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The 'good mother' discourse in 'success stories' of Australian weight loss centres: a critical discourses analysis

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ABSTRACT

The 'good mother' discourse is concerned with the sociocultural construction of motherhood and is visible in many social contexts, such as the workplace, sport, family, and in particular, health-related contexts such as weight loss. This paper explores the 'good mother' discourse within constructs of weight created in and through engagement in Australian weight loss centres. Of the 108 success stories collected, Critical Discourse Analysis (CDA) was applied to eighty-six (n = 86) success stories across three Australian weight loss centres (Weight Watchers, Lite n' Easy, and Michelle Bridges' 12 Week Body Transformation). These success stories were published on each of their weight loss centres' websites and were accessed on Thursday 20 August 2015 for the purpose of analysis. Findings show that there was a dynamic and complex relationship between women losing weight and wanting to maintain the 'good mother' status. Mothers felt a strong need to justify losing weight, through benefits for their family rather than for themselves, and were 'allowed' (and therefore given 'permission') to join and participate in the weight loss centres. The process supporting the development of becoming a 'better' mother. Insight into these processes helps us to examine the role weight loss centres play in constructing ideals surrounding gender, motherhood, the body, and in particular for the discursive messages that shape understandings of 'success' and being a 'good mother'.

Introduction

The continued reproduction of dominant biomedical discourses of 'obesity' and weight management misses the consideration of how 'obesity' and weight are socially and culturally constructed as primarily gendered experiences. As a social and cultural ideal for women, it plays a critical role in the classification of the 'good' versus 'bad' mother, 'successful' versus 'failed' femininities, and 'worthy' versus 'unworthy' women citizenship (Allen and Osgood 2009). Accordingly, 'good' mothers care that their bodies are thin, toned, groomed, 'sexy', and are dressed appropriately (Littler 2013; Nash 2011). To achieve this, women need money to consume health and beauty products and adhere to fitness programmes. Hence, some 'good' women may wait until they are established, successful professionals, who are earning money and contributing positively to society before contemplating motherhood (Allen and Osgood 2009). In addition, celebrity culture maintains and reinforces this ideal as a desirable and attainable part of being a 'good' mother. Heightened interest in the bodies of pregnant and mothering celebrities means maternity and motherhood no longer escapes the disciplinary practices of current body projects (Nash 2011). Rather, the bodies of women celebrities

are examined, inspected, and judged (Gill 2009), and the maintenance of a '(not too) thin' (Kokoli and Winter 2015, 165) body has become part of the emotional work required from women celebrities (Nunn and Biressi 2010). The resulting radical 'transformation' of postnatal celebrity mothers constructs an ideal around 'getting your body back' after pregnancy and childbirth for all mothers. This is represented as attainable, even though transformations require considerable finances, time, and effort.

The increase in popularity of weight loss centres may reflect the number of individuals, particularly women, seeking out customised, individualised, and personally relevant services that they can access to achieve the 'transformation' of getting their pre-pregnant body back (Allday 2013). The meanings placed on how bodies are positioned and expected to function within weight loss centres and within the hegemonic discourses of fatness, health, and disease is worthy of investigation (Gard and Wright 2005; Wright 2004). However, only a small number of studies have focused on weight loss centres and discourses of body management and discipline (e.g. Burke et al. 2009; Jarvis 2009; Sarlio-Lähteenkorva 2000; Stinson 2001). Sarlio-Lähteenkorva (2000) and Stinson (2001) investigated how discourses of weight and dieting related to wider constructs such as feminism and gender. In Sarlio-Lähteenkorva's (2000) study, the nine Finnish women interviewed were successful at maintaining a minimum weight loss of 10 kilograms for at least seven years. This initial weight loss was achieved by all the women having joined Weight Watchers seven years prior. The interview narratives highlight that the women who dieted engaged in various disciplinary behaviours to comply with social pressures to obtain and maintain an acceptable, thin, and toned body within a patriarchal society. Stinson's (2001) study involved researcher inquiry, as she joined a USA commercial weight loss centre as both a participant and researcher. Similar to Sarlio-Lähteenkorva's (2000) study's results, Stinson (2001) found that women dieters used the discourse of feminism (as empowerment) to encourage weight loss to care for, appreciate, love, and feel good about their bodies. These findings support the underlying discourse that constructs women's bodies as somehow inadequate; that to be an 'acceptable' woman requires a willingness for one's body to experience pain (Montemurro 2002) and this reflects deep rooted cultural discourses that idealises the slender, thin, toned body as morally superior to the fat, failed woman's body (Stinson 2001).

Findings from a study of women and men in the USA, who had completed a weight loss programme, suggest gender played a role in self-monitoring and self-control and thereby success in losing and maintaining weight loss (Burke et al. 2009). Women displayed lower levels of control towards food and exercise and a lower level of compliance with the weight loss programme, whereas men exhibited higher levels of control and self-monitoring, leading them to more successful weight loss. Burke et al. (2009) suggested these gender-based differences were due to women typically engaging in 'emotional eating' as a way to control and regulate their feelings, the experience of weight loss itself becoming embroiled in reasons as to why they may often fail at dieting. These findings are problematic because they highlight and reinforce the gendered assumption that women are highly and innately emotional. Whilst the authors were exploring how women and men 'do' (practice) weight loss, some of the language they have used throughout is questionable because of the way it categorises men as 'better' than women because men are more successful at controlling themselves around food and complying to an exercise programme. This further reinforces gendered differences between women and men and acts to hierarchically categorise men as morally and emotionally superior to women. The lack of discipline that women (supposedly) possess, as inadvertently expressed by Burke et al. (2009), presents the woman's dieting body as a moral and social failure, whilst presenting the man's dieting body as disciplined, in control, and ultimately successful (Harjunen 2017).

