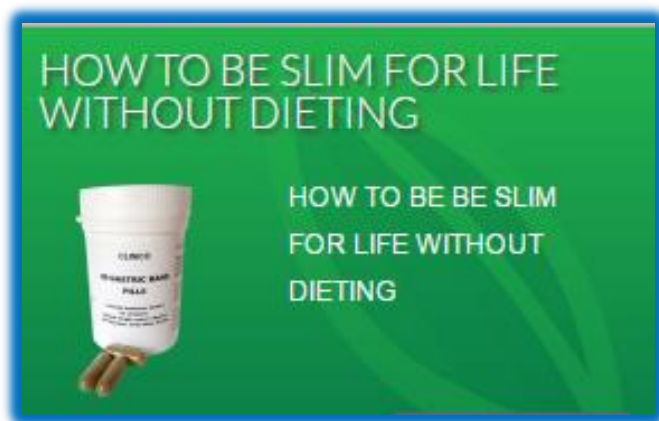


Figure 26: Extract from the Clinico website constructing an entirely pharmaceuticalised account of weight loss.

In Figure 26, taken from the Clinico UK website, pill consumption is offered as an absolute, indefinite solution. The white font is illuminated against the bright-green colour saturated backdrop, rhetorically claiming 'HOW TO BE SLIM FOR LIFE WITHOUT DIETING'. The three part syntactical structure of this construction is compelling and manipulating in equal measure. 'How to be slim' is in itself a bodily state that the weight loss consumer undoubtedly seeks; 'for life' is an equally attractive prospect, and 'without dieting' is arguably the most compelling prospect of all. Repeated in the same semiotic space, the pills and the tagline become discursively anchored; the pill bottle graphically depicted as the incontestable, and permanent solution to unwanted fat. Alarming, this product is ascribed with surgical as well as pharmaceutical affordances. Described as a 'GASTRIC BAND PILL', the food supplements are grossly recontextualised as having the power to drastically restrict gut capacity, in the same way the highly effective but nevertheless invasive surgical procedure demonstrates. By assigning such powerful, radical potential to herbal supplements, the weight loss consumer is unduly influenced in a disproportionate, sickening way.



Figure 27: Screenshot from the Evolution Slimming website depicting the act of pill preparation.

The Evolution Slimming and Revolyn UK websites go a step further in their quest to discursively re-enact the pharmaceuticalisation of body weight management by textually reproducing the practice of pill consumption. In Figure 27, the reader-viewer is confronted with a photographic reproduction depicting a pair of hands seemingly in the act of counting out pills, ready for consumption. The camera angle is such that the reader-viewer peers down at the pills, as if witnessing a re-enactment of a 'patient', caught in the act of pill consumption. The woman (most likely) is pinching one of the capsules, poised and ready to lift the pill to the mouth from a cupped left hand. The side of the woman's face is blurred but still remains in shot so the observer can contextualise the pharmaceuticalised scenario; the blurring of the face intensifies the focus on the hands and the event that is simultaneously occurring. Although artificially constructed 'it nonetheless purports to be an authentic window into the woman's world' (Harvey & Brookes, 2019:993), as we unobtrusively observe the woman from over her shoulder. In this example, the reader viewer is pitched into an intimate view of a discursive representation of the process one must, or should, engage in to lose weight.

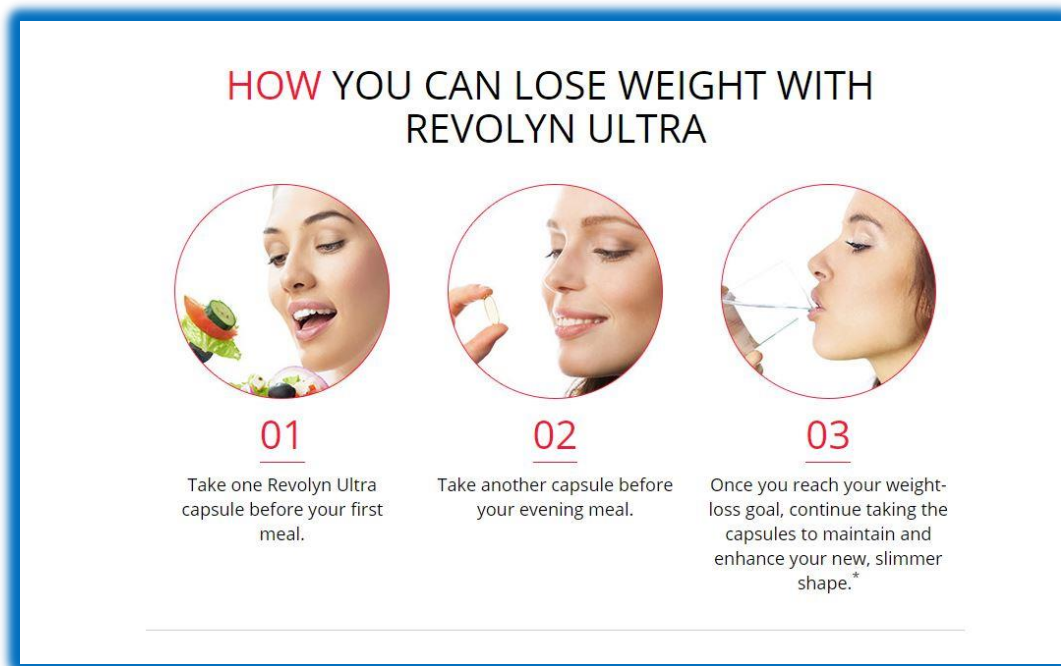


Figure 28: Screenshot from the Revolyn UK website depicting the three-step process of pill consumption.

In Figure 28, the pill consumption process is constructed in a simplistic, clear and logical configuration. Here, a simple, pictorial three step process to losing weight is illustrated using a 01, 02 and 03 progressive structure. The caption that oversees the pictorial depiction of 'HOW YOU CAN LOSE WEIGHT WITH REVOLYN ULTRA' is accompanied with visual and textual instructions. The red typography 'HOW' is aligned with the colour red in the three digits, visually connecting the 'how' with the respective designs to depict the three-step narrative in a simple, easy-to-process way. The three circular portholes invite the reader-viewer to peer through into the 'real world' of the represented participant, allowing an intimate view of how the representative will successfully and simply perform weight loss. Reading from left-to-right the narrative sequence is easy to follow as it mimics the way modern, Western society writes, or visually follows a text to read and absorb information. Notably, the second-person pronoun simulates a direct form of personal address (Fairclough, 2001; Kaur et al., 2013) to individualise and make personal the steps to losing weight.

The numbers 1, 2 and 3 spells out the progressive steps that 'you' can take in your weight loss narrative.

Step '01' introduces the 'Revolyn' represented participant. She appears slim, according to her face shape, with clear skin, and immaculate make-up. Her hair is tied back so the reader-viewer can appreciate the loveliness of her whole face, with seemingly perfect teeth and well-shaped eyebrows. Her mouth is partially open as if poised to eat the fresh, healthy-looking salad that she is peering down upon. She looks pleased at what she is about to consume, her face in a half-smile at the array of salad situated around her face, within biting reach, discursively implying that 'YOU' will enjoy eating salad 'for your first meal' in the same way as the represented participant. The language of the first step, '01', is characterised by the unmitigated imperative 'Take one Revolyn Ultra capsule before your first meal', language that is instructive in the same way one might observe imperative directions found on pharmaceutical packaging. Step 02 gives example of the second unmitigated imperative 'Take another capsule before your evening meal' which is accompanied by an image of a woman poised to consume a capsule that she peers at in a similarly reverential way, both passive and complying. She is smiling at the capsule, peering directly at the pill which is pinched delicately between two fingers. As previously noted, this direct form of address synthetically personifies (Fairclough, 2001) the pill as she addresses it like 'you' would a friend; engaged, smiling and with direct eye-contact. Through synthetic personalisation and personification (Fairclough, 2002) the drugs are rendered active agents or 'living things' (Cohen, 2014) capable of making those desirable weight loss changes. The final step '03' depicts a woman in profile, with the caption 'once you reach your weight loss goal, continue taking the capsules to maintain, and enhance your new slimmer shape'. It is difficult to say whether or not the woman is the same person in step 01, 02 or 03 as she has slightly different coloured eyebrows and a slightly different shaped nose. If this is the case, then it supports Cook's (2009) assertion that marketing images are deliberately stylised, as the consumer is led to believe that represented participant is one and the same, enjoying and embodying the

simple success of the Revolyn three-step journey. The discursive reproduction of such a simple and happy weight loss narrative grossly obscures other methods of losing unwanted fat and touts pill consumption as the significant solution, if not the panacea, to attain and maintain a desired body shape. By defining weight issues as a simple pharmaceuticalised process, the text producers seek to manage knowledge (van Dijk, 2005:88), presenting themselves as 'experts' entitled to influence, create or change lay knowledge and understanding.

