Demarcating Social Practices: The Case of Weight Management

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Abstract

The concept of weight management has gained currency in present political and social discourses on weight and health, organizing the various efforts to fight obesity and to assist individuals in controlling their weight. In this paper, we ask whether weight management is becoming rooted also in the everyday life of individuals. Adopting a practice-theoretical approach we study whether weight management constitutes an intelligible and distinct entity to people problematizing their weight. By analysing data generated by focus group discussions with Finnish consumers we investigate the ways in which people understand the concept of weight management, what kinds of techniques they use in order to manage their weight, and what kind of emotional and normative positions they take with respect to weight management. We analyse weight management in relation to eating, but acknowledge the role of another practices, such as exercising. We conclude that weight management is not a clearly defined entity, but located at the intersection of more established practices, healthy eating and slimming. We end our article by discussing the policy-implications of our findings.

Keywords: *Compound Practice, Healthy Eating, Obesity, Practice Theory, Slimming, Weight Management*

Introduction: obesity and weight management

- 1.1 Obesity is currently regarded by the public health establishment as a crucial health problem (WHO 2004). While the notion of an obesity epidemic has been criticized from various perspectives (e.g. Rich & Evans 2005; Guthman & DuPuis 2006; Campos 2011), belief in the continual rise of obesity levels nonetheless has real consequences, manifested in the political programmes and public health policies targeting obesity. A key term in current obesity discourse is 'weight management' and its synonyms 'weight control' and 'weight maintenance', which are presented as an imperative to not only the clinically obese but to the broad spectrum of people with various body shapes (e.g. ADA 2009: 331). While the importance of change across all levels and sectors of society and an integrated and comprehensive approach in the fight against obesity are increasingly acknowledged, the efforts are aimed to entice changes in individual behaviour with regard to eating and physical activity in order to ensure the achievement and maintenance of a healthy weight (Department of Health 2011; Institute of Medicine 2012).^[1]
- 1.2 Finland is a case in point. According to Pertti Mustajoki (2009: 167), one of the leading obesity researchers in Finland, the term 'weight management' (in Finnish, *painonhallinta*) came into the Finnish vocabulary sometime during the 1990s. ^[2] Today weight management is promoted in various contexts ranging from national health policy programmes to commercial products and services. For example, *The Policy Programme for Health Promotion* (2007: 7-8) by the Finnish government sees overweight as a growing public health problem and lists 'weight control' as a central goal in influencing the lifestyles of people in the name of health. The corresponding government resolution on development guidelines for health-enhancing physical activity and nutrition (2008: 13-14) encourages support and incentives for the promotion of healthy lifestyles and 'weight maintenance' especially for students and people of working age. Furthermore, the national medical

guidelines for the treatment of obesity ([Current Care Guideline 2011](#)) differentiate between weight loss and weight management as two separate phases in the clinical treatment of obesity and provide detailed advice on different techniques in weight management. Recently renewed Finnish national nutrition recommendations ([National Nutrition Council 2014: 12](#)) note that weight management is desirable not only for health but also for ecological reasons, because weight gain is associated with excess energy intake.

1.3 The contemporary vogue in weight management is further manifested in the form of guidebooks, popular magazines, and Internet guides by public health authorities, NGOs and commercial actors in the field. Weight management is taught at self-help courses and used as a sales argument in marketing of both food and exercise products. Light products have become a well-established group of foods, and there is a proliferation of slimming preparations on the market. Several web-based services offer support for individuals' weight management such as food and exercise diaries, expert advice and feedback, recipes and discussion forums. On this evidence it seems that weight management is a key concept organizing the various efforts to fight obesity in Finland and to assist individuals in controlling their weight.

1.4 As a concept, weight management combines eating, exercise and other habits in a whole with the goal of balancing weight on a certain desired level through continuous working upon oneself. Yet it is often not explicitly defined, but outlined more indirectly or incidentally. For example, Mustajoki (2009) describes in a popular guidebook 'successful weight management' variably as 'long-term result after weight-loss' (ibid. 85), 'maintaining the new weight' or 'preventing a threatening weight gain' (ibid. 168), but remarks that also dieting for weight loss can be included in the concept of weight management (ibid. 167). ^[3] Thus there is a strong connection between weight management and slimming but they are not synonyms. Weight management can also be about gaining weight, and the notion of keeping weight on a desired level seems to be central to it.

1.5 Major parts of research on weight management take the concept for granted and focus on the barriers and promoting factors to reach the goal. Typical studies measure the effect of different strategies for weight management (e.g. [Rolls et al. 2004](#)), assess psychosocial factors influencing success or failure (e.g. [Teixeira et al. 2004](#)), or report results from controlled trials (e.g. [Heymsfield et al. 2003](#)). There is less research on how people understand weight management and how they practice it in their everyday life ([Chapman 1999](#); [Balfe 2007](#)), although we know a good deal how obese people experience their weight (e.g. [Monaghan 2008](#); [Tischner & Malson 2011](#)), or how dieting is practiced (e.g. [Germov & Williams 1999](#); [Stinson 2001](#)). Weight management aspires to be a more neutral and 'technical' term than slimming or dieting, yet it generalizes the project of 'weight watching' from the obese and the sick to the whole population, thus reflecting the growing influence of 'healthism' ([Crawford 1980](#)), 'body projects' ([Shilling 1993](#)), and 'the imperative of health' ([Lupton 1995](#)) in Western advanced societies.