One other study focusing on weight loss centres and textual analysis of weight loss centre materials is Jarvis (2009) study. This study analysed success stories from eight UK-based 'Slimming World' magazines and found that the stories followed a similar plot. Each success story begins with the subject referring to 'the bad place' they are currently in and provides information about the health problems or health issues caused by their excess weight and details their previous,

unsuccessful attempts at weight loss. The stories also present the 'trigger' that prompted the decision to join the weight loss centre to improve their health. Jarvis (2009) concludes that these success stories were not just reflections of these individuals' experiences of weight loss. Instead, these stories had been purposely developed and written to construct and define bodies and weight in a particular way (Jarvis 2009). These texts have been created to portray specific discursive messages and ideals to society. Jarvis (2009) study shows how the discursive meanings from the success stories can have very real and material effects, shaping how bodies are understood within a specific social and cultural context at a point in time.

The discursive meanings placed on bodies reflect discipline and body management strategies used to create an understanding of what and how bodies should be (Barker and Dariusz 2001). The language that is used (or not used) within these success stories is significant because discourses function to bring certain bodies (objects) into existence; the success stories are powerful in constructing and defining what bodies are acceptable within society. However, the success stories are also powerful in constructing 'unacceptable' bodies, and this is displayed by placing negative meanings on bodies before they joined the weight loss centre, to demonstrate their unacceptable and failed gendered body.

Whilst these studies show that bodies are situated and expected to function from a fatness, diseased, and failed position before and at the start of an engagement with a weight loss centre, it is not clear whether this is also constructed in similar ways within an Australian context.

The 'good mother' discourse

Existing studies focusing on weight loss centres are helpful in contributing to our understanding of constructions of 'obesity', dieting, and weight loss in organised spaces. However, by examining gendered discourses, such as the 'good mother' that emerge within weight loss centres, we can explore how weight loss and dieting are shaped within the context of mothering, familial roles, and gender role expectations. The 'good mother' discourse has been chosen as the specific focus for this study as this discourse allows us to explore a space where women's bodies are tightly regulated. These regulatory constraints function to normalise certain actions and beh5aviours. For example, the pregnant woman's body is under scrutiny to ensure that her body abides by appropriate pregnancy standards, such as eating healthily and not engaging in risky behaviours such as smoking (Ettore 2016). The pregnant body is heavily policed and regulated by scientific experts to monitor that pregnancy is 'performed' in a culturally appropriate manner, and as Ettore (2016, 164) states, to guarantee that women 'play out their reproductive roles in biomedically approved ways'.

Likewise, the 'fat' woman's body is just as heavily regulated. Eating habits, food choices, and weight are heavily sanctioned in Western society, especially for women. Fatness is viewed in negative ways and various negative connotations are placed on their bodies such as laziness, ugliness, unattractiveness, and abnormality (Anleu 2006). As a result, various intervention methods are developed to 'control' this fatness and prevent the 'spread' of it throughout society. Gymnasiums and fitness centres are distinct sites for these processes to occur; they function to provide the opportunity for transformation and change, under the guise of 'being healthy', whereas instead it is about transforming the 'fat', 'unacceptable' woman's body into a standard that is socially suitable (Anleu 2006). The stigmatisation that gets placed on fat bodies, particularly in the physical activity setting, can lead to individuals engaging in processes of self-surveillance to ensure their bodies undergo the necessary transformation (achieved through abiding by a physical activity programme) to become an 'acceptable' body (Wittels and Mansfield 2021).

What emerges from exploring the regulation and surveillance of women's bodies is the distinct awareness that women are expected to act, behave, and exist in very specific ways at all times. These actions and behaviours allow society to ensure that women abide to their appropriate gendered self (Butler 1990). Here, gender becomes a performance and women are pressured and

regulated into performing their appropriate gender and therefore engaging in appropriate gendered acts (Butler 1990). One main act or performance that women are regulated into performing is the 'good mother'.

The 'good mother' has many characteristics, such as taking on the nurturing role in the family, being aware of the needs of her family (Goodwin and Huppatz 2010), always placing the needs of her family before her own (Robinson and Diaz 2006), and innately knowing how to be 'good mother' due to societal assumption that motherhood comes naturally to all women (Schmidt 2008). The primary caregiver role within the family and the ethic of care, which is a cultural expectation that women sacrifice their own needs to take care of others, when intertwined with the 'good mother' ideal links motherhood to selfless sacrificing and the experience of joy and fulfilment when doing so (Choi et al. 2005). Originally proposed as an integral component of women's moral development (Gilligan 1982), an ethic of care has been linked to women's lack of a sense of entitlement to engage in activities that enhance their own health (Lewis and Ridge 2005; Miller and Brown, 2005). Women negotiating motherhood and careers may be especially vulnerable to experiencing guilt when engaging in such activities for fear of not adhering to an ethic of care and living up to 'good mother' ideals (Mendes 2012). A 'bad mother' puts her own needs first and is too emotional to adequately care for her children (Guillem and Barnes 2018; Mariskind 2008; Waldman 2013). These 'good' and 'bad' mother constructs are powerful because they 'continue to regulate women' (Goodwin and Huppatz 2010, vii) and pressure them to act and behave in particular ways. A mother is in a constant state of surveillance, objectification, and regulation to ensure she abides by socially constructed norms of 'good' mothering behaviour (Goodwin and Huppatz 2010).

Exploring the 'good mother' discourse can also allow us to understand how it produces subject positions that women occupy during the process of engaging in a weight loss centre program, whereby discourses of gender may be enacted by and enacted on dieting bodies. Focusing on weight loss centres is important as discourses of gender are in a continuous state of modification and are constantly interacting with other discourses of gender that exist at the time. In addition, exploring the 'good mother' and the notion of agency is important. Whilst there are dominant discourses that may influence the behaviours and choices women make in the context of family and motherhood, it is important to note that agency is central. The discourse that constructs motherhood as an innate drive that all women possess is problematic in concealing the agency that women should/do have over their body and reproductive decisions (Ulrich and Weatherall 2000). There are, however, constructs of motherhood that do resist the normative discourses of mothering although they may not be as overtly displayed. Whilst often restrained by sociocultural and political factors, there is possibility for mothers to be active and express agency in their choices and decisions as a form of women empowerment rather than oppression (Priyatna, Rahayu, and Subekti 2020). In this way, the 'good mother' can be open to an exploration of different subject positions that affords value to different behaviours. For example, this has been visible with a small body of qualitative research with physically active mothers. Research has shown that participation in recreational sport may allow women to use their agency, resist good mother ideals and gender ideologies that make participation 'difficult', and allow for greater self-identity expansion (Bond and Batey 2005; Evans and Allen-Collinson 2016; Spowart, Hughson, and Shaw 2008; Spowart, Burrows, and Shaw 2010). The cultural meanings that suggest women place motherhood and family needs above their own physical activity participation desires and goals, are reconfigured so that physical activity is included.