6.5 Summary

The discursive strategies that I have illuminated in this chapter provide clear evidence that we are witnessing the pharmaceuticalisation of the body, along with 'the domestication of pharmaceutical consumption' (Terraneo et al., 2014: 120). The huge market value of herbal weight loss supplements I outlined earlier in the thesis confirms their popularity with weight loss consumers and continues to promote the pharmaceuticalisation of weight loss practices (Fox & Ward, 2008).

Throughout this chapter, I have critically examined the pharmaceuticalising strategies taking place in each of the four food supplement websites. Led by the knowledge that, hearing and seeing scientific data influences the way the public thinks about things, as technical information is perceived to be more factual over other sources of information (Kreshel, 1990); the text producers clearly capitalise on this societal trend. The websites I have investigated aggressively promote scientific claims about the benefit, efficacy, and necessity of pharmaceuticalised products, upheld as the most important agent over all alternative avenues for potential weight loss. The food supplements are discursively recontextualised as pharmaceutical products in order to emphasise their potency whilst simultaneously becoming hybridised through mitigating discourses pertaining to nature; arguably in an attempt to underscore the organic provenance of the slimming pill and, by extensions, its safety. All the while biochemical agency is conferred upon the food supplements, impressing on consumers the absolute necessity to engage in product uptake to assist the perceived underperforming

metabolism and trigger those “all-important” biochemical processes. Finally, the propensity of the advertisers to discursively promote pill consumption as a predominant, if not sole, viable response to body weight concerns was underscored. Significantly, no attempt is made to mitigate the assertion that unwanted fat is predominantly, or indeed exclusively, a biomedical and pharmaceutical concern.

7 Discussion

7.1 Introduction

In his book *Adcult*, James Twitchell (2013) argues that for an advertisement to be successful it must do two things: first, it must raise your anxiety levels and make you feel somehow guilty or inferior, and second it must provide a solution to the problem from which that guilt or inferiority stems. In the two analytical chapters, I have demonstrated the many ways by which the food supplement advertisers seek to raise levels of anxiety in prospective consumers, and then conveniently present pills as the 'perfect' solution to their 'problem', thus fulfilling the simple but powerful logic of advertising. Responding to the research questions in the introductory chapter, I have established how marketers of food supplements appropriate discourses of medicine and science in an effort to responsabilise the consumer to consider themselves a patient, and in need of medical treatment. I have further revealed the discursive marketing strategies that posit the weight loss pills as potent and effective treatment to a medicalised problem. From this, I outline how the consumer is compelled by the marketing material to engage in body weight management practices, and how the website visitor is persuaded to resort to pill consumption, put forward as a quick, convenient, safe, yet potent method of reducing body fat.

While organised around the subjects of medicalisation and pharmaceuticalisation the foregoing analysis is underpinned by the phenomenon of responsabilisation, which encourages 'good citizenship' and a moral obligation to 'get better', an imperative which in turn can be seen as part of a generalised makeover culture (Teifer, 2008). In the following sections of this discussion chapter, I describe in detail three important themes related to the processes of responsabilisation, medicalisation and pharmaceuticalising – themes that underpin these processes and, significantly, form a progressive narrative arch in the online marketing of weight loss pills. To elaborate, they are i)

evaluating the body, ii) diagnosing fat as disease, and iii) prescribing pills as the solution. Initially, the text producers attempt to obscure responsabilising discourses that provoke agency and action, under the guise of individual choice and self-empowerment (Moran & Lee, 2013). The website visitors are encouraged to conform to strictly defined norms of body shape and size, whereby they are led to negatively evaluate their bodies and encouraged to 'improve' on their appearance. Secondly, each of the weight loss websites adopts a medicalised view of body fat, diagnosing unwanted weight as pathological, as a significant contributor to physical and emotional distress, or discontent, further intimating that to ignore such medicalised views poses a potential threat or risk to health. Thirdly, the text producers appropriate scientific and pharmaceutical discourses to put forward, or legitimately prescribe, pill consumption as an effective and safe solution to consumers' unsatisfactory bodily state. Whilst considering these processes, I discuss the implications of each stage and consider their broader individual, sociocultural and economic significance. Finally, I evaluate the utility of MCDA deployed in this study, the limitations of the study, and make recommendations for practical solutions and offer directions that further studies could take.

7.2 Evaluating the body

Driven by the compelling advertising discourses, the reader-viewer is encouraged to objectify and self-evaluate their own bodies against that of the thin 'ideal', potentially resulting in feelings of unhappiness, inadequacy and shame. Systems of comparison and self-assessment discursively steer the weight loss consumer to make an ultimate diagnosis of unacceptable and undesirable body shape, driving a new motivation and a desire to change. In the surrounding sociocultural landscape that responsabilises its citizens and encourages biopedagogic practices (Fotopoulo & O'Riordan, 2016), positioning individuals as independent agents and objects of change is a commercially fertile practice. Strategically placed visual and textual reproductions of the weight loss achiever, evidenced in the multiple testimonials which span all four websites, portray a homogenous depiction of the 'slimmer you': happy, successful, motivated and emotionally content. The 'power dressing' (Machin,

2007) of the discourses, noted in the typography and glossy, stylised images, contribute to the perception of weight loss as empowerment and success. The synthetic personalisation (Fairclough, 2002) of the represented participants engage the reader-viewer, making the exchange more 'real' and individualised and inviting the reader-viewer to a personalised relationship with the 'successful' participant. This in turn cues the reader-viewer to consider the possibility of 'success' for themselves, encouraging self-transformation as a positive and psychologically healing process. The consumer, bombarded by such positive, unambiguous representations of the thin 'ideal' is prompted to consider their own bodily state in comparison as a measure of their own emotional contentment and physical appreciation. The represented participants in the weight loss webpages, positioned as successful agents of change, promote a biopedagogical culture of self-evaluation and self-monitoring practices. The body located as a 'project' becomes a tool of empowerment, subject to 'good' transforming practices expected of a responsible, worthy citizen (Gard & Wright, 2004). The insecurities and anxieties that become manifest by the self-evaluative practices might well contribute to a culture of self-transformation and aesthetic obsession; as Jean Baudrillard comments in *America*, 'the omnipresent cult of the "body as project" is extraordinary, not as a source of pleasure but as an object of frantic concern in the obsessive fear of failure or substandard performance' (2010:110). This is significant in modern western societies where a thin and glamorous physical appearance holds a privileged position over all aspects of identity (Murray, 2008). Regarded as the norm, the 'undisputed prerogative of an unmarked version of humanity' (Gwyn, 2001:14), the thin 'ideal', leaves no room for bodily variance, construes the other than 'ideally' slim body as pathological, as defective, neglected, and unacceptable. As conveyed by numerous represented participants throughout each website, all body fat is discursively constructed as problematic, whilst the desirability and self-assuredness of the 'ideally' thin is exemplified. Such explicit, narrow perceptions of beauty and of body fat are intended to engender feelings of shame, guilt and disgust for any body shape or size that dares to expose unforgivable fatty flesh. The 'fat' person is pitched into a category of deficiency, shamed into taking control and to becoming a 'better' person.

As Stinson argues, 'radical self-transformation appears the pot of gold at the end of the rainbow' (2001:195). The desire to transform one's appearance, to adhere to the culturally approved standards of beauty, is a powerful and impactful consequence of advertising and media communication that promotes the privileged thin. Throughout the weight-loss websites texts, extremely lean, thin and muscular bodies are upheld as 'the' desirable bodily state. Bold, strategically placed configurations of the 'perfect' body shape are splattered promiscuously on the homepages of each website to remind the website visitor what, and who, they 'should' be and to prompt self-evaluation of how they inevitably fall short of this ideal. Constructed as wholly undesirable, body fat becomes an urgent project for change, a harmful substance to be rid of, without question. Physiques entirely devoid of fat are paraded as 'thinspiration', put forward as figures of celebration, triumph and success, conveying the naturalised, common sense assumption that everybody wants to lose weight. Such reverential treatment of the thin 'ideal' encourages the reader-viewer to desire such an appearance. Yet, such extreme, radical aspirations cannot – or are unlikely to - be realistically met, and the weight-loss seeker is invariably set up for failure. The weight loss industries know that most dieting practices fail, and in fact, most dieters also know this from personal experience. As Fraser (1997) argues, 'the primary beneficiaries of dieting practices appear to be the ones that make a career out of it' (1997:148). Furthermore, self- transformation, not just as an aesthetic goal but as a process, reveals new capacities and performativities (Murray, 2008). The capacities and performativities that emerge through the process of self-transformation constitute new, learned pathways that ostensibly secure individual health, happiness and contentment. Individuals are manipulated to adopt self-transforming habits as a positive and productive process.

