BODILY SURVEILLANCE IN MEDICALIZED CYBERSPACE: CASE OF ONLINE-DIETING

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ABSTRACT

BODILY SURVEILLANCE IN MEDICALIZED CYBERSPACE: CASE OF ONLINE-DIETING

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In contemporary times, the concepts of surveillance, health, and technology are intertwined, and they contribute to the emergence of a new phenomenon called "online dieting". The online dieting phenomenon is an important indicator of how these concepts coexist and therefore should be studied together. My research question is "How does surveillance work in the processes of online dieting and especially in the relationship between the online dietician and the counselee?" I am interested in locating the concept of surveillance in online dieting. To do so, I first ask "How does online dieting work?", "What is the role of surveillance in online dieting?", and "How do surveillance mechanisms work in the context of dietician/counselee relationship?" The theoretical background of this research was shaped by the concept of "prosthetic surveillance" (Rich & Miah, 2008). Besides this concept, Rich and Miah's (2008) study on the medicalized cyberspace and the virtual governance of health is important in terms of contextualizing online dieting. To answer my research questions, two methods are used in this study. The major method of this study is semi-structured in-depth interviews with five online dieticians and three counselees of each dietician. As a supplementary method, I did some qualitative analysis using MAXQDA on the

Instagram posts I collected from three popular online dieticians to better understand what online dieting is.

Keywords: online dieting, surveillance, medicalized cyberspace

ÖZ

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Günümüzde gözetim, sağlık ve teknoloji kavramları iç içe geçmiş durumdadır ve bu kavramlar "çevrimiçi diyet" gibi yeni bir fenomenin oluşumuna katkıda bulunmaktadır. Çevrimiçi diyet fenomeni, bu kavramların nasıl bir arada var olduğunun önemli bir göstergesidir ve bu nedenle bu kavramlar birlikte çalışılmalıdır. Bu tez "Çevrimiçi diyet süreçlerinde ve özellikle çevrimiçi diyetisyen ve danışan arasındaki ilişkide gözetim nasıl çalışır?" sorusunu yanıtlandırmayı amaçlamaktadır. Çevrimiçi diyette gözetim kavramınının nasıl işlediğini anlamak için önce "Çevrimiçi diyet nasıl çalışır?", "Çevrimiçi diyette gözetimin rolü nedir?" ve "Diyetisyen/danışman ilişkisi bağlamında gözetim mekanizmaları nasıl çalışır?" sorularından yola çıkılmıştır. Bu araştırmanın teorik arka planı ise "protez gözetimi" kavramıyla şekillenmiştir (Rich & Miah, 2008). Bu kavramın yanı sıra Rich ve Miah'ın (2008) tıbbileştirilmiş siber-alan ve sağlığın sanal yönetimi üzerine yaptıkları çalışma, çevrimiçi diyetin bağlamsallaştırılması açısından önemlidir. Araştırma sorularını cevaplamak için bu çalışmada iki yöntem kullanılmıştır. Bu çalışmanın ana yöntemi, beş çevrimiçi diyetisyen ve onların üçer danışanı ile yarı yapılandırılmış derinlemesine görüşmelerdir. Buna ek olarak, çevrimiçi diyetin ne olduğunu ve nasıl

işlediğini daha iyi anlamak için üç çevrimiçi diyetisyenin Instagram sayfalarından çekilen içerikler MAXQDA kullanılarak analiz edilmiştir.

Anahtar Kelimeler: çevrimiçi diyet, gözetim, tıbbileşen siber alan

To my parents

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CHAPTER 1

INTRODUCTION

1.1 Background of the Research Problem

My research question and the general outline of my research topic originated from my personal experiences. In my undergraduate years, I participated in the Erasmus Program and attended the University of Groningen, in the Netherlands. During this period, because of the changes in my lifestyle and particularly in my eating habits, I put on some weight. After I spent six months there, I came back to Turkey in the 2019 summer, and I wanted to lose that weight for health purposes. However, as the summer school period and my return date intersected, I immediately took a lesson from summer school and did not have enough time to visit a dietician. During that period, when I told my friend about this issue, she said in return, "Why don't you buy a service from an online dietician if you do not have enough time to go to a dietician's office or hospital?" This was the first time I encountered the concept of online dieting and wondered what it is and how the system works. This recommendation from my friend and my particular research interest in medical sociology and surveillance have pushed me to think of this new occupation, online dietician, and specifically how the surveillance processes occur in online dieting. After I took the courses Sociology of the Body, Sociology of Surveillance and Medical Sociology at METU, I reviewed the literature on this specific topic and realized that this new phenomenon is directly linked to 'medicalized cyberspace' (Rich et al., 2009) and 'virtual governance of health behaviour' (Rich et al., 2008). When we look at the process of online dieting, we immediately realize that the online diet system is based on technology; even more, it

is only possible with ICTs, such as applications like Instagram and WhatsApp. In order to understand this new phenomenon, just focusing on diet and body surveillance is not enough, but how the new health paradigm and surveillance occur in cyberspace should also be addressed. Thereof, in this thesis, online dieting is conceptualized in the framework of new health discourses which are directly related to cyberspace. With this conceptualization, my research question is formulated as: "How does surveillance work in the processes of online dieting and especially in the relationship between the online dietician and counselee?"

To answer this question, the first step is to understand the process of how the online diet system operates to enable the relationship between the dietician and the person who buys this service from him/her. To examine this process, I conducted semi-structured in-depth interviews with five online dieticians and each of their three counselees. It plays a prominent role in grasping the dynamics and processes behind the relationship between the online dietician and the person who consults an online dietician. Furthermore, as a supplementary and secondary method, I analyzed 90 Instagram posts of three online dieticians by using MAXQDA program. Further detailed information is given in the Methods section.

1.2 Importance of the Research Problem in the Literature

When I reviewed the literature on dieting, it became evident that the two extensively studied topics are 1- how 'ideal' body image is a socially constructed concept, and 2- how scientific and individual efforts are used to reach an 'ideal' body shaped by the societal norms. Throughout this literature, many studies have addressed this rationalization of diet (Turner, 1982; Turner, 2003). Besides, when we focus on the topic of 'dieting' from a sociological perspective, we directly encounter how 'diet' is closely associated with the benefits and interests of capitalist systems and the neoliberal world. Another overemphasized issue about 'diet' is how discussions around 'diet' and 'ideal' body image target the female more so than the male body (Riska, 2003; Wray & Deery, 2008; Wolf, 1991). These sociological ideas and perspectives around the topic of 'diet' are still relevant and beneficial to examining the phenomenon of online dieting. For this reason, these aspects of 'diet' and the literature behind them constitute a significant guide for me to address my research question.

Although online dieting can be interpreted as a new phenomenon in the Turkish context, online dieting services are very common in today's world. In the literature, online services are categorized in three ways: "online counselling, web-based intervention programmes and app-based interventions" (Jain et al., 2022, p.846). The most well-known web-based intervention web page is Weight Watchers, which is a commercial weight-loss program (Heyes, 2006). It is a website that provides individual-based weight loss plans with a points system that determines your individual nutritional requirements according to your height, weight, age, and degree of activity. Your daily point allocation was created with the intention of monitoring your diet. Every food has a point value, and members are told to stick to their daily allotment of points (Pritzker, 2022). Besides, on this website, there are some sections which are designated for healthy recipes, exercise, tracking of progress and healthy living advice. There are empirical studies (Jain et al., 2022; Chung et al., 2015; Chung et al., 2020) suggest that there are some advantages of online nutrition counseling, such as easy access to everyone, being more comfortable and affordable to the counselee, and increased efficiency when compared to traditional dieting. Moreover, comparative studies based on empirical evidence suggested that web-based weight loss programs with online dietitian coaching are more effective if it is compared with web-based weight loss programs without online dietician coaching. It increases engagement with the dieting program, and as a result, more weight loss is experienced (Beleigoli et al., 2020). One of the characteristics that increase engagement of tele-dietetics is digital photography which can be an integrated part of it for "recording dietary intake" of the counselee (Chung et al., 2010, p.692). Those studies are meaningful to understanding the reason why online weight loss programs are more preferable, and they also give background information about the increasing trend of online weight loss programs.

Although these discussions are valuable, they are not sufficient to understand this new phenomenon, online dieting sociologically. From this point of view, the literature that focuses on technology, health, and surveillance altogether is essential and gave me the starting point for my thesis. The intersections between diet, technology, and surveillance have also been studied by a lot of important scholars in the literature (Ballard, 2001; Lupton, 2012). However, as per my comprehensive research, online dieting has not been directly studied by any scholar yet. Although

there are a lot of studies on online dieting websites, some consulting services, or online personal trainers, there is no study about this new occupation and phenomenon of online dieting together with the concept of surveillance. Due to this fact, my research question and topic are valuable in terms of examining this new area and the new way of 'dieting' from a surveillance sociology perspective. We all know that a new concept, a new occupation, or in general, a new phenomenon is not only a new thing by itself, but it comes with new relations, new understandings, new norms, and new values. Thus, besides my effort to answer, "What online dieting is?", I also look at how this new phenomenon brings with it a new type of relationship and how surveillance operates especially in that relationship. Therefore, I focus on the new paradigm of health and its relationship with cyberspace in order to understand the online dieting system and the surveillance operating in this system.

1.3 What is Online Dieting?

To make the description of online dieting clearer, I focused on three online dieticians' Instagram pages and analyzed thirty posts on each of these accounts, ninety posts in total. During my analysis, I used a qualitative analysis software titled MAXQDA that enables systematic analysis of both the images and the captions written under photos. The details about the MAXQDA analysis can be reached in the Methods section, and the results of the analysis can be reached in the Analysis section, but it is only introductory information to understand the general context.

When we look at cyberspace, we can encounter different types of online dieting possibilities, but in this study, I focus on a specific type. In this type, online dieticians have Instagram accounts. On their Instagram accounts, they share their contact information, specifically their email address. When a person wants to buy the service of a dietician, s/he can contact him/her via email. Likewise, on those Instagram pages, they share many posts about specific topics. Most widely shared posts are about what online dieting is, portions of specific types of food people should consume in a dieting period, or the equivalence of one slice of bread in terms of other carbohydrate supplies. They also share their meal photographs in order to explain what an individual should eat in the dieting period and what the composition of a healthy meal is.

When an individual wants to buy the service of online dieting, s/he sends an email and is replied with an automatic email by the online dietician. This email includes information about what online dieting is, how the process works, and what the price of their service is. After they decide and pay the necessary amount, the individual becomes a "counselee" (*danışan*) of the online dietician. For the next step according to the procedure, the dietician sends a form about 6-7 pages long to learn more about his/her counselee, which is a very important practice towards understanding surveillance within the relationship between counselee and dietician. This form is composed of questions such as what the body weight and size of his/her body parts are (especially waist, hipline, and chest). Besides, this form includes many questions about the eating habits and daily life of the counselee, the counselee's favorite nutrition, or the foods that the counselee does not eat. On the other hand, this form does not only consist of the questions that refer to the body size or eating habits, but also sleep routine, information regarding menstruation cycle, medicine that the counselee regularly takes, whether the counselee has a psychological disorder or illness, and whether the counselee has an allergic reaction to any specific ingredients. I attached the full form as Appendix B to give a better insight into the content of the questions.

After that form is filled out and sent back to the online dietician, Skype or WhatsApp video call date is arranged. This video call is necessary in order for the dietician and counselee to see each other for the first time and meet via the Internet. The main purpose of that call is to plan the first diet list for the counselee. In the light of the detailed form, which is filled out by the counselee and video call, the dietician creates the diet list during the video call with the counselee. They make a list together so that if the individual states that the meal is not proper for her daily life and routine, the dietician can provide an alternative. After that video call, the dietician sends the first diet list via email or WhatsApp, and then the counselee is responsible for sending each of their meals' photos via WhatsApp to the dietician. The dietician can respond to these messages with a positive attitude like "great, perfect meal" or "you should eat whole-wheat bread instead of white bread" in a constructive attitude to change the behavior carefully. This expectation from the counselee to send each meal's photo to the dietician is very specific to online dieting, and it creates a different kind of surveillance and disciplinary mechanism, which makes it relatively unique. At this

point/context, Bernstein's 'totally pedagogized society' (Bernstein, 2001) concept would be important to understand this new relationship. As it is understood from this relationship style, it would not be wrong for one to say that some form of 'parenting' is also performed by the online dietician. The online dietician is not the person who simply writes down what the counselee should eat but also follows up and intervenes when the counselee shows 'wrong' or 'unhealthy' behavior. After the counselee applies this diet list, they arrange another video call for one week later. Before this video call happens, the counselee has to weigh themselves and take a photo of themselves on the scale and send the information on weight and the picture as proof to the dietician. Based on especially whether the counselee lost weight or not, they talk about the one-week experience of the counselee. Later on, the dietician prepares a new list followed by this conversation, and all these processes start over again.

I am aware of the fact that when we focus on the different working styles of online dieticians, some minor differences can be found. Although there are minor differences, general processes and the type of planned interaction are quite similar.

In the literature review section, I will focus on how this process contains some different types of surveillance mechanisms and how these surveillance mechanisms can be understood in the context of the new health paradigm and medicalized cyberspace.

1.4 Research Questions and the Arguments of the Study

Diet is not a new phenomenon in the sociological literature, but it experienced tremendous change due to technological advancement. Today, scholars can easily talk about dieting websites and online services under the concept of 'e-scaped medicine' (Nettleton, 2004). This concept, which I elaborated on further in the literature review section, emphasized how sociologically important new medical cosmologies occurred with the technology. As the concept underlined, medicine and medical issues, in general, have a new kind of dimension today. Both individuals and states became very active parts of this new 'e-scaped medicine.' Online dieting is also one form of dieting which is realized through changes in the scope of medicine. Even though it has a lot of common points with traditional dieting, the one word "online" completely changes its nature. As understood from the above discussions, all dynamics are changed in

online dieting if we compare it with traditional dieting. In this thesis, I conceptualized traditional dieting as a form of dieting that is face-to-face in the office or hospital environment. In this kind of dieting, the counselee can either visit the dieting department at the hospital, or the counselee can go to the private office of a dietician. After this basic process is realized like measuring weight, writing diet for counselee and meeting regularly to check whether counselee loses weight or not. Indeed, the main aim of this process for online and traditional dieting is not necessarily losing weight but sometimes gaining weight, weight protection, or just getting healthy eating habits, but the most common aim is losing weight. Surveillance mechanisms also exist in the traditional kind of dieting; however, I argue that the surveillance mechanisms and the relationship between the counselee and the dietician have a different setting and communication in online dieting innately due to the space in which this relation takes place. For this reason, the first argument behind my research question is that although the main processes and aims of online dieting are similar to those of traditional dieting, there are some significant sociological differences in the surveillance aspect of the relation between the counselee and the dietician. Based on this argument, my first and major sub-research question is:

a) What are the unique surveillance mechanisms and relations in online dieting? Which aspects differ from traditional dieting?

There is corresponding literature addressing why people prefer online medical services instead of face-to-face ones. Grunwald and Busses' (2003) study about online intervention for eating disorders also focuses on the reasons why individuals prefer online consulting. They conclude that people prefer online services because of the anonymity of communication on the Internet, rapidity of exchange of information, independence of time and place of participants in communication, and low costs for keeping up communication. I would like to examine whether preferring online dieting instead of traditional one is also based on the similar reasons that Grunwald and Busses found in their study or if there are any other reasons behind it. Therefore, the second sub-question is,

b) Why do people prefer online dieting instead of a traditional one?

To answer this question, I chose my participants who had experienced traditional dieting and online dieting. Their comparison and their reasons are valuable in answering this question. This question is also related to the first one, which is about unique characteristics of online dieting, such as which parts make online dieting preferable and what is brand new in online dieting. These questions are also remarkable in terms of understanding the dynamics of communication between online dieticians and their counselees.

Another argument, which is the driving force for the topic of this master thesis, is that online dietician is a new kind of occupation but not only a new thing in itself because there is a whole social background behind this new phenomenon creating it. If this new phenomenon needs to be understood, the conditions that bring about it should be analyzed. For instance, the new phenomenon, in this case online dieting, brings about a new social relationship that should be analyzed. A new agency, a new system, a new set of social relations, and relationalities also come with this new social phenomenon, which all require a sociological analysis of them.

In this regard, the concept of "prosthetic surveillance" (Rich & Miah, 2008) is useful to understand Wii-Fit's (one of the video games developed by Nintendo) already-existing and potential surveillance mechanisms in the light of medicalized cyberspace and virtual governance of health. Parallel to my efforts to understand surveillance mechanisms in online dieting, which is a product of medicalized cyberspace, prosthetic surveillance characteristics defined by Rich and Miah resemble the surveillance mechanisms in online dieting. Therefore, the prosthetic surveillance conceptualization is an important resource for a deeper understanding of the surveillance mechanisms in online dieting. This leads to my last question:

c) How does online dieting work in line with prosthetic surveillance?

1.5 Outline of the Thesis

The main research question in this thesis is asked based on the idea that every new occupation and in general new phenomenon comes with its peculiar social relations. In this context, online dieting is a new phenomenon that is shaped by the surveillance mechanism which is sociologically important. Therefore, throughout all chapters, my main aim is to grasp surveillance relations and mechanisms in online

dieting by contextualizing, analyzing, and examining the surveillance mechanism in online dieting. For this specific purpose, I aim to address the following question: "How does surveillance work in the processes of online dieting and especially in the relationship between the online dietician and counselee?" As it is previously mentioned, there are some sub-questions are also asked: "What are the unique surveillance mechanisms and relations in online dieting?", "Why do people prefer online dieting instead of a traditional one?" and "How does online dieting work in line with prosthetic surveillance?".

This thesis is composed of five chapters. Chapter I is the Introduction chapter. In this chapter, after the definition of online dieting, research questions and arguments of the thesis are discussed. Chapter II provides a literature review, which contextualizes online dieting and the research questions by presenting discussions under four sub-headings*: "Medicalization", "Technology and Health", "Tele-medicine and E-health"* and *"Cyberspace and Surveillance"*. In Chapter III, after mentioning some important characteristics peculiar to studying surveillance based on the arguments by Ball and Haggerty (2005), the interview questions of this study are explained elaborately. The main aim of this chapter is to explain the importance of each interview question and how they relate to the literature section and the main aim of the study. Furthermore, the major and supplementary methods of the study are explained in this chapter together with the profile of the respondents. Chapter IV is where the findings from the analysis are presented, in which the unique surveillance relations and features in online dieting are discussed based on the characteristics of "Flexibility", "Motivation and Psychological Support" and "Continuity". Chapter V is the conclusion and the last part of the thesis where concluding remarks are presented.

CHAPTER 2

LITERATURE REVIEW

2.1 Medicalization

2.1.1 Conceptual Definition of Medicalization

Even though the concept of medicalization is so widely used, it remains more complex 30 years later, in 2006, a Google search for 'medicalization' created more than 358 000 results (Metzl, JM. & Herzig, R., 2007). In a basic definition which is made by Conrad (1992) “Medicalization describes a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illnesses and disorders” (p. 209). As it can be comprehended from this definition, some life events, which were normally regarded as natural in the past, now turned out to be an issue to be fixed or cured. Deviant behaviors such as repetitive alcohol consumption are the classic examples of medicalization defined by sociologists. Besides, children's hyperactivity, aging, pregnancy, menopause and death are other examples which are interpreted under the medicalization literature according to findings of Ballard and Elston (2005). Therefore, it might be wrong for one to say that medicalization is an either/or situation. Conversely, viewing it in terms of degrees is rather beneficial to grasp the context. To say, some conditions are almost totally medicalized (e.g., death, childbirth), whereas others are partially medicalized (e.g., opiate addiction, menopause), and still, others are minimally medicalized (e.g., sexual addiction, spouse abuse) (Conrad, 1992). Those examples demonstrate that specific behaviors were labeled as deviant in the past such as excess alcohol consumption or drug addiction and they were conceived as deviant or abnormal behavior, which required to be fixed.