1.6 In this article, we study how people define and engage with weight management. We assess whether the push for weight management in health policy described above is reflected in people's relation to their weight and in their everyday practices. What kind of techniques do they adopt in managing their weight? Does weight management constitute an intelligible and clearly distinct entity to people problematizing their weight? Due to the nature of the project in which our data were produced (see the following section) we mainly focus on eating and slimming in relation to weight management, but acknowledge the importance of other practices, such as exercising. How is weight management related to and distinct from these neighbouring practices?

A practice-theoretical approach

2.1 To answer our research questions we adopt a practice theoretical approach ([Schatzki 1996, 2002](#); [Halkier 2010](#); [Reckwitz 2002](#); [Shove et al. 2012](#); [Warde 2005](#)). Practices are 'broad domains of human activities that are reproduced and transformed through [constant] re-enactment and performance' ([Blue et al. 2014: 3](#)). Social practices have certain resilience but are also open to change, often depending on their relationship to other practices. This dynamic makes practice theory a good vantage point to explore the adoption and unfolding of everyday activities.

2.2 Instead of taking individual actions as the elementary unit of social life or starting from structural factors that then shape action, practice theory considers these two to be recursively related and mediated through social practices. This sets it apart from the two dominating paradigms of public health research, individualistic theories of human behaviour and behaviour change on the one hand and a focus on the influence of structural factors on health and well-being on the other, and thus makes it a potentially fruitful approach to contemporary challenges in public health ([Blue et al. 2014](#)).

- 2.3** A practice has been defined as 'a routinised type of behaviour which consists of several elements, interconnected to one another: forms of bodily activities, forms of mental activities, "things" and their use, a background knowledge in the form of understanding, know-how, states of emotion and motivational knowledge' (Reckwitz's 2002: 249). Several other typologies have been introduced to define the key elements of practices (Schatzki 1996, 2002; Pantzar & Shove 2010; Shove *et al.* 2012; for an overview see Gram-Hanssen 2011: 64-65). In this article, we follow Warde's (2005) terminology, as developed further by Halkier (2010: 29). According to it, practices encompass three elements: *Understandings* consist of practical interpretations, knowledge and know-how of what and how to do. *Procedures* refer to the instructions, principles and rules concerning what and how to do. Lastly, *engagements* are made of emotional and normative orientations related to what and how to do.
- 2.4** Schatzki (1996: 91-92, 98; 2002: 88) differentiates between *dispersed* and *integrative* practices. Dispersed practices cover only one relatively simple type of action, like explaining or describing. Their performance mainly requires understanding, and they can be part of several integrative practices. These are more complex bundles of understandings, procedures and engagements of how and why to perform the practice, and constitutive of particular domains of social life (e.g. farming or cooking practices).
- 2.5** Warde (2013: 20) discusses Schatzki's (1996: 98-110) criteria for identifying integrative practices. He picks out three such criteria: i) 'performances can be read as correct and acceptable, even when innovative' (Warde 2013: 20); ii) practices are social, since they co-exist with other people; iii) practices are not only in the minds of the performers, but form a distinct entity. The criteria firstly point out that practices are mutually intelligible for people sharing the same cultural background. People can give an account of their own or judge a fellow individual's performance, often with a practice-specific vocabulary. Secondly, the criteria address the nature of practices as socially organized entities. This refers to the nexus of doings and sayings with its three elements of understandings, procedures and engagements, which competent performers are able to coordinate and operate. The organization is supported by explicitly formalised performance criteria, which manifest themselves in codified rules and standards of conduct. As described above, weight management has entered this level of codification. However, as we will show, as a practice it is located at the intersection of (at least) two more established practices, healthy eating and slimming.
- 2.6** Warde (2013: 24) also introduces a third type of practices, *compound* practice, which refers to entities that draw upon several integrative practices. His example is eating, which 'presupposes the intersection of at least four integrative practices: the supplying of food, cooking, the organization of meal occasions, and aesthetic judgements of taste. These are formalised in terms of nutrition, cooking, etiquette, and gastronomy.' Although Warde does not explicate in detail the elements of 'nutrition' which he discerns as an integrative practice within the compound practice of eating, we read the term to refer to what we have termed healthy eating. Healthy eating can thus be part of several compound practices, such as eating in a general sense or, as we argue, weight management. Hence, we suggest that weight management can be characterized as a further example of a compound practice.