Self-regarding and self-transforming behaviours such as these promote a culture that objectifies bodies and leads to internalisation of such objectification, characterised by habitual self-evaluation

and monitoring of one's physical appearance. Acute self-awareness of physical appearance combined with an approach to the body as 'project' serves to internalise cultural body standards and reinforce beliefs about the controllability of appearance (McKinley & Hyde, 1996). The ability to self-transform, textually reproduced in the supplement websites as a simple matter of individual choice and agency, responsabilises the 'fat' person to do something about it. There is no mention in the supplement websites of surrounding sociocultural contexts that might affect individual choice, such as poor supply and high cost of nutritious food, chemical free foods, inadequate education and nutrition, systematic organisation of the physical environment that make all exercise difficult or expensive, contributing to obvious issues of social injustice (Critser, 2003). Instead, manipulated by contemporary discourses such as weight loss advertising, the weight loss consumer is strategically guided by a new more demanding mechanism of social control (Kleinman, 1988; Conrad, 1992), instructing individuals to simply self-evaluate and take 'appropriate' action.

Wright (2009) points out that 'whilst media and advertising discourses cannot be entirely classified as the sole provokers of body weight management practices and body insecurities' (2009:6), they are nonetheless 'an important element in complex and multi-layered processes underpinning disordered relationships with food, exercise and health' (2009:6). The personalised accounts of the weight loss consumers bear out Wright's contention, with the represented participants endlessly self-objectifying themselves and making negative evaluations of their 'disordered' bodies, all the while describing feelings of shame over their lack of personal control. This is particularly damaging as those disordered feelings can result in disordered eating, stimulated by the promotional rhetoric in the weight loss websites to 'take control' and lose weight (Blundell, 2002; Cassin & von Ranson, 2005; Throsby, 2009). As Tiggeman and Kuring (2004) point out, 'self-objectification leads to self-surveillance, which in turn leads to increased body shame and appearance anxiety, which result in both greater disordered eating and more depressed mood' (2004:307).

In their article on bulimia and the discourse of weight control, Burns and Gavey (2004) posit a relationship between the construction of fatness as a health problem, the pathologisation of the non-slender body and women's dissatisfaction with their bodies. They argue that a 'discourse of healthy weight provides the cultural conditions that support, rationalize, and to some extent normalize, practices that are described as "bulimic"' (2004:561). Consequently, Burns and Gavey (2004; 2008) suggest the weight management techniques that permeate biomedical and health promotion-related discourses are implicated in the production of unhealthy practices for women. This means that rather than producing healthy bodies and behaviours, they paradoxically contribute to the creation of poor health and body image among women. This is an important consideration in mind of the most recent report by the Eating Disorders Statistics Group (2019), which determines that between 1.25 and 3.4 million people in the U.K. are affected by an eating disorder. Whilst women and girls have been historically and disproportionately targeted by advertisers of weight loss products, men and boys of late have been increasingly targeted and the incidences and severity of males with eating disorders are on the rise (Strother et al., 2012), identifying a widespread problem no longer pertinent to women alone. Evidently, weight loss advertising strategies which promote self-objectifying behaviours can contribute to disordered eating and depressed moods which, in turn, result in the further transformation of the weight loss consumer into a medicalised subject.

Elizabeth Grosz (1995) argues that bodies become attached to specific social and cultural codings around aesthetic appearance. As a result of their social construction arising from public discourses, fatter bodies discursively engineer particular ways of thinking: 'they visually transmit certain "truths" determined by their physical appearance' (Grosz, 1995:34). Grosz further describes bodies as 'virtual confessors', stating that '[t]he body becomes a text, a system of signs to be deciphered, read, and read into' (1995:35). As bodies are textualised, they are read by others as an expression of a subject's

interior or complete make-up (Murray, 2008:69). Hence, any deviation from the idealised thin, lean and culturally approved body can be assessed in a negative way. Such negative associations do not simply constitute a disdain for the body aesthetic since, according to Grosz (1995), society views body shapes and sizes as an external projection of internal core values and behaviours; the fatter body is socially constructed and labelled as immoral, irresponsible and burdensome to the state. Bodies that reveal fat flesh are collectively denigrated, internal integrity and personality located entirely within the confines of their external appearance. Weight loss advertisements slot very nicely into this cultural landscape, hijacking discourses of deviance and revulsion around the fatter body to provoke discontent and responsabilising behaviours for the purpose of commercial gain.

Visible bodily markers, such as fatty flesh, are frequently interpreted through a binary understanding of either acceptable or unacceptable, as either good or bad (Murray, 2008). The websites unabashedly and relentlessly frame the fatter against the thinner, deploying comparative configurations, such as “before and after” images, to coerce the reader-viewer to self-evaluate their bodies against that of the represented participants. The repeated semiotic construction of the thinner, ‘improved’, weight loss participant is invariably depicted as happier, healthier and more successful, perpetuating distinct attitudinal meanings around those polarised body types. In contrast, the fatter version of the represented participant is conveyed as unhealthy, sad, lazy, greedy, immoral, and pathetic. Through this binary construct, the text producers construct body fat as problematic and lean bodies as desirable, promulgating moralistic messages that link body size to desirability, capability and personality (Chernin, 1983; Wolf, 1991; Bordo, 2003). The discourse of “look great/feel great” is simplified and popularised with discourses that encourage women to connect health to appearance. Despite a thorough scrutiny of the supplement websites, there was not a single mention of body positivity or body acceptance: happiness, confidence and success are reserved solely for the privileged thin. Significantly, then, the binary construction of fat as bad and thin as good undermines

the consumer's potential to accept and cope with their natural size and body shape, which is to some extent predetermined by racial and genetic variations (Gard & Wright, 2004). Whilst some individuals might experience discontent and a lack of confidence with their current bodily state, many might otherwise be convinced to accept and value their bodies, without the need to pursue methods of slimming pill intervention.

The failure to conceptualise body fat as an expression of typical human diversity reinforces a damaging ideology that collapses body fat automatically with ill health, ultimately pathologising it. If individuals are simply tarred with the 'unhealthy' label, before even being questioned about their eating habits, vitals, lifestyle, or exercise regimes, the advertising of weight loss products becomes a 'convenient vehicle for castigation' (LeBesco, 2011:160). On the other hand, people with damaging eating and lifestyle habits are not subject to the same conclusions about their health and moral worthiness 'because they do not wear what we take to be the evidence of excessive consumption on their bodies' (LeBesco, 2004). The medicalised view of body fat as determined through visual perception and comparative analysis is fallacious: some fat people are healthy, and some are not. LeBesco (2011) suggests that 'a more positive and less stigmatising rhetoric that encourages paths to well-being that defies the pre-emptive model of "fat equals unhealthy" should be deployed' as the current model, she argues is 'making many, many people sick' (2011:161). However, this strategy is a principal feature identified in the websites where systems of self-evaluation are peppered throughout the weight loss webpages, discursively diagnosing specific body areas as fat, making bodies and body parts open to scrutiny and rendering individuals deconstructed, butchered samples of their whole parts. By provoking assessment and evaluation of bodies as objects, the internet consumer is compelled to make decisive plans to change those undesirable states. Strategies that facilitate these changes are deployed through online tools and questionnaires which seek to engineer a more informed, 'authoritative' diagnosis, than that of visual comparison.

Self-assessment tools generate significant consumer interest (McEntee, 2003), and those conditions, such as 'overweight' that can be diagnosed without medical intervention are particularly attractive to industry (Jutel, 2006:72). Reproducing instruments that capture precision are pivotal in producing weight loss purchase behaviours as they offer mechanisms for capturing, standardising and monitoring symptoms that can be translated as 'obesity', as disease. Rosenberg (2002) argues that the ability to express results in standardised units makes something 'operationally understood and described' (2002:244) in a simple and easy to understand format. However, the projected simplicity of tools such as BMI calculators foster dangerous constraints where standards of 'perfection' are captured, quantified and widely disseminated in government health initiatives, medical management and weight loss product sales. Height-weight standardisation becomes a tool for normalising the population: it encompasses a diverse group of people and establishes a 'normal' range to which all people bear a relationship (Heyes, 2007:73). Deviation from the norm, then, is falsely read as proof that those bodies are deviant, just as conformity to the height-weight standard is falsely taken as evidence of good conduct, or good health.