However, it is not only deviant behaviors to be medicalized; instead, life events that seemed normal in the past also became a medical issue since the 1970s and now

on at the same time. Death, birth, and menopause are the most common instances of natural life events that are not regarded as medical issues in the past. Based on the ideas of Conrad and Schneider (1980), there are three levels of medicalization. The first one is the conceptual level in which medical language is used in order for the problem to be identified. The second one is the institutional level where medical collaboration with other authorities is used to gain legitimacy over the management of the problem. The last level is the interaction between the doctor and the patient. The last one is the most significant level for my thesis framework since it is the level where the problem is defined as medical, and the medical treatment process is applied accordingly (Conrad & Schneider, 1980). These three levels show that medicalization has a layered structure with its gradual levels, and it should be evaluated with these three levels.

Furthermore, defining moral problems in terms of medicine is not just a basic change in aspects of its definition; instead, it changes all social relations and dynamics. Henceforth, it enables medical authority to enhance its power; and medicine becomes a dominant institution of social control at the end of the day. The three main implications of the medicalization of deviance are also rather related to how the medical profession becomes a powerful actor. To begin with, deviant behavior is not explained in terms of religion which is based on moral responsibility anymore. In other words, if the deviant behavior is not relevant to individual morality and responsibility, it is a sphere for a medical profession to intervene by giving advice and treatment. Secondly, when the identification of deviant behavior changes, this brings about some other changes. On the basis of its definition, whether it requires treatment, or a sort of treatment also changes. Therefore, in the past, since deviant behavior was approached as a moral problem, medicine was not included in ways of treatments. In contrast, instead of punitive methods and interventions, medical professionals mostly tend to apply therapeutic and optimistic interventions. The third one is a combination of the first two: increased authority for the medical profession in controlling deviance (Conrad & Schneider, 1980) were being reclassified from 'badness' to 'sickness'" (Conrad & Schneider, 1980). In addition to Conrad and Schneider, Freidson (1970, p.251) identifies this situation as "Once official jurisdiction is gained, the profession is then prone to create its own specialized notions of what it is that shall be called

illness". To emphasize the powerful position of doctors, he uses the term "moral entrepreneurs" for medical professionals.

2.1.2 Driving Forces of Medicalization

After conceptualizing what is medicalization, the driving forces of medicalization is also an essential topic to tackle with. Conrad should be mentioned to explain how medicalization has a profound impact on the health system and the doctor-patient relationship. Besides, he also has an important examination of how medicalization changes the world today which we live in. As explained before, during the rising period of medicalization, doctors have an important power and the 'golden age of doctoring' (McKinlay & Marceau, 2002) is a noteworthy concept. Because it emphasizes the powerful position of medical professionals. However, after a while, countervailing power actors are added to the system. Conrad (2005) distinguishes three shifting engines of medicalization: biotechnology, consumers, and managed care.

First, biotechnology is an important phenomenon that has been used in medicalization literature since 1985. Biomedicalization is a concept explained by Clarke et al. (2003) as "the increasingly complex, multisided, multidirectional processes of medicalization that today are being reconstituted through the emergent social forms and practices of a highly and increasingly techno-scientific biomedicine" (2003, p. 162). As inferred from the definition, it is a concept that is only possible with the combination of information technologies, medical informatics, and biotechnology. In this category, the pharmaceutical industry is also transformed. Conrad (2005) points out how the pharmaceutical industry benefits from these changing dynamics in terms of dominance in medicine. Surely, it would not be wrong for one to say that doctors' authority has decreased. However, the pharmaceutical industry gives direction to the sector to enhance medicalization. Conrad further complicated by naming the era as "post-Prozac world" (2005, p.5). It is suggested that there is a considerable rise in promotion of pharmaceutical products to physicians and to the public by the industry. Overall, the pharmaceutical industry's spending on television advertising rose six-fold to $2.5 billion between 1996 and 2000 (Rosenthal et al., 2002). It is an important statistic that demonstrates how aggressive promotion is explained in a numerical way. Medicine advertisement means that the pharmaceutical industries turn into an industry

independently from doctor authority. Apart from pharmaceutical industries, genetic enhancement plays a prominent role in medicalization and it is discussed under biomedicine. It is not yet a huge market like the pharmaceutical industry, but a lot of scholars (Maturo, 2012; Clarke et al., 2003; Clarke and Shim, 2011) estimate that it will be in the future. Its study area is based on genetic enhancement to work even in such cases that cannot be counted as an illness or disease. Nowadays, these sorts of studies seek to provide people with 'better' genes to be taller, thinner even though these characteristics are quite natural human characteristics instead of an illness. There is evidence that shorter people earn less money, get fewer promotions, can be stigmatized, and can have problems with such mundane tasks as finding proper fitting adult clothes (Conrad and Potter, 2004). Genetic enhancement also intervenes in those kinds of characteristics that are not commonly preferred by society even if they are not a disease. Besides those characteristics, genetic enhancement also intervenes the genes that are prone to have risky diseases such as diabetes and cancer. In other words, those studies are also not based on the cure of illness but studies for preventing "potentially ill" people.

The second driving force is the consumer side. Consumers who are previously called patients are also becoming commodified subjects now. The one main reason why patients are called consumers is that they have choices now as if they are in a shopping center. They have a choice when they select an insurance plan, purchasing health care, or even surgery that they have. Procedures from tummy tucks to liposuction to nose jobs to breast augmentation, which are based on patients' choices, have become a big medical business. In this context, the body is perceived as a project, and it is commodified piece by piece. To use just one example, from the 1960s through 1990 two million women received silicone breast implants, 80 percent for cosmetic purposes (Jacobson, 2000). Besides cosmetic surgery, adult ADHD (Attention Deficit Hyperactivity Disorder) normally, known as hyperactivity, is an important example to understand the situation of transition of being a patient to being a consumer since patients started to demand specific pills from their doctors. In this context, new demands from the adults cause new diseases to emerge, eventually. Normally Ritalin is used for hyperactivity in children; but, for years, researchers had estimated that it started to be a demand of patients. Adults see their doctors for having symptoms of ADHD and doctors require to label it at the end of the day. Nevertheless, in the 1990s,

it was not rare to see adults seeing physicians for having symptoms of ADHD and asking to be treated. At this point, medicalization shows itself as the medicalization of underperformance (Conrad & Potter, 2004). Similarly, Barsky and Boros (1995) have identified this circumstance as the decreased tolerance for mild symptoms and innocuous problems. The emergence of self-medicalization is often observed in these sorts of contexts. Specifically, patients go to the doctor in order to directly want specific treatment or medicine they chose for themselves before getting examined by their doctors.

The third driving force is managed care. The term managed care or managed healthcare is used in the United States to describe the intention to minimize the cost of healthcare and American health insurance. According to the aim, the quality of the care should be enhanced, but not the cost. When we evaluated managed care in terms of medicalization, it can be incentive when insurances are paid, and can be constrictive otherwise.

In the light of the three engines of medicalization, it can be said that doctors are still in the picture but not as powerful as when the first times of the medicalization. In short, the engines of medicalization have proliferated and are now driven more by commercial and market interests than by professional claims-maker (Conrad, 2005). Even though the definition of medicalization has not changed totally, with possible technologies, biomedical and pharmaceutical industries, as well as genetic enhancement, are major actors in creating medical categories and degrees of medicalization in our life (Horwitz, 2002). For sure, as Conrad (2005) emphasizes, without other actors and stakeholders, technology cannot play the main role in medicalization. While it is an indisputable fact that medicalization is not technologically determined, commercial and corporate stakeholders play a major role in how the technology will or will not be framed. This is the reason why social science should study medicalization, because: “Medicalization still does not occur without social actors doing something to make an entity medical, but the engines that are driving medicalization have changed and we need to refocus our sociological eye as the medicalization train moves into the twenty-first century” (Conrad, 2005, p. 12). In this context, online diet is also a new phenomenon that is appropriate to scrutinize under medicalization since it requires a sociological imagination to handle.

2.1.3 Criticism Toward Medicalization

In this context, as it is apparent from the scholars' ideas and definitions, there is a lot of criticism toward medicalizations. Illich's criticism is one of the criticisms toward medicalization. According to his argumentation, laypeople lose their ability and autonomy due to powerful medical professionals. Under the guise of offering a remedy, medication was, Illich argues, actually causing harm at the therapeutic level (through inadequate care and side effects, etc.), at the social level (people were more reliant on pharmaceuticals), and at a structural level, as the ability of society to deal with disease and death was dramatically diminished (Illich, 1976). For him, hence, medicalization was distressing progress, for which the bureaucratized medical profession was mainly in charge. He (1976) claims that notions such as ageing, healing, and dying are imposed as issues and medical illnesses so that human life can be medicalized. For this reason, he considers the medical establishment as a threat to health since it produces clinical, social, and cultural "iatrogenesis", indeed. Eventually, societies cannot deal with these natural processes anymore.

The second main criticism is from feminist scholars criticizing that, considering women's experiences such as childbirth and menopause, mostly women's body's natural processes become medicalized. Many second-wave feminists stated that "Medicine as a particularly powerful patriarchal agency exercising undue social control over women's lives" (Oakley, 1984, p. 14). According to Oakley (1984), medicalization makes it possible to create some conceptual differences between abnormal and normal pregnancy and this situation strengthens intervention to women's normal natural bodily events. McCrea (1983) argues that many women came to feel morally obliged to accept medical intervention in order to prevent future ill-health as a result of medical definitions of menopause as a 'deficiency disease'. The third main criticism is from Marxist scholars Navarro (1975) and Waitzkin (1979, 1984). According to the Marxist approach, capitalism and medicalization are not two different concepts; rather, they are highly related to each other. They explain society's rising dependency on medical professionals in two main ways. The first one is that the apparent high status of medical professions encouraged an individualistic medical model based on individual solutions. In other words, an individualistic model conceals the societal reason behind it. For instance, giving anti-depressants as a

treatment for individual problems, which is indeed a societal problem in its origin, can be a good example. Likewise, Conrad agrees with the point of view that the medicalization process should not be perceived as an individual concern while it originates from social problems. In this way, it eases the way how people are put under control since medicalization leads them to get treatment for their "personal" issues (Conrad, 1987).

The third criticism is how medicalization causes a powerful industry to emerge and how medical professionals' economic power and pharmaceutical industries' gain is not genuinely separated from each other. In other words, interest of the doctor and interest of medicalization are fed to each other. Those two main criticisms have common characteristics that they explain medicalization by emphasizing medical dominance. This means that their argument is based largely on seeing patients as passive individuals or passive victims. On the other hand, there is another point of view that combines active agency and medicalization. Riessman (1983) is a feminist who emphasizes different angles of medicalization. Riessman (1983) highlights that regarding presenting women as passive victims of medicalization is a very opposite circumstance in terms of what feminist ideology tries to challenge. She identifies her idea with the example of medicalization of childbirth, and she basically asked the questions, 'what if medicalization of childbirth is good for women's and their families' health? What if medicalized childbirth is a decision of women to experience painless delivery?' Furthermore, Griffiths (1999) also does not agree with the feminist attitude which resists the medicalization of menopause by perceiving women as passive recipients. According to his argument, women do not act as passive agents; on the contrary, they can question the doctor's advice for their menopause. To illustrate, hormone replacement therapy (HRT) is a common doctor advice for menopause; yet this does not mean that women just take the pill without questioning it. Women were active agents in seeking and evaluating knowledge about HRT; besides, they questioned doctors' advice. Another argument that is asserted by feminist scholars is that medicalization, sometimes, is a key factor for and is needed for the recognition of the disease (Broom and Woodward, 1996). This means that without recognition, sufferers cannot get treatment. In particular, patient self-help organizations have been among the most vociferous in seeking medicalization in the case of disputed diagnoses such as Chronic Fatigue Syndrome and Repetitive Strain Injury, in the form of

acceptance of their disorders as being triggered by objective, even if not yet verified, pathological processes (Broom and Woodward, 1996).

To put it simply, the arguments of the feminist approach emphasize medicalization and active agency of women by listing the reasons:

a) Medicalization of women's natural processes can be beneficial for women's experience in the case of childbirth.

b) Women are not passive agents; they can question their doctors' advice and they do not have to apply the treatment.

c) Sometimes medicalization is an important and demanding process for getting treatment, such as in the case of Chronic Fatigue Syndrome.

2.1.4 (De)medicalization

As it is understood from the literature, medicalization is not a unilineal and one-dimensional concept. Hence, when the medicalization is handled with three levels which Conrad and Schneider (1980) suggest (conceptual, institutional, interactional levels), it should not be ignored that these levels needed to be analyzed and tackled one by one even though they are interrelated to each other. Usually, if the medicalization is the underlying reason for a social movement, it emerges gradually with all these 3 levels. It should be noted that why medicalization should be considered as a distinct level is that medicalization and demedicalization coexist at the same time, actually. One of the most common examples of these sorts of social movements of demedicalization is the gay liberation movement and the disabled movement. Previously, homosexuality was labelled as a disease or deviancy. However, afterward, in the 1970s, homosexuality was not classified as a disease or deviancy; but it was regarded as a lifestyle or choice. Another putative example of demedicalization is the social model of disability which is promulgated by the disability movement in recent years. Here, there is a clear attempt on the part of a collectively organized group to delegitimize the application of a medicalized conceptual framework to the 'problems' faced by the disabled (Zola, 1993). Those two examples are very important to understand what medicalization is and why medicalization is not a one-dimensional, but a two-way process. Demedicalization addresses a problem that no longer retains its medical definition (Conrad, 1992). Another important example is in the late

nineteenth century, masturbation was a disease, and it was the object of many medical interventions (Engelhardt, 1974).

Those examples and historical processes demonstrate that medicalization is not a one-dimensional concept even if it is a concept which leads to social mobility and social movement, at some point. As Ballard and Elston (2005) emphasize:

> (…) the extent and form of medicalization of specific kinds of deviance or life experience, and the degree to which any process of medicalization is sustained over time, varies according to the social or cultural authority and the level of mobilization of those making (or resisting) claims, and the perceived efficacy of any medical intervention (p. 236)

Instead of defining and conceptualizing medicalization as a unidimensional uniform concept, the concept should be adopted with respect to various social and cultural contexts. Moreover, it should be noted that when the medicalization is examined with three levels, the presence of demedicalization or the possibility of demedicalization should not be dismissed or ignored.

2.1.5 Medicalization as a Form of Social Control

As Crawford (1980) also emphasizes when he talks about healthism, medicalization is not a neutral concept that means only “to make medical” some deviant behavior which is not before. For this reason, Parsons is the first scholar who defines medicine as an institution of social control (1951). When we think about how medicine turns out to be an important social actor within the secularization process, defining medicine in general medicalization as a social control apparatus, is not very surprising. For this reason, secularization is the most important social transition in the organization of society which makes it possible to create organizational and structural medical professionals’ authority. Medicine has ‘nudged aside’ (Zola, 1972, p.487) or "replaced" (Turner, 1987) religion as the dominant moral ideology and institution of social control in modern societies. Many conditions have become transformed from sin to crime, and from crime to sickness afterward. In Weberian terms, this is of a piece with the rationalization of society (Conrad, 1992).

The most basic reason why medicine is defined as social control is that the greatest strength of social control stems from possessing the strength to classify actions, people, and things (Conrad, 1992). Definitional aspect is very important since

when the problem or an issue is defined by profession in this case illness or disease defined by medical authority, this is the first and basic step of solving the problem. For this reason, who has the ability to make definition means to make something practically for solving this problem. It should not be forgotten that medicalization creates an important base to make legitimate definitional power of medicine and medical authorities who can make a definition. After discussing the definitional power that medical professionals have, it is necessary to refer to Conrad's three types of medical social control classification which is widely known and used in the literature. While defining deviance in the context of medicalization, Conrad (1979) identifies three types of medical social control: medical ideology, collaboration, and technology. To begin with, medical ideology proposes a medical model mainly due to accumulated social and ideological benefits; in medical collaboration doctors aid (generally in an organizational context) by providing knowledge, being gatekeepers, institutional agents, and technicians; medical technology explains the use for social control of medical technology as, drugs, in particular, surgery, and genetic or other types of surveillance technologies. Indeed, people are acknowledged to choose the type of medical social control. Most probably, the most widespread way is "medical excusing" (Halleck, 1986, p.130), starting from doctor's notes for skipping school to disability advantages, to qualification to the insanity defense. Although originally those categorizations were composed of three elements which are elaborated above, Conrad explains the necessity of creating a fourth category which is "medical surveillance" (1992, p. 216). It is the last and the most important composition of the classification of how medicalization is social control. Based on Foucault's work (1977), "medical gaze", directly related to medical surveillance, is a crucial surveillance mechanism that medical professionals applied legitimately on their patients' activities. Surveillance is a very important part of social control of medicine; surveillance, actually, changes the possibility of social control in different contexts. This kind of literature and concepts which come from Foucault's studies is also a milestone for my thesis' theoretical framework which will be detailed in the surveillance part.

2.1.6 Important Concepts That Come from Medicalization: Healthism

To understand medicalization and how medicalization creates a new individual and ideology, one of the key concepts is “healthism” (Crawford, 1980). Crawford (1980) defines it as: “...a particular way of viewing the health problem, and it is a characteristic of the new health consciousness and movements. Like medicine, healthism situates the problem of health and disease at the level of the individual” (p. 1). As it is elucidated, healthism constitutes new consciousness in terms of health, which attaches high importance to individual lifestyle and habits. In this context, illness and disease are evaluated at the individual level. In other words, if an individual is healthy, it is basically rooted in his/her choices and lifestyle. Considering the opposite scenario, if an individual is unhealthy or has a disease/ illness, it has resulted from his/her bad choices, diet, lack of exercise, etc. Although healthism is not totally independent from medicalization since it has roots in the context of medicalization, at some point, they are separate in terms of conceptualization. Although health promotion will produce a "new ethic of health" (Becker 1986), focused on individual responsibility (and improvement of lifestyle), it can be best conceptualized as "healthicization" even if the method is close to medicalization in that it incorporates behavioral and hospital problems. With medicalization, medical definitions and treatments are offered for previous social problems or natural events, with healthicization; behavioral and social definitions are advanced for previously biomedically defined events (e.g., heart disease). Biomedical causes and treatments are indicated by medicalization; one converts morality into medicine, and the other transforms well-being into morality (Conrad, 1987).

Many scholars as well as Crawford (1980) emphasize the relationship between the middle class and healthism. There is an emphasis on the “individual” responsibility of being healthy and unhealthy in healthism discussions. Considering working-class’ struggles to reduce the work hours, improve their work condition and eliminate child labor; healthism appears to be class-related phenomenon, which mostly middle-upper classes engage with (Crawford, 1980). As clarified in Crawford’s section, the middle and upper classes are the ones that can have choices about their lifestyle.

After explaining healthism and its class dimension, the other remarkable concept which is interpreted under the term healthism is the “holistic health movement”. The

holistic health movement is a popular concept that is not very different from healthism because it takes illness and health as not merely a physical matter, but instead, it has emotional, mental, and spiritual aspects. With regard to this approach, fellows of the holistic health movement are interested in the whole individual; in other words, their focus is on the person rather than the disease while applying the treatment (Crawford, 1980). "Holistic health sees illness and health as not simply a physical matter, but also as emotional, mental, and spiritual. Interested in the whole individual, holistic healers talk of treating the person, not the disease". (Crawford, 1980, p. 366). At this point, 'self-care' and 'self-help' are the concepts that derive from health movements. Moreover, since health gradually becomes a trending value, those who cannot seek it could find themselves in a position of exclusion. Following citation is significant to highlight the importance of health in terms of identifying it as a gift. Additionally, it plays a prominent role to emphasize that preserving that gift depends on the human will by making proper choices.