Methodology

- 3.1** The empirical material analysed consists of eight focus group discussions arranged in Helsinki, Finland, in autumn 2009 with mostly middle-aged and elderly people with varying weight management experiences and orientations. [4]
- 3.2** The participants were recruited from the Consumer Panel maintained by the National Consumer Research Centre. [5] The 68 participants included 47 women and 21 men with ages between 38 and 77 years and an average age of 5 years. All were relatively well-educated and living in the metropolitan area of Helsinki. Almost a third were retired, others worked mostly in different white-collar positions. Reflecting the age distribution, few had underage children. The consumer panel attracts active consumers, making members fitting discussants to assess emerging practices like weight management.
- 3.3** In the recruitment, no previous experience of weight management was expected. Nevertheless, the letter of invitation framed the focus group discussions and our aims by stating that the study 'explores how important issues weight and its management are for consumers and looks into consumers' ideas and experiences of weight management'. We carried out a recruitment survey before the discussions, in order to gain more information about the participants' background in and current orientation toward weight management. This information was used to divide the participants into discussion groups. According to the recruitment survey, our topic attracted mostly people that were actively problematizing their weight. Three out of four participants were

not happy with their weight and wished to lose some of it, and most were ready to make a substantial effort to maintain their weight or to lose it. Almost three in four were trying to lose weight at the time. None was trying to gain weight.

- 3.4** For practical reasons we formed the discussion groups based on the participants' weight loss experiences and current efforts in weight management as well as gender. In six focus groups (4 for women, 2 for men), the participants were trying to lose weight at the time of the recruitment and in two groups they were not (1 for women, 1 mixed). The article does not, however, analyse gendered aspects of weight management, and, due to the fact that the majority of participants in the non-weight-loss groups, too, had former experiences of slimming, we neither focus on the differences between the weight-loss groups and non-weight-loss groups. Hence, we do not make comparisons between the groups but instead make use of the richness of the data produced by the diversity. In focus groups the discussions are guided not only by the facilitator but the interaction and inherent dynamics of each group (e.g., [Kitzinger & Barbour 1999](#)), and we have tried to take this into account in interpreting the data. The interactions between the participants can be seen in some longer quotations which illustrate the topic at hand particularly well. Quotations from the data are identified by a person number and a group identification, save for a few very short, one-or two-word quotations. For instance, 'P5, F, G1, WL' refers to person number five who is a female in group number one consisting of weight-losers. Non-weight-losers are referred to by abbreviation NWL, respectively.
- 3.5** The discussions took up general themes concerning weight management (what weight management is and how it is conducted), addressed the role of eating in weight management (what and how should be eaten in order to manage weight) and appraised the suitability of various foods and the need for specific food products in weight management. Discussions on the last theme have been reported in a separate article ([Niva et al. 2013](#)). Since the discussions were held in the context of a project focusing on food and eating, these themes dominated. However, it is likely that food and eating would feature prominently in any discussion on weight management. Since we wanted to know how people understand the concept of weight management, we consciously used it throughout the discussions but let the participants to define it.
- 3.6** The data were transcribed verbatim and analysed by using the three key concepts of practice theory, i.e. understandings, procedures and engagements. We first made an explorative analysis, where each researcher looked separately at the same single discussion using a table format in which each utterance was placed in one cell and the above identified key elements in other cells in the same row (cf. [Arsel and Bean 2012](#)). Following the principles of triangulation we then compared our tables and calibrated our use of the concepts. This preliminary analysis led to the observation that weight management is closely interrelated with healthy eating and slimming. In the second step of the analysis we used the Atlas.ti-programme to code the talk about weight management, healthy eating and slimming in order to see how they intertwine. After this, we further analysed the three elements within the coded text segments.
- 3.7** While calibrating the concepts, we made some conceptual modifications as regards the content of the three elements as defined by Warde via Halkier. First, as a practical activity, understanding weight management always includes procedural rules as to how it should be performed. In this way, understandings (know how) and procedures (rules) are inevitably interrelated. In order to develop a more clear-cut conceptualisation, we gave 'procedures' a more active meaning, referring to the various techniques and activities used in weight management.
- 3.8** Second, with respect to engagements, we looked at what kind of value judgments or emotional positions people take with respect to weight management, both in relation to their own and others' doings and sayings. In addition, we included into engagements the various problems our participants identified in their weight management efforts. For example, one participant described how her attempt to follow a particular diet was jeopardised by her visits to relatives, where she thought it was polite to eat the food offered. Halkier (2010: 36) has used the concept of 'do-ability' to describe these kinds of practical, social or emotional difficulties in carrying out practices. We placed such problems into engagements, since they bring out a conflict between two values – in our example, between commitment to the project of losing weight and the imperative of courtesy. Such problems are fruitful to the analysis of practices, since they reveal how activities are often situated at the intersection of different nexuses of practice and how these intersections may compromise the do-ability of a particular practice.
- 3.9** In the following, we introduce the results of our analysis, starting by briefly outlining how our informants were engaged in ideals of weight as well as their more or less elaborate definitions of what weight management

is. We then proceed to delineate the ways in which weight management was by the informants constructed by relating it to healthy eating and slimming, respectively.