As Jutel (2006) claims, 'hierarchies of knowledge recognised by evidence-based medicine [such as standardized height and weight tools] place great privilege and importance on quantifiable and statistical analysis' and 'a quantifiable category such as body weight fits into this framework most harmoniously' (2006:113). Tools that seek to categorise the body of the internet consumer using statistical methods are prevalent in one form or another in each of the supplement websites. Devices such as weighing scales and tape measures which appear frequently within the websites, are designed to provide an ostensibly more valuable report, dictating approved parameters of what is considered 'normal' and hence creating a convenient mechanism for diagnosing bodies as fat (McEntee 2003). Accordingly, these pervasive measuring devices are liable to facilitate obsessive self-diagnosis and 'generate an exploitable condition, fruitful to the economic interest of the diet

industry' (Jutel, 2006:72). Furthermore, diagnostic tools that the text producers embed within the websites, such as symptom checklists, BMI calculators and questionnaires, are developed collaboratively by drug marketers and health practitioners appearing in virtually every branded and unbranded marketing campaign for pharmaceuticals and nutraceuticals (Ebeling, 2011). For example, the checklists that I identified in Chapter 5, section 5.4, act as efficient and convenient tools that, in tandem, 'universalise and personalise the bodily experience of symptoms and translate that experience into a need for treatment and action' (Giddens, 1991: 72).

The ultimate paradox of the practice of self-management behaviours, says McWhorter (1999), is that whilst they appear to enhance certain skills, or enable us to do such things, they also 'narrow behavioural options' to 'generate the highly productive and cultivated individual who is at the same time meek and conformist, unable to imagine alternatives and act in different ways' (1999:180). These responsabilising strategies internalise self-governing practices whereby the individual body is rendered passive by the enforcement of their own management, embedded in the 'promotional rhetoric of commercial enterprises' (Brown, 2013:697; Brown et al., 2019). The consumer then becomes a more virtuous and compliant subject, evidenced in purchase decisions and behaviours.

In summary, the discursive power of online tools such as BMI calculators, and the BMI measurements themselves, suits the weight loss websites that seek to engineer a pathologised perception of body size and mass. The tools cannot be considered simple mechanisms for organising symptoms because of the pivotal ways in which appreciating and interpreting symptoms shape diagnosis in general. The self-assessment tools amplify and extend the role of the lay person to diagnose themselves; they shape the presentation of dysfunction and change the locus of authority (Ebeling, 2011) from medical professional to the lay person, and in doing so responsabilise the website visitors.

7.3 Diagnosing fat as disease

Illich (1976) describes the resistance of medical authority as 'bad fighting against good'. In modern, western societies the principles of medicine, law and religion define what is 'proper and reliable' (1976:53). Thus, unwanted fat, as a self-diagnosable condition, engenders a 'proper' and 'reliable' preoccupation with self-surveillance, neoliberal obligation, diagnosis, treatment, and cure (LeBesco, 2011). This occurs without regard for reasonable variation of populations and individuals as it privileges statistical measurement and weight above all else, which in turn validates presumed 'bad' behaviours and moral flaws. Significantly, this process effectively banishes illness and disability from everyday life. An apparent failure to pursue the development of a culturally approved body appears irresponsible, rendering sick or physically impaired people as illegitimate, potentially making non-complying individuals feel inadequate and deviant should they refuse to engage in self-monitoring behaviours that ultimately seek to drive a diagnosis. The diagnosis here is undeniably fat: fat as bad, as deviant, as irresponsible and as disease. Diagnosing fat as disease.

The notion that fat is a disease is a prevalent ideology proliferating in modern western societies and growing in line with today's much-obsessed talks of the 'obesity epidemic' (Campos et al., 2005; MacLean et al., 2009; Puhl & Heuer 2010; Throsby 2009). The U.K. population is increasingly told it is too fat and that measures should be taken to avoid being or becoming 'overweight', 'obese' and ultimately 'ill' (Bordo, 1998; Borero, 2008; Cooper, 2005; Lupton, 1995). Any persons located within these categories or persuaded by advertising strategies to relocate themselves within these categories, are reported to experience 'immense damage' through societal blame and stigmatisation (Campos et al., 2006:57). As demonstrated in the analysis, there are multiple means by which the supplement advertisers construct unwanted fat as pathology, stemming from the process of diagnosis which sit at the core of medical practice (Brown, 2013; Jutel, 2010). The systems of

diagnosis which flood the weight loss websites are encoded by discourses of health, science, and medicine. These range from self-evaluative clinical tools (discussed in 7.2 above) to the textual and visual reconstruction of medical doctors and scientists who, by cultural understanding, generate a diagnosis through a medical and scientific lens. As a result of this, the reader-viewer is encouraged to steer away from a consideration of unwanted fat as solely an aesthetic, lifestyle concern and move towards the notion of unwanted fat as disease.

Diagnosis as a sociocultural process is pivotal in the way that medicine exerts social control (Jutel, 2010; 2017). It legitimises and normalises, providing the boundaries for what is acceptable and normal, and what is problematic and in need of redress (Brown, 1995, Jutel, 2010). These legitimising and normalising processes condition what society, and individuals, identify as 'abnormal' creates a disease category out of deviation, in this case deviations in terms of body weight and body shape. The saturation of discourses I have identified, which situate the fat(ter) body in the 'abnormal' and 'deviant' category, inculcate a culture of all body fat as pathological that is facilitated through uncomplicated self-diagnosing strategies. When such accessible, unregulated systems of diagnosis are conferred upon the internet consumer, fat, diagnosed as disease, is propagated to public consciousness without interruption, inveigled via the ever-pervasive communication channel of the world wide web.

Whilst many pathologies can be diagnosed in different ways with multiple contributing factors (such as lung function tests, sinus x-rays and genetic predisposition when diagnosing asthma), the thin 'ideal' body sets a standard that admits few variations in Western culture and body fat is pathologised through simple statistical deviation and without the need for medical testing. The weight loss advertisers take full advantage of the stigmatisation of the 'deviant' body (Gwyn, 2001), locating the privilege of emotional and physical well-being with the body stripped of all fat. In the

same respect that all fat people are constructed as unhealthy citizens, the advertising discourses intimate that there is no room for mental or physical ill health within a thin person. In each of the configurations employed in the supplement websites, the weight loss achiever, the individual who has successfully lost body fat, is represented as a healthier and happier version of themselves as a result of it. This representation is misleading in the assumption that losing body fat, per se, can predict a health status: losing unwanted fat does not automatically solve health issues and improve levels of fitness. However, discourses that conflate fat gain with disease, and weight loss with health, are prolific in the websites analysed in this study, and in weight loss advertising in general (Cleland et al., 2002; Fox & Ward, 2008; Kwan, 2009). The websites I investigated draw on and reproduce this commonly shared lay idea that equates weight loss with becoming fitter and gaining fat with becoming ill. Without question, the fatter body in these websites is nothing but a diseased body, as evinced by the 'evidence-based truths' appropriated from the paradigm of medicine and science and relocated within the realm of popular commercial enterprise. When the obsession with the body aesthetic has advanced under the guise of health, it has become an extremely persuasive ploy.

A predominant illustration of how the online food supplement advertisers diagnose unwanted fat as disease is reproduced in the way bodies are described in medical and scientific terms. Bodies, described in terms of their clinical composition, illustrate the influence of diagnostic categories in advertising strategies, and similarly the important role that diagnosis plays in the production and reproduction of cultural values about the body (Jutel, 2006). Chapters 5 and 6 expose the multiple discursive strategies that situate the body predominantly as a scientific and medical entity to be scrutinised, assessed, and managed as such. For example, the language deployed in the customer testimonials speaks of bodies in percentage terms, describing and evaluating bodies according to their statistical measurements, expressed in concrete quantities of weight loss or weight gain. The reader-viewer is bombarded with a variety of clinical facts and information about body fat

percentages and body weight measurements according to pounds, kilos, stones, inches, and centimetres, and so on. These biopedagogical discourses (Singh, 2002) are no doubt deployed to convince the reader-viewer to perceive themselves essentially in terms of body measurements, their body size and shape, and by extension to employ these objective quantifications as significant indicators of character and worth. When combined with 'expert', authoritarian discourses of the health professional they grant diagnostic validity; bodies become dehumanised corpulent entities to be assessed solely via clinical measurements and concomitant perceived health statuses.