> "The gift of health is the gift of life, which raises the value of the whole idea exponentially. The gift of health, then, is the gift of happiness, of completeness, of love and of being. To abuse it, or to fail to seek it out with all our power is a denial of the value of self. Anyone who disregards the magnificence of life deserves only pity" (Grant, 1978, p.10).

Interpreting this citation in terms of the healthism approach, people have the power to will to protect the gift which refers to their health. In our day, mobile health devices are one of the widespread ways to preserve this 'gift'. For this reason, it is so common that many people use so many mobile health devices to surveil their health. They are not interpreted as separable from the healthism ideology which is basically based on maintaining good health as a value. Today, mobile health technologies are also integrated into healthism, and they are part of voluntary self-surveillance (Lupton, 2012). According to empirical studies (Finch et al., 2008) with the ICTs health care services give more responsibility to the patients and due to those responsibilities patients turn into agents who increase their empowerment and self-management. To identify the use of these technologies, the terms "self-surveillance" and the "quantified self" (Swan, 2012) are frequently employed. Those technologies are very important to see how healthism turns into an important ideology today and how technology is an important part of it.

2.1.7 Healthism and its Critiques

After explaining healthism and the concept of the holistic health movement, Crawford (1980) criticizes it because almost everything related to health, being healthy and unhealthy seems like a choice without seeing or questioning other actors. As he (1980) puts it, "health takes on the quality of an end in itself" (p. 381) and parallel to this understanding, the idea of "body is an unfinished project" (McLaughlin and Coleman-Fountain, 2014) reinforces the point of Crawford (1980) regarding unhealthiness or disease/illness as a moral failing. The main problem with this ideology is that it prevents questioning the system which is a structural part of unhealthiness. It strengthens the idea that dealing with individuals is enough. Of necessity, at the same time, it is important to cope and transform oneself and society. However, since a political understanding of the health issue is further weakened, healthism strengthens the inclination towards fully private, individual solutions (Crawford, 1980). It is an obstacle in front of questioning the welfare system, government, and policies on health.

2.2 Technology and Health

2.2.1 An Important Actor of Medicalization: Internet

From now on, what is the concept of medicalization, what are the main critiques toward it, what are the main actors of medicalization and what kind of new concepts occur in the context of medicalization -such as healthism, healthizication, demedicalizaiton- are discussed. Although, previously, technology's role is mentioned; it is not elucidated in depth. Nevertheless, it is essential to delve into its effects in terms of the changes in the degree of medicalization. In this part, my main aim is to give an overview of how the Internet and Web 2.00 technology have influenced medicalization and its actors. In addition to this, for my thesis' framework in the theoretical background, Nettleton's (2004) and Nettleton and Burrows (2003) works are starting points for me to understand literature and discussions which I will construct my theoretical background on.

Before examining what, the Internet and technology create a brand new, classical cosmology that is explained by Jewson (1976) should be revisited to grasp the changes

in medicine. Prior to understanding and mentioning Jewson's three medical cosmologies, defining medical cosmology is essential. For him, medical cosmologies are:

> (…) conceptual structures which constitute the frame of reference within which all questions are posed, and all answers are offered. Such intellectual gestalt provides those sets of axioms and assumptions which guide the interests, perceptions, and cognitive processes of medical investigators" (p. 225)

As he states, medical cosmologies are the definitions to understand organization of medicine according to years. The first cosmology is bedside medicine which contains from the 1770s to the 1800s. In this first medical cosmology, doctors are very close to their patients and being doctor's patrons has a profound impact on doctors' theories of disease (Nettleton, 2004). Medical knowledge is not uniform in this cosmology, it depends on the doctor, in other words, doctors have their own style and own methods. The second cosmology, which includes the period between the 1800s to the 1840s, is hospital medicine where patients are cured in the hospital environment. In this cosmology, doctors are in a more powerful position since pathology and homogenous knowledge about the disease is on the agenda. From the 1840s to 1870s, it was named laboratory medicine which scientists are more powerful, and they have an authority in the knowledge production process. Besides, in this period, progress in physiology has a critical role, and the roots of diseases were perceived mostly with regard to cellular processes instead of anatomical science (Nettleton, 2004). Considering Jewson's suggestions, this cosmology can be explained as an "appendage to the laboratory" (Jewson, 1976, p. 230). This cosmology is not just a classification to understand the modification of trends in medicine; instead, it highlights how powerful actors change depending on cosmologies. In the first cosmology (bedside medicine), patients are more powerful whereas, in the second cosmology (hospital medicine), doctors are more in a powerful position. Lastly, in laboratory medicine, scientists are the most powerful ones. This cosmology classification is a milestone in the literature that a lot of scholars add upon it. One of the important scholars, Armstrong (1995), adopting a Foucauldian approach, states that a further form of medicine emerged during the early 20th century – namely surveillance medicine. "…The patient had 'disappeared' from medical discourse within laboratory

medicine, within surveillance medicine the patient – and the potential patient – reappears with a new (risk) identity" (Nettleton, 2004, p.663). This is a significant citation to explain very clearly how different cosmologies inseparable parts of the developing technologies are. Furthermore, it is apparent that Jewson's cosmologies are based on De Mul's 'mechanistic and informationistic worldview' concepts (1999)":

> Fundamentally, both Jewson and Armstrong describe shifts in the way medical knowledge is configured and sustained – they describe transformations in the ways medicine conceives, constructs and describes its objects of study. These transformations are associated with social relations and technological forms. The moves from bedside to hospital, from hospital to laboratory, and from the microanalysis of bodily components to the analysis of epidemiological data derived from the community, are associated with differential technological forms and materials. The stethoscope, the microscope, and statistical technologies increasingly developed with the aid of computers; therefore, they have all been privileged within different cosmologies. Perhaps, today, networked computer systems could be conceived as the privileged technological form which influences the capacity not simply the process data, but it also influences our ways of thinking – or our 'intellectual gestalt' – to use the terminology adopted by Jewson. (p.663)

De Mul's (1999) mechanistic and informationistic worldview concepts are two major concepts to understand both how Jewson's cosmologies are created and also how the knowledge production process changes in social science. To make a better comprehension of what he means by using 'worldview', it means that how information technology is associated with the concept of information, and it influences the way we recognize, evaluate and react to the world. In other words, our perception of the world. Thus, De Mul (1999) suggests that 'the mechanistic world view' is characterized by the three postulates of analyzability, lawfulness and controllability. Indeed, as it can be inferred from the three postulates, those are very interrelated tenets with each other. The definition of analyzability means that it is possible to evaluate objects, items, devices, bodies and so on as a set of elements or components that are distinct from each other but are often interdependent. People have studied and found elements that often behave in a certain manner, which is directly related to lawfulness. This implies that the elements follow laws, and this implies that it is possible to predict and regulate the product of a procedure since we understand which operations follow which laws/rules (Nettleton, 2004). Also, those postulates are the basic principle that 19th

century social science builds upon. This is also very related to the August Comte's explanation regarding functions of the discipline of sociology based on 'to know, predict and control' (Comte, 1975). The second one is the "Informationalistic Worldview" which is based on synthesizability, programmability, and manipulability. However, the reason why I needed to mention this is that even though Jewson's cosmologies are very important for the literature to examine the changes and trends of medicine, De Mul's conceptualization of "Worldview" is an inseparable part of it. Furthermore, those worldviews provide a better understanding of how the knowledge production process changes and how technology is a driving force for this modification. Accordingly, if one wants to understand the emergence of online dieting, it is only possible with technology it is a fact that technology is an inseparable part of it even the thing which created it. Nonetheless, it is not just to put the word "online" in front of the well-known concept of the diet. Instead, it could not be taught separately from how our way of thinking and way of being is changed. Hence, Nettleton's interpretation regarding Jewson's cosmology and the way she combines De Mul's ideas are starting points for me both literature-wise and also shape the theory section's background.

For this section, the most important concept attributed by Nettleton is based on Jewson's cosmology, which is explained in detail above. Nettleton (2004) identifies e-scaped medicine as:

> The rationale being to suggest, albeit tentatively, that a new medical cosmology is being forged, one we called e-scaped medicine. We have suggested that there is something of a homology between socio-technical changes, most notably ICTs, and ways of thinking and practicing medicine. We are not, however, suggesting that the advent of such technologies has determined the emergence of a new medical cosmology, but rather that they may be facilitating existing processes of transformation. (p.676)

As Jewson (1976) uses the cosmologies to reveal the shift in medicine, the concept of e-scaped medicine is suggested by Nettleton (2004) based on the same concern. By developing this new concept, e-scaped medicine, she emphasizes how patient-doctor relationships, how knowledge production processes and how power relations change. The main characteristic of e-scaped medicine is

> e-scaped medicine may yield more diffuse, complex, and varied forms of medical discourse that can meet the preferences of many and varied audiences. Just as the 'sick man disappeared' from laboratory medicine, it remains to be seen if the 'health seeker' and the 'expert patient' will be enduring stakeholders within e-scaped medicine. Its form will be more heterogeneous, its production more rooted in self-generating systems and its application more uncertain (p.676-77).

After explaining what 'e-scaped" medicine is and how it changed the relationships discussed above, there are also much more concrete examples of how patients-centered health care, Internet and especially social media come together and create a "perfect storm" concept they defined as "a phrase that has been used to describe a situation in which a rare combination of circumstances results in an event of unusual magnitude creating the potential for non-linear change" (Rozenblum & Bates, 2013, p.183). This perfect storm consists of the new patient who shares his/her experience on the Internet and who can learn from others' experiences. Social media is one of the outputs of the Internet that fosters this experience sharing since it provides a possibility of regarding each medical process or illness as a different experience that patients live through.

Online dieting aroused thanks to the Internet and rising of social media; and its continuity depends totally on social media and the Internet. Thanks to the Internet, they are not just patients anymore; they also actively produce information concerning their health based on their own life experiences or what they see and observe others' experiences. As Hardey (2010) emphasizes, especially topics such as dieting, anorexia and alcoholism are trending medical topics that created many groups on Facebook. Furthermore, Instagram is one of the up-to-date examples of how individuals share content about their experiences such as how to lose 30 kgs, how to beat cancer, how to deal with anorexia or obesity.

Sharing dieting stories on online blogs and journals are also integrated parts of social media and they contribute to the dieting process because losing weight and maintaining a lower weight are not very easy processes (Mann et al., 2007). In those pages users mostly share their success and failures in the diet process, how many calories they consume in a one day, their exercise routine and results, before and after photographs to show their progress (Cook & Chamberlain, 2012).

Besides sharing their stories and experiences, they give some advice based on their own experiences. “Virtual community of care” (Burrows & Nettleton, 2000, p.96) is a very related concept to explain how laypeople can produce health narratives from their stories and how those stories can be advice for other people suffering from the same situation on the online platforms. When the online dieticians’ Instagram pages and the main aim of the usage is revisited, online dieticians’ Instagram pages can be evaluated as a personal blog on which they share not only their dieting stories but their counselees’ stories. Also, as Nardi et al (2004) puts it, blogs are function like community forums. This function is also valid for Instagram because it enables the sharing of different kinds of opinions and different kinds of dieting stories that motivate people who are actively dieting. This sharing is an important source of motivation because they can see others’ failures and think that they are not the only people who experience this. Besides failures, showing success stories also is motivating. Based on the concept of community forum (Nardi et al., 2004) and virtual community of care (Burrows & Nettleton, 2000) it can be said that online platforms in online dieting are enabling the interaction between people and those interactions are the important parts of the motivation and inspiration for the followers. “Such interaction effectively turns weight loss into a collaboratively project” (Cook & Chamberlain, 2012, p.972).

Apart from sharing experiences, those sorts of platforms, the Internet triggers, can be also evaluated as an informational source to understand some diseases or illnesses. According to Hardey’s study (2010) about how patients can turn out potential consumers and how they consume health knowledge, the most common route into health information is through a search engine. This gives the possibility to create misconceptions created on the online platforms because all people have access to create content. Hardey’s study (2010) ascribes particular sociological significance to the feeling of anonymity over the Internet. It is important since it enables people to get rid of feelings of anxiety and timidity to share their experiences and problems by providing an anonymous system. In addition to the anonymous environment that Internet provides, the emergence of database is another significant point since it comes from the anonymity in sharing information. According to Rozenblum and Bates (2013) research, they state that they can identify various types of activity based on the information posted on Twitter. Disease outbreaks are the primary ones such as cholera

and influenza and issues like headache appearance lately. Database occurs as a consequence of content production and sharing. Similar to individual experiences, such platforms like social media can be related to the institutional experience of patients in terms of hospitals or healthcare services. Patients can vote for doctors on social media or on the websites of the hospitals. This means that they do not only create content about how they feel or experience the specific illness or disease; however, they can share their assessment about specific institutions. For sure, this is associated with how patients become consumers. This circumstance provides patients with more authority over their relationship with their doctors when compared to the past. Patient interactions gained through the internet and social media seem to be of major interest to the public, health agencies and likely regulatory bodies as well (Rozenblum & Bates, 2013). All in all, patients gradually turn out consumers; but afterwards, their positions as 'consumers' transform, and today, they produce knowledge of health. Henceforth, they have a global audience to exhibit their content.

The transition (from patient to consumer) mentioned above is, at one point, influenced by glocalization. In the background, the impacts of glocalization are not ignorable since change is only possible with it during this transition process. What has been described as 'glocalization' provides users with health information and advice that is not constrained by geographical or national boundaries (Featherstone et al., 1995). Surely, those discussions lead to discourses about pluralistic health knowledge to exist over the Internet and the fact that the concept of new medical pluralism (Cant & Sharma, 1999) is on the agenda.

2.3 Telemedicine and E-health

2.3.1 What is Telemedicine and What Changed with Telemedicine?

The previous section was intended to mention how the Internet and health are intertwined and how medicalization's limits and possibilities change due to technological advancement, especially Web 2.00 technologies. Also, how social media is an important aspect of medicine is further discussed. This part is basically a continuation of the previous part, and it will be based on the prominence of the Internet as a powerful actor, which creates major social relations and relationalities in the medical sphere.

In telemedicine, healthcare can be provided via ICT technologies, which means that instead of face-to-face contact, technology-mediated communication is used. Active involvement of patients and cost effectiveness are two important principles that expand telemedicine (Oudshoorn, 2009). Another important definition in the literature is that telemedicine, understood broadly as the delivery of health care services to persons who are at some distance from the provider (Grigsby et al., 1995), is in fact one of the fastest-growing areas of distributed and distant work (Roine et al., 2001). An equally significant explanation about telemedicine clinics is that telemedicine is about the division of clinicians and patients and the turn of events and work of specific kinds of specialized traditions to combine patients' data and figurations (Mort et al., 2003). With the emergence of telemedicine, the way of accessing healthcare is totally changed (Weiner, 2012). Most importantly the meaning of patients' home and primary health space is changed (Andreassen et al., 2018 p.40) especially for the elderly and people with chronic illnesses. Besides the elderly and people with chronic illnesses, telemedicine is also preferable by patients who want to "be treated locally or dislike going to the hospital" (Finch et al., 2008, p.89).

Actually, in telemedicine, it may be that the representation is the data. Critically, the representation should then be viewed as sufficient to represent patients to clinical specialists across separations. 'Separation' is consequently basic to telemedicine, yet it tends to be interpreted in various manners. It may allude to the spatial partition among clinicians and patients. In test investigations of telemedicine, this division can be the width of a medical clinic passageway, though in the lead of useful administrations, it might be on the request for many miles. If separation can be interpreted as socioeconomic, marginalized people who have less admittance to care can be able to discover a service to improve their ability to utilize it (Mort et al, 2003).

The most basic reason why there is so many studies about telemedicine is that "telehealth-care technology is not just another way of delivering existing health care, it introduces a different form of care that redefines nursing and illness" (Oudshoorn, 2009, p.391). For this reason, when the mediator changes in the communication, all relationships change accordingly. There are a lot of studies to examine the change of relations when communication is mediated via ICT. Studies of telephone-based health advisory services show that the failure to recognize obvious symptoms of a disease affects the evaluation of the health status of patients and influences the reputation of

patients (Oudshoorn, 2009). At this point, Edwards (1994) argues that relying on auditory instead of visual cues can be beneficial to define patients' problems since observation is not enough by itself if patients are not listened to.

For a better comprehension of the changing relationship between doctors and patients, Ruth Malone's categorization, based on a nurse-patient relationship of proximities, is essential (Malone, 2003). Taking this classification into account, the first proximity is "physical proximity" which is defined as 'a nearness within which nurses physically touch and care for patients' bodies (Malone, 2003). The second type of proximity that Malone gave us is "narrative proximity", used to refer to practices in which 'nurses come to "know the patient" by hearing and trying to understand the patients' stories (Malone, 2003). The third and the last type of proximity is "moral proximity". Moral proximity, where nurses confront the patient as others, realize that a moral concern to ''be for'' exists, and they are requested to follow up for a patient's sake. In order for moral proximity to endure, a physical nearness to the patient's body and an understanding of the patient's narrative are necessary so that the nurse may engage with the patient in their particularity. At the end of the day, physical proximity is characterized as physical closeness, narrative proximity by which in-depth information on the patient is made, and moral proximity whereby the medical attendant perceives an ethical commitment to follow up for the benefit of the patient. Every proximity is settled inside the preceding proximity with patients and requires time just as space, physical proximity sets up the conditions for exchange with patients and narrative proximity forms the comprehension of such individual's reality, which is fundamental for the improvement of moral proximity.

As it is evident from the definitions above, telemedicine is not evaluated under these three-proximity categorizations because, for sure, physical proximity requires to be physically encountered, which is not the case in telemedicine. Secondly, narrative proximity is much more related to patients who stay in the hospital, but not the outpatients. Likewise, as the definition points out, moral proximity depends on physical nearness although this is not possible in telemedicine. However, Oudshoorn (2009) a significant scholar studying telemedicine, states that instead of evaluating telemedicine that does not have the necessary characteristics of Malone's proximities, he develops a new concept to examine the relationship between caregiver and patient, "digital proximity". Basically, digital proximity is mediated by information and

communication technologies. After contributing the concept of digital proximity in the literature, he basically dwells upon the question: "what kinds of care are created and valued or neglected in monitoring services based on physical or digital proximity to patients?" (Oudshoorn, 2009, p.394) According to Oudshoorn's case study (2009), based on the telehealth care service for health failure patients, the digital proximity concept promotes the importance of "active listening". Because of the lack of physical proximity and visual resource, active listening is a major skill in the relationship between nurses and patients. The concept of digital proximity highlights how different sorts of proximity occur and how the relationship alters when the mediator of communication changes.

Oudshoorn (2009) points out that digital proximity forms an individualized, prompt care that supports a particular type of self-care for patients. In this way, nurses have much less autonomy compared to nurses at the polyclinic. The telemonitoring system causes nurses to work with a strict regime of nurse-patient relationships where obligations to recognize changes in a patient's physical well-being are assigned to the innovation. To emphasize how classical healthcare relationships are changed by the telehealth system, the following table is very prominent (Oudshoorn, 2009, p.402).

