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The best diet is a living hell: internet users and TV spectators share accounts of humiliation, suffering and overcoming toward the accomplishment of weight loss and self-esteem

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Abstract

This work proposes an analysis on the contemporary relations between body, visibility, and processes of subjectivation emerging from the narratives of suffering and overcoming of Globo TV show Bem Estar (Wellbeing) spectators, who are urged to share their stories of weight loss and improved self-esteem online at G1. We have observed that dramatic and embarrassing situations experienced by the spectators during obesity, as well as their painful struggle to follow the advice of the show's experts to lose weight, are especially emphasized. A triad composed of specialized knowledge (doctors, experts), the power of personal experience (of obese individuals), and journalists, whose mediation outlines a specific frame meant both to provoke and attract the audience.

Keywords

Communication and health; Medicalization; Memory; Mediatization; Health.

Introduction

In the contemporary context, it is clear that the meanings produced around obesity usually frame its condition as “misconduct”: it is something ugly, embarrassing, pathological and tasteless – to name only a few among the adjectives often employed – as the refusal (or difficulty) to lose weight is generally ascribed to lack of will, discipline, self-esteem, self-consciousness, or viewed patronizingly as a sign of disease. Being fat means being at a disadvantage, dissonant, atypical, sick, a loser; on the other hand, being thin means being healthy, in line with with social expectations, a winner (Sibilia, 2004; Sudo, and Luz, 2007; Mattos, and Luz, 2009; Sacramento, and Cruz, 2014).

Sacramento and Cruz (2014) observe that, once considered the very image of bodily perfection in its abundance and voluptuousness, the fat body within contemporary society assumed a different meaning, that of a health risk, which was constructed upon the impact of biomedical discourse and the wider dissemination of physical education. Understood as an investment of money, work, and sacrifice for achieving a youthful, slim, and fit body (Sibilia, 2004; Goldberg, 2010), exercise and diet practices are no longer options but a duty for the subject to adapt to the standards of a society where, more and more, one is what they appear to be.

Therefore, exhibitionist and performative trends support the new modes of identity construction and consumption, through a spectacularization of the self meant to cause an effect: recognition in the eyes of the other and, moreover, the coveted fact of being seen (Sibilia, 2004, p. 70).

In face of the ever-growing presence of the subjects of health and well-being in the media - and the body and vitality being among the most popular issues – personal stories of struggles with being overweight and obesity and of overcoming the stigmas connected to them are increasingly spotlighted by TV programmes or segments on the ‘self-care’. People who successfully undertook such ventures are increasingly invited to narrate their experiences of the process and, therefore, to encourage other subjects to follow the same path.

One example of these initiatives, the *Bem Estar's* segment *VC* (the abbreviation of ‘you’), which is published online on the Globo TV show page G1 on a weekly basis, has particularly drawn our attention. Especially the article's titles, which often associate the moment when the decision to lose weight was taken with a particular instance of humiliation or shock suffered by the subjects narrating their

own stories, 'Fortaleza youngster loses 61 pounds on "shame formula"¹, 'Carioca loses over 88 pounds after being called "whale" by a doctor², 'Student loses 110 pounds after mother dies during bariatric surgery in Espírito Santo³, 'Youngster changes diet and loses 125 pounds after getting stuck on bus turnstile⁴ are a few examples of this discursive construction that, apparently, the journalist who signs the published article or the editor of the page is in charge of, but whose raw material is provided by the spectators/internet users themselves, who send their stories to the newsroom according to the website's instructions. In general, the accounts imply that the decision to lose weight is taken in a limit situation where one finds oneself marginalized, threatened and humiliated, realizing that the only way to recover one's well-being and self-esteem is to get back in shape (or achieve an ideal standard one never had, that would keep one safe from humiliations and life risks – even if it involves deprivation and great struggle.

As the subject who avoids risky behaviors in the present to assure a happy and safe future by postponing death (Vaz, 2007), the obese individual commits to strict diets and exhausting workout routines in order to enjoy a future life where suffering is abolished. According to Vaz, 'we suffer for not acting properly; if we act well from now on (that is, if we actively indulge in suffering, now seen as the restriction of bodily pleasures and the duty of exercise), we may not suffer in the future.' (Vaz, 2007, p. 112)

The aim of this work is to reflect on the relations between body, visibility, and processes of subjectivation within contemporaneity through a study of the meanings produced in the narratives of suffering and overcoming of obese individuals. Therefore, we have selected some accounts from Bem Estar's online segment VC published on G1 as the object of analysis.