Scientific and medical systems of diagnosis formalise a medical disease category, as they organise symptoms into meaningful concepts by placing the 'patient' in the 'conceptual company of others with the same affliction' (Wright & Harwood, 2012:61). The represented participants who have already achieved their weight loss goals against those who have not are collectively assessed in a binary, polarised fashion: successful or not, healthy or not. In doing so, the text producers invite the weight loss consumer to make evaluations of the body through explicit medicalised discourses that contextualise the body as a medical project, to be organised and treated in a medicalised way.

Visual images in the weight loss websites also portray the body in a biomedical way. They constitute open, visceral compositions of bodies with images of internal organs, blood systems, brains, and body parts. These configurations are presented in high modality, comprising of graphic detail and bold, colourful configurations that visually attracts the attention of the website visitor; as Perez-Llatada states, 'scientific discourses become the most striking when the images are of our own bodies and how they function or operate' (2012:305). The multi-semiotic content is designed to engage and intrigue us with the bold, visual primacy drawing attention to the reader-viewer (Gerhke & Turban, 1999), encouraging an evaluation of our bodies as corporeal entities. The objectification of

bodies in this way is dangerous as it creates a new locus of disease potential, labelling more people who visit weight loss websites as pathological, as ill (Illich, 1976).

As well as these visual representations of the malfunctioning body, giving a label to fat as problematic can be described as the starting point of medicalisation (Brown, 1995), evidenced in the food supplement websites where the weight loss consumer is referred to as a 'sufferer' of fat visually and fat textually conveyed as 'illness'. This is problematic in the sense that once a disease category has been created, the attachment of a medical label in itself can result in emotional and behavioural difficulties, such as depression and anxiety (Hamilton, Campos & Creed, 1996).

One significant consequence of the websites' medicalising discourses and pathologisation of fat lies in the reframing of the internet consumer as a 'patient' by dint of their engagement with the commercial websites, simultaneously forging a new medical diagnosis. Through this mode of communication, the consumers are discursively transported into a sick role (Parsons, 1975), authorised by the attendant discourses of science and medicine. Medicalising benign body states in this way can be better described as 'disease mongering: widening the boundaries of treatable illness in order to expand markets for those who sell and deliver' (Moynihan, Heath & Henry, 2002: 886). Disease mongering creates a belief in, and promotion of, conditions for which clinical attention may cause more harm than benefit and is often promulgated with the motivation of pharmaceutical sales: a benefit to the purveyor but potential harm for the consumer. Similarly, Illich (1974) writes that identifying a bodily state as disease 'always intensifies stress, defines incapacity, imposes inactivity, and focuses apprehension on non-recovery, on uncertainty, and on one's dependence upon future medical findings' (1974:104). In mind of the ever-increasing sociocultural acceptance of fat as disease, this organises a 'preventative disease-hunt, and gives epidemic proportions to clinical diagnosis' (1974:104). The ultimate triumph in this case being that the underlying, responsabilising

culture results in the independent, average healthy individual being transformed into an irresponsible figure of deviance.

I have demonstrated in the two analytical chapters the predilection for the text producers to employ medical social actors in a bid attempt to claim authority over the reader. The 'expert' figure is easily identifiable with medical iconography and attire, replete with 'Dr' honorifics and a conjoining description of a medical and scientific background, often threaded with professional and legal discourses to reinforce legitimacy and impose discursive power. The use of this discursive strategy betrays a deliberate attempt to mislead the consumer as the products - ostensibly food supplements - do not in fact require prescription or approval by the Medicines and Health Regulatory Agency (MHRA). Therefore, the text producers construct discourses of medicine and science within the webpages, tactically making salient a medical endorsement that is neither necessary nor appropriate. Representations of health professionals are embedded within the advertising discourses to validate and provide scientific credibility to the food supplement websites. As Wright and Harwood (2012) contend, 'once the sales pitch is revered and justified by the austere and respected Western, medical authority – the product has more clout and less frivolity' (2012:72). The consumer's otherwise beauty- or lifestyle-related concerns then become read through the prism of illness.

Discourses which describe specific illnesses and symptoms are made explicit within the weight loss websites. They speak of the dangers of 'diabetes', 'heart attacks' and 'raised blood pressure', encouraging a perception of unwanted fat as pathological and a serious risk to health. In an era of personal responsibility for health where 'one no longer need manifest any concrete symptoms to be considered at risk for any given disease' (Clarke et al., 2003:173), these risk provoking strategies are fruitful. Mongering fat as a disease risk in this way encourages the weight loss consumer to believe themselves sick or at risk of sickness. This remains an ever-increasing concern to critical clinicians,

advocates, and lay people (Moynihan & Henry, 2006) and has an impact on individual well-being and societal stigmatisation. The identification and stigmatisation of individuals and marginalised groups who are considered to be unhealthy or risk-takers serves to allow ingroups to project their anxieties concerning chaos, forbidden desire, lack of control, death and disease (Frankenberg, 1992; Lupton, 1997).

In each website, the treatment of body fat is described in drastic ways, with urgent proposals to reduce all body fat, discursively constructed as ugly and desperately undesirable. Most notably, the consumer testimonials exemplify this ideology, describing a desperation to lose weight whilst reminding the consumer of the unhappy weight loss failures from 'before'. To reinforce the urgency of fat loss, the represented participants catalogue the happy consequence of consistent, rapid weight loss, celebrating huge quantities of fat being lost in very short, unrealistic periods of time. In Chapter 5, Sections 5.2 and 5.3, I spoke about the vast quantities and rapidity of fat loss apparently experienced by the represented participants, while pointing to the fact that the marketers make no reference to alternative methods of reducing unwanted body fat, paving the way for the pharmaceutical/nutraceutical products to be put forward as *the one and only* solution.

Busfield (2006, 2010) contends that to identify medicalisation and pharmaceuticalisation, one must focus on the predominant actors behind the expansion of these processes. In relation to weight and weight loss, food supplement promoters are centrally responsible for medicalisation and pharmaceuticalisation as they seek to 'deliberately generate demand, turn pathology into a market commodity and create new markets for [their] wares' (Bordogna, 2014:119). Pharmaceutical and nutraceutical advertising thus has an interest in actively sponsoring the definition of illness, such as fat as disease, and promoting this 'disease' to both prescribers and consumers of the 'unhealthy'

condition. The social construction of illness, then, is supported by the corporate construction of disease – there is a lot of money to be made from telling fatter people, who might be otherwise healthy, they are sick!

Conrad and Leiter (2004) note that medicalising discourses have the paradoxical effect of making affective disorders seem simultaneously common and abnormal, widespread and treatable. In the food supplement websites body fat as illness is a common theme shared by the represented participants. This begets a fertile ground for the weight loss industry as the consumer can conveniently locate themselves within either category: it is common so it is likely a problem, and it is abnormal so it must be treated. In this respect, medicalising the weight loss consumer augments the pharmaceutical domain through a mechanism by which the industry can expand and retain market interest, contributing to rising health care costs and extending social control over the lay person (Conrad, Mackie & Mehrotra, 2010).

From an economic standpoint, it is important to note that bodies, once attributed with the disease label and (re)conditioned as medical beings, are subsequently exposed to products and services that are not necessarily considered prior to such conditioning. Medical beings thus constitute a ‘marketer's ploy made in heaven’ (Jutel, 2009:276) as they become a commercial target for the attendant ‘solutions’ that ensue. Waiting in the wings of the medical diagnosis is an abundance of commercial products ‘primed to wage battle, purportedly for the health of the nation, whilst cheerfully amassing the spoils of their continual and repeated victories for their shareholders’ (Jutel, 2009: 277). Conrad (2005) has referred to commercial interests as an important vehicle for medicalisation. Examples of implied and explicit medical endorsements that are prevalent in the weight loss websites constitute what Dixon and Banwell call ‘diets making complex’ (2004:121), or

an exploitative vehicle for the dominance of health considerations in all facets of body weight insecurities. The number of industries who stand to benefit from the belief of fat(ter) bodies as disease is significant, as observed in extensive lobbying and promotional activities based on the medicalised label (Oliver, 1990). Weight loss pills, body shaping, and body sculpting are exceptionally strong markers of health to consumer markets (Jutel, 2006; Spitzack, 1990) and the industry sees massive results that are increasing by the year (Grandview Research, 2020).