Table 1. Different forms of care in face-to-face and telehealth-care services for heart-failure patients from Oudshoorn, 2009

Face-to-face services	*Telehealth-care services*
Physical proximity	**Digital proximity**
– intermittent monitoring	– daily monitoring
– open communication	– protocol-driven communication
– medical interventions and advice	– control and advice
– nurse as counsellor	– nurse as surveillant
– psycho-social care through dialogue	– psycho-social care through video
– self-care as option	– self-care as obligation
⇩	⇩
Contextualised, personalised care that constitutes heart failure as illness	Individualised, immediate care that Constitutes heart failure as disease

It is evident on the Table 1 that changing surveillance relationships is an important part of this new relationship that cooperates with ICTs. It is much more based on daily surveillance of patients which puts nurses into a surveillant position in this relationship even though nurses were previously counsellors. Even if what changes in this relationship is only the mediator, all definitions, responsibilities, and processes of communication change with it. It is evident that online dietician's role cannot be ignored, and it should be studied from a sociological perspective. This table demonstrates the importance of a mediator, as we shall see in the context of online dieting. Also, Oudshoorn's another article is about the fact that changing spatial dimensions due to telemedicine should not be considered as place-less-ness even though patients and professionals are not in the same place (Dyb and Susan, 2009); instead, Mort et al. (2003, p.10) suggest the concepts "flow, transmission and mobility" to define the new space. Instead of saying that the spatial dynamics lost their importance in the case of telemedicine, it creates new spatial arrangements that should be studied. Dyb and Susan's argument also strengthens the idea,

> Its broader implications question assumptions about information and communication technologies and globalization suggests that technology does not, in any simple way, free us from the place. To be sure, these technologies have effects on our lives. However, we should not presume that this renders place unimportant, dissolves the local or produces a place-less world. (2009, p.245)

Another important concept needed to be mentioned under this topic is 'stretching out' (Nicolini, 2007). This concept explains how work practices expand in time and space, and the most obvious example of it is telemedicine. In his review, (Nicolini, 2007), provides us of three main characteristics of how researchers broadly handle the topic. The first one focuses on inter-organizational or intra-organizational connections through computer-interceded devices and technologies (Nicolini, 2007). The second focus mainly centers around the barriers on managing distant relationships and struggling with newly emerging communication and coordination types. The fundamental spotlight is in this manner only on how correspondence advances reconfigure admittance to data, how they influence admittance to individuals, and how they adjust the manner in which they direct their business and interface with providers and clients (Dutton, 1999). The third one is explained as the way that huge numbers

of the accessible studies of inaccessible work and virtual associations embrace a regularizing position and make little reference to "genuine conditions and experience" (Woolgar, 2002, p.4). Although those perspectives are very valuable, according to Nicolini (2007), it is not enough to examine the expansion of the existing medical practices. For this reason, he prefers to use the concept "stretching out" to emphasize "the idea that when extended in space and time, medical practices are put under pressure in that some of the existing taken for granted assumptions and practical arrangements become unsuitable for the new conditions of work" (Nicolini, 2007, p.2). Additionally, he highlights the reason why he uses the metaphor of stretching out. This metaphor is used as 'expansion' to define the solutions for discrepancies and the transformative process where activity systems are included by CHAT authors. Reconceptualization of the object and motive of the activity is essential for expansive transformation. This is required for a range of possibilities that are wider than previous types of activities.

> Although the transformation is necessarily achieved by the emergence and institutionalization of new forms of mediation (i.e., new artefacts, rules, conducts, divisions of labor), the object of expansive learning is the entire activity system (Nicolini, 2007, p.893)

In light of CHAT and the concept of "stretching out", Nicolini's focus is on how the new spatial arrangements introduce new kinds of tensions, organizations and divisions. In this context, he apparently concludes that the alteration of the spatial arrangement introduced in fact, a variety of tensions and contradictions which, in turn, required the development of new artefacts, a novel division of labor, new ways of interacting, new discursive strategies, and the negotiation of a new form of distributed mastery between all the elements involved (Nicolini, 2007, pp.914-915). In other words, he explains "Naming change is already doing organizational politics" (p. 916). His ideas overlap with Oudshoorn's ideas which put the world "tele" in front of the medicine, but this is not just simple changes in the naming, and it should not be thought that it is the same activity or same thing which emerges under the different platforms and via technology. It is a remarkable article in the literature since it reveals how the changes in space and time should create different relationships that are composed of power relations, division of labor and responsibilities, new ways of interaction, and new negotiation spheres which requires to be studied sociologically.

2.3.2 Telemedicine and new patient-provider relation

In the previous section, it is suggested that telemedicine changed all the organizational and relational taken-for-granted relations between health professionals and patients. In this section, specifically, the main focus will be centered around what has changed on the side of patients-provider relation with telemedicine. This literature is also valuable in terms of my research question when we think of the online dieticians as health professionals (a.k.a. the provider) and their counselee (a.k.a. the patient) as their patient.

Before mentioning what telemedicine adds to the patient - provider relationship, we should first look at the new patient and provider roles in today's world.

Previously, the patient - provider relationships were based on a paternalistic model of decision-making model. According to this model, doctors are the main and only actors, and they decide the processes about the patient's treatment. (Stevenson et al., 2000; Lutfey, 2005) Instead, today there is a "shared decision-making process" (Charles, 1997; Stevenson et al., 2000) in which both the patient and the doctor are involved at every stage of the treatment plan by sharing their ideas about treatment. This kind of active involvement of both doctors and patients changed the dynamics of the relationship when compared to the paternalistic model of decision making where doctors give all the decisions. This also added new responsibilities and roles to the providers. For this reason, it can be easily said that today's patient - provider interactions, roles and responsibilities are more fluid than before. To grasp this fluid interaction, people with chronic illnesses and their relationship with the providers are more suitable because most of the time chronic illnesses are not easily treatable by the provider with one treatment plan but instead it should be under control throughout patient's life. Sometimes treatment should be revised and reorganized. In other words, the treatment process embraces the patient's entire life. One of the proper examples of it is diabetic patients. Controlling diabetics is not only related to the amount of glucose should be taken in a one day but the patients' regime, exercise and even stress levels have profound impact on their diabetes. This kind of different dimensions that affect diabetes give different kind of roles to the provider besides being medical expert in this field and deciding treatment process correctly. Lutfey's (2005) study based on two diabetics clinic suggested that practitioners have educators, psychological and

emotional supporter role in order to get successful treatment results. Based on these different roles they are not just a medical expert but also they are important social agents in their patients life (Lutfey, 2005). Besides those roles, physicians should be aware of the needs of the patients, and they should make necessary adjustments in the treatment plan by cooperating with them (Lutfey, 2005). In this sense, most of the time they tried to remove obstacles in front of the patients to get better treatment results. Sorenson et al. (2020) suggested that in diabetes care collaborating health care professionals (cHCPs) are involved besides general practitioners (GPs). Compare to GPs who have tight schedule and mostly focus on biomedical aspect of the diabetes patients, cHCPs are mostly involved emotional concerns and need of patients by listening their concerns and feeling about their diabetic histories and giving motivation to them to increase their management ability of self and disease. To create a more sincere environment, they mostly used informal language during their consultations, and they allocated more time compared to GPs (Sorenson et al, 2020).

The most important subject of the patient provider interaction literature which is diabetics patients' relation with the providers creates important ground to understand online dietician's and counselee interactions. Like diabetics' treatment, diet process itself requires knowledge, skills (about nutrition, healthy recipes, nutrition calories) and motivation. Thus, online dietician is not just a dietician but also, they give nutrition education, healthy recipes, necessary motivation and diet list which should be fit with counselee's life, routine, needs and medical report.

After today's patient- provider fluid interactions and responsibilities are discussed, from now on literature based on how telemedicine adds new dynamics, responsibilities on patient provider interaction will be discussed.

As Illich (1981) emphasizes, work does not disappear with technological aid. Rather, it is displaced – "sometimes onto the machine, as often onto workers" (Illich, 1981, p.272). In other words, 'geography of responsibilities' (Akrich, 1992) requires new responsibilities and competencies for healthcare professionals and patients. Due to the lack of physical interaction between health professionals and patients, in Giddens' view, "Telemedical technologies can be considered as disembodied, abstract systems in which patient-doctor relations are lifted from their local contexts and recombined across time/space distances" (Giddens, 1991, p.242). Eventually, this newly emerging circumstance turned out to be a concept that Mort and his colleagues

(2003) named as “remote doctors" and “absent patients". It is a very widely used concept in the telemedicine literature especially when the doctor-patient relationships are identified in this context. These concepts clearly examine the nonappearance of vis-à-vis contacts with patients suggesting that they can just depend on pictures, charts, and different portrayals that need to represent the patient. Strategies, for example, palpitation and contact, “a foundation of medical care” (Cartwright, 2000, p.351), and in a real sense seeing the patient are not, at this point accessible to them. In other words, a lack of a real sense alters all kinds of classical relationships and interactions during these processes since patients exist only with their records and documents for doctors. As it is very well explained by Atkinson's concept, ‘the technologies of inspection and enumeration’ (1995) require patients’ bodies to be available to physicians they have never seen in person before. In the case of telemonitoring technologies, this literal absence of healthcare providers implies that patients must use themselves. As it is explained in this part, patients should monitor themselves regularly and also, they should describe their symptoms or problems to health professionals. Instead of only choosing a doctor and having an appointment with the doctor, patients’ responsibility increased in this relationship.

Willems defines monitoring as a procedure that establishes a long-term diagnostic practice. Self-monitoring systems suggest new allocations of roles under which the patient is entrusted to monitor body functions (Willems, 1995). Besides, this alters the connection between the patient and their body. Patients should surveil their bodies and describe their problems accordingly. Oudshoorn (2008) notes, “They were motivated to learn to become competent users and diagnostic agents because this was the only way in which they could regain mastery of the situation” (p. 284). He asserts that patients have “invisible work” (p.276) in telemedicine and the most important invisible work they handle is “diagnostic agents” (p. 282). Oudshoorn (2008) and Andreassen et al (2018) explain very clearly how telemedicine changes the role of patients and health professionals. Those approaches towards this new patient-doctor relationship plays a key role since he does not view technology, basically technology-mediated communication, as a new phenomenon that replace human actors and their responsibilities. On the opposite, that telemedicine brings both physicians and patients new roles, especially considering the fact that patients turn into self-monitoring agents in this affiliation. Besides explicit responsibilities, there are some hidden

responsibilities in telemedicine such as teleoperators' "emotional work" (Roberts et al., 2012). Thus, based on the literature telemedicine can affect the patient - provider relationship and responsibilities in a diverse aspect instead of just make it easier and efficient (Andreasen et al., 2018) Other than the patient - provider relationship, widely used ICT technologies in healthcare also affects patient's families especially patients who live with their families and not an expert of using ICTs. In this situation, this maybe make especially elder people more dependent to their families when they get telemedicine services (Andreasen et al., 2018).

In addition, some studies are focused on empirical results and favourable reviews of e-mediated communication in terms of patient- provider relationship. There are some scholars (Andreassen et al., 2006; Ball and Lillis, 2001) emphasizing the empowering potential for patients, as well as effectiveness and flexibility in the interaction (Andreassen et al., 2006). Those studies lay emphasis on the technology's positive side such as the new possibilities it provides instead of constraints and challenges. E-health gave opportunity to new e-health consumers "convenience" because they are overworked and for this reason they do not prefer to wait for an appointment and make their tight schedule according to physician's appointment, it gives "control" to them because they prefer taking major role in their health and choice because they prefer evaluate alternative instead of focusing only one health plan which is given by physician (Ball and Lillis, 2001, p.2).

Andreassen et al. (2006) ask the noteworthy question: "What changes in patient-doctor interaction are made possible when patients choose to communicate electronically with their doctor?" (p. 241). According to their conclusion, at first, in the relationship between doctors and patients, 'trust' is not declined in the e-mediated communication; however, there is a 'trust' which is already established between doctors and patients. Secondly, thanks to e-mediated technologies, time and space limits disappeared and they view those new relationships as more 'emancipatory' than before. Thirdly, technology-mediated communication generates a lower threshold that patients can tell their problems more easily than before. Fourthly, technology enables the use of more informal language for both doctors and patients. This means that language is a very important element that strengthens the relationship between doctor and patient when the communication occurs e-mediated environment. Last, but not least; according to their study, technology creates "the new zone of reflection" (p. 241)

that opens the possibility to new context that patients have not only one possibility that reflects their concerns or problems in the office environment and verbally, instead they can reflect their problem as a written format. One of the examples of this new zone of reflection is using e-mail for asking question to doctor or communicate with doctors instead of waiting on the phone. (Ball and Lillis, 2001) These alternative communication methods also have some administrative benefits like "saving time and paper through streamlined process and reducing cost" (Ball & Lillis, 2001, p.5).

As is explained, communication technology in the health has also positive contributions that patients have a more active position (Andreassen et al., 2006).

2.4 Cyberspace and Surveillance

Previously, how medicalization led telemedicine to emerge, and it changed with cyberspace are tackled. From now on, it will be elucidated that surveillance is an integral part of telemedicine which occurs in cyberspace. The concept of surveillance has a role to play in terms of my thesis' framework when the research questions are revisited. Hence, in this section, the questions of what surveillance is and how it is an important concept in sociology literature; and, how and in what way surveillance is an integral part of online dieting is tried to be answered.

2.4.1 Surveillance as a Sociological Concept

The concept of surveillance has French origin that it comes from 'surveiler' which means watch over. However, it is not a random activity of watching over something, but it is "systematic, focused and routine attention to personal details for the purpose of influence, management, protection or direction" (Lyon, 2007, p.14). It is the most widely used definition from Lyon who is a very crucial scholar in the sociology of surveillance. As Lyon underlines in his definition of surveillance, it is not "random, occasional, spontaneous" (Lyon, 2007, p.14) activity but instead it has an activity that include some specific purpose and it is "deliberate and depends on certain protocols and techniques" (Lyon, 2007, p.14). There are some essential points that enables surveillance and its logic to spread. The first one is rationalization which increases the importance of reason instead of emotion, tradition or common-sense knowledge that layperson can also have (Lyon, 2007). Second one, which is not totally

separate from the first one, is technology. Technology is a crucial surveillance apparatus and also creates a very efficient environment for the application of rationalization (Lyon, 2007; Kim, 2004; Kravchenko & Karpova, 2020). Thirdly, sorting is an inseparable part of surveillance which makes the classification of individuals possible such as prisoners, workers, customers, voters (Lyon, 2007; Lyon, 2001). Knowledgeability is another important driving force for surveillance: The varying levels of expertise and willing engagement of those whose life information is studied make a difference in how well surveillance works (Lyon, 2007). Lastly, urgency is an important thread that can be evaluated as an ideology of that time, especially after 9/11 is experienced. In Lyon's own words, "safety-and-security-oriented world of the present, especially since 9/11, is what might be called obsessive risk aversion and media amplified public panic" (Lyon, 2007, p.27). When the five concepts which can be evaluated are the driving forces of surveillance, it should not be forgotten that there are also important institutions that systematically use surveillance. Besides using, without surveillance, they are not conceivable today. The most common instances are military and state organs. In the modern world, they are all the time using surveillance systems, techniques and intelligence. All governments today have a system called 'e-health' or 'e-government', and all information about the citizens is registered in this system. Those are not the only example domains of surveillance. Likewise, policing and crime control is also another major area consisting of management of deviance that is not separable from surveillance processes. CCTVs are also part of our life that can be available in a lot of areas of our life such as work environments, supermarkets, shopping malls, and schools (Lyon, 2003; McCahill, 2013).

Three types of surveillance which are pre-modern, modern and postmodern Lyon suggests (Lyon, 2007; Lyon, 2001) is also important to conceptualize surveillance. The first one is pre-modern, in other words, face-to-face", "present is foregrounded; space coordinates are local" (Lyon, 2007, p.75). The second one is modern surveillance composed of "rationalized using accounting methods and file-based coordination, involving more complex mediation, present and past-oriented, local and national" (Lyon, 2007, p.75). The last one is postmodern surveillance which is based on postmodern methods like "digitally mediated, based on behavioral and biometric traits, future-oriented, micro (body) and macro (globe) oriented" (Lyon,

2007, p.75). By making those categories Lyon also emphasized that those are analytical categories to ease conceptualizing. This means that they are just giving artificial and analytical distinctions, they can overlap, or they can be co-existing at the same time and in the same context.

Even though there is no a direct room for a widespread well-developed technology and surveillance in classical sociological theories, it can be possible to find traces about the likelihood of the fact that surveillance can be a rising phenomenon. "Some early social scientists spoke at least indirectly of surveillance issues, mapped the field in a preliminary way and drew attention to modern disciplines of capitalist supervision (Marx) or military-bureaucratic record-keeping Weber, or to the likelihood that surveillance would increase at times of growing social and economic inequality (Durkheim)" (Lyon, 2007, p.50). Those kinds of classical sociologists' focus is important in terms of defining "modern surveillance" which regards it mostly as a result of capitalism, bureaucratization and nation-states (Lyon, 2007).

On the other hand, today, it is likely to mention postmodern surveillance which can be a consequence of increasing technology and increasing surveillance capacity. The most important difference between modern and postmodern ones is the techniques that can be used in surveillance. When various techniques come to be available, this means that those different techniques are used in the various spheres of our life. As Lyon puts "Postmodern surveillance methods are digitally mediated, based on behavioral and biometrics traits, future-oriented, micro (body) and macro (globe) oriented and they tend to be exclusionary" (Lyon, 2007, p.75). As can be explicitly conceived from the definition, it alters the scale and space of surveillance when we compare the surveillance in modern times.

2.4.2 Surveillance in "Medicine"

One of the major spaces where surveillance occurs is medicine. To begin with, as we all have experienced, contemporary culture is shaped around the discourse of health concerns. Governments and health agencies reinforce these fears so that individuals take the responsibility for disease. (Fitzpatrich, 2002). These understandings directly enhanced the idea of regulation and intervention in the individuals' private life. Secondly, discussions and discourses regarding health and

health promotion go beyond the limits of a medical context; rather, "It infiltrates popular culture, media, and various cultural artefacts" (Rich & Miah, 2009, p.164). Thirdly, developments in digital technology have transformed the entire culture of medicine. New digital technologies have changed both the structure of healthcare and the relationship between individuals in society. Thus, the concept of "e-scaped medicine" is provided by Nettleton (2004) to highlight new medical cosmology where the sites, spaces, and locations of the production of knowledge are changing. As it is mentioned before, under these three cultural shifts, digital health services and cyber-medicine practices increase day by day. For this very reason, the range of services available on the Internet, especially online consultations with health professionals (under which we can categorize online-dieticians) are available and widely used in the contemporary world. This environment initiates new types of applications and relations expands the medical gaze which directly creates new surveillance mechanisms.

As is evident above, when we look at medicine today, it is a concept that can find a place in cyberspace, as it is discussed in the telemedicine section. This circumstance has a profound impact on surveillance literature and enables us to discuss different aspects of surveillance. Online dieting, actually, is a concept emerging in this context. Indeed, medicine and surveillance are two interrelated concepts studied together since Foucault's studies.

