

Cultivating a Healthy Second Nature - Nature, Culture, and Morality in Danish Parents' Narratives about their Children's Overweight and Weight Loss

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Andreassen, P., Grøn, L. & Roessler, K. K. (2013).. *Tidsskrift for Forskning i Sygdom og Samfund*, nr. 19, 99-119.

Professional explanations for the causes of childhood overweight vary greatly and no particular weight loss methods have proved successful. Nevertheless, parents are generally regarded as primarily to blame for overweight children and also perceived as key to successful weight loss. Based on semi-structured interviews with twelve mothers and two fathers of overweight preschool children, we use a narrative approach to focus on parents' own aetiological explanations as well as their hopes for a resolution. In their stories of how their children became overweight, parents draw on a number of explanations that refer to both natural and cultural causes which to a large extent mirror the available professional explanations, and in their stories of future possibilities, parents hope to develop a healthy second nature in their children. We argue that the parents employ these hopes and explanations

as narrative devices to position themselves as moral actors in relation to the prevalent and widespread idea of childhood overweight as caused by parental failure. The parents' narratives offer valuable insight into the exceptionally morally charged position of parenting within the social and cultural context of childhood overweight and weight loss.

Dansk abstract: At kultivere en naturlig sundhed: Natur, kultur og moral i danske forældres narrativer om deres børns overvægt og væggtab

Professionelle årsagsforklaringer på børneovervægt varierer i høj grad, og der er ikke fundet nogen virkningsfuld væggtabsmetode. Ikke desto mindre bliver forældre generelt anset for at være ansvarlige for deres børns overvægt og opfattes som centrale i forhold til deres væggtab. Baseret på semistrukturerede interviews med tolv mødre og to fædre til overvægtige førskole børn, bruger vi en narrativ tilgang til at fokusere på forældres egne ætiologiske forklaringer samt deres håb om at finde en løsning. I deres historier om hvordan deres børn blev overvægtige, trækker forældrene på en række forklaringer, der omhandler såvel naturlige som kulturelle årsager og som i høj grad afspejler de tilgængelige professionelle forklaringer. I deres historier om fremtidens muligheder stræber forældrene efter, at en sund levevis skal blive naturlig for deres børn. Vi argumenterer for, at forældrene anvender disse forklaringer og håb som narrative strategier, der positionerer dem som moralske aktører i relation til den fremherskende forståelse af, at børneovervægt skyldes forældrenes svigt. Forældrenes narrativer giver værdifuld indsigt i den exceptionelt moralsk ladede position forældrene befinder sig i ifm. børneovervægt og væggtab i denne sociale og kulturelle kontekst.

The Riddle of Childhood Overweight

The cause of the significant and rapid rise in the number of overweight children in Western countries, including Denmark, is a contested area. Professional explanations include and often combine factors as diverse as poor dietary habits and insufficient physical activity (Velde et al., 2007), genetic determinants (Silventoinen et al, 2010), societal changes (Birch & Anzman, 2009), psychological dispositions (Madsen, Grønbæk & Olsen, 2006), socioeconomic conditions (WHO, 2008), and so-called early-life determinants, such as in utero growth restriction and how long an infant is breastfed (Monesta et al., 2010). Hence childhood overweight is placed in the intersection between the biological and the social, leaving doubt as to what kind of phenomenon it should be categorized as. In fact, childhood over-

weight has been deemed “one of the most complex and least understood clinical syndromes in paediatric medicine” (Stouffer & Dorman, 1999), echoing esteemed obesity researcher Sørensen’s formulation of the etiology of overweight as a riddle (Sørensen, 2011). Furthermore, no effective cure has yet been found (Michaelsen et al., 2006; Summerbell et al., 2005), and while it is possible for children to obtain a considerable weight loss, most gain weight again over time, regardless of the method used to lose weight (Dietz, 2001; Hejgaard et al., 2006).

Politically, both childhood and adult overweight have been under intense scrutiny in recent years. In 2003 in Denmark, a national action plan for overweight was devised (Sundhedsstyrelsen, 2003). In addition, a new guide on preventive health provision for children and young adults was published in 2011 (Sundhedsstyrelsen, 2011a). These public initiatives all recognize that a combination of factors is causing the increasing number of overweight children in Denmark. Yet, although the complexity of childhood overweight is thus publicly acknowledged, parents are commonly regarded as the pivotal factor in the prevention of childhood overweight. An abundance of biomedical, psychological, and social scientific literature presents parents as key to developing a home environment that encourages healthy eating and physical activity among children (e.g. Backett-Milburn et al., 2006; Dettwyler, 1989; Franko et al., 2008; Hughes et al., 2008; Lindsay et al., 2006; Noble et al., 2007; Styles et al., 2007; Ventura & Birch, 2008; Wald et al., 2007). In addition, parents are also regarded as central to treatment once a child has become overweight (Jackson et al., 2004; Stewart et al., 2007). In a Danish context, this is mirrored in the way most health promotion campaigns and intervention projects emphasize the role played by parents and focus on the whole family in an attempt to treat overweight children in their immediate social environment. Similarly, the media debate about childhood overweight often frames the phenomenon as caused by parents’ neglectful behaviour, implying that body weight is a matter of personal control, and that parents have a moral and medical responsibility to manage their children’s weight (e.g. Aagaard, 2010; Christensen, 2011; Findalen, 2011; Giebner, 2011).