The aim of this paper is to explore the discursive construction of the 'good mother' within success stories of Australian weight loss centres using Critical Discourse Analysis. Weight loss centres can provide us with an environment that is rich with discourses relating to gender, sexuality, bodies, and weight. In particular, because of the limited research on weight loss centres from a gendered lens, there is potential to contribute to this literature by gaining a deeper insight into how the environment influences and contributes to how women talk about, practice, and experience weight loss contexts.

Research design

Analytical approach

Critical Discourse Analysis (CDA) surfaced in Amsterdam during the early 1990s (Wodak and Meyer 2009). Social science and cultural studies considered CDA as a useful strategy and method to inquire into language; Slembrouck (2001) states that it permitted a stronger 'focus on the analysis and explanation of the constitutive role of language use within institutional practices and within the larger social ordering of institutional domains'. CDA is a diverse approach that does not have one specific way of conducting the analysis and as such, does not have a singular definition (Wetherell 2001). McGannon (2016) explores three key ideas or principles of CDA. Firstly, CDA focuses on how 'things' are done with language; we use language to prescribe meaning to our lives and to other people. Secondly, our identity and knowledge of ourselves is socially constructed and developed through interactions with others. Lastly, CDA focuses on the process of how discourses are continually produced and re-produced through social interactions and social process (McGannon 2016). These key ideas or principles are helpful in developing an understanding of CDA as a theoretical approach.

The focus on weight loss centres is relatively minimal within existing obesity and weight loss literature. More so, research on weight loss centres that specifically focuses on gender is relatively limited. Applying a CDA lens to the study of weight loss centres, with a specific focus on the discourse of the 'good mother', may help in better understanding what language women use when talking about obesity and dieting, and also understand how women experience, practice, and 'do' weight loss within the context of mothering. Exploring such processes can provide rich insights into how women may construct a sense of self as a dieting, gendered body (Kavoura, Ryba, and Chroni 2014) within discourses of motherhood, fatness, and weight loss. As CDA is a varied approach, so too are definitions and meanings of discourse. For this current study, discourse was understood as the process of how interacting, speaking, thinking, and being reflect and construct the reality that we live in (Jäger and Maier 2009). Discourses are not something that exists in the background of society, as just a simple or theoretical idea. Instead, discourses are active in continually producing and re-producing individuals and their realities, and they have very real effects (Jäger and Maier 2009).

Data collection

As a qualitative study, this paper employed purposive sampling as the approach to data collection. Also known as judgemental sampling, purposive sampling was used to personally select the three weight loss centres and the success stories (Stommel and Wills 2004). This approach was decided upon by considering factors such as the purpose of the study, the overriding research aims (Rubin and Babbie 2010), and key research questions informing the work (Ross 2012). Purposive sampling may be a useful approach in studies that aim to collect information and details from a small number of individuals who have undergone a unique and specific experience, rather than those who undertake broad experiences and then making generalisations about this broad experience (Engel and Schutt 2014; Jupp 2006). Therefore, the three weight loss centres were purposively selected to provide unique perspectives into the experiences of weight as well as allow for the creation of new approaches in thinking about concepts such as weight and gender (Drisko and Maschi 2016).

Sample

Data collection began with a Google search and information was collected on ten Australian weight loss centres:

(1) Jenny Craig
(2) Chi of Life
(3) Ontrack Weight Loss Retreat

(4)　Weight Watchers (Australia and New Zealand)
(5)　Tony Ferguson Weight Loss Centre
(6)　Lite n' Easy
(7)　Total Health & Wellbeing
(8)　Life Weight Loss Centre
(9)　Healthy Inspirations
(10)　Michelle Bridges' 12 Week Body Transformation (12WBT)

Three weight loss centres were selected for data collection: Weight Watchers, Lite n' Easy, and Michelle Bridges' 12 Week Body Transformation (12WBT).[1] These were purposively selected from the list of ten centres as the success stories provided adequate detail for analyses and were available online. In addition, 12WBT was, at the point of data collection, an Australian-born weight loss centre. Shared by each of the weight loss centres are short narratives from a range of different individuals providing details about an individual's weight loss journey. Also known as 'before and after' stories, success stories often provide detail about the individual's struggle or battle with their weight and previous unsuccessful attempts at dieting. There also appears to be an emphasis on how individuals have been unsuccessful at losing weight, until they 'discovered' *this* weight loss centre. The success stories will often have images, showing 'before' and 'after' weight loss and functioning to provide 'genuine' evidence that weight loss is possible through that specific weight loss centre (Stinson 2001). The purpose of these success stories is primarily a form of advertising. These weight loss centres and programs are being sold as *the* means to achieve long-term weight loss and improved health. As such, this may influence and shape what data is included in these success

stories for the public to access and read. Each weight loss centre regularly updated their online success stories, so only those available on Thursday 20 August 2015 were collected.[2] Forty-four (44) Weight Watchers, fifty-four (54) Lite n' Easy, and ten (10) 12WBT success stories were collected, producing one hundred and eight (108) success stories in total. Of the Weight Watchers stories, 38 were women (87%) and 5 men (11%). The remaining Weight Watchers success story (2%) consisted of one Australian workplace. For this study, the sample size of Weight Watcher's success stories that were analysed focused on the 38 women's success stories. Of the stories collected from Lite n' Easy, 33 were women (61%) and 14 men (26%). There were also 7 other Lite n' Easy stories collected (13%) that consisted of six couples and one mother and daughter team. For this study, the sample size of Lite n' Easy's success stories that were analysed focused on the 33 women's success stories plus the 7 other stories consisting of six couples and one mother and daughter team, equalling 40 Lite n' Easy success stories. There was a smaller amount of success stories collected from 12WBT, with just 10 collected. Of these 10, 8 were from women (80%) and 2 men (20%). For this study, the sample size of 12WBT's success stories that were analysed focused on the 8 women's success stories. Therefore, for this study, the total number of success stories that were analysed was eighty-six (n = 86). The average length of the success stories from each of the three weight loss centres differed. Weight Watchers had an average length of three A4 pages, Lite n' Easy had an average length of two A4 pages, and 12WBT were the longest success stories, with an average length of five A4 pages.