Foucauldian concepts like "disciplining gaze" (1975) and "internalized (self) surveillance" (1975) are important to build a historical framework about how medicine and surveillance concepts worked and are used together. Furthermore, the concept of 'bio-power' (Foucault 1978) has become more significant when we examine the relationship between cyberspace and health discourses. According to Foucault, bio-power is a technique of governance of the population, and it enables and normalizes regulation and surveillance over the bodies. Although Foucault did not use this concept specifically for cyberspace, when we look at the system of how cyberspace and medicine coexist, we realize that the concept of bio-power is still valid. It should be noted that even though today scholars can talk about surveillance in the medicalized cyberspace, the literature builds upon the classical sociologists' theories and perspectives. One example of this is Ajana's (2008) reading of Foucault. Ajana (2005) combines the concept of post-Panopticon (Bogard, 2014) and the concept of

synopticon (Lyon, 1994). Each of these discussions focuses primarily on increasing advances in information and communication technology. These developments on information technology contributes to Hardt's (1998, p.35) 'Postcivil Condition' where the process of transition from physical to electronic. This, in turn, changes the scope of surveillance. As it is underlined in this quotation, Ajana gives an insight into how old disciplinary mechanism is "reconfigured and refashioned within the circuits of everyday existence" (2005, p.8). Ajana's integration of these concepts and his way of reading Foucault are quite helpful for establishing the relational framework between surveillance theories by looking how they used and integrated today. It is important to remark that even though definitions of medicine are extended and included in cyberspace, surveillance mechanisms are still interrelated to medicine. Thus, what sociologically important is the fact that extended medicine embraces the new surveillance mechanisms.

The existing literature, starting from Foucault, indicates that surveillance is a very integrated concept in medicine. Although it is not a brand-new fact that surveillance and medicine are an interrelated phenomena, Armstrong (1996) provides a total picture of how surveillance in medicine changed throughout the transformation in medicine based on three important terms which are mentioned before: Bedside medicine, hospital medicine, laboratory medicine.

According to Armstrong,

> This new Surveillance Medicine involves a fundamental remapping of the spaces of illness. This includes the problematization of normality, the redrawing of the relationship between symptom, sign and illness, and the localization of illness outside the corporal space of the body. (1996, p.1)

When Armstrong made this explanation, he examined how medicine transformed throughout the years. As it is handled before, Armstrong's surveillance medicine concept can be considered as a fourth point to Jewson's classification of medicine (1976). He explained surveillance medicine by examining how medical spaces occur through the years.

a) In the early eighteenth century, sickness was coterminous with the symptoms encountered and documented by patients on a Bedside Medication regimen. The condition was a fever or stomach pain. (Armstrong, 1995)

b) Hospital Medicine replaced this two-dimensional disease paradigm in which symptoms were listed as a table, in which the connection of symptoms and disease was reconfigured into a three-dimensional system that included symptoms, signs and pathology (Armstrong, 1995).

To explain these transformations by using his example is noteworthy, indeed:

> Where in the Bedside Medicine, a headache or abdominal pain was the illness. in hospital medicine: the patient's symptom of abdominal pain might be linked to the sign of abdominal tenderness that the physician could discover; but neither symptom nor sign in itself constituted illness: both pointed to an underlying lesion that was the disease (Armstrong, 1995, p.394)

c) In laboratory medicine, there is a different kind of understanding about what a symptom is and what a disease is. Therefore, considering Armstrong's instance for this phase, the specific characteristics of abdominal pain that may have included the condition in an earlier era have now been combined with the effects of the clinical evaluation (signs) to suggest the presence of a secret pathological lesion (Armstrong, 1995).

These three points are very important to grasp how the diagnosis process that medical professionals decide is changed. It is not the basic change in the diagnosis process instead it changes all processes of comprehending and grasping.

After how the diagnosis process changes, he also emphasized this also affects how clinicians' tasks and their relationship with the patient body change.

a) Under bedside medicine, medical professionals try to identify illness through the symptoms. Hence, by carefully surveilling the sequencing of signs, the mobility of sickness across the body may be captured (Armstrong, 1995; Jewson, 1976; Pickstone, 1993).
b) Hospital Medicine, by contrast, the physician had to predict the probable underlying pathological lesion from symptoms and signs within the patient's body. Consequently, for the first time, the patient's body as a three-dimensional object turned out the main center of medical concern. This, in turn, led to the invention of the classical techniques of the clinical examination - "inspection,

percussion, palpation and auscultation" (Armstrong, 1995, p. 394) - that enabled the volume of the human body to be mapped, and to the spread of the postmortem as a procedure to define indisputably the exact nature of the secret lesion.

c) When laboratory medicine occurs, there are very sophisticated procedures added into the second phase which is hospital medicine. For example, X-rays, pathology reports, blood analyses, gene analysis added to the clinical investigations (Armstrong, 1995; Elston, 1997).

Also, in the article, Armstrong (1995) examines the categorization system of Jewson, his focus centers around not genuinely the locational change which results from classifications of bedside, hospital, laboratory medicine. Nevertheless, all of them form a new kind of understanding of illness or disease and it changes all previous the relationship between patient and medical profession, and the relationship of patients' bodies with the medical profession and patient. Moreover, these transformations are highly crucial to understand the intervention mechanism since the definition of normal- abnormal, health – illness, risk perceptions are also reconstructed. This historical separation and transformation are important; hence, cyberspace medicine is not only a locational change, but it provides a huge possibility to create new relations, relationalities and even new definitions. Online dieting is one of the important novel phenomena that occur in cyberspace and create new surveillance mechanisms and relations.

2.4.3 Prosthetic Surveillance

In this chapter, what prosthetic surveillance is and what are the characteristics of cyberspace in which it exists will be discussed. The concept of 'prosthetic surveillance' which is developed by Rich and Miah (2009) is beneficial and valuable for the literature about surveillance existing in cyberspace. Although they did not create this concept considering online dieting, instead they create this concept based on Nintendo Wii Fit body applications, there are a lot of important common points with online dieting.

As Rich and Miah (2009) point out, Internet based nutrition games, and the use of games consoles proposes a new way of social activity and new sport activity that

can have a profound impact on enhancing degrees of physical activity because it is aimed to imitate real-life actions of those activities. Nevertheless, advanced users can undermine the moves of actual sports because they can fool the expected design of the machine into assuming a required arm move with solely a few fingers moves. At this point, Wii fit is intended to use an integrated balance board device so that it can measure the user's weight, calculate fitness and balance, and monitors BMI. Afterwards, training programs based on improvement are created for players accordingly. Thus, this game console provides a BMI calculation which presents categories for different needs such as gaining or losing weight. Even though it is defined as being virtual, but not real, the body is not concealed by these spaces. In their own words:

> Environments such as *Wii fit* virtualize one's identity, leading to a prostheticisation of the body within cyberspace. In the case of *Wii fit*, players interact via a graphical, onscreen avatar, rather than through a direct camera image of themselves. Weight monitoring tools, nutrition games, and virtual environments such as Nintendo *Wii fit*, provide a means through which to regulate these prosthetic bodies. Thus, this form of surveillance medicine, not only regulates physical selves in real time, but via *prosthetic surveillance* regulates and defines bodies that are *simultaneously* hypertext and flesh. Individuals enter as their self, their body, and their avatar. This brings together both new and old burdens, whereby for example the regulatory mechanisms within environments such as *Wii fit*, bring corporeal measurements of BMI, fitness, etc. into virtual settings as a prostheses of physical selves (Rich & Miah, 2009, p.172).

One of the reasons why they create a new concept of surveillance is based on the cyberspace character which is associated with the notion of 'becoming' and associated with constant negotiation processes as Sunden emphasizes "online bodies are bodies that are certainly being written, but simultaneously bodies to write on" (2001, p.229). This is not the one type of surveillance in one specific movement, but it is a dynamic surveillance process, and it also affects the type of relationship between two individuals. To handle surveillance which occurs in cyberspace as a dynamic concept is very important in terms of the thesis framework and the research question. Secondly, 'prosthetic surveillance' emphasizes the authenticity of an individual's body since users set the application according to their routines, habits, and body sizes. In other words, individuals need to introduce themselves to the application. This side of the concept also fits into the idea of an online dieting in which all the counselees have a

unique profile in addition to different diet list and recommendations made for each of them.

The concept of prosthetic surveillance is a substantial contribution to the literature, but it cannot be considered as a distinct and independent concept from the previous theories in this field. In other words, prosthetic surveillance cannot be studied and considered without Armstrong's (1995) surveillance medicine and Foucault's (1977) bio-power and self-governance or self-surveillance. Rich and Miah's study is very significant since they integrated Armstrong's surveillance medicine concept into cyberspace. For this reason, it is also important for my research question. They explain the reason why Armstrong's surveillance medicine became widely known and intertwined with cyberspace before delving into prosthetic surveillance. Firstly, behaviors associated with health and weight are inevitably linked to the moral panic around obesity. Hence, they demonstrate the way medical categories have become a part of daily practices. Secondly, digital technologies enable mass populations to attain resources to pursue their self-surveillance and monitoring of weight and health through precise technologies (Rich, & Miah, 2009). As they put it:

> We examine how cyberspace has become another environment through which the governance of health behaviour takes place. We examine a proliferation of cyber-spatial resources, which are utilized as technologies of self-regulation concerned with weight. These include Internet-based resources, such as websites with weight monitors, calorie counters, or personal training services. We also examine the infiltration of surveillance medicine into those cyberspaces designed for leisure activities, including video game consoles and Internet-based virtual environments. These emerging digital tools are situated within wider discourses, which impart a moral imperative for individuals to assume responsibility for their health and to engage with a broader self-surveillance of the body. Increasing consumerism around health and weight online, coupled with the development of tools on the Internet for self-regulation of the body, are all emerging phenomena that provide an entry point into examining a broader process of medical surveillance within cyberspace (Rich, & Miah, 2009, p.167).

The reason why their concept is based on Foucaldian understanding is because of the fact that obesity is a moral panic that is not an issue at individual level. The vast majority of the state organs use cyberspace, mainly obesity as a tool to reach the mass population. As they stated:

> An exploration of current health resources in cyberspace suggests that digital environments provide an effective mechanism through which to enact bio-power in relation to weight concerns, because it has the capacity to reach large populations, whilst at the same time offering the tools through which those populations can self-regulate (Rich & Miah, A, 2009, p.167).

For this reason, they handle cyberspace as a bio-political apparatus. Besides, they elucidate how this bio-political apparatus provides self-governance in detail. Firstly, there are resources that encourage self-assessment and self-surveillance of one's condition. Weight charts, calorie calculators, target heart rate calculators online now enable users to undertake their own health screening in order to monitor their bodies in relation to risks associated with obesity. Secondly, there are lot of online services helping individuals to monitor and change their lifestyles, routines and bodies after diagnosing and evaluating their health condition. As it is understood from these two points, Rich and Miah (2009) indicate that these digital tools provide different ways for people to come to read and recognize their bodies. On the other hand, they enlarge the surveillance and disciplinary power of the medical gaze (Foucault, 1997). "Resources such as BMI calculators reflect a particular ontology of the body as an authentic and truthful revealing" (Rich & Miah, 2009, p.167). As it is evident from above, they emphasize that cyberspace is served as a political apparatus to identify surveillance in cyberspace, considering both structure and agency. It is used to regulate the population, and it involves the processes such as self-surveillance, self-measurement, self-assessment. In the light of this knowledge, it appears that the body is used as an efficient target for surveillance, taking cyberspace's features mentioned above into consideration. As Ball (2005) observes the body itself has become a legitimate target for surveillance because of the vast amount of information that can be gleaned from it about a person. In this context, in addition to the importance of the prosthetic surveillance concept, its origin theories, concepts and approaches about cyberspace make this concept essential for the thesis. Hence, prosthetic surveillance is important because of the prominence of the context it is examined, which is based on what cyberspace is and how they conceptualized it.

2.5 Prosthetic Surveillance in Wii Fit and Surveillance in Online Dieting

At the beginning of the literature section, from the first part – in which medicalization is discussed – to the last part in which surveillance is discussed, the main purpose is to put the online dieting in a context. In this section, characteristics of Wii Fit and online dieting is discussed in a comparative way due to the common characteristics of surveillance between them.

As it is explained in the prosthetic surveillance section, originally the concept is used for Wii Fit can be seen as a leisure activity which takes place in an Internet-based virtual environment. Nonetheless, when features of prosthetic surveillance are examined, one can see how Wii fit application is intertwined with surveillance mechanisms. Also, the conceptualization of the way the cyberspace that prosthetic surveillance mechanism is conducted has undeniably commonalities with online dieting. Similar to Wii Fit, there is a surveillance relationship that can be defined as prosthetic between the counselee and the online dietician. In this relationship, in spite of the fact that both sides are real human beings in contrast to Wii Fit, it can be interpreted that the way they form their relationship is similar to Wii Fit. The reason why Rich and Miah use the concept of "Prosthetic" is software is creating users' avatar based on given information about users and applying surveillance for this avatar which is a representation of the real human being. It is prosthetic surveillance because it is applied protheses of real selves and it is very well-designed and very hard to mislead. In online dieting, the online dietician is a real person and did not make any avatar for you, but it creates a profile based on information that the counselee gives. It is very similar to Nintendo Wii Fit software, because the characteristics of online dieting are very hard to mislead dietician and diet processes. For this very reason, this concept is crucial for me to conceptualize the surveillance relationship between the dietician and the counselee. Moreover, type of relationality in online dieting that does not include face-to-face relationship, can be defined through digital proximity (Oudshoorn, 2009) when the type of proximity and relationship is asked. From this perspective, this is a relationship that one can conceptualize through the concepts of 'absent patient' and 'remote doctors' (Mort et al., 2003) as it is touched upon in the Telemedicine section.

Based on the literature section prosthetic surveillance is conceptualized for this study as “a concept based on digital proximity and trust mediated through telemedicine”.

Table 2. Comparison of Wii Fit and Online Dieting

	Actors	Medium in which it occurs	Process	Aim	Physical OR Online
Wii Fit	User and Software	Cyberspace (Application)	Sharing the information about weight, height, date of birth	Combining fun and physical activity for physical well-being and healthy body	ONLINE
Online Dietin g	Counselee and Dietician	Cyberspace (Applications such as Zoom, Instagram)	Sharing the information about weight, height, body sizes, medical history	Most of the time losing weight and ending up with healthy body	ONLINE

This table clarifies the comparison between Wii Fit and online dieting. As it can be understood, despite the difference in actors; medium, process, and aim are the same and similar. This results in the similar dynamics in terms of surveillance mechanisms in these two relationships.

Unlike other applications, the design of the Wii Fit is difficult to trick because it can differentiate whether the user is applying the instructions or not. Likewise, there is an instant surveillance mechanism in online dieting without the requirement to see

their dieticians. For instance, sending photos of the meals, weekly regular online meetings, sharing regular information about their body sizes are part of this process. Both of them involve an integrated surveillance mechanism. Hence, counselees do not go to see their dieticians, to say, once in two weeks. Instead, they are in a position that is prevented from cheating on the online dieting because they are always under surveillance.

When it comes to Wii Fit, it is semi-virtual since the application is based on artificial intelligence. In other words, the mechanism that provides instructions and recommendations to counselees is a game application whereas the application is used by a human being. At this point, even though there are two human beings in the context of online dieting, there is no face-to-face relationship. This makes their surveillance mechanism similar to each other.

CHAPTER 3

METHODOLOGY AND METHODS

3.1 Studying Surveillance

The studies of Ball and Haggerty were helpful in terms of shaping the methodology section of this study as highly competent scholars in the field of surveillance studies. Their study (2005) is quite valuable to respond to the question "What does it mean to do surveillance studies?" (p.129). Consequently, this questions leads to further questions such as "who are [the scholars] that study surveillance and why are [they] doing surveillance studies?," and most importantly "how are [they] doing it?" (p.129). Actually, there is no clear-cut answer to those questions because of the complexity of surveillance practices which is one of the most important qualities of surveillance studies (Ball & Haggerty, 2005).

Three conflicting positions cause this complexity to occur. First, sometimes the decision of studying surveillance might stem from the experience of being in a subject position, as my decision of studying surveillance in online dieting comes from my personal experience as an online dieting counselee of an online dietician. As a previous subject of the surveillance in online dieting, today I am planning to study this surveillance relation in online dieting as a researcher. Therefore, the second complexity is the study and research of surveillance which requires a range of surveillance methods for the inquiry. As Ball and Haggerty (2005) put it, conducting research makes researchers also agents of surveillance since they surveil and record interviewees' behaviours. Hence, being in an agent position while conducting research becomes a vicious cycle. Third, being a researcher of this process besides being the subject and object of the process complicates the matter further. Thus, the complexity of studying surveillance and of surveillance practices are directly related to the

complexity of the positions such as “agents, subjects and analysts of surveillance practices” (Ball & Haggerty, 2005, p.131).

Furthermore, one of the tricky issues while studying surveillance is the fact that most of the time, surveillance is not obvious and does not have explicit processes. For this reason, the focal point of the studies of surveillance scholars is generally the implicit, hidden, ignored, and invisible contextual aspects of their study. As Ball and Haggerty (2005) point out in their article “(…) Something is lost, ignored, or cast aside in surveillance processes" (p.131). This lost dimension also puts surveillance studies in a tricky position. Instead of focusing solely on what is said and what is visible, they try to grasp this “lost dimension” (p.131) below the tip of the iceberg. This aspect of lost dimension in the concept of surveillance causes surveillance itself to become problematic. “While the presence of surveillance is obvious to surveillance scholars, the identification of particular arrays and arrangements of materialities, technologies, socialites, organizations and so on, as surveillance practices are often not so obvious to others" (p.132-133). As they have clarified, those processes are not so obvious for others, unlike a researcher or scholar who studies surveillance. To illustrate, in online dieting both the surveil (online dietician) and the surveilled (counselee) most probably interpret their relation between them from different perspectives since their backgrounds are different. As a researcher, their perspective toward the matter of the study would also vary since these two different backgrounds have a profound impact on how a researcher could study a given research subject. This is the reason why I did not use the concept of surveillance in my interview questions. Instead of using the concept of surveillance, I prefer to use the word ‘relation’. To further explain, instead of asking “Could you mention the surveillance practices and relations between you and your counselee?”, I reformulated the question and asked, “How would you define your relations between you and your counselees, how do the communication processes take place’”, “What are your responsibilities as a dietician, or counselee” and so forth.

The other point about studying surveillance is the fact that all surveillance mechanisms or practices embody power relations. As Ball and Haggerty (2005) emphasize that power relations in surveillance practices affect an organization's capability to monitor in a seamless way. Hence, this inherent power relation in the surveillance topic shaped my research question and how I formulated my interview questions.

In light of these points, studying surveillance is not a simple thing that all scholars study in the same way. Even though its context is specific, some points can be generalized:

a) Studying surveillance is a complex process considering the conflicting nature of the identity of the researcher. Researchers themselves are the subject of the surveillance that makes it hard to see surveillance as a thing which is in someone's life or someone's reality. Also, researchers use the surveillance methods to explore phenomena that they are interested in while studying the surveillance. Furthermore, researchers also have the identity of being a researcher who wants to study surveillance as a researcher.
b) Surveillance is not an obvious topic that can easily be grasped or studied. This also problematizes the practices with which researchers or scholars study the phenomenon of surveillance. This is the reason why surveillance researchers and I as one in this research, do not use the concept of surveillance while preparing the research questions.
c) Power relations are inherent in the phenomenon of surveillance. The agents in the surveillance relation can be mostly reached through the question of who is the surveillant and who is the surveilled in this relation.

Those points are the milestones for shaping the methodology and methods of this study.

3.1.1 Studying Surveillance with Qualitative Methods

In light of some important aspects of surveillance studies, in this research, the preferred method is doing in-depth interviews as a common qualitative tool. In general, qualitative methods revolve around the question of "how things work in a particular context" (Mason, 2002, p.1). This question parallels the objective of my thesis which can be summarized as "How surveillance relations work in the context of online dieting". I believe that the tricky points of studying surveillance mentioned in the previous section can be better grasped via qualitative methods which provide some degree of flexibility not only for researchers but also for respondents. Especially the semi-structured in-depth interviews enable the researcher to grasp the surveillance

relations and practices that remain out of view. As suggested above, what remains unsaid is just as prominent as what is said when it comes to surveillance. Instead of using quantitative methods such as surveys, semi-structured in-depth interviews allow me to reformulate questions accordingly in case respondents refuse to answer, or when respondents misunderstand or do not understand the question at all. Consequently, qualitative methods facilitate the field research process as it gives space for both respondents and especially researchers since this field of study is not an easy topic to discuss and ask questions about. For those reasons in this study, I used the semi-structured in-depth interview as a major method.