Social scientific and empirically based studies on childhood overweight have also addressed the role of parents in helping children lose weight, mostly focusing on isolated factors that are thought to affect overweight in children, such as parents’ negative attitudes towards shared family meals (Husby, Heitman & Jensen, 2008) and physical activity (Borra et al., 2003), leniency towards children watching television (Zehle, Wen, Orr & Rissel, 2007), and parents’ inadequate knowledge of healthy food (Hart, Herriot, Bishop & Truby, 2003). On a more critical note, other

social scientists have suggested that drawing a causal link between specific parental behavior and childhood overweight is unfounded, and that the “scientific truths” within overweight discourse in general are based on a complex mix of highly uncertain knowledge, moral agendas, and ideological assumptions (Gard & Wright, 2005; Wright, 2009) “parceling up science, morality and ideology into a good story” (Gard & Wright, 2005: 127).

Thus, in the case of childhood overweight, public debates have largely hinged upon underlying assumptions about parents and their behavior rather than on the inefficacy of any particular intervention. Parents of overweight children are represented in these debates as out-of-control, weak, and incapable of saying “no” to their children (Lupton, 2013: p. 45 ff), showing the extent to which the debate about overweight is morally charged and how overweight is considered as evidence of a moral failure (Gard & Wright, 2005; Lupton, 2013). Weight loss, in this context, is less a choice and more of a moral obligation (Throsby, 2009).

Given this context where parents - despite indefinite aetiology and treatment - are held responsible for their children’s overweight and weight loss, we find it relevant to ask what is at stake for these parents. In this empirical study of a group of parents with overweight preschool children, we argue that the parents’ use of multiple natural and cultural explanations in their narratives about their children’s overweight offer valuable insight into the exceptionally morally charged position of parenting within the social and cultural context of childhood overweight and weight loss.

Methods

This article is based on the analysis of in-depth interviews with fourteen Danish parents who all had one or more overweight children between the ages of four and six years. The parents all participated in one of two Danish municipal health-promotional projects. The overall purpose of both projects was to help the parents change their family’s eating and exercise habits in order to help their children lose weight.

The first author of this article functioned as the external evaluator of both municipal projects. This function included interviewing parents about their experiences participating in the projects, and the first author used this opportunity to recruit parents for a PhD-project regarding parents with overweight children (Andreassen, 2012). The interviews thus included questions about participating in the project as well as questions about aspects of the family’s everyday life, their

eating and exercise habits, and efforts made to change these habits. The parents were interviewed up to three times over a period of two years, but the results of this article stem from the initial interviews which were carried out when the parents had just started participating in the municipal projects.

In total twelve mothers participated, while only two fathers wished to participate. All the participating parents were ethnic Danes, represented different social groups (different educational levels, income levels, and types of jobs), and age-wise ranged from 24 to 41 years. Most of the interviewed parents were moderately to heavily overweight, while a few of them were of normal weight. Most had two or three children whereof one or more were overweight. The parents' participation in the municipal projects may set the parents of this study apart from other parents with overweight children. For instance, another recent Danish study shows that some parents fail to recognize that their children are overweight (Brødsgaard, 2011), while the parents of the present study not only identify their children as overweight but also see this as a problem that they are willing to accept municipal help for.

The interviews were semi-structured (Kvale & Brinkman, 2009; Bernard, 2006), and the parents were encouraged to speak freely and raise additional issues that were of importance to them. Parents were asked directly about why they thought their children had become overweight and how they hoped to help them lose weight, but much of the data used in this article stem from stories parents told as responses to broader and more open-ended questions concerning their children and everyday life. All interviews were audiotaped and transcribed verbatim. All quotes were translated into English by the first author with the help of two professional English teachers. All names have been changed to keep the parents and their children anonymous.

A Narrative Approach

Under the guidance of the second and third authors, the first author carried out the analytical work, using a narrative approach to analyze the parents' explanations of their children's overweight and their hopes for the future. Narratives have gained importance in medical anthropology as a means of understanding people's attempts to deal with and make sense of their life situations when illness strikes (Mattingly, 1998; Mogensen, 2005) and is employed in the present study for a number of reasons.

First of all, the narrative approach focuses on how stories are actively constructed by the narrator by way of plot and emplotment (Bruner 2004; Mattingly 1998; Mattingly 2010; Ricoeur 1980). Plot can be described as the organizing feature of a story, constructing “*meaningful order through which experiences and events are joined together to make a story*” (Good, 1994: 144). In ongoing stories, however, plot is not as much a finished form or structure as the narrator’s engagement in the imagined outcomes of the story (ibid: 145). Thus, people actively emplot and engage themselves in the unfolding story in connection with outcomes that are feared or longed for.

We start by identifying prototypical plot types that form the underlying structure in the parents’ narratives (ibid: 146). B. Good defines prototypical plot types as culturally informed “potential plots that give order to the events one is experiencing” (ibid: 148) and make them recognizable to others in society. According to Good, individuals use prototypical plot types to make sense of and anticipate the course of their illness as well as to identify potential sources that influence its outcome (ibid.).