Weight management in relation to healthy eating and slimming

4.1 In the discussions, it was evident that irrespective of their own weight or weight management experiences, the participants subscribed to the general ideal of a 'normal' or 'healthy' weight. Even though we did not ask how much they hoped to weigh the participants seemed to have in mind an 'appropriate' range within which they hoped to keep their weight. This was apparent, for instance, in descriptions of a desired weight, which would allow one to fit in particular clothes, to be able to move flexibly or to be defined as normal in terms of the body mass index. The explicated reasons for managing weight stemmed from concerns related to health and appearance as well as general well-being. Hence, the participants were indeed engaged with an ideal of normal weight – as well as in activities that were understood elementary to weight management.

4.2 The concept of weight management seemed somewhat artificial to the participants. However, this is not to say that they did not understand the term or could not explain its meaning. They gave weight management a variety of definitions. Some stressed 'stability' and 'balance', i.e. not letting weight fluctuate a lot, others focused on energy balance or counting calories, yet others talked about it as a phase after weight-loss that required a permanent change in eating habits. Some went directly into a more emotional characterisation, for instance by describing weight management as an 'impossible equation' or 'necessary evil'. A few references were also made to weight management as an effort to gain weight or avoid becoming underweight. Comparing these definitions with those of experts makes it evident that the term as such is known among the public though not perhaps easily used in colloquial language. Rather, weight management got its content through talk about healthy eating and slimming, and to a lesser degree from exercising and other practices.

Healthy eating and weight management

4.3 Weight management was in many ways entangled with understandings, procedures and engagements relating to healthy eating. The participants' descriptions of doing weight management abounded with references to their own eating patterns, both as 'facts' (this is what I do) and 'endeavours' (this is what I try to do), but occasionally also to other people's eating, the latter often in a disparaging tone.

4.4 The relationship between healthy eating and weight management can be outlined with the help of three principles. They can be summarised as 1) eating healthy foods, 2) emphasising moderation, and 3) focusing on the organisation of eating, for instance eating meals rather than snacks, or home-made food rather than ready meals (cf. [Winter Falk et al. 2001](#); [Paquette 2005](#)).

4.5 Based on these principles we discerned three ways how healthy eating and weight management related to each other in the discussions. First, healthy eating and weight management could be easily combined when all principles were in balance: in such a situation one eats healthy foods in healthy amounts at regular meals accompanied by a few healthy snacks at appropriate intervals and weight stays on the desired level. Here, weight management may be a by-product of healthy eating, or a deliberate goal of eating healthily. Second, if attention is paid only to the two first principles, then weight management means following a moderate and balanced diet, but the organisation of eating is not given a particular emphasis. Third, if weight management centres only on moderation, the focus narrows to energy balance, while the inherent qualities of foods are neglected. This last understanding of weight management comes close to that related to slimming. The following citation illustrates the many ways in which weight management and healthy eating may be linked with each other (G7, NWL):

- I think they [weight management and healthy eating] go very much hand in hand. Of course you can eat yourself totally shapeless with healthy food, too, if you eat it in sick amounts. (P58, F)
- And you can lose weight eating unhealthy food. (P56, F)
- But the ideal probably is that they would go hand in hand. (P52, F)
- I also think that they very much support each other. (P54, F)
- A natural combination. (P52, F)

4.6 Thus the minimum condition for healthiness and weight management differed: for healthy eating it was eating healthy foods, whereas for weight management it was moderation. However, the more principles weight management was seen to encompass, the more positive the engagement to it was.