3.2 The Primary Method of the Thesis

As, it is stated before, I have used the semi-structured and in-depth interview method due to the benefits and convenience of the phenomena of the study. I conducted interviews both with online dieticians and their counselees, with five online dieticians and three counselees of each, to gain unbiased data concerning the surveillance relations between them. After the interviews are completed, I used MAXQDA to analyze the interviews more analytical. After I made data organization, coding is the most important part of my analysis because my code system is the primary thing for creating my themes. I used an open-coded system which means that I did not use any code which comes from theory. In other words, I built my code system from the data I got from the interviews. For sure, I have a theoretical background in my mind during the coding, but I did not transform it to codes directly.

3.3 Interview Questions and the Relatedness Between Them

Although I have two different kinds of respondents, namely the online dietician and the counselee, the questions that I asked are almost the same.

The first question posed to online dieticians:

a) What is online dieting?

a.1) Why and how did it emerge?

a.2) What kind of system does it operate under?

Although looking at the published literature one can easily answer the question of this new phenomenon emerging from the concepts of medicalization and

medicalized cyberspace, the question is asked to answer the question "how online dieticians see and define the process". Here, the main goal of the question is in fact to see how the dietitian positions themselves as an online dietitian in the process, rather than defining the process itself. The first sub-question "Why and how did online dieting come into view?" is necessary to ask to grasp the context and the background it emerged. This question is directly related to the question "What are the driving forces behind it?" and it is a fundamental question needed in terms of analyzing how a new phenomenon comes into view from a sociological perspective. Although I have the answer to the question about the second sub-question "What kind of system does it operate under?" thanks to the supplementary analysis of Instagram posts, it is still a question that needed to be asked to observe how online dieticians describe the system of online dieting. This might be considered an introductory question to study the relations and mechanisms of surveillance that are embedded in its system. In other words, this question aims to thoroughly study the surveillance mechanisms found by definition in the profession of online dietetics.

First interview questions for counselees;

a) What is online dieting?
   i. How did you learn about the online dieting?
   ii. How did you decide to buy an online-diet service?

Counselees were asked the same question albeit with different sub-questions. These sub-questions consist of questions as to how they learned about online dieting and how they decided to star. Since the process of online dieting involves two people, how counselees see and evaluate this system is just as important as the answers given by online dieticians. On the other hand, both groups of participants were asked this question, since the surveillance relationships and mechanisms that the two sides mention might vary.

My second question is a common question asked both to the online dieticians and their counselees. Since the people I posed the questions were different, the way I formulated those questions differed accordingly.

For dieticians:

a) Have you had any previous experience as a traditional dietician (in an office setting)? If your answer is yes, how do you compare the two? What are the differences between a traditional dietician and an online dietician (in terms of the communication processes, responsibilities, definitions, etc.)?

i. What are the disadvantages/advantages of being an online dietician compared to being a traditional one?

For counselees:

b) Have you ever received a dietary service by consulting a dietician face-to-face in their office? If your answer is yes,

i. Would you compare this service with that of the online dieting? What are the differences and similarities (in terms of communication processes, responsibilities, definitions)? What are the disadvantages/advantages of being an online dietician compared to being a traditional one?

Looking at the research question of the thesis, the first goal of the thesis is not to compare the counselee-dietician relationship of the online dieting with the traditional dietician-counselee relationship, which takes place face-to-face in an office setting. However, drawing this comparison is necessary to understand the relationalities and the new surveillance concepts formed after the concept of "e-scaped" by Nettleton (2004) which is mentioned several times in the literature section. Looking at the literature, it is observed that two of the important reasons why telemedicine is becoming widespread are "active involvement of patients and cost-effectiveness" (Oudshoorn, 2009). However, other differences between the online and the classic diet which will be contributed by the respondents are equally important.

Additionally, considering the concepts of "health seeker" and "expert patient" (Nettleton, 2004), which emerged out of the literature on medicalization and healthism, is the role of the counselee in the online dieting in line with these concepts? Is it possible to talk about these concepts in the classic diet also or, are these concepts special to the online dieting? Comparing online and the classic diet is important to answer these questions as well.

As previously mentioned in detail in the literature section, De Mul's concept of “informationist world-view” is directly related to "how we perceive, evaluate and

respond to the world" (De Mul, 1999). This question also paves the way for the question as to where to position online dieting in the literature regarding De Mul's “informationist world-view (1999)" concept. Considering this concept, the question of how online dieticians and counselees perceive, evaluate, and respond to this process gains importance for surveillance relations. The two questions asked both to the counselees and the online dieticians so far are related to a notion that I have emphasized several times in the literature section, which is placing the concept of "online" before the word diet is not only a change in terms of the platforms where consultation takes place. The online platform forges many new relationships that need to be studied sociologically. In this new relationship also, newly emerged surveillance mechanisms are inevitable.

My third question is also the same for online dieticians and their counselees:

c) Would you talk about the communication process between you and your counselee/dietician?

i. What are the duties and responsibilities of the counselee/dietician in this communication process?

Based on Armstrong's concept of surveillance medicine (1995), it is possible to state that the relationship between a counselee and a dietician is a certain surveillance relationship. However, as mentioned earlier, it is not possible to ask this directly when researching surveillance practices. Therefore, with this question, my main objective is to study the surveillance practices between the counselee and the dietician in detail. The reason for using the phrase "the process of communication between you" to learn about the surveillance relationship is because surveillance is a hidden process and also to avoid unwanted connotations.

The reason why both respondents are asked the sub-question of "duties and responsibilities" as inserted into this question, is the fact that every surveillance relation has an inherent power relationship. Considering the dietician and the counselee, the dietician is the one who is responsible for managing the dietary process by practicing surveillance over the counselee. How the counselee and the dietician talk about the process will differ, as the dietician, as the one practicing surveillance over the counselee, is ultimately more powerful than the counselee. This difference is also

significant for evaluating surveillance relations, mechanisms, and practices from the perspective of power relations.

It has been deeply emphasized in the literature, (Atkinson, 1995; Oudshoorn, 2008), that not being physically in the same environment means the emergence of new roles, duties, and responsibilities for both the counselee and the dietician. Telemedicine imposes new duties and responsibilities on patients (counselees) and doctors (dieticians). Based on this argument, I asked the question both online dieticians and counselees to learn about their new duties and responsibilities in the context of telemedicine. The questions that are to be answered with this in mind are thus, 'What is the hidden work of the counselee or dietician and to what degree the counselee turns into a 'diagnosed subject'' (Oudshoorn, 2008).

Additionally, the points at which online dieting diverges from or resembles the concept of "prosthetic surveillance" (Rich & Miah, 2009) are described in detail in the literature section. Although this concept was not formed based on the online dieting but on the Wii Fit app, my argument is that the online dieting contains the concept of prosthetic surveillance as well, however, in a different way. Another objective of this question is to answer the question concerning where online dieting resembles this concept or diverges from it. I aimed to evaluate the accuracy of this argument by looking at the relationship between duty, responsibility, and surveillance between the counselee and the dietician. Another objective of my interview question will be reached by posing the following question "Is it possible to interpret the phenomenon of online dieticians as one embodying prosthetic surveillance? If the answer is yes, what are the differences and similarities between prosthetic surveillance and the surveillance relation between the counselee and the online dietician?" Answering these questions will help expand the comparison table in the literature section further.

ii. Is it possible to talk about a trust relationship between you and your dietician/counselee? If the answer is yes, how this trust relationship is formed?

One of the most prominent features of the online dieting is that the dietician and counselee have no face-to-face contact. In this case, as an important part to evaluate the relationship between the counselee and the dietician, understanding how trust forms between them or whether it forms or not gains great importance. Alongside the

mention of Malone's concepts of physical narrative and ethical proximity (2003) in the literature review section, the concept of digital proximity (2009) is mentioned which is formed by Oudshoorn's concept of telemedicine to explain the relationship between the counselee and the doctor. Considering the most important component of digital proximity is defined as active listening (Oudshoorn, 2009), the objective is to understand how the trust relationship between the online dietician and the counselee is formed, and in general what role proximity has in this relationship. All in all, this question's aim is also to learn if it is possible to talk trust relationship between an online dietician and counselee, what are the components of this trust relationship and whether active listening is significant in terms of forming a trust relationship or not.

In the literature section, the concept of "perfect storm" (Rozenblum & Bates, 2013) was discussed, in which the Internet and specifically social media users came together to create huge changes in the healthcare system. The online dieting process cannot be thought separate from the Internet and social media. Instagram is the most widely used platform in this process, where counselees find online dieticians, where online dieticians and counselees might produce content, and where the counselees might demonstrate their success by sharing how much weight they have lost. Therefore, the next question was asked to both counselees and dieticians.

d) How might Instagram be evaluated as part of the online dieting process?

One of the reasons this question is asked not only to online dieticians who have Instagram accounts but also to their counselees is that they can also post content and share their experiences on these platforms. In the literature section, it was explained how patients also became an agent who produces knowledge of health via the Internet and social media (Rozenblum & Bates, 2013). Counselees can easily become a part of content production by commenting on online dieticians' posts or sharing their stories on their profiles. Additionally, counselees can shape the content that the dieticians prepare by participating in surveys, polls or Q&As of the dieticians. Furthermore, Instagram is a vitally important environment in terms of establishing the first contact between the dietitian and the counselee, since counselees often choose online dieticians by evaluating the posts shared by the dieticians. Simply put, since Instagram is a significant medium for online dieting, it cannot be considered separate from the

relationship between the online dietician and the counselee, nor should it be considered separately from the surveillance mechanisms involved in this relationship.

Besides, Instagram is of great importance regarding the concept of the “virtual community of care”, which Burrows and Nettleton (2000) contributed to the literature. Instagram harbors a space for the "virtual community of care" since it is a platform in which both counselees and the dieticians can post about the progress of the diet, especially with before-after photographs. With topics such as difficulties encountered in the dieting process, reasons for weight gain or loss, followers find the chance to witness others' processes and stories thanks to the comment section of the posts, as well as actively participating in this communication.

The next question was asked only to the online dieticians since they are the ones who determine what to share on their accounts or how to proceed with a given strategy.

i. How do you decide what content to post?

Thanks to the analysis of Instagram posts as the supplementary method, a piece of general information was gained on what kind of posts online dieticians share, what the captions under the pictures are, as well as how they enable interaction. Nevertheless, this question was asked to gain further information on the online dieting process by taking into account how the dieticians themselves explain the criteria for creating certain posts to attract and influence counselees.

3.4 Information About Interviews

Due to the COVID-19 pandemic, I have conducted the interviews via the Internet using Zoom Meetings. I did not encounter any difficulties doing interviews through this platform since all the respondents were familiar with the interface of Zoom. When they accepted to make an interview verbally, I introduced myself in detail and study and gave them ethical permission documents. After they accepted and signed it, they sent me documents via e-mail. The exact time of the interviews is scheduled according to the respondent’s availability. After they suggested a suitable time, I prepared a Zoom link and sent them fifteen minutes before our zoom meeting.

When the respondent participated Zoom meeting, I took permission and recorded our meetings to make transcriptions after that. I used a computer program

named MAXQDA for transcription. After transcribing interviews, I analyzed the text via MAXQDA which is a program designed for qualitative studies. The average duration of the interviews was 50 minutes because the interview format is semi-structured and in-depth, therefore, during the interviews respondents sometimes talked about some things which are not located in my prepared interview questions. Those times, I did not interrupt them especially if their explanations directly or indirectly related to my questions. If it is not related, I tried to direct them to my prepared questions. According to the flow of the interview, in some interviews, I changed the order of the questions. If respondents answered the question during the interview before I asked it, I did not ask once more time if the answer that I got is enough. During the interviews, I prefer to use informal language to create a more conversational environment and to make respondents feel relaxed. In general, because all respondents are very familiar with online platforms (either as being counselees or being online dieticians), they were not anxious, and they experienced themselves very comfortably.

3.5 Participants of the Study

In this study, I have two different groups of participants. The first group is composed of online dieticians. For study, I conducted in-depth interviews with five online dieticians. The second group is composed of counselees of online dieticians. I conducted in-depth interviews with fifteen counselees in total. The reason why I chose two different participant groups is directly related to the nature of the surveillance phenomenon. As I emphasized before, surveillance relation is composed of at least two subjects. In this case, online dieticians 'watch over' (Lyon, 1994) their counselee. Thus, surveillance relation necessitates two sides, I did not prefer to omit the online dietician side in this relation although counselee respondents are higher in number than online dieticians.

One of the reasons why the number of online dieticians and counselees number was not equal in this study is I argue that the most important actor to start this relationship is the counselee. While the most important motivation for the online dietician to provide online services instead of the giving face-to-face service in the office is based on economic reasons (the absence of an item consisting of office expenses such as rent, electricity, water), the counselee wants to do an online dieting

because they prefer this form of a relationship without any financial difference. Apart from one dietician I interviewed, four dieticians were serving both in the office and online before the pandemic. It was stated that there was no financial difference between these two different diet services, and one of the online dieticians stated as the online service was more expensive because it required more labor. For this reason, it is thought that what is the factor that makes this relationship style preferable, and what features are unique to this relationship style, will be better answered by the counselees. For this reason, five interviews with online dieticians were conducted only in order to obtain information about the online dieting process (why and how did it emerge, what kind of system does it work in, etc.), to provide ease of access to the interviewees, and to confirm the communication process that the clients stated during the interviews.

3.6. Selection Criteria for Participants

Giving only online dieting services not face-to-face was the first major criteria while I was selecting an online dietician to make an interview. Firstly, I tried to communicate with some dieticians who have a very high number of followers and only give online dieting services even though they don't have any office. If they have the office, they use this office just creating content, not seeing any counselee face-to-face. However, because of their intense schedule, only one of the online dieticians accepted making an interview with me. This online dietician (@dytonthestreet) doesn't have an office. After her internship, she just gives online service. However other three dieticians that I had the opportunity to make interview has offices but because of the Covid-19 pandemic they closed offices and they only accepted online counselees. This means that for one and a half years they are working only as an online dietician, not seeing any counselee in an office environment. The last respondent of mine as an online dietician did not close her office but she stated that only 10% of counselees came to the office during the pandemic. To sum up, one online dietician respondent (@dietonthestreet) just giving online service while she was starting her carrier. One online dietician respondent (@dytnevaoya) turned totally online during the pandemic period and she did not think to open her office again after the pandemic. Three of them normally give both online and face-to-face services together. But two of them (@aycainwonderland, @zumraycincim) only give online service during the pandemic,

just one respondent (@oncecektimsonreyedim) did not close her office but almost none of the counselees of her prefer face-to-face during the pandemic. I communicated with one online dietician thanks to my online dieting experience. Because I was an old counselee of her, she was interested in my thesis study and accepted to make an interview. I found other three online dieticians with the network of my dietician friend. The fifth online dietician is found on Instagram. I introduced myself and the thesis topic through Instagram's direct message and then I got a positive answer that she accepted to participate the study.

All counselees are found through an online dietician's network. At the end of the in-depth interviews with online dieticians, I asked for help from them to reach a counselee who benefitted from online dieting for more than one month. Then, thanks to their help they gave me communication information of three counselees who accepted to participate in my research.

3.7 Demographic Profile of Respondents

All the respondents, both online dieticians and counselees are female. Because of the privacy reason, counselees in the table coded with numbers and online dieticians are coded with letters. The supplementary Instagram analysis and interviews with online dieticians show that although male online dieticians and counselees exist, their number is very low if we compare with the female ones. When I searched and could not find male online dieticians and male counselees, I add one more question to the online dieticians' question: "How is your counselees' female/male distribution? Do you know any male online dieticians?". All five respondent's answers showed that the number of male counselees and male online dieticians are very low compared to female ones. But two of the online dieticians stated that the number of male counselees increased with online dieting if it is compared with the past. Thus, they are very few examples of male counselees and online dieticians, I could not get in touch with them. Not finding any male counselee and based on interviews learning that number of male counselees is very low is also important findings how the gendered side of diet is also a crucial topic for not only traditional diet but also online dieting.

Especially counselees who had experience in the online dieting for more than one month are chosen. Only one respondent, who has only one-month experience in

online dieting, this criterion could not meet. Besides, an experienced online counselee is preferred to get valuable answers in terms of online dieting and the relationship with dieticians.

Table 3. Table of online dieticians' age, marital status, education level, city of birth and residence, number of years working as a dietician, number of years working only as an online dietician and number of followers on Instagram

Dieticians	Age	Marital Status	Educational Level	City of Birth and Residence	Number of Years Working as a Dietician	Number of Years Working Only as an Online	Number of Followers on Instagram
A	30	Married	Master's Degree	Ankara	8	1	31.1K
B	29	Married	Master's Degree	İstanbul	5	5	102K
C	26	Single	Master's Degree	Bursa	4	1.5	123K
D	31	Married	Bachelor's Degree	Hatay	7	1.5	5K
E	26	Married	Bachelor's Degree	Ankara	3	1.5	25,9K

Table 4. Table of counselees' age, education level, occupation, city of residence, marital status, whether or not they did traditional dieting, duration of online dieting service, how they found out online dieting

Counselee	Online Dietician	Age	Education Level	Occupation	City / Couunrty r of	Marital Status	Whether or not they did	Duration of online dieting	How they found out online
1	A	29	Bachelor' s Degree	Mechanical Engineer	Ankara	Single	yes	5 months	Instagram
2	A	38	Bachelor' s Degree	Public Servant	Ankara	Married	yes	6 months	Instagram
3	A	34	Doctorate	Academician	İstanbul	Married	yes	9 months	Instagram
4	B	25	Bachelor' s Degree	English Teacher	Marmaris	Single	yes	6 months	Instagram
5	B	21	University Student	Veterinary Fac.	Ankara	Single	no	1.5	Instagram
6	B	30	Master' s Degree	Academician	İzmir	Single	yes	12	Instagram
7	C	20	High School	n/a	İstanbul	Single	yes	2 months	Instagram
8	C	31	Master' s Degree	Industrial	Sweden	Single	yes	7 months	Instagram
9	C	35	Master' s Degree	English Teacher	Finland	Married	yes	14	Instagram
10	D	25	High School	n/a	Hatay	Single	no	5 months	Instagram
11	D	43	Bachelor' s Degree	Store Manager	İskenderu	Single	yes	5 months	Friend' s
12	D	26	Bachelor' s Degree	Project Manager	Hatay		yes	5 months	Instagram
13	E	28	Master' s Degree	City Planner	İstanbul	Single	yes	14	Instagram
14	E	25	Bachelor' s Degree	n/a	Ankara	Single	yes	12	Friend' s
15	E	30	High School	n/a	Austria	Married	yes	5 months	Instagram

3.8 Supplementary Method: Analysis of Instagram Posts

Although during the interview process some questions about the role of Instagram are directed to respondents, Instagram is an entirely different subject that requires specific attention. Thus, I made a small analysis on this platform which enabled me to gain information on online dieticians. This analysis helped clarify the topic of my thesis on online dieting and how it works. However, this is meant to be a supplementary study, not the main method of my thesis. Nonetheless, this analysis is significant in terms of shaping the research questions of my thesis, proposing a descriptive answer to the question 'who is an online dietician' and having an idea about the mechanisms of surveillance in online dieting.