Parents’ prototypical plots should also be seen as deeply related to culturally available understandings of overweight and weight loss. A narrative approach highlights how illness and healing are inextricably linked with the surrounding society and a (more or less) shared cultural context by focusing on the way narrative “*reflects participation in specific social and moral worlds and depends on personal and cultural resources*” (Garro, 2009: 79). Narratives illuminate the interpretations people make of their own lives by way of culturally available and acceptable understandings about illness and misfortune at a certain time in a certain culture. People’s actions are, in other words, deemed reasonable in the light of the local moral worlds to which they belong (Kleinman & Kleinman, 1991).

Furthermore, the narrative approach seems especially apt to study the temporal dimensions in human experience as it focuses on life as lived in and over time (Bruner, 2004; Ricoeur, 1980). Stories can be seen as ways of “*thinking through the past, ways of making sense of ongoing situations and guides for future action*” (Mattingly & Garro, 2000: 17). In this article, the narrative approach is employed to bring into focus the parents’ perceptions of the past in regard to causal mechanisms that have brought about the present predicament, as well as their hopes and fears in the present as they attempt to advance certain future narratives and avoid others.

Parents' Explanations of their Children's Overweight

We begin the discussion by identifying a number of prototypical plot types, aiming to demonstrate how, in the face of an array of morally charged public aetiologies of overweight (medically or publicly defined), parents of overweight children draw on categories of natural and cultural explanations to clarify their children's overweight in terms that are closely linked with norms for good parenting.

The parents all shared an understanding of overweight as fundamentally stemming from an intake of calories that surpassed the calories expended via physical activity, mirroring the most common explanation of overweight as formulated e.g. by the World Health Organization (WHO, 2013). However, in spite of this basic explanation, parents had more elaborate and complex explanations as to why their children had become overweight. We identify six different prototypical plot types, although in practice these were often intertwined, mixing natural and cultural explanations. As will be evident in what follows, the parents drew on the different available explanations found in biomedical and social science on the aetiology of the overweight (as presented previously), but related them to their own personal experiences. The six prototypical plot types can therefore be seen as a lay or experiential understanding of available scientific explanations.

1. *Genes and Body Types*

First of all, many of the parents explained that their overweight children's size was attributable to an inherited body type, based on the observation that many family members were "large" or "big-boned". One mother said of her overweight daughter: "Sally has always been a big girl. She weighed five kilos when she was born [...]. So she's never going to be a tiny knickknack. That's just the way it is."

This mother's lament that "that's just the way it is" conveys an understanding of overweight as almost inevitable in her child. In similar ways, other parents expressed a comprehension that their children were born with a genetic predisposition to become overweight, and that as a result of this, it would be very difficult for the children to live up to the social ideals of slenderness.

2. *Natural Dispositions and Appetites*

In addition to being born with a particular body type, many of the parents also referred to their children as having a natural or innate disposition to like fat-

ning foods, or to eat a lot. The parents saw this as a trait that set their overweight children apart from children of normal weight. In particular, several of the parents talked about their overweight children as lacking the ability to stop eating when they were full or indeed to feel satiated at all. One mother said of her overweight daughter: *"It is my experience that Emily doesn't really have that kind of stop brake for her to say that this is enough food. 'This sure tastes good, ' Emily thinks, 'we've got room for one more helping.'"*

This perception became particularly evident in stories where the parents compared their overweight child with slender siblings or other children in their social circle. One mother had twin girls, one close to being underweight and the other one overweight. She referred repeatedly and at length to how different the twin girls had been from birth, especially when it came to their appetites. The girl who later became overweight was from day one *"a greedy-gut"* who was only interested in *"sucking on her mother's boobies"*, ate more than she could contain and regurgitated large portions of milk, while her twin sister *"just wanted to have a look around to see what was going on"*. Stories such as this one were seen as a sign that children had innately different appetites.

Similarly, many of the parents told stories of how their children from a very early age had disliked physical activity and/or been unable to move their bodies appropriately, conveying an understanding that these traits were innate characteristics. Many explained that their children's motor skills had never been age appropriate and recounted instances where the children had felt uncomfortable or self-conscious during physical activities. In total, this comprehension of their children's innate dispositions supported the parents' understanding that exercising and not over-eating were more difficult for their overweight children than for others.

3. Metabolisms

Furthermore, reasoning again by comparison, some of the parents referred to the way in which some children can eat a lot without gaining weight, while their own overweight child merely had to eat slightly more than usual to become *"potbellied,"* as one mother put it. One father explained: *"[My overweight child and I] are built in a different way [from the rest of the family]. His two brothers are skinny types, who can just eat and eat and eat."* This reflects an understanding that bodies naturally have different abilities to metabolize food.