- 4.7 As regards the first principle, the foods understood as healthy largely followed the present dietary guidelines for healthy eating: in particular fruit, vegetables and soft fats were described as healthy, but wholegrain products, nuts and fish were also mentioned. Healthy food was described as 'natural', 'self-made', made of 'pure ingredients' and containing 'less E-numbers'. The participants eagerly and unanimously contrasted healthy foods with unhealthy foods, and provided lists of foods one should not eat, such as in the following excerpt (G3, WL):
- Crisps, soda, with aspartame or without (P26, F)
 - Sandwich cookies, chocolate, ice cream. (P19, F)
 - Everything deep-fried. (P24, F)
 - Doughnuts. (P19, F)
 - All ready-made pastries. (P24, F)
 - Ready-meals. (P18, F)
 - Cakes, Swiss rolls, those big and thick and delicious ones. All fatty cheeses, blue cheese and such, most of those are not suitable for those who manage their weight, and beer. (P19, F)
- 4.8 These understandings of healthy and unhealthy foods were reflected in the procedures, i.e., the practical ways of doing weight management. Not surprisingly, the foods that the participants favoured in weight management were those they understood as healthy, and the foods they avoided were those they depicted as unhealthy. However, not even the unhealthy ones needed to be avoided in all circumstances. Instead, they were allowed when eaten in moderation, following the ideal of 'disciplined pleasures' (see [Pajari et al. 2006](#)): 'Nothing is unhealthy if you don't eat it too much. You can eat everything if you only eat a little and have it in moderation' (P13, F, G2, WL). Thus, the condemnation of unhealthy foods was more clear-cut in the understandings and 'engagemental' value judgments than as an actual procedure and technique of weight management.
- 4.9 In addition, there was one particular bone of contention: the role of carbohydrates. This reflects the influence of the low-carb debate, which has intensified in Finland during the past couple of years ([Niva 2013](#); see also [Knight 2011](#)). In several groups there were voices advocating a low-carbohydrate diet with more fat and protein than suggested in the national nutrition guidelines. This controversy led to diverging understandings about the healthiness and suitability for weight management of grain products, starchy vegetables and animal fats as well as foods marketed as light, low-fat or sugar-free. The controversy presented itself also on the procedural level of weight management: A few participants followed some form of a low-carb diet, and they were not only critical of what was termed 'state nutrition guide' (P59, M, G8, WL), but were also engaged with their diet in a more passionate way than those trying to lose or maintain weight by use of more established methods, such as avoiding too much fat. As a way to manage weight, low-carb diet seems a particular case in its challenging of conventional understandings and techniques of healthy eating and weight management as well as in its capacity to evoke engagements which are very emphatically expressed. Yet, similarly to the conventional nutritional recommendations, it defines weight management through healthy eating.
- 4.10 Moderation, the second principle, was understood similarly as regards healthy eating and weight management: It meant eating reasonable amounts of food in terms of limiting snacking and not eating too large meals, which both have an effect on the daily energy intake. For carrying out moderation, the participants applied several direct or indirect techniques: keeping a food diary, making a shopping list and sticking to it, not going to the shop hungry, following the 'plate model' adopted from the Finnish nutrition education, eating delicacies only at weekends, using small plates instead of large ones, listening to the body to find the suitable amount of food for oneself, or weighing oneself regularly. Developing these kinds of 'routines of moderation' was important both in terms of healthy eating and in terms of managing weight.
- 4.11 When describing their own techniques of moderation, those participants who were trying to lose weight also referred to the engagemental element of weight management by describing the difficulties they faced in their efforts. The 'do-ability' ([Halkier 2010](#)) of weight management was a recurring theme in the discussions. The discussants talked about difficulties related to desires and self-control in what and particularly how much one eats. The problem was typically not one of not eating healthy foods, but rather of eating too much unhealthy food. There were vivid descriptions of 'desires' or 'lapses' when resisting the temptations of e.g. sweets, biscuits, ice-cream or alcohol was insurmountable: 'And red wine, especially when I'm feeling buzzed, then I could eat the whole fridge. I mean everything goes. And when you get these spells of craziness at weekends, then it kind of ruins the whole weekend' (P58, F, G7, WL). These lapses were presented in declaratory or humorous manner, but it was evident that the binges also caused distress. Some participants mentioned that they sometimes overate and got depressed afterwards, talked about their 'emotional eating', or baffled the participants of the generally matter-of-fact discussions by revealing personally difficult circumstances in which they had gained

weight after losing all interest in what, when and how much they ate. In addition, the problems of moderation were not only about 'binging' in sweet and fatty foods as above, but also eating too large portions of food at meals. The remarks concerning the need to eat smaller portions (of proper food) were, however, much less charged with anxiety than the descriptions of gorging oneself on treats. The engagement to moderation as regards proper food and treats were thus different by nature.

4.12 The third principle, organisation of eating, came up as an understanding of the importance of and engagement to eating (hot) meals rather than unhealthy snacks, eating at shared and regular meal times rather than grazing, and eating meals prepared from scratch rather than ready meals let alone junk food. These organisational aspects were important for both healthy eating and weight management. For the participants, arranging eating into shared, regular and social events apparently made eating more controllable and thus prevented unhealthy relapses into fatty and sweet snacks and binging. As shown by the quotation below (G1, WL), organisation of eating into regular meals was also a technique the participants used in order to eat healthily and to manage their weight – although in the discussions, it was much more rarely referred to than techniques of favouring and avoiding particular foods.

- I've got experience of writing down on a paper everything I eat and the times when I eat. You see, the regularity of eating is the be all and end all [of weight management]. (P7, F)
- You eat meals and not snacks. (P5, F)

4.13 However, there were two different ways to address the organisation of eating, depending on the participants' own present engagement with weight management. For many of those trying to lose weight, it was an ideal that was difficult to put into practice. It was thorny to co-ordinate everyday life in a way that would support healthy eating and weight management. Hurry at work and no time for proper lunch resulted in 'insane hunger' in the evening, and shift work, particularly night work, made it cumbersome to eat regular meals at appropriate times. In addition, the different rhythms of family members in school, work and leisure time impeded the eating of the ideal self-made, shared meals made of healthy ingredients. This is illustrated by the following excerpt from a lengthier discussion on the rhythms of work and domestic life:

Maybe it's the hurry in work life, you've got family and you're busy at work and you're still responsible for feeding the family. So that's one thing that maybe affects so that the choices are not always the healthiest ones, you take the chicken nuggets and fish fingers and French fries and put them quickly in the oven and then you eat it (P51, F, D7, WL).