In summary thus far, I have highlighted how pharmaceutical and nutraceutical industries have a financial stake in ensuring society sees unwanted fat as problematic from a medical and emotional point of view (Jutel & Buetow, 2007). Unwanted body fat as an aesthetic concern or lifestyle choice is thus transformed into nothing less than a serious and risky medical concern. It becomes obesity, with all the associated risks and illnesses attached. Accordingly, it would seem that the ultimate triumph for the weight loss purveyors is not the establishment of a thin 'ideal' status, it is the cementing of the underlying belief of unwanted fat as disease.

7.4 Prescribing pills to manage body weight

As Fox and Ward (2008b) assert: 'we are seeing the pharmaceuticalisation of domestic life because the bedroom and the kitchen are new foci for pharmaceutical marketing and consumption' (2008b:859). I argue that the internet weight loss consumer has become a pharmaceuticalised subject, arising as a result of 'the process by which social, behavioural or bodily conditions are treated or deemed to be in need of treatment with medical drugs by doctors or patients' (Abraham, 2010:604), despite this process being artificially contrived by the website producers. The position I take in this study follows others who argue that medicalisation and pharmaceuticalisation vary independently of one another in complex and dynamic ways (Abraham, 2010; Figert & Bell, 2012;

Williams et al., 2011). In the case of this study, pharmaceuticalisation can occur independently of medicalisation, as it can 'outstrip' the medicalisation of body fat as disease by introducing drug consumption for otherwise healthy bodies (Coveney et al., 2011). Fox and Ward (2008) argue that such factors contribute to the 'moulding of aspects of daily life into disease categories alongside the pharmaceutical agents that treat them' (2008:865). In short, the consumer, whether they deem themselves medical subjects, or not, can treat their unwanted fat through pharmaceutical means.

I have highlighted the propensity of the website producers to include academic references, scientific studies, and discourse pertaining to clinical results and research and development (see, for example, Chapter 6, section 6.2). One of the justifications of the nutraceutical and pharmaceutical industry for the promotion of lifestyle supplements, such as weight loss pills, is the assertion that they are not disease-mongering but highlighting an educational awareness of the choices available to those who seek to understand their 'illness' and secure a solution to unwanted fat. However, as Lupton (1997) highlights, 'there is a slippage between education and indoctrination' (1997: 2270) due to the ideological discourses that manipulate the consumer into believing themselves a medicalised subject. The weight loss pills conveniently respond to a condition that is medicalised as their promotion is strategically 'couched in medicalese, supported by medical research to gain purchase in the popular psyche' (Jutel, 2009:2272). The weight loss consumer thus becomes organised by, and subjected to, medical management, jurisdiction and pharmaceutical treatment.

The medical and pharmaceutical discourses I scrutinised within the commercial websites play a powerful role, not only in promoting fat as disease but promoting pills as the treatment. Discourses which actively promote the consumption of pills to manage body weight are featured in the data in multiple ways: firstly, the food supplements are ascribed with biochemical agency to maximise perceptions of potency, combined with discourses of safety to mitigate the risks of consuming diet

products. Secondly, by exploiting scientific discourses, the food supplements are reconstructed as legitimate, medically prescribed treatments. Finally, pill consumption is promoted as *the* method to reduce body weight and put forward as an empowering, individual choice.

Discourses that impart scientific and biochemical agency with the food supplements are a significant discursive feature underscored in Chapter 6, where I detailed the descriptions of how the body processes and responds to the 'special' ingredients. Throughout the consumer testimonials, the represented participants describe their body fat as external to personal control, dependent on external substances that operate as an essential catalyst for weight loss. In this way, the food supplements are ascribed agency which replaces 'the subject's sense of themselves as agentic' (Fox & Ward, 2008:865). By infusing the food supplements with such qualities, the consumer is led to believe that without ingesting such products, the body is somehow lacking or incapable of metabolising and shedding body fat. As weight loss supplements are discursively constructed as vital ingredients that catalyse fat loss, the reader-viewers' bodies are rendered incompetent and malfunctioning – insufficient in contrast with the 'necessary' agentic properties of the weight loss supplements. Hence, the food supplements become a pharmaceuticalised with attributed active, agentic health transforming capacities.

It may be that the weight loss websites do not necessarily create false needs (Abraham 2010) since some individuals who visit the weight loss websites may indeed benefit from reducing body weight to improve a healthier status. However, the websites may very well create false claims and unrealistic expectations about the capacity of supplement consumption. Earlier in the chapter, I identified how the bodies represented on the websites are ascribed with limitless performativities, having the capacity to lose large amounts of weight in very short periods of time. Significantly, limitless performativity is attributed to the weight loss supplements in the same way. In Chapter 6, section 4, I

highlighted the multiple discourses which describe unrealistic weight loss capacities through the single act of supplement consumption. Claims that the consumer can ‘lose weight without diet or exercise’ are grossly misrepresentative and misleading. The explicit indication that the consumer can continue to maintain current lifestyle habits yet still experience significant weight loss ‘for life’ acts as a compelling prospect for the weight loss seeker. The consumer, persuaded by the ‘real life’ stories of the represented participants and their ‘astonishing’ results, is inspired to engage in “pill-popping” practices.

Focussing on pharmaceutical quick fixes instead of addressing the underlying socio-economic issues is problematic as it leads to more inequality for the individual and society. As Conrad and Barker (2010) put it, ‘it seems that we have a social predilection toward treating human problems as individual or clinical – whether it is obesity, substance abuse, learning difficulties, aging, or alcoholism – rather than addressing the underlying causes for complex social problems and human suffering’ (2010:68). Such quick fixes have proven physically and psychologically harmful and breed largely ineffective results (Mulderrig, 2017). However, the physical enactment of pill consumption is fetishized and idealised, resulting in a pharmaceutical practice that appears quick and simple without complications or varying results: consistent maximum weight loss for minimum effort. These discourses of convenience are awash in each of the supplement websites: see, for example, the ‘1, 2, 3’ step weight loss configuration from the ‘Revolyn UK’ website (Chapter 6, Figure 28). Significantly, the physical and emotional impact of consuming such products is avoided or completely obscured. The results never vary. Furthermore, there is no mention of the potential side effects of consuming weight loss pills – side effects that drug companies in the UK are obliged to include in patient information leaflets and on pharmaceutical product labelling.

Although it could be argued that medicalising fatness and prescribing pills can improve the health status of the newly defined 'patient', the question remains whether the potential benefits are worth the individual suffering potentially appalling side effects. Furthermore, consumers, attracted by the simplified and idealised depiction of pill consumption for weight loss, might be less likely to recognise the dangers associated with slimming pills. One consequence of using pills for weight loss is the 'tendency to move from a healthy concern about one's weight to a level of focus that starts to become harmful' (Lemberg & Cohn, 1996:103). The shift from a healthy desire to a full eating disorder can be both subtle and rapid as the awareness of what is healthy and what is not is lost, and what started out as the use of food supplements to conform to normalised standards becomes a quest for perfection and happiness (1996:104). Once the extremely lean body shape that is seemingly achievable through diet pill consumption alone proves impossible to achieve through pharmaceutical means, the weight loss consumer is made vulnerable to engaging in yet more potentially harmful practices and behaviours.

Throughout my analysis, I expose the text producers' persistent attempts to legitimise the food supplements through the exploitation of medical and scientific discourses, the marketers present their slimming 'remedies' as pharmaceutical in nature. Yet, the stark reality of how these food supplements are manufactured and distributed is often far removed from the clinical representations identified in my analysis. Rather than spotless laboratories replete with clinical equipment in highly sanitised conditions, these online diet pills are frequently subject to significantly less stringent manufacturing and distributing conditions. The head of enforcement for the MHRA speaks of the alarmingly problematic practices of certain online diet pill distributors in *The Online Guardian*: 'when the MHRA raids premises alongside the police, the scenes it encounters can be deeply unpleasant: these pills are not being packed in spotless white labs'. Instead, there is 'cigarette ash everywhere, a bottle of Johnnie Walker there, half a kebab there; on the table the blister packs are all loose...'

(Marsh, 2017). The article goes on to state that, although banned throughout the E.U., damaging diet pills are still available widely online with disturbing side effects. Worryingly, substantial quantities of potentially fatal products continue to flood the U.K. market through online agencies and social media platforms (BBC News Online, 2019), consumers are evidently enticed by the marketing strategies of online diet pill purveyors.