Nature as Culprit

In the parents' stories of these three different types of genetic predispositions for overweight, nature - in the shape of body types, innate appetites, and metabolisms - was emplotted as an antagonist working against them. One father talked of the family genes as "*opponents*", giving the family "*bad odds*" for losing weight. Thus the parents found themselves struggling against a strong 'natural' enemy. This understanding led to a feeling of unfairness among the parents, because they felt that because of their natural predispositions their children had greater difficulties keeping weight off than others. This feeling of unfairness is reflected in the quote from a mother, who described the difference between her two daughters, where one was overweight and the other was not:

Clara is a shrimp! She's not underweight, but she's just below average. And more long-limbed. It's deeply unfair! But it is also a comfort, because then it can't just be that we eat in a wrong way, when one [child] is fat and one is thin. Then it must be genetically determined a little bit, who becomes overweight. There must be something there that comes into play.

As the above quote also demonstrates, the feeling of unfairness was often accompanied by a sense of absolution for the parents. Casting the child's genetic inheritance as 'the bad guy' gave the parents a form of pardon in the sense that according to this explanation their children had not become overweight, because they had been negligent or depraved parents, but because they had especially tough odds against them. One mother said:

[I] probably should feel guilty that [my son has] become overweight [...]. I think I would feel more guilty if I knew he was stuffing his face with sweets and crisps and cake every day, 'cause then I would know that I was the sole reason for him having the problem that he has. He's just worse off [than his brothers] in terms of metabolism and body type really.

At the same time, these natural causes of overweight were experienced as making it more difficult for the parents to remedy the condition. One mother stated:

I think that that is where the great hurdle is, that is when it is something... [Interviewer: "When you have a natural inclination for certain things?"] Exactly and that's a tough one to crack, because that is governed by instinct, so that is why this nut is twice as hard to crack, I think, because if it were just the social environment

exclusively, then it would be easy. So as I say, it is in the centre of the brain somewhere that there is a defect.

Hence the parents presented a variety of explanatory stories in which nature is seen as the main culprit, determining whether you become overweight or not. However, these stories and explanations did not stand alone, but were supplemented and intertwined with culturally informed explanations.

4. Family Culture

The parents all referred to the role of nurture, and all perceived the family or home environment, where the children had grown up, as having an effect on their children's weight. More than half of the parents described their children as active, spending their free time on physical activities such as bicycling, playing ball games in the garden, horseback riding, and trampoline jumping. However, most parents also described their family culture as one of enjoyment, coziness, and indulgence – especially in connection with food. One father explained that his family tried to live healthily in their everyday life, but that they then “really lived” during weekends and holidays. By ‘really living’, he meant that on these occasions, the family was not so concerned with eating healthily or exercising. Similarly, most of the interviewed parents saw a link between their family's eating and exercising habits and their children's overweight; many of them stressing that the whole family was prone to eat too much and enjoyed sweet and fattening food. As mentioned earlier, most of the parents felt that their overweight child had been born with no stop brake when it came to food. However, most of these parents were under the impression that they as parents had ruined their children's ability to feel satiated even further by feeding them too much during their early upbringing. The parents were thus quick to take on responsibility for their children's overweight. *“It must be me doing something wrong”*, one mother lamented.

Parental responsibility as explanation for overweight in children was also evident in the way parents talked of other parents with overweight children. In particular, the parents' stories highlighted how parental neglect could lead to overweight, as in this excerpt, where a mother of three daughters, whereof one was overweight, said:

We have the story of Elisabeth from the village, who went to a ‘julemærkehjem’¹, and then she came home and had lost weight and looked so nice. But the parents

hardly have time for her [...]. Then my girls told me, ' Well, when she's been down taking care of her horse, she goes and buys the biggest ice cream at the grocer's, and she brings 50 [Danish] kroner to school every day and goes to the baker's to spend it'. That's when I think to myself, ' What the hell are those parents thinking?' It's terrible [...]. She went to a 'julemærkehjem', but then the parents are so busy with their work and not with her. It's a pity.

In particular, all the parents told stories of parents whose children were more obese than their own and stressed that these parents, unlike themselves, did not intervene and make an effort to change their children's weight. By telling these stories, the parents not only revealed an explanation for childhood overweight, but at the same time managed to distance themselves from parents who let down their children in different ways by not taking proper care of them. Hence, very often, parents' stories pointed toward the morally appropriate by recounting instances of moral violations or, at least, moral ambiguity.

Finally, family culture as a prototypical plot type was also evident in the parents' stories of their family history. Many of the parents were themselves overweight and saw a connection between the way they had been brought up themselves and the way they brought up their own children, regarding food and exercise. Consequently, they perceived the family's eating and exercise habits as being deeply ingrained in them and their children as a form of inherited family eating and exercise culture.

5. *Danish Culture*

Additionally, the families' relationship with food and exercise was not only linked to nurture and individual family cultures, but also ascribed to a particular Danish culture. During interviews several parents mentioned that Danes are prone to (over)eat when they get together to have a nice time. One mother of two overweight boys felt that this Danish preoccupation with food was even embedded in the way Danes talk to each other:

[When] Danes want to meet up with friends, we don't talk about what we want to do, or if we should go for a walk, or if we should stroll along the harbour. [The guests] ask 'What should we bring?', and they're not talking about their sleeping bags. It is implicit in the question that they're asking if they should bring cake for the coffee, should we bring bread, or should we bring red wine, you know.