4.14 These examples showing conflicts between different intersecting practices suggest why healthy eating and weight management are indeed not easily do-able. The practices of, e.g., work, family life, rest, hobbies and eating have to be coordinated in a way that supports the flow of everyday life, which may mean that compromises have to be made and not all practices can be carried out in a way people ideally would like to (cf. [Meah and Watson 2011](#)).

4.15 For those who were presently not trying to lose weight, the organisational aspects of eating were often taken up as value judgments on other people's engagements to weight management. In these rather moralistic discussions, the problems were framed as lack of self-discipline, lack of interest in or knowledge about healthy eating, or a loss of control of everyday life, or to a much lesser degree to poverty, inequality and social segregation. In these accounts the lack of self-discipline and control were seen as causes to unorganised eating patterns, implying that the overweight should take more responsibility for their lives and start eating proper meals in appropriate rhythms.

4.16 To summarise, in their relationship to these three principles, weight management was in some respects similar to, but in other respects different from healthy eating. In an ideal situation the merging of the three principles naturally leads to healthy eating and a balanced, appropriate weight. However, this ideal condition does not always materialise. The two practices differ in terms of how they were conceptualised in their most narrow sense: Whereas for healthy eating the minimum condition was a good nutritional quality of the diet, for weight management it was moderation. However, in the actualisation of both practices a key role was accorded to the reconciliation of various practices in everyday life in a way that supports healthy eating and weight management.

Slimming and weight management

- 4.17 Slimming came up spontaneously right at the beginning of the discussions, when we asked the participants to introduce themselves and give a short account why they were interested to participate. These statements probably tell a lot about how the participants understood the framing of the study. However, it should be pointed out that there was much less talk about slimming than about healthy eating. Yet, many referred to their own histories of losing weight. It is possible to identify two types of these slimming narratives ([Gimlin 2007](#)). The first was the eternal slimmer, e.g., 'My whole life has been about slimming' (P19, F, G3, WL). The second was the successful slimmer, who specifies the time when the slimming took place and the exact amount of lost kilos: '15 years ago I slimmed down from over 100 kilos to less than 70 kilos' (P36, M, G4, NWL).
- 4.18 However, in general, slimming was seen as something relatively negative: 'There is a negative tone to slimming... you know, the yo-yo-slimming is more dangerous to health than being a little overweight', (P47, F, G6, NWL). It seems that the discussants were ready to accept or adapt to a concept of weight management, which explicitly differentiates between slimming and weight management. It is intriguing that even though people somewhat proudly told other participants of their personal successes as slimmers, slimming in general was not seen in a positive light. Slimming is not automatically identified as healthy behaviour ([Chapman 1999](#); [Hjelkrem et al. 2013](#)).
- 4.19 Despite the negative aura of slimming it was recognisable as a practice. There was a common understanding of what slimming is: it is about losing weight. 'In principle, with the help of a starvation regime, such as fasting you can lose at least some kilos quite quickly' (P17, F, G3, WL). Here slimming definitely was distinct from weight management, which encompasses also maintaining and gaining weight. 'True weight management, you know, is about not getting the [lost] kilos back' (P5, F, G1, WL). This understanding of slimming as simply losing weight was largely shared. However, based on this shared understanding it was possible to discern several techniques and engagements of slimming. There were both negative and positive versions of slimming with tightly intertwined procedures and engagements.
- 4.20 The first engagement was positive slimming, which refers to a phase preceding weight management in the effort of losing weight. Hence, slimming was accepted as a way to reach the desired weight, which was then maintained with (proper) weight management techniques. Here it was clear that slimming should be based on sensible techniques of losing weight (e.g. paying attention not only to the quantity but also the quality of the food eaten). This positive engagement was related to health issues, which were considered an appropriate motive for slimming. 'It's a powerful tool to improve health and prevent illnesses' stated one participant (P67, M, G8, WL).
- 4.21 The second engagement, negative slimming, was more common. The discussants pointed out quite often and strongly that it is possible to lose weight by using procedures that are on the one hand unhealthy and on the other hand do not create lasting results. For instance, one participant (P9, F, G1, WL) noted that 'I have left all fat away, you can quite easily lose 2-3 kilos that way, but is it healthy?' All kinds of miracle and crash diets or fasts were seen in a very negative light. Hence, the participants made a clear distinction between sensible weight management techniques and 'forced' slimming. Slimming was particularly reprehensible when motivated by aesthetic reasons. In general good looks alone were not accepted as a proper aim of slimming among our discussants.
- 4.22 One thing differentiating between slimming and weight management was thus their perceived healthiness. Weight management was framed as the proper way of doing things, and slimming was often related to the idea of using unhealthy techniques or procedures in order to lose weight. Slimming was typically understood as losing the desired amount of weight fast with suspicious methods whereas weight management was more about changing the whole lifestyle. 'I left out all [carbohydrates] for two weeks,' tells one discussant (P55, F, G7, WL) of her crash slimming. Therefore, apart from the idea of slimming as introduction to proper weight management, the engagements in relation to slimming were quite negative. It seems that despite the fact that the word 'slimming' is used in a neutral manner both in everyday and media parlance, it has become to represent the negative side of people's efforts to manage their weight.
- 4.23 The third type of engagement was successful slimming (cf. [Stinson 2001](#)). This was framed by the stories of victorious slimming, as mentioned above. Key issue was the permanence of the results, i.e. whether slimming had entered the phase of weight management. Successful slimming was about keeping the good results by stabilising one's weight. Interestingly these stories of successful slimming were often accompanied with descriptions of the specific techniques that enabled the achievement. Often a list of foods omitted or added to the diet was given. Sometimes a specific diet was named. These were often versions of popular low-carb diets like South Beach, or Atkins. Some mentioned also Weight Watchers. The specifications were often triggered by