The page acts as an interface between spectators and the TV show staff (Bem Estar is further described later in this paper), comprising not only daily news about health and well-being from the televisual attraction but also the accounts of spectators explaining their everyday use of the experts' information and prescriptions presented in the show. This work focuses on these accounts by audience members that are turned into articles by G1's journalists, and not on the content of the show itself.

1 Available at: <http://g1.globo.com/bemestar/VC-no-Bem-Estar/noticia/2012/07/apos-receita-de-vergonha-na-cara-jovem-de-fortaleza-elimina-28-kg.html>

2 Available at: <http://g1.globo.com/bemestar/VC-no-Bem-Estar/noticia/2013/05/chamada-de-baleia-por-medico-carioca-elimina-mais-de-40-kg.html>

3 Available at: <http://g1.globo.com/bemestar/VC-no-Bem-Estar/noticia/2012/02/morte-da-mae-em-cirurgia-bariatrica-faz-estudante-do-es-perder-50-kg.html>

4 Available at: <http://g1.globo.com/bemestar/VC-no-Bem-Estar/noticia/2013/09/apos-entalar-na-catraca-do-onibus-jovem-muda-dieta-e-perde-57-kg.html>

We argue that by sharing detailed descriptions of the situations in which they felt at disadvantage and managed to revert them, these subjects create a positive connection between the exposition of their troubles and the acknowledgment of their sacrifice and effort to change upon advice from the show's experts. Frequently, exploring the production of subjectivity around the stories of ordinary people is a media strategy employed to expand the audience, which is clear in the textual choices to enhance dramatic or humiliating situations (mother's death, getting stuck on a turnstile) and shocking expressions (shame formula, being called 'whale') to draw the attention of the audience through deprecating obesity and selling the fitness and health market's lifestyle. Finally, these are new forms of constructing authority over the body and health through a triad comprising specialized knowledge (doctors, nutrition and physical education experts), the power of personal experience (the obese individuals), and journalists, who, acting as mediators, elicit a specific framing able to 'shake' those at home who have resigned themselves to obesity and encourage them to take action, which both attracts an audience for the show and reinforces its authority on the issue.

Reconfiguring a certain past in search of a certified future

Today, thin, happy and at peace with oneself. Yesterday, fat, unhappy and frustrated with life and the world. Between these two moments, there is a path marked by sacrifices, suffering and overcoming that crowns this achievement. In general, this is the underlying message of most spectators/Internet users' accounts published online at Bem Estar's segment VC on the website G1. These narratives are elaborated at the final step of the journey, after the complete transformation from fat, and for this reason, they are a mnemonic and auto-biographical act: each individual reconstitutes one's past and life trajectory from one's present perspective, selectively evoking previous facts that help construct a narrative that is coherent with their current values. That is, the past that is activated is a *certain* past, that in which the narrator highlights situations of suffering and develops victim positions, as though one said, 'I was fat and I suffered a lot, so I realized I had to change to be happy. Thus, I have not only changed my practices and my identity, but I *publicly narrated this process*'.

Here, the exercise of memory unfolds in tune with the dictates of a society increasingly centered on looks and visibility, where each one's experience becomes more real as it is publicized and shared. It is important to note that these narratives not only proliferate, but they become widely exposed due to the new visibility regimes of contemporary societies, which value auto-biographical narratives and the exposure of subjectivities (Sibilia, 2004), which is attested not only by the number of people willing to talk about their lives, but also the reception these accounts find in the media, which acknowledges them as highly interesting content for the readers.

Authors such as Rodrigues (1999) and Fausto Neto (2008) have previously described contemporary media and its environment as a privileged space of public visibility: as it is impossible to go everywhere and live every kind of experience, and more and more virtually everything we learn about the world is learned through the media, which brings us closer to the most distant things, summarizing the most complex events, informing us all what we consider necessary to know.

However, as Fausto Neto notes (1999), this is not a nice symmetric space – rather, it is driven by conflicts and negotiations toward discursive hegemony. Especially media organizations – which present themselves as this privileged space where individuals can search for the kind of information that helps them manage their own health and well-being – do not play an indifferent role within this context. Vaz and Cardoso (2011) argue that 'so far, media outlets are not considered as public health authorities' (Vaz, and Cardoso, 2011, p.2), thus, they rely on the experts' word to endow their content with credibility.