In the parents' perspective, this cultural trait made it a challenge to both invite guests (because they felt they were expected to "dish up" at such occasions) and to attend parties or get-togethers with the children (because of the amount of food that was presented at such social functions). In this way, parents voiced a perception that Danish culture contributed to making their children overweight – or at least made it more difficult to avoid overeating and thus becoming overweight.

6. Modern Western Culture

Even more than Danish culture, some of the parents referred to what they perceived as a more overall or pervasive culture of adventure and temptation, which they felt permeated contemporary Western culture. These parents described a zeitgeist characterized by abundance, gluttony, and people not wanting to miss out on anything. This sentiment was expressed by a mother of two overweight boys:

[W]e want an adventure in connection with everything, you know. It is not just when we travel or when we go for a drive, that we want an adventure [...]. If you go back 40 years, you would think that it was fine if your basic needs were met, you know. But now there is something culturally in it as well, that we also have an adventure gene that needs to be accommodated [...]. We've become so fat that now we want an adventure to even be bothered to eat, you know.

This mother described in almost evolutionary terms how the abundance of modern society has led to the development of an "adventure gene". This in turn brought about an adventure culture that was seen as another cultural factor making it particularly difficult to avoid overeating and in this manner contributed to making their children overweight.

In this way, the parents regarded their children's overweight as not only being due to innate characteristics, but also as having to do with the time and place in which they were born. In combination, family culture, Danish culture, and Western adventure culture were seen as different *cultural* components which all added to what parents perceived as natural causes of overweight.

The parents' efforts to create a narrative about why their children had become overweight reflect how the basic, instrumental understanding that their child's overweight was caused by the intake of too many calories is not enough. As stated in many medical anthropological studies – especially in relation to medically unexplained illnesses - the question of *why* is just as important as the question

of *how* in people's causal explanations (Glick, 1998). It is pivotal to the parents to understand *why* this has happened to their child, not least for moral reasons. By presenting an array of natural and cultural causes of their child's overweight, the parents set out the ground on which their moral task of parenting should be evaluated: In the face of what might almost be seen as a conspiracy of natural and cultural causes running through their families, their children, what role should they – as moral agents – play? This question will be pursued in the following section.

Emplotting the Future: Cultivating a Healthy Second Nature

Just as different experiences of illness involve the fundamental question of »why«, the next question that will spring to mind is »What can be done?« (Kleinman, 1988). While the parents' narratives of *why* their children have become overweight offered different aetiological explanations, their stories of the hopes they held for their children's futures revealed how they ideally wished to solve the problem. Although the parents felt that several different factors made it difficult for their children to lose weight, they did not take this as a sign that they should simply give up and do nothing, but instead that a particularly hard fight had to be fought. One father emphasized: *"You can't just be laid-back about it and go 'Well, then it's just too difficult for me'."* Thus, in these parents' opinion, childhood overweight is essentially something to be dealt with by parents, in concurrence with social and cultural understandings.

The interviewed parents all associated overweight with living less than optimum lives, which is also testimony to their consent with traditional views of overweight. They all had a strong wish that their children should live a life without overweight and were regretful that their children had become overweight in the first place. Hence the parents told stories of happy endings in which their children would live happy, healthy lives without overweight. Many of the parents were themselves more or less overweight, but while they themselves tried all manner of slimming diets to lose weight, including diet pills and weight loss programs, they did not endorse such solutions for their children. Although they wished for their children to lose weight, this should not happen by any means necessary. Rather the parents had a basic understanding that the best way for their children to lose weight was to exercise more and eat less and healthier food. The ideal way to integrate these alterations was to develop what they termed *"a natural relationship"* to food and exercise.

Parents especially wished that eating healthily would become “*something natural*” for their children on different levels. For example one mother said that she hoped that for her child:

[eating healthily] becomes a natural thing. That it is a natural thing that you eat your oatmeal for breakfast. That it is a natural thing that if you become hungry in the afternoon, you eat a whole meal bun, not a chocolate bar. That that urge for healthy things is there. That it isn't just a sad duty.

As demonstrated in this excerpt, some parents used the word ‘natural’ to connote something unconscious, an urge even, that they hoped their children would come to feel for healthy food; that eating healthily would become something their children would not have to think consciously about, but would simply do. For some parents a “*natural relation*” to food also implied food as a function, rather than a substitute for something else:

I want [my children] to have a natural relationship to food. Most of all, I want them to have a natural relationship [that entails] that you stop eating when you're full. That food is not something you eat to have a nice time. I want them to be able to have a nice time without food. Well, you eat because you are hungry. It is to keep yourself alive that you eat. It is not to have a nice time or because you are sad, or because you are happy. That you don't eat because of an emotion, but eat because, well, you need some food.

A “*natural relationship*” to food here comes to connote that one's food intake is under control; that eating is a *means* to an end, rather than an end in itself; something you do because you have to. Similarly, the parents also talked of a “*natural relationship*” to exercise as something one did without thinking about it, but here the ideal was exercise as an end in itself rather than a means to an end. One mother of two overweight girls and a normal weight boy explained:

I would like to go for a run more often with my children, you know, to motivate them more so that you feel that [running] is something great; that it's not a duty you have to do, but that it is really something you enjoy, you know, that you do that for yourself [...]. I would like it if they won't have to think, like I think now, 'I have to get going again, and tomorrow I have to get going for sure' and then the next day you think, 'No tomorrow I really have to do it.' I would like it to be something you want to do and think is great. Those people who say that they go for a run, because they can't stop themselves, I wish I felt that way [laughs].