Analytical steps

CDA provides guidance on the analytical process that was followed in this study. CDA is a diverse process; due to this, Paltridge (2012) acknowledges that there is not one singular or fixed way to do or conduct a CDA. Instead, CDA can describe a general process of analysing data and this process can be altered to match the unique characteristics of a study (Phillips and Jørgensen 2002). In this study, Paltridge's (2012) approach to CDA was followed, which drew on the work of Fairclough and Wodak (1997). This approach is premised on four main areas: issues within society are constructed and experienced in discourse; relations of power are constantly being (re)negotiated and enacted through discourse; social relations are constantly being reflected and reproduced through discourse; and

certain ideologies are both produced within and evident within discourse (Paltridge 2012). The CDA process involved analysing and interpreting the various discourses in a way that was conducive to the aims of the study (Day, Gough, and Majella 2004). As such, CDA focused on how the discourse of the 'good mother' was constructed and portrayed within the 86 success stories. The nuances of the 'good mother' are varied and so employing CDA to explore this 'good mother' discourse can allow for an exploration into this powerful social construct that may shed light on underlying ideals of motherhood, gendered stereotypes, and gendered inequalities inherent in society (Goodwin and Huppatz 2010).

CDA was employed in this study to explore how a particular issue, gender, was constructed in a particular text, weight loss centre success stories, to explore the language in use within these success stories and how this language in use can identify gendered discourses. Before commencing CDA, it is important to acknowledge that individuals continually use language to make meaning of themselves, their lives, their existence in the world, and the social interactions they engage in (Rogers 2011). Individuals do this through their gestures, interactions, how they use their body, the objects they have with them, and the words they use. Therefore, with the knowledge that language is used to make meaning and that meaning and language is always situated within a social, political, and economic context (Rogers 2011), CDA can allow for this exploration of language and therefore the exploration of the meanings we can obtain from this language use. The first step in the CDA process for this current study began by reading through the weight loss centre success stories to gain an initial insight into how the success stories were written, the structure they followed, and what detail was included. Here, notes were made regarding the characteristics of each weight loss centre (for example, how their programs worked and the steps involved), the differences or similarities between each weight loss centre (for example, if the centres had group therapy sessions and if they had weekly weigh-ins), and the different forms of language in use within the success stories (for example, whether a positive 'you can achieve anything' attitude or a negative 'weight gain has made you a bad mother' attitude was promoted through this language in use). Key words or phrases that were repeated throughout were also noted during this step. Some of these included 'my life has changed', 'I have become a better parent', I have lost X kilograms', and 'goal weight'. The CDA approach supports the exploration of the type of discourse (or genre) that the text represents. For this study, this text is the weight loss centre success stories. An important consideration here is how each creator (the weight loss centres) of the text (the success stories) has pushed through the boundary to produce a specific effect for the consumers of the text (Paltridge 2012). This is a key step in the CDA process, as it acknowledges that creators of texts can insert subliminal discursive meanings within a text to produce very specific social effects or results.

The second step involved the researchers using their initial notes of the key ideas and organising these into larger themes. These themes were present across the large majority of the success stories. Some examples of these themes included how the participants' lives have changed, how losing weight has benefitted the family, and how losing weight has improved the women's ability to be a better mother. The third step involved organising these themes under the headings of discourses, with the discourse of the 'good mother' being the focus for this current study. Within the CDA process, Paltridge (2012) states that these discourses should be explained, interpreted, and deconstructed to begin critically and discursively analysing the various meanings housed within these discourses. This interpretation considers how and why these discourses are used in a particular way, the potential implications that this may lead to (Paltridge 2012), and how these discourses can provide insight into what meanings become produced and circulated.

The fourth step of the CDA process involved exploring how the information in the text (the success stories) was framed and represented (known as framing), as well as what ideas or constructs were both focused on throughout the text (known as foregrounding) and de-emphasised or looked over (known as what information is backgrounded) (Paltridge 2012). For example, the weight loss centres were framed as being *the* answer for how these mothers can successfully lose weight and were represented as being the 'magical' way to achieve adequate mothering standards. In this way, the discourses that were foregrounded included how the mothers were expressing concern about

their excess weight and the guilt and negative mindset these mothers had in terms of how their excess weight was impacting on the family. The discourses that were backgrounded included the role of the father within the family. CDA moves beyond the descriptive analysis of discourse, to allow for a deeper acknowledgement and critique of why and how the text functions as it does and what the text aims or intends to achieve (Paltridge 2012). What is foregrounded and backgrounded can provide key insight into what ideas the creator of the text is wanting to emphasise and therefore bring into existence for the readers of the text. Likewise, the ideas that are backgrounded, or categorised as unimportant, can play a major role in how these texts are read, how the readers of the texts interpret the information, and therefore how these discourses can construct and produce gendered subject positions (McGannon, Jenny Mcmahon, and Gonsalves 2017). In this way, discourses are extremely powerful in providing various (and often contradictory) avenues for individuals to prescribe meaning to their lives and how individuals view and understand themselves within their social world (McGannon and Schinke 2013). It is for this reason that CDA is a highly useful way to explore the language in use within these success stories and explore how the mothers within the success stories prescribe meaning to their lives and how they view themselves within the world.