And in the dispute of interests and trades between the several actors involved – medical and political authorities, media organizations, the pharmaceutical industry, the medical-hospital complex, etc. - the authorized voices of the experts which reach the ears of the audience members are not absolutely neutral, always acting with a particular purpose, and, occasionally, even on behalf of collective interests.

As obesity is also understood as a medical issue, all this is possible. According to Conrad (1992), 'medicalization' describes a process in which a medical approach is adopted to deal with problems previously foreign to the realm of medicine and inscribed into what was understood as the normality of life. The author understands that the definition of medicalization is too encompassing; it may directly involve doctors and therapies or not, but it certainly broadens diagnostic categories far beyond what used to be understood as illness – the lesion itself – so that deviant behaviors or natural processes of life deserve a different gaze and a different attitude, based in scientific rationality.

Conrad & Schneider (1992) emphasize a particular character of medicalization that is interesting for the purpose of this work: by individualizing certain social problems – such as obesity, post-traumatic disorders, etc. - it leads toward the depoliticization of behaviors and consequently to the shift of responsibility over those matters to the individual itself, disregarding social contexts and absolving managers and (the lack of) public policies that should be held accountable for such situations.

Especially in the case of obesity, medicalization also implies the increasing expansion of the consumption market for products and artifacts for losing weight, upon the promised recovery of health or the elevation of well-being beyond measure with healthier foods, supervised sport practices, medicines, vitamin supplements, etc. It is possible to articulate this to what Clarke et al. (2003) have defined as 'biomedicalization', the clinical, diagnostic, and surgical innovations that provide the individual with the means for acquiring a social identity previously unavailable, materialized in the ideal of the perfect body: genetic transformations, Botox, the postponement of motherhood, youth prolongation, plastic surgery, and so on.

If, on the one hand, the medicalization of obesity can apparently comfort the affected subject by taking the blame off them for their being overweight - for, in principle, nobody chooses to get sick – on the other hand, it simply shifts morality into a different field, as observes Zola (1972): the fat or obese individual might not be guilty for one's 'illness', but is responsible for the self-neglecting behavior that led to one's condition, the lack of information on the habits that cause obesity, the inability to refrain from ingesting overly-caloric foods, the ease of sedentary life. At last, one did not fulfill one's duty and, hence, will always be subjected to moral judgment. For this reason, this individual becomes a follower and an easy target for the available 'solutions' to transform one into a socially adjusted being.

VC no Bem Estar (You at Wellbeing): the media's display of life

On February, 21st, 2011, the TV Globo network first broadcast a project full of novelties in relation to programmes for the audience interested in health topics: *Bem Estar*, a live morning show aired from Monday to Friday, presenting 'issues related to health, balance, good habits, and quality of life' (BEM, 2011). The anchors of the show are a youthful, athletic and dynamic couple - Mariana Ferrão and Fernando Rocha – who daily host doctors, nutritionists, physical education professionals and other experts to comment on the themes chosen by the

production staff and provide the audience with their pieces of advice for the promotion of health and good living. In order to reach the most varied range possible of the general public, the show is notable for its strong online presence on its own page at the news portal G1 (<http://g1.globo.com/bemestar/>), where it also introduces topics not shown on television and through which the spectators can participate by sending questions to be read live. So far in 2017, the couple of anchors is the same and the form remains unaltered, in spite of the inclusion of some novelties and minor changes to the scenery on each season.

No longer than two months after its debut on April, 26th 2011, the producers posted an invitation on the show's online page (G1, 2011), asking audience members to send accounts on how the advice from the anchors and experts have helped them to change their lives. The goal was to create a new segment of the show upon these accounts titled *VC no Bem Estar (You at Wellbeing)*. The invitation's purpose was nothing less than showing, through real life examples, the way how the teachings of the experts from the show were being employed by the spectators/readers to change their routines and improve their health and quality of life. The show addresses its audience in a moment when, as several authors observe (Sant'anna, 2009; Pereira, and Adghirni, 2011), journalism faces a heavy crisis of authority and intense competition with social media networks. The attempted solution is attracting Internet users to the TV show, reinventing it as a journalistic product upon the renegotiation of its basis of authority: journalism no longer speaks for itself; it welcomes other voices – naturally, disciplining them, as the rules of participation attest.