Instagram is a crucial tool and space for online dieting as it includes significant data for the research questions. Therefore, the methodology of this research is based on studying the content of three online dieticians' (the selection criteria are mentioned next section) Instagram accounts owing to the important role Instagram plays in this context. The primary goal of analyzing the Instagram posts is to grasp the hidden dimensions of the phenomenon of the online dietician which I would not otherwise learn from the interview responses. The main goal of this study is to focus on this new phenomenon before studying it through the lens of the sociology of surveillance. For the analysis to be systematic, I used MAXQDA, a very useful tool for analyzing visuals and written materials.

3.8.1 Selection Criteria for Instagram Pages

I chose three accounts based on the number of followers they have which is important in terms of active sharing. Another important criterion is giving counselling services over the Internet instead of face-to-face in an office. I chose to interview three online dieticians who match those criteria. Also, I tried to include all three of them in the interview part, but only one of them (@dietonthestreet) accepted me to participate interview. I focused on the last thirty posts of each (Data is taken 24.02.2020 from their public Instagram pages and last 30 posts).

The data consists of Instagram posts and screenshots of posts. Afterward, I uploaded the data into MAXQDA. To properly analyze both the captions under the pictures and the pictures themselves, I created a document to paste both the pictures

and the captions together. All the data are collected from the Instagram pages that are public. Therefore, I did not experience any sort of problems in terms of having access to those pages. In the analysis part, the most important topics which are gathered from this small analysis are stated.

3.9 Information About Main Analysis

MAXQDA is used in the analysis of semi structured in-depth interviews. Analysis results are given in a cross-table format throughout the Main Analysis section. Cross tables below are an example of other cross tables that used in the Main Analysis Section.

	Document group Counselees	Total
Advantages of online diet		
Constant communication	15	15
Flexibility	15	15
Psychological support/ Motivation	12	12
Compensation chance	11	11
Sending photo more control (Followability)	10	10
Decreasing cheating possibility	8	8
Unique, specified	7	7
Sustainable	6	6
Time Saving	5	5
Learning how to compensate cheat	5	5
Do not allow to postpone the meeting	4	4
Well- disciplined	4	4
Recipes	3	3
Not weighing in with a dietitian	2	2
Acessing more people/ more easy	1	1
Suitable for pandemia	1	1
SUM	109	109
N = Documents	15 (100,0%)	15 (100,0%)

Figure 1. Cross-table showing mentions of advantages of online dieting per respondent

	Document group Counselees	Total
Advantages of online diet		
Constant communication	61	61
Flexibility	53	53
Psychological support/ Motivation	26	26
Sending photo more control (Followability)	22	22
Compensation chance	22	22
Decreasing cheating possibility	12	12
Sustainable	11	11
Well- disciplined	10	10
Unique, specified	9	9
Time Saving	9	9
Learning how to compensate cheat	7	7
Do not allow to postpone the meeting	4	4
Recipes	4	4
Not weighing in with a dietitian	3	3
Acessing more people/ more easy	1	1
Suitable for pandemia	1	1
SUM	255	255
N = Documents	15 (100,0%)	15 (100,0%)

Figure 2. Cross-table showing total mentions of advantages of online dieting

The crosstabs are after the transcriptions process is finalized. The left column of the tables shows how themes are categorized after the coding of the answers toward what are the advantages of online dieting. Even if an interviewee mentioned the same theme in different questions multiple times, their answers are evaluated and coded together on the basis of whether they mentioned this concept or not as an answer.

The reason why the two crosstabs are shared: Some codes can be coded more than once in the same document. However, thanks to MAXQDA's "count hits only once per document" option, we can see the code frequency more clearly with the option to save once, no matter how many times the code occurs in the interview document. In other words, while constant communication code was used 61 times in 15 counselee interviews, it can be considered that this theme was mentioned in 15 of 15 documents with this feature. (For upcoming sections, I preferred to use the first format to grasp the frequencies more correctly and clearly.)

CHAPTER 4

ANALYSIS

4.1 Part I: Supplementary Analysis Result

This part is allocated to the supplementary Instagram analysis results. The aim of this supplementary analysis is to understand my study subject, online dieting per se before looking at it from the surveillance perspective. For this reason, answering basic questions related to online dieting such as “What is online- dieting?” and “How does online dieting work?” is the first step for me. When I organize my thesis topic, I made some research about it and after this research, I am aware of the fact that Instagram one of the popular social media platforms is an inseparable part of online dieting and making some research about online dieticians’ Instagram accounts is a very good and necessary way to answer my question: “How does online dieting work?” My pilot research experience about my thesis topic initiated me to make this supplementary research more analytical and systematic, in this way I can gain more accurate data and I can use those data as supplementary while I am answering my main research question.

Therefore, in this supplementary research, my aim is to study the content of three online dieticians' Instagram accounts which is very central to online dieting, and it is a very important tool for dieticians for reaching their counselee.

Put in a nutshell, my primary aim in this study is to focus on this new phenomenon before studying this new phenomenon under the light of the sociology of surveillance. For making my analysis systematic, I used the MAXQDA which is a very

useful tool for analyzing visuals and the written material. The criteria for the selection of Instagram pages are explained in detail in the previous section.

4.1.1 Code System

After I made data organization, coding is the most important part of my analysis because my code system is the primary thing for creating my themes. I used an open coded system that means that I did not use any code which comes from theory. For sure, I have a theory background in my mind during the analysis, but I did not transform the theoretical background to codes. In fact, I pretended that I made a document analysis and documented the Instagram posts of an online dietician. My primary aim while I was making coding to grasp the online dietician phenomenon that I would not easily get the interview.

In this part I want to mention the codes that I used and how I used these codes for making my themes. My codes are all about the content of Instagram posts that the online dieticians share on their page. Kcal information of food and healthy recipes are in my code lists that are widely shared content by online dieticians. Another important code which will be very important also during my interview phase is how online dieting is defined on those pages. Under this code I created two sub codes which are the importance of instant communication in the process of online dietician and the emphasis about how online dieting is a personal process. Those posts are very important because they are directly related to how they define their occupation to their followers and during their definition which characteristics are unique and very important for the online dieting process. In total 90 posts, six posts' content is directly related to the importance of instant communication in online dieting and two posts are emphasizing how the online dieting as a personal process. My fourth code is the motivation. This post includes captions that emphasize how motivation is important for both starting a diet and maintaining a diet. In these captions, there is a lot of motivational speech for starting or maintaining a diet until you have ideal body. Motivation is very common content which is shared by three online dieticians.

Interaction, personal information and personal statement are three codes that all three dieticians widely used in these contents. In interaction codes mainly refer to posts that online dieticians ask questions to followers especially in the end of the caption.

This widely used method is used by online dieticians to interact with their followers or counselee. 29 of the posts include this code. Another way of interaction is setting a topic at the end of the caption. For example, they share their meals they ate in one day and they want to learn what followers eat on this day. They set a specific topic and they motivate their followers to mention this specific topic in a comment section. Other interesting and common content is giving personal information and sharing personal statements. 27 of 90 posts include personal information, 10 of the 90 posts include personal statements. Personal information are the codes that include especially the sharing of important processes and turning points like graduation, wedding ceremony. Personal information is sometimes related to family life and marriage life. I found those posts interesting and unique to online dieting because there are very special moments and some in-dept. information that normally dieticians who work in office do not share with you. For that reason, I found those type of personal information is very critical for online dieting because they do not see their counselee's face to face. But the sharing information about their important life phases can be crucial for the creating relationship and intimacy between online dieticians and their counselee. Personal statement is their statement about a specific issue. For example, they can write I do not like summer holidays but instead I prefer winter holidays, or the specific vegetables that they do not eat and like or mostly preferred ones. Actually, I am aware of the fact that personal statements are very engaged with the personal information codes. But personal information differs in terms of sharing information about their important life events like marriage, like graduation from master. However, personal statements are more about their feelings or specific things like specific meal, specific vegetables. This is also important ground for creating a relationship between online dieticians and their counselee. Because even though they do not see their counselee face to face they even know what is their favorite meal or which vegetables that online dieticians do not prefer. Besides the meal, they also share their feelings about their weekend, how they are feeling those days, which weather they are more energetic. Those examples can be multiplied but this amount of examples are enough to understand how online dieticians give very deep information about themselves in their posts. Because my primary aim in my thesis' interview part is focusing on the relationship between online dieticians and their counselee, this part can be evaluated

as a clue how their relationships are constructed. And how the Instagram posts' content create the reciprocity principle in their relationships.

My other data are images and I code images as a separate category for making some comparisons in the category itself. In this part, I only include common images that they share by all three online dieticians. In this category 44 of the 90 posts include the female body. I divided the female body into two categories: online dieticians' bodies and their counselees' bodies. According to my analysis, 34 images include online dieticians' bodies and 9 photos include their counselee's body. All 9 posts are shared by one dytnurdanbalakcı account and all of them are before and after photos that show how their counselee lost weight. Only one photo includes male body, and this body is not the counselee's body but the one of the dietician's husband's body. These are important findings for how online dieticians used the female body in their posts. The second important sub codes of images category are examples of healthy meal photos that all three dieticians share. In this section, I explained the code system with my sub codes to show how I create my themes after my coding.

4.1.2 Findings After Data Coding

1. Online dieting sets norms for a healthy lifestyle that involves healthy nutrition, exercise and consuming healthy products.
2. Online dieting represents healthy nutrition by giving healthy recipes, false and correct consumption of the nutrition's and sharing healthy meal photos.
3. Online dieticians establish a way of relationship by asking questions and by setting specific topics at the end of their captions.
4. Online dieticians' share of captions and the images address all the time the female body.

4.1.3 Distribution of Coding and Data Visualization

In this section, I focused on two important issues that I wonder about in the process of my coding.

First, thanks to my coding I understood that even though there are some common contents that all three dieticians are share, their emphasis and type of posts are not homogenous. For example, one of the online dieticians give importance to the topic of

motivation for starting and keeping diet, another one gives importance to information about the nutrition and meals. One of my curiosities about whether are there any commonality between three online dieticians' Instagram content can be answered by this visualization which I made in MAXQDA.

Figure 3. Distribution of code frequencies across document groups

Figure 3 shows the distribution of code frequencies across my document groups. It says that even though there are some common contents across three online dieticians, the contents that they share are not homogenous. That the chart also answers my second curiosity about which topics co-occur together. Because of my data's characteristics, looking at intersections of codes is not very meaningful. Because of the Instagram post's nature, the captions are not very intended texts thus the possibility of code intersection is very low. For this reason, my coded areas are not very loaded. Instead of looking at intersections, looking at co-occurrence of my codes is more meaningful for my study. When we look at the table the most prominent co-occurrence is the dietician who gives importance to interaction in their posts also shares much more personal information and personal statements about herself according to other online dieticians. I found this co-occurrence is very meaningful in the context of surveillance. Because interaction, especially asking questions, is only possible if you also share and give some information about themselves. It is a reciprocal process and if you want to know, learn something you should also participate and share. It can be also evaluated basic principles of online platforms and social media. Another important co-occurrence is the dietician who uses mostly female body photography in their posts is also mentioned very frequently as a motivation topic. When we look at the dytnurdanbalakcı's posts to understand this co-occurrence all 9 counselees' bodies were used in the before- after photographs. This photograph's content is composed of two photographs of counselee, one of them is before starting a diet and the second one is taken when the diet period ends. In all 9 posts, the face of the counselees is blurred by putting emojis. The aim is sharing the dramatic weight difference by using counselee's body. This is very logical that those photos are used with the motivation content. By sharing those photography's, online dietician wants to give the message like: "If you also start diet with me, you can also lose weight like in this counselee." It can be also evaluated as an advertisement strategy of online dieticians in the online platforms. As a conclusion for this visualization all pages have unique characteristics. Even though some topics are common, the emphasizing point is different for each of them. Also, looking at co-occurrence of codes can be meaningful in terms of understanding the pages' characteristics and also characteristics of online dieting in general. Dieticians who aim for interaction while she posts her content, also give more

information about themselves. Secondly, the female body especially before- after photographs can be used as a motivator for keeping and starting a diet in online dieting.

While I was focusing on the togetherness of codes in the table, one issue created a question in my mind. As I explained above, one of the dieticians who use a mostly female body in their posts, mentioned very much about the motivation topic. But I have two sub codes under the motivation. One of them is keeping a diet and one of them is starting a diet. For that reason, my code frequency table gives me the possibility to question: Are there any differences in which female body is used in which type of motivation? Is there any pattern? For this reason, I wonder whether female body usage (either online dietician's body or their counselee's body) differ according to type of motivation (either starting diet or keeping diet).

To interpret this question which occurred in my mind after I created the table above, I created another visualization by using MAXMAPS.

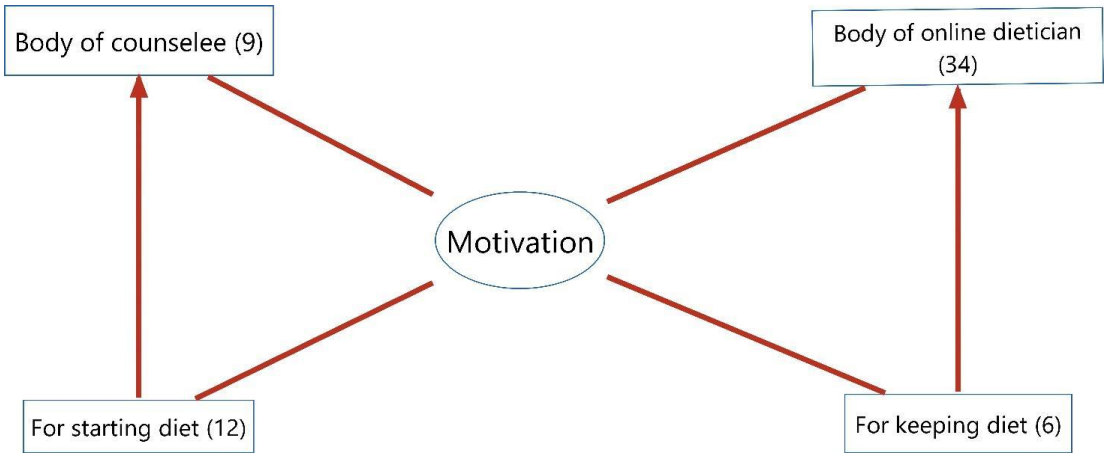

Figure 4. MAXMAPS showing the relation between the concept of motivation and the images of counselee and online dietician bodies

According to Figure 4, the space where the body of counselee or body of online dietician is used differ according to the type of motivation. If the post's main content is about starting a diet, then online dieticians prefer to use a body of counselee. In other words, in 12 posts about starting a diet, the online dietician used a 9-time body of

counselee which all about the before after photos of their counselee's body. On the other hand, if the content is still motivation but emphasis is on keeping the diet, then the image of an online dietician's body is used. In other words, there are six posts about the keeping diet and in all of them the body of an online dietician is used. It is also important in terms of my thesis general framework that the image of online dietician's body can be interpreted as a body who surveils. While giving the message about how keeping a diet is important, online dieticians prefer her photograph to emphasize disciplinary mechanisms in online dieting. In my small-scale research, one of the online dieticians prefer to use her own photography and it can be interpreted as the body of online dieticians refer to disciplinary factors in this relationship. Both starting a diet and keeping a diet of course requires motivation. However, starting motivation should be pursued for keeping in a diet. After starting, discipline is needed for keeping the diet and in that context, dieticians prefer their own image instead of another one. Furthermore, this discipline is not only located in the dietician's office, but it can be omnipresence when the counselee opens Instagram and sees the post. For that reason, as a remarkable point from this visualization in what context the female body is used can be important for understanding surveillance mechanisms in the online dieting.

Even though I have three online dieticians and I see this pattern in only one of them, it requires further analysis for dwelling on this pattern properly. Because my Instagram analysis is only a supplementary method for my thesis, I could not be deeply involved in the content that female body is used. My primary aim by adding this supplementary analysis method in my thesis is actually to answer the question of what is online dieting as an analytical way. Because Instagram is very prominent in the online dieting and analyzing which kind of posts are shared and which kinds of images are used is very important for understanding this new phenomenon. However, I believe that my curiosity about the Instagram posts of online dieticians can be a subject of my further studies in this area.

4.1.4 Definition of Online Dieting

By reviewing the literature and the knowledge which comes from my online dieting experience and my supplementary analysis, the online dieting is conceptualized in this study as:

a) New occupation and most importantly a dyadic relationship between a counselee and a dietician. Their relationship is based on a surveillance mechanism on counselees whose aim is, most of the time, losing weight. However, counselees might be prone to gain weight or change their diet with healthy nutrients. Besides, surveillance relations are based on the process that the counselee shares their body sizes with the dietician as a routine, and even though this is not a demand of all dieticians, dietician might want to see the photo of the counselee's meals. To maintain continuity and communication, online meetings are arranged to share weekly body size and weight. Considering the dynamics of the relationship, it can be regarded as an instance of surveillance medicine. The medical purpose of this relationship is losing/gaining weight or learning a healthy diet. Surveillance mechanisms in this relationship can be explained as,
    i. An information form consisting of detailed knowledge from the counselee's sleeping routine to what they are allergic to, from whom they live with to daily routines (Attached).
    ii. Regularly, finding out the counselee's weight, height, and body sizes before and after the meetings.
    iii. Sending meal photos during the dieting period.
b) This whole process takes place in cyberspace by using some communication apps like WhatsApp, Zoom, FaceTime; and all the communication occurs in cyberspace which means there is no face-to-face communication at all. Even though their communication does not proceed in social media, Instagram is still a very integral part of this new occupation since online dieticians and their counselees find each other most of the time on Instagram. This makes online dieting a concept that can be examined under e-scaped medicine. As it is

mentioned above, the entire communication process is carried out for a medical purpose via Internet.

4.2 Part II: Primary Analysis Results

This is the second and main analysis part of the interview results made with 15 counselees and 5 online dieticians are discussed.

4.2.1 How Does it Work? Operational Definition of Online Dieting

Although basically one can define online dieting as giving nutrition counselling with using Internet and some specific apps like Zoom, WhatsApp, FaceTime, all online dietician's system differs.

Firstly, type of communication can differ. One of the dieticians I interviewed stated that she can make her weekly meetings by sending email or writing from WhatsApp without making any face-to-face meetings in any online platform if the counselee preferred, while this is not an option for the other four dieticians.

Second difference is related to anamnesis forms. Some dieticians I interviewed, send some information forms to the counselees before the first meeting. These information forms generally consist of anamnesis form (contains detailed nutrition and lifestyle questions), blood analysis, and informative forms about online dieting. In the first meeting, these forms are evaluated, and a first diet list is written during the first meeting with counselee. If there is something that does not fit to counselee in the diet list, the counselee tells it to the dietician during the meeting and the dietician revises it. However, according to two online dieticians I interviewed, since it is not correct for the counselee to fill out this form by self, they fill out the anamnesis form while talking with the counselee in the first meeting. After the meeting is over, the dietician sends the diet list to the counselee and if there is anything that the counselee wants to revise, the dietician revises it and sends it again via WhatsApp or email.