Ethical considerations

Whilst the data was presented via each weight loss centre's website for access by the public, the researchers acknowledged the ethical considerations of working with data of this type. In particular, Toffoletti et al. (2021) note how to navigate the 'ethics of representation' when working with digital media. One element within this approach to digital research is to be reflexive of, and respectful to, representing people as they are and to treat them and their stories accordingly. We as a research team acknowledged that the participants all consented to their stories being posted online, but that our task was to 'practice ethics in context' (Toffoletti et al. 2021, 18). By this we recognised the agreement women may have had with the weight loss centres initially for a representation of their image/s and stories as an outcome of their weight loss journey, and to be as true to that story as possible. While not as explicitly focused on images of bodies as the focus of the research process, there was still the need for an 'ethics of care' (Warfield et al. 2019) between participants and researchers, even if there was no direct contact between us. In this was we also hoped to give the stories and the participants who produced them agency in retelling their success stories.

Results

The discourse of the 'good mother' emerged when many of the women discussed how following the weight loss centre's prescribed programme had allowed them to become a 'better' mother. Women explored how excess weight negatively affected their ability as a mother and subsequently were constructed as failing to achieve 'good' mother standards. By losing weight, these women were not only becoming a 'better' mother but were also becoming a 'better' person. The following quotes from the success stories identify their occupancy of this 'good mother' subject position:

> 'I always remind myself that the reason I'm doing it [losing weight] is so that Ican be a happy, healthy mother' (Lauren, Weight Watchers)

> 'I'm a more energetic person and a better wife, mother and teacher because of it[the Lite n' Easy program]' (Ali, Lite n' Easy).

Other examples of occupying the 'good mother' subject position reflect the role of maternal 'sacrifice' in which many women face the dilemma of either looking after themselves or their children, and invariably choose the latter. For example, Tara (Weight Watchers) states that 'many women are so busy looking after everyone else that they forget to look after themselves', whereas Amanda (Lite n' Easy) states that 'it's one of those things being a mother, you always put your kids

and their needs first'. Similarly, Leonie (Weight Watchers) states she 'had my second daughter 13 [thirteen] months after my first and was so busy raising two babies that I didn't think about my health' and Ally (Weight Watchers) states that she would 'get up early before the household needed me so I could go for a walk to clear my head and squeeze in exercise'. Mothers believed putting children and family first was not only the 'right' thing to do, but the only thing to do and an inevitable part of the 'good mother' role.

Another prominent dimension of the 'good mother' discourse that emerged was the construction of the 'working mother'. Alison (Weight Watchers) manages working as a flight attendant as well as looking after her two children. Jan (Weight Watchers) works, is married, and looks after her four children. In the 12WBT success stories, Bella, Sandra, and Kelly all juggle the responsibilities of work, marriage, and motherhood. Kylie D (Lite n' Easy) has two children and works from home. Due to this, Kylie decided to join Lite n' Easy because 'having meals pre-prepared meant I could spend more time with my children and on my job'. Josephine is single and juggles full-time employment and looking after her two children, whilst Kylie F, Melissa P, Rae, Jodie G, and Jodie (and Damien) are employed, married, and are mothers. Carie (Lite n' Easy) notes that both her and her husband are employed in full-time work, and look after themselves and their young child, both sharing economic and domestic responsibilities. In joining Lite n' Easy, the amount of time Carie and Mark spent cooking and preparing food was reduced: 'We were spending our entire evening cooking and cleaning but now with Lite n' Easy we have more time to just relax and spend it with each other'. Here, Lite n' Easy is constructed as *the* reason they are successfully able to work, look after the family. and ultimately be able to better fulfil their parenting duties. Other examples of the 'working mother' within the success stories include:

> 'I went back to work fulltime when she [her daughter] was three months old, and the pressures of juggling a job and taking care of my baby meant that I had no spare time [to exercise]' (Melissa K, Weight Watchers)

> 'I felt selfish because I went to work in the morning, came home, had dinner, then went walking in the evening and didn't get a lot of time with them [her children]' (Jacqueline, 12WBT).

The 'working mother' is just one element of the 'good mother', deemed 'good' because she can work and care for her family. This can be a difficult negotiation and many women may find they have to manage feelings of guilt with the pressures of having to balance the demands of being both a 'good mother' and a 'working mother' (Osgood 2012).

Whilst there is a strong focus on the 'good mother' discourse throughout the success stories, there is also the oppositional 'bad mother' discourse. The 'good mother' and 'bad mother' function as oppositional subject positions. Anita (Weight Watchers) demonstrates one example of the 'bad mother' subject position: 'I wasn't being the mother I wanted, always tired and lethargic, struggling to play with my children'. Other examples of this 'bad mother' discourse include:

> 'In the past on weekends I would take the kids on a breakfast date to McDonalds and then we would just kind of slop around' (Bella, 12WBT)

> 'Looking back, she now realises her children were missing out too. She'd avoid activities, like her daughter's swimming lessons, because of her dread of putting on a bathing suit and a lack of energy' (Sandra, 12WBT).

For Bella and Sandra, there is the additional implication of the ways in which to be a 'good mother'; someone who would not take their children to a fast-food restaurant for breakfast or one who would certainly be involved in their child's activities. The confessional element of this resonates with Jarvis (2009) exploration of the re-creations of the dieting storyline, one in which there is the expectation of hitting certain low points before the 'saving' of the self through successful weight loss. These discourses place a heavy burden on women with families.

The women also provide detail about how a physiological or psychological health crisis negatively affected their ability as a mother and leading them to positioning themselves as a 'bad mother'

'After having two babies, I felt big and unhealthy and knew I needed help to slim down, as exercise alone wasn't working' (Alison, Weight Watchers)

'After giving birth to her second baby, Angela was committed to lose her baby weight. By following healthy recipes and going to the gym, she was able to lose weight over 12 [twelve] months, but over time she noticed old habits were creeping back in, like ordering takeaway instead of cooking healthy meals' (Angela, 12WBT).