other discussants' questions. Many wanted to hear others' success stories and get tips for successful slimming and weight management. In fact, to gain information was one of the informants' stated motives to participate in the research project in the first place.

- 4.24** One interesting variation of the successful slimming engagement was 'slimming on demand'. It refers to a short bout of slimming a few kilos when necessary, e.g., in order 'to fit in a certain dress' (P57, F, G7, WL). This type of slimming got conflicting responses. On the one hand it was regarded as a skill. For example, one participant recalled in a wistful tone how it was easier to do when she was young. On the other hand slimming on demand came close to negative slimming in its use of crash diets and other 'forced' measures, which give no permanent results and are thus indefensible.
- 4.25** In the discussions there was a relatively strong thread of pointing out people who were either seen as foolish or losers. This was exemplified with stories of secret gluttons who in company try to deceive others by eating only 'cottage cheese and grated carrots' (P8, F, G1, WL). Especially in the discussion groups consisting of non-weight losers disapproving comments of people who should lose weight but are not doing so was a reoccurring engagement. This is very similar to engagements related to healthy eating and weight management presented above. The emphasis varied according to how successful one's own slimming or weight management project had been. Moreover, slimness was repeatedly connected to success in life, e.g., with regard to career opportunities: 'all those who are starting to advance in their careers are slimming' (P18, F, G3, WL).
- 4.26** In addition to the foods that one is supposed and not supposed to eat while slimming there were three other techniques often mentioned in the discussions. Firstly, the participants talked about products such as soft drinks for weight management or meal replacement bars designed as suitable for slimming or weight management. It should be noted that these products were part of a task where the participants assessed foods suitable for weight management (Niva *et al.* 2013). Secondly, they mentioned medical operations like gastric bypass (cf. Glenn *et al.* 2013). Both these procedures were addressed critically. The products targeting slimmers were seen as part of big business, which made them inherently suspicious. The quality of many such products was questioned and their high sugar-content was criticised. However, and this is in line with the general understanding of slimming, these products were seen as a way to 'start the slimming diet'. Hence, the products could be approved as a step toward weight management, when the task is to reach the desired weight. Surgical operations were seen as a last resort, when no other methods for losing weight have helped.
- 4.27** Finally, physical exercise was typically seen as a technique 'supporting slimming' (P53, F, G7, WL). Sometimes exercise seemed to be a necessary action without which losing weight is impossible. However, a reoccurring debate among the participants was whether exercise really makes you lose weight or not. Even though exercise was generally accompanied with positive comments, the paradox that people who exercise a lot need to eat a lot was recognised. This discussion was peppered with concrete examples of acquaintances who were fit and slim. Typically the argumentation broadened into ponderings of obstacles that hinder exercising regularly. Therefore, the importance of naturally occurring everyday exercise was stressed.
- 4.28** Based on the discussions, it is clear that slimming and weight management are not seen as synonymous. Rather, slimming is a much more narrowly defined entity, which nonetheless is one essential part of grasping the understandings, procedures and engagements of weight management. Slimming is about losing weight in both positive and negative sense. Positive slimming predates weight management whereas slimming using dubious procedures like crash diets is seen as undesirable save for a few clearly demarcated occasions ('slimming on demand'). There are various techniques of slimming that vary from unanimously preferred methods such as favouring and avoiding of certain foods to less acceptable means such as surgery as a last chance.

Conclusion

- 5.1** In this article, we have analysed how people in their everyday life interpret and perform weight management, which as a concept has gained increasing popularity in today's health-related political and social discourses. By applying a practice-theoretical perspective we have asked what kind of entity weight management is to people problematizing their weight.
- 5.2** Our findings suggest that although people do understand weight management as a concept they define it through other, more established practices. All practices are related to a number of neighbouring practices. However, in our case the understandings, procedures and engagements of weight management constantly referred to the multidimensional and partly overlapping practices of healthy eating and slimming, to the extent that

the independence of weight management as a practice becomes questioned.