As was the case with food and eating, the natural relationship to exercise here comes to denote something pleasurable and effortless, almost unconscious. As described, the parents saw the culture the children lived in as well as their nature as strong factors that encouraged them to overeat and not exercise. Yet in their stories of the future hopes and possibilities, the parents expressed a wish that their children would somehow overcome these obstacles by acquiring a “natural” way of eating and a natural joy of movement.

In particular, the parents saw it as their job as parents to encourage a preference for eating healthily and enjoying exercise. As such, the parents hoped that these natural relationships to food and exercise could be achieved through nurture. The parents hoped and expected that if they encouraged this behaviour consistently and long enough, it would come to feel innate. In other words, the parents hoped that living healthily would become second nature for their children. Instead of a never ending struggle, as the parents had experienced it themselves, it would become a battle that had already been won for the children, because living healthily had become second nature to them. In this way, the parents saw a future for their children, where they would have their weight under control and would live healthily without feeling deprived of what the world had to offer. A future where they would live up to the (slender) moral standards of society, but without the effort. However, as shown elsewhere (Andreassen, Grøn & Roessler, 2013), the current moral climate ironically complicates the parents’ efforts to help their children lose weight because they fear irredeemably hurting their children’s self-esteem by focusing negatively on their bodies, and on eating and exercising as means to lose weight.

Conclusion

Critical voices within social scientific overweight studies have argued that scientific truths presented in connection with the current “war on obesity” are based on ideological and moral assumptions (e.g. Gard & Wright, 2005; Lupton, 2013). The present study endorses this view by illustrating the profoundly moral context within which the parents of overweight children find themselves. Using a narrative approach to make sense of the empirical data permits an analysis that not only explores parents’ narrative of how their children came to be overweight and their hopes for their future weight loss. It also allows us to think about *how* these narratives are told and what this reveals about the cultural context within which their hopes and explanations take place by highlighting the guilt and blame that

frames the experience of overweight and has to be managed narratively by the parents of overweight children.

In this article we have argued that parents use explanations of natural and cultural causalities interchangeably as narrative devices to grapple with the moral dimensions of childhood overweight. The concepts of nature and culture invoke a moral framework wherein the parents can construct their own identities as good parents *even though* they have allowed their children to become overweight, as this framework contests prevalent explanations that frame childhood overweight as being chiefly due to parental failure. In this sense, their narratives can be seen as moral antidotes to the experience of societal accusation as well as self-blame for their children's misfortune. However, and even more importantly, the parents seem unable to escape the morally charged framework provided by culturally available explanations of overweight. At no time did the parents question that an overweight body is unacceptable, thereby ruling out alternative ways of thinking about the relationship between health and body size.

Similarly the parents' hope for a resolution – cultivating a healthy second nature in their children – also reflects the prevailing assumptions that childhood overweight is a problem that can and indeed first and foremost should be attended to by parents. All the parents saw it as their responsibility to help their children to a healthy life without overweight. Yet even though the parents saw their children as naturally disposed towards being overweight, they also hoped for plasticity in the genes; i.e. that genetic or natural dispositions in their children could somehow be conquered through habituation, so that in time the children will be able to live up to societal norms effortlessly.

With this we hope to have shown the strong narrative restraints that are made up by the morally charged social and cultural ideas about overweight and weight loss. As noted by Wathne (2011) Lindelof (2011), most research on overweight and weight loss is done from a natural science perspective. Yet the subjects of overweight and weight loss are intrinsically related to the complexity of human agency and are inescapably moral issues. As such they very much deserve to also be central subjects of ethnographic research.

Notes

1. 'Julemærkehjem' are camps in Denmark where children between the ages of 6 and 14, who are overweight, get bullied or have other problems, go for stays of approximately 10 weeks to exercise, eat healthily and be educated in health matters.