Within the discursive constructions of the 'good mother' and 'bad mother', there is a common theme whereby women felt the need to justify that putting themselves first was to benefit the family. Women felt they were failing at mothering, mainly due to excess weight or poor health, so making the decision to put their health needs first would result in becoming a better mother. Lauren (Weight Watchers) states that her doctor required her to lose weight and become healthier, because she 'didn't want to leave my kids early – they deserved better than that – and I wanted to be a positive example. I decided to put myself first, knowing it would benefit my family in the long run'. Whilst initially entering a subject position of selfishness because they were putting their own needs ahead of the needs of the family when they decided to join the weight loss centre, this subsequently is adjusted since the women then declare that the process of joining the weight loss centre was not for themselves per se, but for the sake of the family:

'In the past, I used the excuse that I didn't have time to look after myself because I have four kids, but I realised that if I don't look after me, then who's going to look after them? When I'm fit and healthy, everyone else's life improves' (Jan, Weight Watchers)

'I realised that in order to be there for everyone in my family, I had to put myself first' (Kay, Weight Watchers)

'I used to feel guilty about having this [exercise] time but it's made me a better mum, wife and so much happier' (Shellie, Weight Watchers).

Several participants noted how this aspect of guilt was certainly motivational, albeit from an externally driven perspective. The stories presented above give an insight into how tropes regarding expected and accepted behaviours for mothers are valued and articulated around weight loss itself and the centres designed to support those expressions.

Discussion

The 'good mother' discourse saw many women across the three weight loss centres demonstrate a strong justification that putting their own health needs first was essential to become a 'better' mother. A mother's choices and actions are often influenced by societal expectations about what is acceptable mothering behaviour (Walsh et al. 2018). These choices are under public scrutiny and are often labelled as 'good' and 'bad' (McNaughton 2014), actively circulated throughout societies to produce discursive understandings and standards of good and bad mothering. Consequently, women often place their family's needs before their own (McGannon, Jenny Mcmahon, and Gonsalves 2017), which influences how women engage in weight loss programmes due to the roles and responsibilities within a family and how this is shared in the household. Whilst this is not explored within the current study, future work could explore this in more detail.

Within the success stories, many women neglected their own health and wellbeing to ensure the family was being looked after, even if this subsequently led to weight gain and health issues. This process is significant because the existence of fat on these women's bodies becomes closely intertwined with their identity as a mother and how women experience motherhood itself. Here, women are diminished to being viewed, by both themselves and others, as a body with fat on it, who simultaneously both fails and succeeds at being a 'good mother'. She fails (Kyrölä 2016) because her excess weight might mean she is not around in the long term and is unable to engage in those aspects she feels she should be doing (for example, playing and being active). However, in the short term, this neglect of herself means she does succeed in placing her family's needs before her own, placing her in the position of the 'good mother' initially. This highlights the tension and complexities

that some women may still face in contemporary society in terms of expected roles and *how* motherhood should be enacted. Mandapaka (2014) suggests that regardless of whether women are mothers or not, perhaps some women feel they should still embody the 'housewife' discourse, whereby their main role is to care for the family. The current changing trends in society we see can include women having more of a voice when it comes to their sexual reproduction and contraception choices, having greater access and involvement in education, and more women joining the workforce (particularly in managerial positions that are often very dominated by men) (Flanagan 2015; Lazar 2014). However, despite these improvements, many women still struggle to break out of the gendered positions of the 'housewife' or 'good mother' role. Applying a CDA approach to explore this may permit more of an understanding of how traditional and contemporary discourses reinforce stereotypes and constructs of gender (Lazar 2005). CDA allows us to explore those dominant discourses of gender, consider how these reinforce or contribute to gendered differences between women and men (Darroch and Giles 2016), and consider how these discourses provide insight into gendered expressions of femininity and motherhood within dieting and weight loss contexts.

For these women, there appears to be a strong association to the phenomenon known as the 'second shift': after working a full day at work, women are expected to come home and complete another shift of work by attending to household chores and mothering duties (Hochschild and Machung 2012). Although some men do adopt the responsibility of the 'second shift', Hochschild and Machung (2012) found only twenty percent of men in their study shared the household chores and duties equally with women. This further reinforces the stereotype that women often have the main responsibility and duty of caring for the household and children. In this sense, there is a 'way of doing' motherhood that is recognisable and valued by the family unit. More recent research in the area of the 'second shift' indicates that women are often adopting two simultaneous identities: one of being a mother and of being a worker. Blithe (2015) found that the women in her study were trying to conform to and achieve unrealistic expectations of women as both mother and workers, and in doing so, they were already existing within a discourse of failure . It is perhaps easy to see how pressure to perform (and achieve) this 'second shift' can result in negative health effects (Dugan and Barnes-Farrell 2018), particularly if the women had no agency around returning to work. The process of striving to successfully manage this 'second shift' can lead to mothers adopting two simultaneous identities (Dugan and Barnes-Farrell 2018) that are not always compatible. As Blithe (2015) noted, this expectation to be 'good' in both contexts can produce an existence in which mothers are waiting for inevitable failure, that something 'has to give'. This occurs whilst mothers continue to strive to uphold good mothering and motherhood standards to ensure her family is cared for and aim to attain or conform to 'good mother' body ideals produced by society.