The guidelines⁵ instruct the registering process at Globo.com, specifying the kind of video and the amount of photos and file formats acceptable, as well as offering a brief lesson on how to write the story according to journalistic newsworthy rules and frameworks.

Adding to the videos presented on the TV show, by August, 2011, some stories came to be published on the G1 page randomly at first, but then more frequently on Saturdays, and, eventually on a regular basis since. We have observed that the earliest posts addressed stories of various types, invariably related to a given topic presented on the show: people who have quit smoking after watching a television report on the evils of tobacco; others who told they have learned more on viruses and bacteria through a report on the invisible dangers, or have adopted prescriptions from the show to handle pregnancy, alongside some

5 Indications available at: <<http://g1.globo.com/bemestar/VC-no-Bem-Estar/enviar-noticia.html>>

who have followed the experts' advice to lose weight by changing their diets and exercising.

In our investigation, we have identified that this G1 section first appeared regularly on Saturdays in 2013, including some double publications. Due to its comprehensiveness, we have decided to focus on the year 2013, considering that the one year gap resulted in sufficient material for a preliminary analysis of the phenomenon. As mentioned, during this period, there were more than the scheduled 52 publications (one per Saturday) because two different accounts had been published occasionally. Hence, we collected 59 posts from the VC segment on *Bem Estar*, totaling 60 participants in the analyzed period because one single account was sent by a couple.

To better illustrate the similarities and differences between the stories and offer a broad view of the addressed topics, information such as participants' gender, age, geographic location and their problems to be overcome are organized on Table 1. By its turn, Table 2 identifies the will which motivated each person to pursue life-changing attitudes; the event or element that triggered the decision for transformation and the action toward accomplishing change.

To classify the type of change intended (will), what triggered the decision to change (the triggering element), and how it was accomplished (action), we have created subcategories stemming from the identified elements in the exploratory analysis of the 59 posts comprising the corpus. As to 'will', it is divided as follows: a) will to beauty; b) will for health; c) desire for beauty, mainly, and health secondarily; d) will for health, mainly, and secondarily beauty. The identified triggering elements were classified as: a) aesthetic discomfort; b) health scare; c) challenges; d) others. Actions were sorted as: a) bariatric surgery; b) diet; c) diet complemented by exercises; d) exercises complemented by diet.

The first finding (Table 1) was impressive: in virtually 100% of the reported cases, obesity was the problem to be overcome. The only exception is the couple's account, in which the woman did not mention the will or the need to lose weight, contrary to the man. The other 58 posts describe how obesity can cause discomfort and how the person had lost weight. Here, it is worth emphasizing that we do not have available information so to attest that only accounts of obesity were sent – and, therefore, the stress on obesity/weight loss would have been given by the audience – or if selecting only obesity/weight lost accounts was an editorial option.

Table 1 – Who are the VC no Bem Estar participants and what problems they report

GENDER	Male	58,30%
	Female	41,70%

AGE	>20	5%
	20/29	53,30%
	30/39	31,70%
	40/49	6,70%
	50/59	0%
	<60	1,70%
GEOGRAPHIC LOCATION	North	0%
	Northeast	10%
	Midwest	18,30%
	Southeast	61,70%
	South	10%
PROBLEM TO OVERCOME	Overweight	98,30%
	None	1,70%

Source: the authors

The universe of 60 participants in 2013 included 35 men (58,3%) and 25 women (41,7%); the average age ranges was between 20 - 29 years (53,3%), followed by 30 - 39 years (31,7%), 40 - 49 years (6,7%), under 20 (5%) and over 60 (1,7%), without representatives in the range from 50 - 59 years⁶; as to participants' geographic location, 61,7% live in the Southeast, 18,3% in the Midwest, 10% in the South, 10% in the Northeast, and nobody in the North. If we contrast the composition of the Brazilian population by gender in 2013 (Brasil, 2014a), when there was 49,41% men and 50,59% women, with Internet users' profiles in 2013 (Brasil, 2015) - 49,3% male and 49,5% female - it seems unlikely that male participation in *Vc no Bem Estar* is more intense. However, the numbers seem less incoherent after one considers the percentage of male and female obese individuals: according to the 2013 Vigitel Brasil report, 54,7% of men and 47,4% of women struggled with being overweight (Brasil, 2014b), which explains why men are more concerned with the issue. As to age, there are coincidences related to the range under 20 years: according to the data from PNAD 2013, Internet use is high between 20-24 years (70,5%) and gradually declines among older individuals, reaching 12,6% from 60 years old on (Brasil, 2015). According to this same survey, the age groups which use Internet the most are 15 - 17 (75,7%) and 18-19 years old (73,8%), and their participation on *Vc no Bem Estar* is bland. Here, the hypothesis drawn from most of the stories, is that the situations of discomfort and pressure experienced by obese individuals are more frequent during the productive age, particularly in the workplace and the early years of marriage, which explains