References

- Aagaard, J. (2010). Fed som far, tyk som mor. *Søndagsavisen*, 22. January.
- Andreassen, P. (2012). Weight Matters: Exploring the Experiences of Parents with Overweight Children. PhD-thesis, Institut for Psykologi og Institut for Idræt & Biomekanik, Syddansk Universitet.
- Andreassen, P., Grøn, L. & Roessler, K.K. (2013). Hiding the Plot: Parents' Moral Dilemmas and Strategies when Helping their Overweight Children Lose Weight. *Qualitative Health Research*, In Press.
- Backett-Milburn, K. C., Wills, W.J., Gregory, S. & Lawton, J. (2006). Making sense of eating, weight and risk in early teenage years: Views and concerns of parents in poorer socio-economic circumstances. *Social Science and Medicine*, 63(3), 624-635.
- Bernard, H.R. (2006a). Interviewing: Unstructured and Semistructured. In Bernard, H.R., *Research Methods in Anthropology: Qualitative and Quantitative Approaches* (pp. 210-250). Oxford: AltaMira Press.
- Bernard, H.R. (2006b). Participant Observation. In Bernard, H.R., *Research Methods in Anthropology: Qualitative and Quantitative Approaches* (pp.342-386). Oxford: AltaMira Press.
- Borra, S.T., Kelly, L., Shirreffs, M.B., Neville, K. & Geiger, C.J. (2003). Developing health messages: Qualitative studies with children, parents, and teachers help identify communications opportunities for healthful lifestyles and the prevention of obesity. *Journal of the American Dietetic Association*, 103 (6), 721-8.
- Bruner, J. (2004). Life as Narrative. *Social Research*, 71(3): 691-710.
- Brødsgaard, A. (2011). *A childhood with or without overweight: Mothers' action competence, health behaviour and relationships with their children*. PhD thesis. Faculty of Health Sciences, University of Southern Denmark.
- Burch, L.L. & Anzman, S.L. (2009). Learning to Eat in an Obesogenic Environment: A Developmental Systems Perspective on Childhood Obesity. *Child Development Perspectives*, 4 (2): 138-143.
- Christensen, V.T. (2011). Forældrene har nøglen til børns overvægt. *AFK-Nyt*, 1. June.
- Dettwyler, A. K. (1989). Styles of Infant feeding: Parental/Caretaker Control in Food Consumption in Young Children. *American Anthropologist*, 91 (3), 696-703.
- Dietz, W. (2001). The obesity epidemic in young children. *British Medical Journal*, 322: 313-14.
- Findalen, J. (2011). Forældre overser drenges overvægt. *MetroXpress*, 23. June.

- Franko, D.L., Thompson, D., Bauserman, R., Affenito, S.G. & Striegel-Moore, R.H. (2008). What's love got to do with it? Family Cohesion and Healthy Eating Behaviours in Adolescent Girls. *International Journal of eating disorders*, 41 (4), 360-367.
- Gard, M. & Wright, J. (2005). *The Obesity Epidemic*. Oxon: Routledge.
- Garro, L.C. & Mattingly, C. (2000). Narrative as Construct and Construction. In Mattingly, C & Garro, L.C. (eds.), *Narrative and the Cultural Construction of Illness and Healing* (pp. 1-49). Los Angeles: University of California Press.
- Garro, L.C. (2009). Cultural, Social, and Self Processes in Narrating Troubling Experiences. In Jensen, U.J. & Mattingly, C. (eds.), *Narrative, Self and Social Practice* (pp. 75-100). Denmark: Philosophia Press.
- Giebner, F. (2011). Forældre er blinde for deres børns overvægt. *Politiken*, 14. March.
- Glick, L. (1998 [1967]). Medicine as an Ethnographic Category: The Gimi of the New Guinea Highlands. In van der Geest, S. & Rienks, A. (eds.), *The Art of Medical Anthropology. Readings* (pp. 23-37). Amsterdam: Het Spinhuis.
- Good, B.J. (1994). The narrative representation of illness. In Good, B.J.: *Medicine, rationality, and experience: An anthropological perspective* (pp. 135-165). Cambridge: Cambridge University Press.
- Good, B. & Good, M.J.D. (1994). In the Subjunctive Mode: Epilepsy Narratives in Turkey. *Social Science and Medicine*, 38(6), 835-842.
- Hart, K.H., Herriot, A., Bishop, J.A. & Truby, H. (2003). Promoting healthy diet and exercise patterns amongst primary school children: a qualitative investigation of parental perspectives. *Journal of Human Nutrition and Dietetics*, 16: 89-96.
- Hejgaard, T., et al. (2006). *Metoder og redskaber til indsatser mod overvægt: Erfaringer fra 26 projekter belyst ud fra forskellige temaer*. Danmark: Sundhedsstyrelsen.
- Hughes, C.C., Sherman, S.N. & Whitaker, R.C. (2008). How Low-Income Mothers With Overweight Preschool Children Make Sense of Obesity. *Qualitative Health Research*, 20 (4), 465-478.
- Husby, I., Heitman, B.L. & Jensen, K.O. (2008). Meals and snacks from the child's perspective: the contribution of qualitative methods to the development of dietary interventions. *Public Health Nutrition*. Retrieved June, 2012, from <http://www.mv.helsinki.fi/home/palojoki/copenhagen%2009/idahusby%20TEXT.pdf>.
- Jackson, D., Mannix, J., Faga, P. & McDonald, G. (2004). Overweight and Obese Children: Mothers' strategies. *Issues and Innovation in Nursing Practice*, 52 (1), 6-13.