Within the context of weight loss centres and dieting, the concept of the 'second shift' also has relevance. Weight loss, for many women, is seen within the context of becoming a 'good mother'; that whilst being obese she was not only failing at ideals of a healthy body (for example, thin and slim) and being a good citizen (Allen and Osgood 2009), but also failing her children and family. By joining the weight loss centre, however, and losing weight, she was able to successfully reach 'good' mothering standards because now she can ensure that she will be around to successfully care for her children. In addition, the 'second shift' can reflect that whilst women are predominantly categorised into the mothering role, it is important to acknowledge the place of agency for other roles too. At any one point in time, there are going to be dominant discourses that are powerful in influencing one's behaviours and choices. Normative constructs of motherhood, such as the 'good mother' can often be oppressive and powerful and can categorise women into very specific roles (Priyatna, Rahayu, and Subekti 2020), often with various sociocultural implications if women do not abide by these constructs. However, this is not to say that mothers are completely powerless in terms of enacting agency and control over their familial and work choices. For example, McGannon, Jenny Mcmahon, and Gonsalves (2017) found that running allowed the women in their study to resist ideals relating to the 'good mother'. The women found that running was a vehicle to resist normative discourses of motherhood and to adopt alternative subject positions and identities, such as a 'resilient mother

runner'. Whilst there are various complex and dominant discourses that tie women to certain subject positions, what McGannon, Jenny Mcmahon, and Gonsalves (2017) demonstrate is that there are certain aspects of society – physical activity being one of these – that can enable women to resist certain subject positions and to demonstrate agency over the roles and identities their gender often ties them to. However, if there is no agency around work for mothers, the negotiation of good mother ideals is heightened and the regulatory processes around mothers' bodies become more powerful and supressing.

As such, it is not surprising that strong regulatory processes that function around women's bodies were present within the success stories. Within these spaces, bodies are disciplined and regulated to ensure they behave and exist in an appropriate manner; the success stories create hierarchical dichotomies (Brown and Gershon 2017) between fat/thin and reinforce the negativity and unacceptability associated with being 'fat'. There is a strong push for bodies to transform themselves into appropriate standards of (gendered) existence. The 'good mother' becomes a prominent gendered construct reflecting a discourse of weight and the body that is legitimate *because* it changes to meet the ideals of motherhood. The 'good mother' becomes an appropriate way for the women in the success stories to display and perform their femininity (Kehler 2010) because of the underlying assumption that these women can focus on losing weight as it is perceived to be beneficial for the family. In fact, the women in the success stories highlighted that their participation in the weight loss programs helped them to become a 'better' mother, as her new body and behaviours would allow her to excel with nurturing and meeting the needs of the family through active play and healthier eating practices. It also represents the embodiment of motherhood for the women in the success stories; that all of these individual elements contribute to a level of effectiveness that is achievable but also desired.

The authors also recognise that the discourses of negativity around body shape and size can be culturally biased. Not all women would wish to pursue an ideal of the thin body, which is often idolised in many western contexts (Forbes et al. 2012). Likewise, race and ethnicity can have an impact on the development of appropriate body standards and flexibility of perceived attractiveness and value of larger and more curvy body shapes and sizes (Hunter et al. 2017). Capodilupo and Suah (2014) also noted the importance of the intersectionality of gender and race when attempting to untangle body image concerns, noting that other attributes such as hair, skin, and attitude affected perceptions of body image among African American and Black women. The racial or cultural background of the women in this study were not disclosed within the success stories so we are unable to make explicit interpretations to this aspect but have a strong sense that the women did relate more closely to perceptions of health as equating to a lighter body weight and a smaller build.

The discourse of the 'good mother' exists *on the body* itself, and as such suggests a way that these bodies can be understood as successful (Phillips and Jørgensen 2002). As Wright (2009) argues, it is helpful to explore how discourses that exist on bodies in this way shape the meanings attached to them at any one time, and how these meanings function to discipline and regulate these bodies. The 'good mother' discourse regulates bodies because it provides the parameters that dictate acceptable and unacceptable gendered behaviour. The 'good mother' and 'bad mother' are two discursive constructs within the success stories that provide instruction on how to exist as a suitable mother and how to enact successful motherhood. Abiding by these instructions, for example, by always placing her children's needs before her own (Aneja and Vaidya 2016), provides a means to allow women to achieve (or fail) at securing her 'good mother' status. However, achieving this status is not a static or permanent process. Discourses of gender are in a continuous state of flux and modification and are constantly interacting with other discourses of gender that exist at that time (Bordo 2004; Fisher 2010; Vick and Martinez 2011). This is a process that Butler (1990) labels resignification, whereby discourses are continuously adapting to the socio-cultural and gendered ideas and standards of a society at a particular point in time (Stone 2007).

As such, there is no permanent means through which to achieve the appropriate standard of the 'good mother'. All meaning (and the discourses that produce this meaning) is temporary and only exists between discursive subjects at one particular time (Corker and Shakespeare 2002). Therefore, in exploring the 'good mother' discourse, we can always expect for meaning to alter, shift, and adapt based on the socio-cultural meanings and environments that the discourses are explored within. Bodies are therefore constantly regulated and (re)regulated in a continuous process; the discourses of gender that can be drawn out from these success stories are very much reliant on the particular point in time these discourses are being explored in.

The success stories also shed light on the mother's role as 'biocitizens' where it could be argued that the women in the success stories become embroiled in their role as a 'bad citizen' (Halse 2009). Whilst the 'fat' women's body is an ideal of someone who has failed to achieve good 'biocitizen' status (Halse 2009), the 'bad' mother is subsequently absolved from the bad citizen status because becoming unhealthy was ultimately for the sake of her family. In thisway, the individual can engage in a simultaneous discourse of failing as a good 'biocitizen' whilst achieving the 'good mother' status.

A consideration of the 'good mother' discourse focuses on the roles that women undertake. There is often pressure for women to prioritise putting their family first, and therefore sacrificing their own health for the sake of the family. More women than men reported a lack of time for personal leisure and care activities in families with children (Pinto et al. 2018). In the context of women following a weight loss centre prescribed programme, this may see self-care practices or weight loss behaviours not being possible due to time spent on caring for the family and work being prioritised. Here, the 'good mother' and 'bad mother' discourses function powerfully, by regulating women's behaviour in terms of what is acceptable or not. These discourses encourage women to take on roles within the family, such as caring for the children which strongly ties a woman's identity to her role as a mother (Goodwin and Huppatz 2010). In some ways we could argue that the roles undertaken can support the development and embracing of motherhood as a practice and discourse of itself whilst also presenting challenges. Placing the family first may make it difficult for women to follow the weight loss prescribed program and to commit to its requirements, such as weekly support meetings, exercising, and preparing food. This negative discourse may be further exacerbated if women are raising young children without a partner, if income is insecure or low, or if the household is experiencing a lack of food where participating is even more challenging. Martin and Lippert (2012) found that women often gain weight alongside their increasing responsibilities in the family, such as caring for children and when food is not secure within the household. What this may demonstrate is that there can be additional or further socio-cultural limitations beyond individual behaviours, actions, and priorities that may make compliance to a weight loss centre prescribed programme difficult.