⁶ One participant did not inform one's age, so the percentage sum remains bellow 100%.

the weaker participation of younger people. As to participant's geographic location, the Southeastern predominance is also corroborated by the number of Internet users' profiles in 2013 (Brasil, 2015), which indicates that 57% of the region's inhabitants regularly browse the web.

Yet, Table 2 shows that the will for a merely aesthetic result motivated 47% of the participants; 10% said they only wanted health; 23,3% mainly sought aesthetic improvements, but also health; 18,3% particularly wanted health, but also beauty. What triggered the decisions to change had to do with aesthetic discomfort for most participants (45%); health scare for 20%; some sort of challenge for 3,3%; numerous reasons for 11,7%; no specific purpose for 20% of the participants. To handle the problem, the majority (66,7%) opted for dieting plus exercises; 23,3% preferred to complement exercises with diet; 6,7% only dieted; 3,3% resorted to bariatric surgery.

Table 2 – What they want, what triggered the will, and they have decided to act

WILL	Beauty	47%
	Beauty and Health	23,30%
	Health and Beauty	18,30%
	Health	10%
TRIGGER	Aesthetic Discomfort	45%
	Health scare	20%
	None	20%
	Others	11,70%
	Challenges	3,30%
ACTION	Diet and exercises	66,70%
	Exercises and diet	23,30%
	Diet	6,70%
	Surgery	3,30%

Source: The authors

As mentioned earlier, what is most striking is the concentration of accounts around the topic of obesity and the will to lose weight, instead of the previously more varied health issues. In 2013, fighting obesity became the backbone of every narrative posted to the *VC no Bem Estar* section. We have no means of knowing whether other kinds of reports were no longer sent to the show's production staff or if it was an editorial decision to select and publicize only the ones describing the processes of weight loss, but the meanings produced suggest that currently the major hindrance to people's welfare is being overweight, reaffirming the idea of

obesity as something negative and abject, while thinness is something positive and desirable.

Also in relation to the study, if the emphasis on the issue of obesity, in disregard to other health issues, already drew attention, the conclusion that the aesthetic perspective was more valued than health once more evokes the question of the moralization of discourses on well-being: rather than being actually healthy, appearing to be healthy is more important; in this sense, what attests to one's health is the mirror, the clothing size, the digits on the scale, hence reinforcing the culture based in looks and the cult of the body (Sudo, and Luz, 2007; Goldenberg, 2010).

Reconstructing memory upon narratives of suffering and overcoming

To develop a further specific study on the narratives produced by Bem Estar spectators/readers and the participants of the segment *VC no Bem Estar*, it was necessary to downsize the number of stories from the corpus as originally delimited (the 59 accounts posted in 2013), in order to obtain an analyzable sample. We have decided to select the compilation of 10 stories as edited by the website itself, which, in December, 28th, 2013 has published the article, 'The Ten Commandments for weight loss in 2014' (Palma, 2013k), where each commandment refers to an original post published over that year.

Concerning the texts posted to G1, it is important to note that they are not the original account sent by each participant: they are always changed by a journalist, who adapts the story to journalistic language and a standard format. Generally, the structure follows a given script: it often elects the trigger of the decision to change as the initial impact point (as if everything developed from it), even when going back in time to illustrate a farther past. Next, it considers how the condition before change was distressful and limiting, usually evoking a series of unpleasant experiences and describing the actions performed in order to implement the great transformation, as well as the difficulties faced along this process. Finally, it concludes with the accomplished result generally contrasting the present (a time of happiness) with the past (a time of suffering). Occasionally, a moral is deduced from it. Therefore, the account results from a mnemonic act toward a selective remembrance that is both contextual and dialogical. The conflicts and the negotiations experienced by subjects in concrete social situations are present, resulting in several frameworks and disputes over meaning.