The propensity of the diet pill promoters to blend 'expert', authoritative discourses with promotional rhetoric is a salient feature that I underscored in my analysis. Engaged by enticingly professional discourses, the consumer is encouraged to regard the supplements as effective treatment sanctioned by a 'trusted doctor'. Textual features such as trademark symbols, quality guarantees, ethical pricing promises, and fair return and refund policies, are interwoven with the medical 'speak' of the healthcare representatives. The conflation of medical and promotional rhetoric normalises drug promotion and consumption, rendering a pharmaceutical act as an every-day commercial practice. The text producers perceptively exploit consumer insecurities, no doubt drawing on the knowledge that consumers are drawn to dietary supplements as they are easily accessible, combined with assumptions and promotions of product safety and efficacy (Starr, 2015).

As described earlier in this chapter, the text producers take great steps to promote the idea that their supplements as '100% safe' products. However, multivitamins, food and dietary supplements that are licensed are not always the harmless substances the producers' claim them to be. Research has estimated that in the U.S.A. alone, 23,000 people receive emergency care each year experiencing heart palpitations, chest pain, choking or other health and psychological related problems after ingesting dietary supplements marketed with misleading information (Starr, 2015; Morris & Avorn, 2003).

The promotion of raspberry ketones occurring in two of the supplement websites, in addition to other fruit and herb-based ingredients promoted as weight loss aids, is a significant ploy, a ploy that obscures the potential harmful effects of such a natural ingredient. The labelling of the pharmaceutical packaging and the description of the biochemical agency of these ingredients clearly underscores the value of herb-based supplements as an effective slimming remedy, despite reports of the efficacy of raspberry ketones and other herbal substitutes being completely unsubstantiated (Wang et al., 2012). Unregulated levels of caffeine which accompany these fruit-based ingredients have proved fatal for weight loss consumers worldwide (see Allen & Tozar, 2015). Although caffeine is usually safe to consume in minimal amounts, the general advice is not to consume more than 400 mg per day (Starr, 2015). Yet the quantities of dietary supplements, clearly labelled in the websites and on the product packaging exhibit significantly higher doses than this (as I revealed in Chapter 6, section 3). Furthermore, the U.K. government (2016; 2017) reports that oftentimes the tablets which marketers claim to be devoid of caffeine contain significant quantities of it. Therefore, even if the consumer was aware of the recommended dosage for caffeine, per day, the ambiguous and unexplained quantities on the product packaging falls short of serious or clear explanation.

Writing in the *British Medical Journal*, Andrade et al. (2018) report on the accidental deaths from cardiac arrest due to the high dosage of caffeine taken from a dietary supplement. The report stated that weight loss products which comprise of caffeine concentrations of up to 250 mg of caffeine per tablet can have an adverse effect on the heart. As it is often difficult to ascertain the caffeine content from the tiny print on the product labels, the potential to miss, ignore or abuse the recommended dosage in a bid to achieve the 'maximum' results which the product's claim to produce is potentially great. In fact, the U.K.'s Food Standards Agency has banned raspberry ketones from high street sale, although they can still be used in small quantities as a flavouring. Meanwhile, full-strength raspberry ketones and other dietary supplements that contain large amounts of caffeine are readily available online, including the four websites examined in this study.

The MHRA and FDA are responsible for ensuring that medicines and medical devices work and are acceptably safe in the U.K. and U.S.A., respectively. The majority of food supplements are covered by food law but where they have a medicinal effect or make a medicinal claim (i.e., to prevent, treat or cure any disease or medical condition), they must be licensed under medicines legislation. Despite caveats in the website data, such as ‘these products have not been regulated by the FDA’, the products are explicitly constructed as medicinal in nature. This rather artful side-stepping of the regulations underlines the challenge faced by international governing bodies who are with regulating and policing online supplement distributors, many of whom can slip through the net (See Adshead et al., 2020).

Despite substantial differences in regulatory control over drugs and dietary supplements, pharmaceutical giants have remained mostly silent on regulatory issues concerning dietary supplements (Dwyer et al., 2018), perhaps because pharmaceutical companies have a substantial stake in the dietary supplement market. While commercial profit clearly underpins promotion of food supplements, there is an additional link between individual choice and corporate interest. As Fishman (2004) states, purveyors of pharmaceutical and lifestyle drugs not only produce them but also produce the medico-scientific (albeit often pseudo-scientific) knowledge that justifies the product as a viable solution to people’s ‘ills’, achieved through ‘claims about medical benefit, efficacy, and necessity, supposedly revealed by clinical research’ (2004:192).

In Chapter 2, I described in detail the history of fat society and the surrounding historical, social, cultural, and political environment that influenced body weight management practices in modern, western societies. In the following summary, I draw together the three significant social practices that I discuss in sections 7.2 to 7.4, related to the processes of responsabilisation, medicalisation, and pharmaceuticalisation, to make explicit the connections with the current sociocultural and socio-

political influences that I highlight in Chapter 2, namely biopedagogies and neoliberal behaviours. To remind the reader, the social practices are i) evaluating the body, ii) diagnosing fat as disease, and iii) prescribing pills as the solution. What I observe is that through the promotion of self-monitoring and self-regulating practices, the discursive encouragement to self-diagnosis and to self-direct body weight management (through commercial exchange), the website visitor is situated, ultimately, as a neoliberal subject, with all the expectations and anticipated behaviours attached. The website producers unabashedly promote bodies as projects to be managed and regulated, touting the consumption of diet pills as a good, responsible method of body weight management, coinciding with the broader discourses of biopedagogies in a much pedagogised society (Singh, 2002). Situating the internet consumer in such a fashion contributes to the promulgation of biopedagogical behaviours, and of neoliberal approaches to body weight management facilitated by a free, commercial, online market, that firmly establishes such practices as good and proper conduct, under the guise of self-empowerment.

The method of communication can similarly be established as a medium for neoliberal practice. Online advertising being freely accessible and increasingly pervasive (Muller & Alt, 2011) means the website visitor engages with health-related expertise through a commercial rather than medical channel. The motivation of diet pill purveyors using a digital platform to “piggyback” on the medical imperative in a strategic pursuit of profit remains a key method of engagement and strategy for consumer reach. Weight loss websites do not simply attempt to democratise access to health information and health-related products, as envisioned by early accounts of online health communication (Hardey 1999). Instead, as Lupton (1995) describes, they exhibit a ‘slippage between education and indoctrination’ (1995:110) through the emphasis on self-monitoring and the way healthcare professionals are depicted as authorities and experts within a commercial space.

As outlined in Chapter 2, the pharmaceutical and nutraceutical industry has the power to dominate by virtue of their huge advertising purse, which – through the utility of consumer testimonials and medical-inflected endorsement seen in this study – has the power to influence the website visitor, whether the promotional information be legitimate, or not.

What is important to note here is that each of the websites, despite having niche product positioning around herbal versus pharmaceutical, constructed in multiple ways through multiple channels, nevertheless all ‘incorporate a unique underpinning of networks, values, and meanings’ (Gwyn, 2002:26) that have the overarching meaning potential to responsabilise the individual to lose weight. For example, the steroidal representations demonstrated in the T5Fatburners website, against the natural/organic representations demonstrated the Clinico website, similarly seek to encourage the individual to be responsible for managing body weight, whilst appealing to multiple consumer preferences and sensibilities to retain that market share. The marketers of the weight loss products seemingly draw upon pre-established notions of the ‘overweight’ individual (as described in ‘The History of Fat Society’ in Chapter 2) and contemporary influencers of body weight management (such as the health, fashion and fitness industries) to produce strategic promotional materials that target niche demographics – yet each with underlying intention to perpetuate responsabilising behaviours and biopedagogical practices, i.e., diet pill consumption. Fundamentally, these strategies that prop up each of the product’s promotion absolutely ignore the immobilising constraints that some individuals and groups face whilst attempting to access resources for ‘self-empowerment’ and self-management, such as: mental and physical disability, access to education and well-being services, and reasonably priced healthy produce. As previously underlined, any such persons refusing or being unable to engage with neoliberal initiatives can, circumstantially, be regarded as irresponsible and deviant.

7.5 MCDA approach to analysing weight loss promotion.

A core concern of this study was to employ a framework able to critically decode the information that resides in the form and content of weight loss websites. Through the application of MCDA, I focussed on uncovering the explicit and implicit meanings that expressed values and norms about the weight loss consumer, and weight loss practices - meanings encoded both verbally and visually. As MCDA is concerned with describing how discourses control and shape social practices in the interests of dominant ideology (Pauwels, 2005), I favoured this approach as a means of exposing and interrogating the semiotic features of the weight loss websites. Undoubtedly the adoption of MCDA allowed me to flush out meanings that a purely textual or content analysis approach might well have overlooked. Moreover, analysing the multi-semiotic content of the websites afforded a greater critical appreciation of the wider discourses and institutional processes of online food supplement promotion.