The 'good mother' discourse strongly reinforced gendered ideals relating to socially appropriate behaviours. The success stories function powerfully in contributing to dominant discourses of femininity, mothering, and motherhood. They provide instruction on how to be a 'good mother' and they also provide guidelines for those individuals who fall outside the realm of acceptability to redeem themselves. The weight loss centres operate as *the* way to achieve this appropriation by changing food and exercise patterns. These centres encourage women who are unhappy with their body to join the weight loss centre in order to be transformed into appropriate 'good mother' and disciplined gendered bodies. Thus, the weight loss centres function powerfully in developing, circulating, and reinforcing dominant discourses around weight, dieting, motherhood, gender, and bodies. These dominant discourses strongly influence and contribute to the beliefs, understanding, and knowledge that we have about dieting, weight, fatness, and gendered bodies. In Jarvis (2009) study of weight loss centre success stories, she found that the stories were strategically developed, framed, and disseminated to society to promote certain ideals around weight, 'obesity', and gender. Specifically, these success stories promote the ideal that 'obesity' is 'bad' and, if you are obese, you are a 'bad' person and are therefore failing at your role as a socially acceptable gendered body; by doing so, they pathologise the fat body.

The high degree of discipline and regulation of women's bodies does not just exist within the 'obesity' sphere. These processes are also evident within the sphere of exercise and sport. For example, McGannon and Spence (2012) conducted a CDA on forty exercise narratives within a USA-based newspaper. These narratives demonstrated a discourse that problematised fatness and labelled the women's body as ugly when it did not meet specific 'fitness' criteria (for example, the 'right' amount of muscle). These narratives also demonstrated a discourse of consumerism, which indicated that women were pressured into buying fitness-related products such as fitness magazines and gym equipment, so they were able to transform themselves into an appropriately 'fit' woman (McGannon and Spence 2012). Here, it becomes evident that women, their bodies, and their choices are highly regulated in specific social domains. As such, the exploration of the 'good mother' within the domain of 'obesity' can perhaps allow for a greater understanding of how women's bodies are regulated, controlled, and disciplined in related areas such as exercise, fitness, sport, and physical activity. It is important that feminist research continues to disrupt these normative notions and stereotypes of women that categorise women into very specific roles within the family and within society (Goodwin and Huppatz 2010).

Conclusion

This paper argues that the discourse of the 'good mother' was prominent throughout the success stories of weight loss centres available to the Australian public. This discourse was embedded within women's stories and focused on putting other individuals (i.e. family) needs before their own, often resulting in a range of physical health problems associated with gaining weight. The success stories did show, however, a shift in this discourse towards one where individual health and wellbeing did start to take prominence. Here, mothers engaged in a process of justification, acknowledging that putting themselves first was not actually a selfish act because doing so would benefit the family. The 'bad mother' was also constructed in opposition; a woman who was selfish for putting her own needs before the needs of her family. Mothers, and particularly working mothers, found they had to negotiate this tension throughout the weight loss program.

The weight loss centres were powerful in producing and reproducing discursive understandings of gender, specifically the good mother discourse, and they contribute to how we come to understand femininity within contemporary social roles. They provide instruction on how bodies become legitimated and accepted as appropriate and they also confer understanding as to valued expressions of femininity that encourage ways of being 'good'. As such, it becomes clear that the bodies produced in and through success stories, as well as in and through weight loss programmes, are heavily gendered. For many women, weight loss and dieting are still gendered as emotional experiences, affecting their role and ability as a mother, and how only by losing weight they can become a better mother. There is often a feeling of accomplishment when gendered bodies function and operate in a way that allows them to be accepted as an 'appropriate' social body. These weight loss centres function powerfully as *the* means to achieve this appropriateness. Uncovering the discourses within these success stories can provide researchers with the opportunity to uncover a range of social ideals, attitudes, constructs, and discourses that exist around gender, weight, dieting, and fatness. Insight into this can allow us to better understand and acknowledge the powerful role that weight loss centres can play in contributing to hegemonic understandings and discourses surrounding weight and dieting and its relationship with gender and motherhood. Whilst the study took place within an Australian context, we would argue that the structure of the weight loss centres, and associated marketing for 'success stories', would be like many other Western (for example, UK, USA, Canada) approaches to dieting and therefore valuable to the wider field of study.

The use of CDA involved closely engaging with the success stories and particularly focused on the language in use, the key words repeated throughout (Mendes 2012), and the information that was both foregrounded and backgrounded (Paltridge 2012). This process enabled a deep insight into exploring the nuances of the 'good mother' and assisted the researchers in deconstructing some of

the dominant stereotypes that often tie women into very specific and confined gendered roles within the family and within society. Within the feminist space, CDA is highly useful in deconstructing the presumed discourses around the role of women in the family and in society (McGannon 2016). This deconstruction is vital for individuals and society to understand and acknowledge the restrictive effects of women being gendered into certain roles within the family. McGannon, Jenny Mcmahon, and Gonsalves (2017) state that the acknowledgement and demonstration of certain discourses can encourage a resistance to the nuances of the 'good mother'. It is hoped that further research in this area allows women to be free from these gendered stereotypes if they desire to and to be able to exist in a body that is not so heavily labelled in terms of gender or weight.

Notes

1. Michelle Bridges' 12 Week Body Transformation (12WBT) is an Australian-based weight loss centre program and has a unique holistic approach within the Australian context.
2. It should be noted that Weight Watchers covers both Australia and New Zealand, however each country has their own website and their own set of success stories. Only stories from Australia were included in the sample.

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Disclosure statement

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