Although most participants acknowledge that their motivation to lose weight is the aesthetic discomfort caused by fat – thus, a focus on contemporary beauty standards – the discourse around healthy life, quality of life, and lifestyle transformation is recurring in the majority of stories. After all, what leads all these people through this journey is the advice from Bem Estar experts – who moreover personify, medical rationality. And this refers to the medicalization of obesity.

Regarding the narratives, we have observed that the question of aesthetics motivated the will to change in most participants, and it appears in relation to the difficulty in finding and buying clothes in their size, or the abjection toward their own image at that moment. Mobility and health issues also emerge within the accounts, 'By the end of 2012, I went shopping before going on vacation and could not find anything. The only thing I found was a pair of shorts size 22, but when I looked myself in the mirror of the fitting room, I realized I needed to take action' (Palma, 2013e); 'I could barely look myself in the mirror, so it was the time to really make a decision' (Palma, 2013h); 'It was unbearable to not fit into clothes, being unable to run, and having health problems' (Palma, 2013j). It is clear that the question of looks and vitality occupies a relevant position, corroborating what Sudo and Luz (2007) have described as an eternal dissatisfaction with one's bodily image, a translation of the social oppression capable of distressing even someone who is alone in front of the mirror.

Aesthetics became something other than medical rationality, the social-cultural criterion of the imperative of health. The latter also determines if the subject needs to perform some *healthy activity*, restricting one's diet or subjecting to aesthetic surgery (Sudo, and Luz, 2007, p. 1.038, italicized by the authors).

By naming and describing the triggers of their attitude toward change, some participants narrate situations when they suffered humiliations or reveal they were shaken by some event related to life risk, 'She said [the cardiologist] that I had to change if I wanted to see my children grow up, and this sentence is always on my mind' (Palma, 2013g); 'He [the doctor] said I was obese and had no chances to get pregnant. I left his office in tears. He finished me, but today I am thankful because he not only offered advice, but slapped me hard' (Palma, 2013d). Since the biographical narrative is produced in the present, when the person has already been compensated for past suffering, one reports this experience – which one describes as traumatic – through a positive angle. Certainly, on the day when the cardiologist told the young hypertensive man that his children could be orphaned, he did not feel happy or motivated, but afraid; as in the past the candidate for mother considered her doctor cruel instead of 'nice'. Nevertheless, when seen

through the perspective of the present, these moments gain a different color: the reconstitution of memories from the times of obesity and suffering to accomplish transformation, what was seen as limiting now is presented as motivation. By problematizing the category of memory, emphasizing its character as a historical and social construct, Lerner (2013) observes that within contemporary temporality, one of its strong and recurring uses is exactly to activate past events which evoke violent and offensive situations, 'The lived experience becomes a memory to which it returns recurrently, playing an important role in the identity constitution of groups and their relations to the present, the past, and the future' (Lerner, 2013, p. 208). However, resorting to the traumatic past is not a means to restore the condition of victim or sufferer, but rather to justify that the happiness achieved in the present was costly in the past, and the price was paid along the path of deprivation and struggles which led toward the accomplishment of a new social identity.

Likewise, what is initially indicated as sacrifice and struggle – dieting and exercising – is resignified later, respectively as restraint and discipline, 'I quit eating sweets completely. Unfortunately, because they are too good, aren't they? But I had to change' (Palma, 2013j); 'Working out is not as hard because it takes 50 minutes a day, while diet takes 24 hours every day, it is a far too radical change. Eventually it became a habit' (Palma, 2013c); 'I am always on the move. I practice jiu-jitsu and now I have joined a gym to start bodybuilding, although I don't really like it' (Palma, 2013i); 'We have even jogged in 32 degrees heat in Curitiba' (Palma, 2013b). By being rewarded with a new image, a new body, and an identity in conformity with the valued contemporary standard, all obtained through effort and deprivation, the subject assumes that adopting a rigid life is one's share of sacrifice in the negotiation of this eternal debt. However, as observes Vaz (1999), it is necessary to remain vigilant not to lose the right to keep consuming.