- Kjøller M., Juel, K. & Kamper-Jørgensen, F. (2007). *Folkesundhedsrapporten 2007*. Denmark: Statens Institut for Folkesundhed.
- Kleinman, A. (1988). *The Illness Narratives: Suffering, Healing and the Human Condition*. New York: Harper and Row.
- Kleinman, A. & Kleinman, J. (1991). Suffering and Its Professional Transformation. Toward an Ethnography of Interpersonal Experience. *Culture, Medicine, and Psychiatry*, 15 (3), 275-301.
- Kvale, S. & S. Brinkman (2009). *Interview – introduktion til et håndværk*. Denmark: Gyldendal Akademisk.
- Lindelof, A. (2011). *Practice makes perfect: a longitudinal, qualitative study of obese adolescents' and their parents' experiences of the adolescents' obesity and weight loss attempts*. PhD thesis. Faculty of Health Sciences, Aarhus University.
- Lindsay A.C., Sussner, K.M., Kim, J. & Gortmaker, S. (2006). The role of parents in preventing childhood obesity. *The Future of Children*, 16 (1), 169-186.
- Lupton, D. (2013). *Fat*. London: Routledge.
- Madsen S.A., H. Grønbaek & H. Olsen (2006). Psykologiske aspekter ved overvægt. *Ugeskrift for læger*, 168 (2), 194-196.
- Mattingly, C. (1998): *Healing Dramas and Clinical Plots: The Narrative Structure of Experience*. Cambridge: Cambridge University Press
- Mattingly, C. (2010): *The Paradox of Hope: Journeys Through a Clinical Borderland*. California: University of California Press.
- Michaelsen, K.F., et al. (2006). Forebyggelse og behandling af fedme hos børn og unge. *Ugeskrift for læger*, 162: 172-175.
- Mogensen, H.O. (2005). Det narrative omdrejningspunkt. *Tidsskrift for Forskning i Sygdom og Samfund: Narrativer*, 2 (2), 5-11.
- Monasta, L., et al. (2010). Early-life determinants of overweight and obesity: a review of systematic reviews. *Obesity Reviews*. Retrieved June 2012 from http://www.researchgate.net/publication/42439986_Earlylife_determinants_of_overweight_and_obesity_a_review_of_systematic_reviews.
- Noble, G., Stead, M., Jones, S., McDermott, L. & McVie, D. (2007). The paradoxical food buying behavior of parents. Insights from UK and Australia. *British food Journal*, 109 (5), 387-398.
- Ricoeur, P. (1980). Narrative time. *Critical Inquiry: On Narrative*, 7 (1), 169-190.
- Silventoinen K., Rokholm, B., Kaprio, J. & Sørensen, T.I.A. (2010). The genetic and environmental influences on childhood obesity: a systematic review of twin and adoption studies. *International journal of Obesity*, 1634 (9), 29-40.

- Stewart, L., Chapple, J., Hughes, A.R., Poustie, V. & Reilly, J.J. (2007). Parents' journey through treatment for their child's obesity: a qualitative study. *Archives of Disease in Childhood*, 93, 35-39.
- Stouffer, K. & Dorman, S.M. (1999). Childhood Obesity: A Multifaceted Etiology. *The International Electronic Journal of Health Education*, 2: 66-72.
- Styles, J.L., Meier, A., Sutherland, L.A. & Campbell, M. K. (2007). Parents' and Caregivers' Concerns about Obesity in Young children: A Qualitative Study. *Family Community Health*, 30 (4), 279-295.
- Summerbell, C.D., et al. (2005). Interventions for treating obesity in children. *Cochrane Database of Systematic Reviews*, 2: 1-70.
- Sundhedsstyrelsen (2003). *Oplæg til national handlingsplan mod søvær overvægt – forslag til løsninger og perspektiver*. København: Sundhedsstyrelsen.
- Sundhedsstyrelsen (2011a). *Vejledning om forebyggende sundhedsydelse til børn og unge*. København: Sundhedsstyrelsen.
- Sundhedsstyrelsen (2011b). *Ulighed i sundhed – årsager og indsatser*. København: Sundhedsstyrelsen.
- Sørensen, T.I.A. (2011). Fedmens gåder. *Videnskab.dk*. Retrieved June 2012 from <http://videnskab.dk/krop-sundhed/fedmens-gader>.
- Throsby, K. (2009). The War on Obesity as a Moral Project: Weight Loss Drugs, Obesity Surgery and Negotiating Failure. *Science as Culture*, 18 (2): 201-216.
- Velde, S.J. et al. (2007). Patterns in sedentary and exercise behaviors and associations with overweight in 9-14-year-old boys and girls--a cross-sectional study. *BMC Public Health*, 7 (16), 1-9.
- Ventura, A.K. & Birch, L. L. (2008). Review: Does parenting affect children's eating and weight status? *International Journal of Behavioral Nutrition and Physical Activity*, 5 (15), 1-15.
- Wald, E.R. et al. (2007). Parental perception of children's weight in a paediatric primary care setting. *Child: care, health and development*, 33 (6), 738-743.
- Wathne, K. (2011). Movement of large bodies impaired: the double burden of obesity: somatic and semiotic issues. *Sport, Education and Society*, 16 (4), 415-429.
- WHO (2008). *Closing the gap in a generation: Health equity through action on the social determinants of Health*. Switzerland: WHO Press.
- WHO (2013). Obesity and overweight. *World Health Organization*. Retrieved March 2013 from <http://www.who.int/mediacentre/factsheets/fs311/en/>
- Wright, J. (2009). Biopower, Biopedagogies and the Obesity Epidemic. In J. Wright & V. Harwood (Eds.), *Biopolitics and the 'Obesity Epidemic'* (pp. 1-14). New York: Routledge.

Zehle, K., Wen, L.M., Orr, N., & Rissel, C. (2007) »It's not an issue at the moment«: a qualitative study of mothers about childhood obesity. *The American Journal of Maternal/Child Nursing*, 32 (1): 36-41.