- 5.3** One the one hand, healthy eating and weight management tend to merge. At best, weight management is part of everyday routines that constitute healthy eating. In this case, a balanced weight is seen as resulting naturally from a proper diet, supported by a generally healthy lifestyle. Therefore, ideally no specific activities of weight management are needed, since they are covered by the activities in the practice of healthy eating. On the other hand, slimming and weight management are contrasted. Slimming is described as a temporary solution for those who have weight-related health problems or are in danger of developing such, or something that is done for good looks. In its most acceptable form, slimming is seen as an entry point to proper weight management. However, the specific activities connected to slimming, such as counting calories or weighing oneself can be adopted for weight management purposes. Hence, there is a distinct understanding of weight management, which however refers to two more established practices, healthy eating or slimming, with their specific procedures and clearly differing value judgments.
- 5.4** Thus, although worrying about and taking steps to modify their weight is a reality for many people, from a practice theoretical point of view weight management does not seem to have an autonomous existence beyond the two established practices of healthy eating and slimming. It is more a collection of practices merged into a larger unit than a singular practice. Hence, it is not an integrative practice in Schatzki's (1996; 2002) meaning. It is also too complicated to be described as a dispersed practice that covers only one type of relatively simple action. Rather, weight management is an example of Warde's (2013) *compound practice*, collecting several integrative practices within one notion.^[6] However, unlike Warde's example, eating, which is immediately intelligible and tangible to the observer, weight management is a practice that cannot necessarily be recognised as weight management through its performances, yet consists of a set of doings related to healthy eating and slimming, which are easily categorised by observers. We can say that weight management is an example par excellence of a practice that is an assemblage of other practices, because without reference to these it would not be understandable.
- 5.5** In conclusion, we suggest that the difficulties people face in their everyday efforts to practice weight management may, in fact, be a product of its composite nature: managing weight requires long-lasting and enduring modifications in performing eating, keeping an eye on healthiness as well as the use of tools – such as monitoring weight or watching calorie intake – adopted from the practice of slimming. A practitioner of weight management needs to coordinate all these doings with each other and with other practices of everyday life, such as a work, family and leisure, in a way that sustains a stable weight. In an environment where food is readily available everywhere this is easier said than done. From a practice-theoretical point of view, further research is needed for analysing whether it is recurrent feature of compound practices that their drawing in a complex way on other practices complicates their do-ability.
- 5.6** Weight management can be seen as part of a wider political push that wants to raise awareness of healthy lifestyles and install practices of health care among the population in order to mobilise people into the project of weight control and obesity prevention as part of a general quest for life management. Discussions on weight management partake to the creation of a weight and health conscious social climate and introduce the pursuit of normal weight as a strong moral imperative. However, attempts to mobilize people into the quest of weight management typically rely on strategies that aim to install behavioural changes by persuading individuals to make better choices in terms of their eating and physical activity. Blue et al. (2014) have suggested that health promotion and policy should target practices instead of individuals. In effect, this would mean either remodelling directly components of unhealthy practices or working with neighbouring practices they are attached to. Viewed from this perspective, it is questionable whether policies and interventions encouraging people to monitor and work on their weight should rely on the notion of 'weight management', since it is strongly subordinate to other, more discernible everyday practices. At the same time, attempts to influence and sustain weight management pursuits need to take into account the understandings, procedures and engagements guiding the performance of the different practices in the assemblage of weight management. Our findings support the idea that when policies for healthy lifestyles are introduced, close attention should be given to what goes on in the everyday life of people targeted by the policies, and how health policies could fit in and work with practices of everyday life.

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Notes

1 See the resources on the webpages of U.S. Centers for Disease Control and Prevention <http://www.cdc.gov/healthyweight/index.html>.

2 This assessment is supported by a search in the Internet archives of the leading Finnish newspaper Helsingin Sanomat. 'Painonhallinta' appeared for the first time in 1997 when it was mentioned in eight articles, started to increase in early 2000s and peaked in 2007 with 62 mentions.

3 Quotations from Mustajoki (2009) are translated by the authors.

4 Focus groups have their restrictions in gathering data on practices. They build on the internal dynamics of the discussions (Kitzinger & Barbour 1999), which limit the possibilities for researchers to pose detailed follow-up questions in order to unpack the various elements of a practice (see also Martens 2012). However, we side with Halkier (2010: 40) that focus groups and other methods relying on talk do produce valuable insights into everyday practices.

5 The National Consumer Research Centre was a state funded research organisation under the Ministry of Employment and the Economy. Beginning from 2015 the centre has been located at the University of Helsinki and called Consumer Society Research Centre. The Panel was a register of around 1000 voluntary citizens willing to participate in the studies of the National Consumer Research Centre. It was not a representative sample of Finns, but a group of people who shared an interest in consumer issues. Participating in studies was voluntary, and in focus groups the discussants presented themselves by first name only. They were granted anonymity in all research publications.

6 We have focused on healthy eating and slimming, but it is likely that e.g. exercise would have a similar status.

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