The constant discomfort of the fat body, in a repeated negation of the identity one wishes to replace, is another recurrent aspect of the stories, 'Nobody wants to be fat. So, you have to choose not be like that anymore' (Palma, 2013j); 'I was ashamed to go to a gym, so I walked around the house' (Palma, 2013e); 'Being fat at my age was shameful. Now I want more and more to keep fit and feel increasingly better' (Palma, 2013a); 'Expelling this disease from my body made my life much better and brought me lots of happiness. Today I am healthy and live a happy life' (Palma, 2013j). Questioning the social standards which impose thinness as a norm, thus pushing everyone who does not fit the model toward suffering is not intended by these narratives. After analyzing the meanings ascribed by obese subjects to bodily practices within the scope of a physical education and health

project, Mattos and Luz (2009) observed that the overrating of thinness in our society eventually transforms fat into a symbol of moral failure. In this sense, the obese individual carries not only the physical overweight, but also a social mark of that what is undesirable and abject.

However, since our time is marked by the cult of entrepreneurship and self-esteem (Freire Filho, 2013), the media sells – and the audience buys – the idea that this stigma can be overcome if the subject wants to and works hard, for caring for one's happiness is each one's own business, and, in the case of fat people, it is directly related to weight loss in exchange for social acceptance and respect, 'My self-esteem has changed a lot. Today I can look at myself in the mirror, get dressed and not feel that people are going to stare at me' (Palma, 2013h); 'I have always been flawless, but I gradually surrendered to being overweight. Now I can wear jeans and t-shirts again and I am very happy with myself, more in love with myself' (Palma, 2013f); 'Today I wear the same clothes I wore when I was 13' (Palma, 2013e); "I could not even buy clothes and today I do, my self-esteem is much higher" (Palma, 2013c); 'I am a happy person and I am very happy about my life' (Palma, 2013d). It is important to note that the mostly celebrated accomplishments are the increase of self-esteem and happiness, not necessarily the recovery or improvement of health. And this increase is accomplished through conformity with the market dictates and acceptance from others (Sibilia, 2004).

On the recent, vast literary and journalistic production about self-esteem, Freire Filho (2013) stresses that, instead of problematizing to what extent abusive social demands and derogatory attitudes toward subjects have increased the level of individual suffering, the guides and articles prefer to emphasize the benefits of a positive self-image.

Final Considerations

We have opened these considerations drawing from Freire Filho (2013), who identifies a moral sense connected to self-esteem, which is more evidenced by Neoliberalism: since it is described and valued as the major essence of those who are successful, autonomous, and self-reliant, it works as the perfect medicine to be prescribed against affective dependence and the vice of assistentialism. In the case of health, this can be translated as encouragement for private initiatives and the erasure of the importance of collective actions and public policies in this field.

Due to its scripted formula, which follows the model that explores the causal relation between sacrifice/reward, crime/punishment, and investment/profit, the

narratives of suffering and overcoming from Bem Estar spectators/readers perform the task of raising their self-esteem – always mentioned by the end of the process as the most valuable benefit - upon affirming the accomplished action, but, on the other hand, they also reinforce the social significations produced around fat and obesity as something invariably negative, something we should be ashamed of and, preferably, avoid.

Even when they evoke the memories of humiliation and discrimination endured over their past as fat individuals, the former fat individuals do not problematize the cruelty of social canons which impose the types of bodies that deserve to be socially included or excluded as fashion and pleasing to the market; rather, they celebrate the fact of obtaining their passports to (re)enter the magic world of thinness. The analyzed narratives also reveal important marks within their context of production: due to institutional disciplining provoked by the media framing, there is a certain erasure of tensions; the former fat individual incorporates the discriminatory, excluding discourse against oneself, both excusing and romanticizing a process of utter violence.

From the media's perspective, the objective to reaffirm as an authorized voice and simulate an intense interactivity seems to be accomplished. As the anchors Fernando Rocha and Mariana Ferrão have stressed in Bem Estar's first special anniversary edition, in February, 2012, the purpose of the show 'is to be like a Roberto Carlos song: make the population relate to each story told' (G1, 2012). Indeed, the TV show's longevity attests to the success of the model, both among the audience and advertisers. However, while this television attraction fulfills its aim to impel subjects toward the search for information on and adoption of healthier habits, on the other hand it also contributes toward the reinforcement of the individualist conception of health, connecting more and more the practices of self-care to the submission to prescriptions and the mandatory consumption of products, medicines, and services. Eventually, this broadens the inequality gap, for as the private health market further expands, public policies lose space and resources.

Furthermore, if obesity is actually a matter of health that requires medical guidance and accompaniment by experts, it would be necessary to (re)position it within the scope of public policies and collective actions.

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