For researchers who wish to understand how discourses operate in online promotional content, how ideologies are naturalised and legitimised, MCDA is a fruitful analytical approach. From a critical semiotic perspective, it is of great interest how discourses of medicine and science have come to shape how we think and act around weight loss practices. Fairclough (1992) has argued that we have seen a rise in the codification, control, and manipulation of advertising texts for the purpose of selling goods. We have lately witnessed the incredible growth of pharmaceutical and nutraceutical industries, industries which systematically employ codified discourses for advertising purposes, where increasingly things become coded in ways related to maximising profit (Eriksson & Machin, 2020). In the examples of the food supplement websites, I have sought to show how discourses relating to health, medicine, science, and pharmacy have become embedded in food supplement advertising to generate profits. This in turn demonstrates how questions about health cease to be reserved solely for healthcare professionals. Medicalising discourse is pervasive, apparent as it is in specialised language and images readily encountered in commercial websites. Visual and verbal

codes of communication that one would typically associate with the specialist domain of pharmacy are now routinely embedded within commercial spaces (Erikson & Machin, 2020).

The ways in which visitors to the weight loss websites interpret the content is, of course, highly subjective and cannot be predicted with absolute certainty. Some, for example, may not be consciously aware of the values and social relations encoded and reproduced in the discourse (Kress, Leite-Garcia & van Leeuwen, 1997), while others might resist readings, contesting the underlying medicalised configurations about unwanted body fat. Indeed, the third-person effect perspective (Salwen & Dupagne, 1999) suggests that people tend to perceive a media message as having greater effects on others, or the third person, than on themselves (Bryant et al., 2000). Nevertheless, the multimodal representations in the weight loss websites are clearly ideologically motivated, designed to persuade the reader-viewer of the medical imperative of weight loss. Whilst many website visitors might not be convinced of the outlandish product results, the extremely high sales figures indicate that the ideological content is persuasive enough. As Sut Jhally (2017) explains, ‘most of us think [advertising] has no real effect on us at all, that we’re too smart to be taken in by it, that we can ignore it, click past it or block it from working on our minds. But no matter how much we think we can outsmart it, there’s no getting around the fact that advertising is the dominant storytelling force of our time’ (2017:1).

In summary, I hope that this study has demonstrated how an MCDA approach – one that goes beyond the mere reading of linguistic content alone - can effectively unpack weight loss websites, exposing their subtle rhetorical operations, their sites of struggle and ideological motivations and thereby offer crucial insights that other modes of analysis fail to uncover.

8 Conclusion, limitations and implications

8.1 Conclusion

My study exposes and examines medicalised discourses in food supplement websites that construe fat(ter) bodies as pathological. In particular, I critique the medicalised voice that is artfully at work in the websites, a voice that enjoins readers to work on their bodies, to convince them of the aesthetic and moral superiority of the slim body size, and which in turn reinforces western cultural notions of the thin ideal, the ideally slim female body. The websites present the supplement-taking consumer as a healthy and responsible person – indeed the very embodiment of the responsible citizen. I argue that supplement promotion fosters a culture of drug consumption, transforming a commercial exchange into a pharmaceutical practice. Moreover, I argue that the medicalisation and pharmaceuticalisation of the weight loss consumer involves a subtle and intricate mix of discursive strategies: responsabilising the consumer to evaluate their bodies and take responsibility for their body shape and size; constructing unwanted fat as disease whilst promoting risk and the potential danger of not taking action, promoting the biochemical potency of weight loss supplements and encouraging consumers to consume pills as a ‘solution’ to undesirable bodily states - pills made readily accessible through online advertising channels. Taken together, these strategies medicalise and commercialise weight loss practices, potentially inducing fear and insecurity in prospective consumers, as well as widening diagnostic borders and ceaselessly promoting potentially harmful pharmaceuticalised ‘treatments’. These strategies are often subtle and intricate and therefore their full manipulative and ideological extent is unlikely to be appreciated by website visitors who are eager, if not desperate, to seek out ‘quick and easy solutions’ to weight management.

8.2 Strengths and limitations

While this study has afforded many revealing insights into the discursive structures of weight loss websites, it inevitably has some limitations. Although richly qualitative, this study was limited in

terms of quantitative scope, necessarily focusing on a relatively limited number of weight loss websites. A broader, more quantitative-focused analysis incorporating a greater number of websites would no doubt have contributed further insights and been more representative of slimming product discourse across the internet. Accordingly, future research would do well to adopt a more quantitative approach to highlight patterns of communication across a wider and more representative spectrum of websites. What would also be of value is a critical study of food supplement websites in conjunction with food labels in order to determine the presence or otherwise of similar medical and pharmaceutical discourses in a broader range of food supplement and food-related texts and promotional materials. Such research would potentially provide further evidence of the extent to which contemporary society is being subject to medicalisation and attendant pharmaceuticalising practices.

Interestingly, one vein of inquiry that I initially embarked upon focused on representations of healthcare professionals through lens of gender construction. This early specimen analysis revealed striking differences regarding gendered depictions of health professionals, such as the depiction of the female doctor who is typically positioned in a relatively passive and subordinate roles vis-à-vis her male counterparts. Most notably, the female doctor is rarely depicted as a primary physician in the website data; rather she appears only as part of a group, in a decorative and somewhat sexualised representation, or appears in a supportive role, for example, holding equipment for her more senior male colleagues. Goffman refers to this phenomenon as 'function ranking', a form of gender inequality whereby the male model in advertisements performs the important role while the female occupies a less meaningful one (Cortese, 2008).

Additionally, the analysis of gender representations and how they are textually and visually depicted in the advertising spaces revealed stark differences with regards to personal blame, (ir)responsibility, and motivations to lose weight. For example, men are depicted as wanting to lose weight because of

the desire to 'get fit', to take to the gym and build muscle, whereas female consumers are primarily presented as wanting to lose weight because of emotional reasons, such as psychological contentment. Although extremely revealing and worthy of pursuit, I was, given my focus on medicalising and pharmaceuticalising concerns, unable to pursue questions of gender. Accordingly, it would be interesting to return to the theme, examining in detail the intersection of medicalisation, pharmaceuticalisation and gender, according to the multi-modal critical discourse focus it deserves.

8.3 Implications

At the final stage of the thesis, I want to briefly outline some of its practical implications, not least its relevance for health professionals and agencies charged with regulating the safety and efficacy of prescription drugs. Through a systematic and robust multimodal discourse analysis, I have provided a sustained critical commentary on the ways in which commercial weight loss websites try to induce body anxiety in consumers and with that seek to persuade them to purchase dubious slimming supplements. I have highlighted the ways in which body fat is routinely depicted as being unhealthy and, indeed, as disease laden. All told, these websites promote and celebrate an unrealistic and extremely thin body type. In promoting slimming pills of dubious provenance and efficacy as panacea for people's body insecurities, these online pill purveyors are ultimately engaging in manipulative and unethical marketing practices. These practices become all the more indefensible when we realise that they are premised on the idea of arousing in consumers 'a psychological desire for the product without the consumer's knowledge and without the consumer being able to rationally weigh whether the product is in his or her best interests' (Prendergast, 1998: 120). The findings from my study, therefore, make an important contribution to critical research concerned with exposing manipulative marketing in the domain of public health. My findings, moreover, will be of interest to teachers and health practitioners working with children and adults experiencing eating disorders or concerns about their body size. For instance, for educators devising programmes to help

raise awareness about body image in society, the insights from my research will be of relevance, potentially helping young people to demystify and see harmful advertising, as well as promoting body positivity to counter the proliferation of prevailing values and beliefs around body shapes and sizes.

It is therefore my hope that this study raises much wider awareness of how the purveyors of online slimming pills artfully harness discourses that potentially mislead people into believing these products are suitable for everyone and medically sanctioned, without any kind of prior doctor consultation. Accordingly, I see my research as being relevant and useful to governing bodies, such as the MHRA, and standard-setting agencies, such as Trading Standards, that are concerned with the regulation of food supplement advertising - in particular online advertising which reaches ever-increasing numbers of people and continues to be the main platform through which pill suppliers reach prospective consumers.

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