Third difference is related to sending meal photos. Although the five dieticians I interviewed have a system of requesting the photographs of the meals eaten by the counselee, it differs in practice. While the system of a one dietician I interviewed is based on sharing the photos of each counselee's meals during the diet process with her via WhatsApp just before eating the meal, other four dieticians I interviewed leave the

sending photo of meal's decision entirely to the counselee. Also, when the photos are sent by counselees are also another process which can be differ from one dietician to another. For example, although the two dieticians I interviewed requested a photo of the meal from the counselees, the counselee was given the option of sending a photo of what they ate in a day, every evening instead of taking it before each meal, or, if the counselee is experienced in portioning, the option of sending a written report (with details of amount of food consumed) of what they ate instead of a photo of the meal. Whether or not the sharing of meal photos is obligatory, how often it will be done will vary from dietician to dietician, as well as how these photos will reach to the dietician. While all four dieticians I interviewed are waiting for a meal photo or a report to be shared via WhatsApp, one of the dieticians who requested meal photos, expects counselee to share their meal photos through an application she has set up. Besides, counselees upload photo through this application, this application also offers other characteristics that change some communication process. It is important for observing how some surveillance mechanisms digitalized in an application form. In other words, although other four dieticians communicate continuously through WhatsApp in general, one dietician designed an application for the communication process in diet. As I learnt from the dietician and counselees of this dietician, this application composed of diet lists of counselees, alternatives of meals, some recipes which are suitable for counselee's diet, weekly changing information (For example, one week is separated nutritional value for carrot and one week is separated for what is collagen). Also, it facilitates a reminder 30 minutes before meals, opportunity communicate with online dietician without using any other medium, sections where counselees can enter their body measurements. By using this application, they can upload their meal photos and they can state their cheat meals (which means that the meals or foods that diet list is not include and not suitable for diet). Other than foods and meals, the application also facilitates enter the information of how much water that they drink in one day, their bowel pattern and sleep tracking which are very important component of diet. Normally, this online dietician also give service without this application but the three counselees of her I interviewed bought online dieting from her with application system.

Although there are some differences in terms of system of the diet, online dieting can be interpreted under the headline of telemedicine because online dieting has same

important definitional characteristics as telemedicine have. Diet service is provided via ICT technologies, which means that instead of face-to-face contacts, technology mediated communication is used. In other words, online dieting can be summarized as delivery of diet services to persons who are at some distance from the provider (Grigsby et al., 1995). In addition to that, active involvement of patients (Oudshoorn, 2009) is the most important characteristics for online dieting that make easier to evaluate online dieting under the telemedicine. Also, how counselees' representations of current situations in terms of weight are the data for online dietician to decide their strategy. Because online dieting has important familiar characteristics with telemedicine, online dieting is defined as a one kind of telemedicine/telehealth care service whose aim is giving diet service.

Although the online dieticians' system can differ when the systems are detailed examined, there are some common processes that almost five dieticians I interviewed follow.

If the counselee decides to start a diet after following the online dietician on Instagram, he or she will reach the dietician via the direct message section of Instagram or the email address on the dietician's Instagram page. Then an online dietician replies to those messages. These messages are usually emails that describe the online dieting system in detail, provide information about pricing, and if there are different diet programs, they give detailed information about these different alternatives. After the counselee states the decision to start dieting in response to this informative email, the dietician sends an anamnesis form to the counselee. As emphasized before, some dieticians prefer to fill out this form with the counselee at the first meeting, while others send it to the counselee and wait for them to fill it out. This form includes questions to learn about the counselee's lifestyle beyond eating habits. For instance, the forms composed of questions like whether there is a habit of eating in front of the television; if the counselee is a woman, whether she has given birth, how her menstrual period is, whether she has entered menopause, diet history etc. (Forms of the interviewed dieticians will be attached). Then, the counselee is expected to share a blood test that they had done in the last 3 months. In addition to these, the online dietician, who has an application, wants a 3-day nutrition record. This nutrition record includes recording what the person eats and drinks in a regular day which means counselee is not making a diet and then shares this record with the dietician. Then, the

first meeting is planned after the anamnesis form, the document that the person has paid the fee, the blood tests are delivered to the dietician.

In the first meeting, the counselee and the dietician see and meet each other for the first time through an online platform, so it was stated by the counselees that it took longer than the other meetings. The first diet list is prepared, taking into account the current weight, blood tests, eating habits and routines stated in the anamnesis form. As mentioned before, some of the online dieticians I interviewed prefer to write this diet list together with the counselee in the first meeting, while some of them send this list to the counselee via email or WhatsApp after the first meeting.

Every dietician I interviewed to stated that if there is food on the list that does not fit the counselee's preferences and life routines, they revise it in accordance with the counselee and send it again. After that, a weekly or 10-day meeting frequency is selected according to the counselee's diet history and motivation. In general, a weekly meeting is recommended for counselees with motivation problems, while longer intervals can be scheduled for those who do not have this problem. According to the frequency of this meeting, on the morning of the next meeting, the person is weighed in his/her own home on an empty stomach and notes this. While some dieticians also want a chest, waist, and hip measurements with a tape measure, some are based only on the weight value. However, 14 of the 15 counselees I interviewed had a smart scale that measures fat, muscle percentages, and body mass index. Along with the weight values on the scale, they share the reports of these scales with the dietician. Then, in the second interview, a different diet list is written based on this new weight, and this cycle continues for how long the counselee has taken a diet program.

While some of the dieticians I interviewed write a weekly diet list containing alternative meals, some write it in the form of 2-day programs. Apart from the online meetings where the counselee is weighed before the meeting, weekly or every 10 days, the counselee and the online dietician are in constant communication. This communication usually takes place via WhatsApp (via a dietician's app). In these communications, the counselee shares their meal photos or reports, and dietician gives feedback about their meal photos or nutrition reports. In addition to that, they can ask questions about the diet process, what to do when an unplanned program comes out and they cannot obey the diet list, how they can place specific food on their diet list if they want to eat or drink something other than diet, by texting their dieticians at any

time. Since this state of constant communication creates a continuous surveillance relationship between the dietician and the counselee, it is a fundamental feature that distinguishes the online dieting from other diets. This characteristic will be discussed in detail in the upcoming sections.

Where they learned about the online dieting phenomenon and how they found their online dieticians, once again showed the importance of Instagram in online dieting. 12 of 15 counselees met online dieting on Instagram and found their online dietician by following them on Instagram. The remaining 3 counselees, on the other hand, stated that although they met the online dieting phenomenon on Instagram, they found their online dietician through the recommendation of a friend. After their friends suggested, they stated that they followed the dietician for a while on Instagram instead of immediately starting online dieting.

Whether the counselee finds an online dietician via Instagram or through a friend's recommendation, the approach of the posts on Instagram is very effective in making the final decision of the counselee, since the content shows the dietician's perspective on the diet process.

Another important result shows that online dieting is used by counselees most of the time to lose weight. 14 of the 15 counselees I interviewed said that they were on online dieting for weight loss, only 1 counselee was in the weight maintenance program. 9 out of 14 people who applied online dieting for the main purpose of losing weight said that they also make diet to learning how to eat healthy while losing weight. While 3 people out of 14 stated that they applied to an online dieting program because they wanted to lose weight under the supervision of experts, because they had hormonal disorders that prevent them from losing weight, only 2 people out of 14 stated that their aim is only weight loss. None of the counselee applied for weight gain or to improve milk quality during breastfeeding.

When I asked this question to online dieticians, the answers showed parallelism. One of the online dieticians who gave only online dieting service in one year summarized that:

> Surely, the majority of them are people who want to lose weight, but we can also say that people want to learn how to eat healthier while they are losing weight. This ratio of people who want to lose weight and those who want to eat healthier is very close to each other, sometimes even intertwined.

Although people have hormonal disorders such as thyroid that make it difficult to lose weight, even if they want to increase the quality of milk during breastfeeding, generally the main purpose is to lose weight while doing online dieting.

4.2.2 Intersectional Surveillance

Referencing Lyon's surveillance definition "systematic, focused and routine attention to personal details for the purpose of influence, management, protection or direction" (Lyon, 2007, p. 14) in this thesis, the online dietician and counselee relationship is conceptualized as surveillance relationship. In the analysis part, the unique characteristics of this surveillance relationship is discussed under various headlines.

A lot of counselees emphasize how online dieting offers different kinds of flexibility while they are making definition of online dieting. The one kind of characteristics that most of the counselees mention is time-space flexibility. According to counselees, online dieting by definition gives flexibility in terms of time and space. They can buy this service wherever and whenever they want. This means that being in another city or being on holiday does not prevent communicate with dietician. As one counselee puts who is living in Austria and online dieting for five months: "I would describe it as a travel companion (*yol arkadaşı*) that can be easily reached from home to someone who has no idea what an online dietician is".

However, this emphasis of flexibility in terms of space is not unique to counselees who are normally Turkish citizen but currently living in abroad. One of the counselees who is living Hatay and her online dietician is also living in Hatay but because of the pandemic even they are same city, she prefers online dieting service.
Another important theme that comes from counselees while they were making online dieting definition is feeling comfortable. Contrary to classical one, online dieting eliminates tensions and disappointments that can emerge between dietician and counselee especially when they go to their office without losing any weight for specific week.

The fact that the counselee can receive online dieting services from their own home without a disciplinary framework such as a hospital or dietician clinic shows that the online dieting includes pre-modern surveillance features. The home

environment, which is not normally among the disciplinary framework, appears as a disciplinary setting in the online dieting. The fact that counselees have a rational goal such as losing weight and they are monitored with rational methods and agents to achieve this goal also causes the online dieting to have modern surveillance features. Considering these rational methods, the importance of digital media, facilities, platforms, in short digitally mediated body (micro)-oriented surveillance methods, also makes the concept of post-modern surveillance a part of the online dieting. Due to the complex nature of the online dieting processes, the surveillance relationship between dietician counselees cannot be understood with a single surveillance type. For this reason, online dieting emerges as the intersection of pre-modern, modern and post-modern surveillance processes defined by Lyon in the literature review section.

Contrary to counselees all five online dieticians emphasize more technical points and process while they are defining online dieting. One of the online dieticians who only gives online dieting service in five years defines that:

> Although people think online dieting came about with the pandemic, it's actually a system that has been around for 5-6 years and is used by most dietitians. It can be done through Zoom, or WhatsApp, or Facetime, it always starts with a video call, a detailed anamnesis is taken, a diet list is prepared, and the counselee uses their own home scale and tape measure to take their own measurements.

As it is emphasized, although it increases and becomes more common service with the pandemic, its formation much earlier than pandemic. This quotation basically defines main processes in online dieting. However, based on five interviews with online dieticians, it can be easily said that making definition which is inclusive and define all online dieting services is not possible.

4.2.3 "Instagram as a Store of Online Dieting"

As highlighted in the supplementary analysis, Instagram is an integral and very important part of the online dieting. For this reason, in order to obtain in-depth information about Instagram, the question "What kind of part of online dieting is Instagram?" was asked in the interview for both counselees and online dieticians. All counselees and dieticians emphasized that Instagram is the most important platform for the online dieting to exist, and they pointed out that Instagram has positive and

beneficial features as well as negative aspects for online dieting. For this reason, the answers given to this question were divided into two as positive aspects and negative aspects of Instagram in online dieting. Since the answers given by the online dieticians to this question are supportive of the counselees, since no new theme was obtained, the answers of the counselees were used for this section.

	Document group Counselees	Total
Instagram		
Positive		
Informative content	13	13
Makes the dietitian's success visible	10	10
Quick and easy process of reaching the counselee	6	6
Motivation (diet stories)	3	3
Idea of the dietitian's life	2	2
Abilitiy to reach everyone	2	2
SUM	36	36
N = Documents	15 (100,0%)	15 (100,0%)

Figure 5. Cross-table showing positive aspects of Instagram in online dieting according to counselees

As it can be seen in Figure 5, almost all counselees emphasize sharing informative content via Instagram is very beneficial and supportive for the diet process. This informative content can be related to specific foods or packaged food nutrition values or healthy alternative snacks or recipes. From counselees' word who living in Finland and taking online dieting service for one year and 2 months:

> (…) for example, we're out somewhere, like we're going to buy a drink from Starbucks. How many calories do the drinks have, how do they affect us, what is the sugar content in it? Ms. C looks at the sugar content rather than the calories. Because if it has a high glycemic index, it turns out bad for us. I saw them and said, what a useful information, I should continue like this.

The second most emphasized topic is "Instagram is a very important tool to make the dietician's success visible". This theme is also emphasized in the supplementary analysis section by showing how some online dieticians prefer to share before-after photos or decreasing line graphs of their counselees' weight. However,

the most important thing in regard to this theme is although Instagram is very important tool for showing the success of dietician, how dietician prefers to use it is also very critical for counselees to choose their dietician.

As it is emphasized, while dieticians show their success through Instagram at the same time they show their idea about the ideal body, the ideal diet process and how the ideal diet should be. This is important for counselees to choose their online dieticians. In other words, they mostly prefer to online dieticians who are against of the standard beaty idea and the idea of "weight gain is the end of the world" which is stated by one counselee who living in Sweden and making online dieting for 7 months.

Mostly emphasized third theme is Instagram ease the process of finding counselees because of the ability to reach a lot of different Instagram user at the same time with one post. A counselee who living in Ankara and making online dieting for 9 months very creatively expressed this theme with an analogy: "So, I think Instagram is actually their storefront. We can put it like that. We can think of it as a shop or a storefront where they open their own offices in a virtual environment without opening a physical space." Shop analogy is very successful to understand Instagram's position in online dieting. With reference to this quotation, Instagram can be interpreted as a shop for online dieticians in cyberspace. Like other shops, it has a showcase to give customers a clue about what is inside of this shop. This showcase can be interpreted as a dietician's approach to dieting.

The fourth theme is "Instagram is very important factor in terms of increasing motivation to achieve the goal." This is mostly possible with diet stories of other counselees, sometimes before- after photos and sometimes stories of the specific counselee. For example, the dietician shares the excel table in which the counselee is tracking weight loss for 6 weeks, and when we look at this table, it is seen that the counselee loses weight regularly in the first 3 weeks, but there are pauses in 4-5 weeks, sometimes even weight gain, but when the 6th week is looked at, the counselee starts to lose weight again. Sharing the graphic showing this, she notes that the existence of periods when weight loss stops is normal, and that people can achieve success as long as they continue their diet with the same motivation. The results of the analysis show that such posts are not only informative, but also have great importance in increasing the adherence of the counselees to the diet and keeping their motivation strong. One counselee who lives in Adana and has been doing online dieting for one year also

emphasized how she is very stressful because she cannot follow diet during Kurban Bayramı but after she see her online dietician's Instragram that almost all counselees make a lot of cheat meal because of Bayram, she relaxed, and she understood that it is normal situation that everybody makes the same thing and diet will continue after Kurban Bayramı ends. This is also very good example of "virtual community of care" (Burrows and Nettleton, 2000) which is mentioned in literature section. Especially with other counselees' diet stories, Instagram is a place for online dieting to encourage "virtual community of care" to see what other counselees experience diet process. Also, counselees can communicate through dietician's post under the comment section which also enables them listening to their stories and experiences directly.

The fifth theme is the familiar one because supplementary analysis also shows the desire of counselees to know dietician's lifestyles and habits. For this reason, "Instagram is important platform for counselees to get learn about dietician's lifestyle". Knowing dietician lifestyle encourage closeness between counselee and online dietician. Two counselees who are university students and who actively follow their online dieticians on Instagram also emphasized that Instagram is a significant platform that serves for counselees to know dietician personally. Because supplementary analysis shows that although sometimes dietician uses their Instagram accounts with their dietician identity (sharing health snacks, recipes videos, etc.), but sometimes they are on Instagram with their other identities as a mother, daughter, spouse etc. For example, they can ask recommendations for furniture brands for their new house through Instagram stories or they can share their wedding ceremony photos. Counselees can learn about their life through those posts, and this is also important element in terms of trust relations which is discussed in previous section.

It should not be forgotten that Instagram, which enable different kind of posts, communications and interactions that is central for online dietician-counselee relation, is a complex platform that requires separate analysis to understand all dynamics of it. Besides these positive sides, some types of usages of Instagram is defined by counselees as negative.

	Document group Counselees	Total
Instagram		
Negative		
Artificiality/repulsiveness	7	7
Sharing before-after photos	4	4
Market a product	3	3
SUM	14	14
N = Documents	15 (100,0%)	15 (100,0%)

Figure 6. Cross-table showing negative aspects of Instagram in online dieting according to counselees

The most emphasized theme is according to Gifure 6 is “By referring to fake accounts, fake comments, and dietician accounts with fake followers, Instagram is a platform that also includes artificiality.” One of the counselees who is living İstanbul and doing online dieting for one year and two months explains artificiality of Instagram with: “Now, we are all social media experts. You know, you can see very clearly whether followers are bought and constantly complimented there, or whether there are real comments on real experiences, real references.”

Based on the quotations and general analysis results, counselees especially those who prefer online dieting are very familiar with the Instagram platform and they follow not only their dietician but other ones. Thus, they can compare the attitudes, type of posts and profiles of the followers. According to this comparison, they can choose their online dieticians and during this comparison, if they face an “insincere” attitude on Instagram, they eliminate this online dietician or the opposite. If they find one online dietician from friend’s advice, they immediately check the online dietician’s Instagram profile, then decide whether want to start online dieting with this dietician or not.

The second theme in regard to the negative side of Instagram emphasized by four counselees is sharing before after photos. A counselee who is living İstanbul and doing online dieting for 1 year 2 months by targeting dieticians who shares before-after photographs, in an angry tone:

> (…) If I send a before and after shot to a dietician's page, I think it's no different than going into the dietician's office on a week where I didn't lose weight, being humiliated in the Office and then seeing thin people who did manage to lose the weight in the waiting room. Then there is no purpose in this being online. The reason I'm trying to switch from traditional dieting to online dieting is because I want to avoid the humiliation and sense of failure. If the before-after photo is shared, if my body shows up on that screen, it is no different from the traditional dieting and has no contribution whatsoever. It doesn't benefit the counselee at all. Once again, I'm in a competition where I don't care if I'm healthier than the week before but I'm instead comparing myself to other bodies that appear on the screen. When I start judging myself like that, I psychologically feel bad.

As this quote clearly states, before-after sharing is an action that causes the reproduction of the "ideal female body" perception, according to the counselees. In addition, it is emphasized that without knowing the diet story of the person, only a result-oriented approach (this result is generally losing weight), strengthens the diet/good looking/being fit relationship, while weakening the diet/health relationship.

The last theme is "marketing a product via Instagram account" which is a reason for not choosing a specific dietician. Counselees are emphasized that since dieticians who market products receive a certain fee from the sale of the products they market, they could not find their suggestions and recommendations "sincere" anymore. Because it is indistinguishable whether they share a product with their followers that they are really satisfied with, or do they share this product for economic reasons. In other words, dieticians who use the online dieting page to generate income by marketing products are not found reliable by the counselees.

In general, online dieticians' answers supports the themes that comes from counselees' answer. Only one online dietician adds one new theme which is "Instagram is an uncontrollable platform that unethical dieticians or people even not the dietician can abuse online dieting system". According to her, because there isn't any control mechanism in front of the opening account on Instagram, all people can open an account and introduce themselves as a dietician. This can result in unhealthy diets and misdirection and even health problems for individuals. She also emphasized that this situation reduces the prestige of online dieticians who do their job well, and online dieticians in general.

4.2.4 Pandemic and Online Dieting

The time when I was making thesis fieldwork was the peak of the pandemic, this resulted in many services turning online. Although online dieting is a service that is online by nature, it has become very preferred with the pandemic. Apart from this numerical increase, I added questions to the interview questions to find out what effect the pandemic has had on online dieting.

	Document group Counselees	Total
Pandemic and online diet		
Weight gained during the pandemic	8	8
"It can be online"	6	6
"Not just for those who can't meet face to face"	2	2
The pandemic and the importance of immunity	2	2
Home- office in pandemic	2	2
House as a controllable place	1	1
"There is such a thing as an online diet"	1	1
SUM	22	22
N = Documents	15 (100,0%)	15 (100,0%)

Figure 7. Cross-table showing the relationship between the pandemic and online dieting according to counselees

The most emphasized theme according to Figure 7 was weight gain during the pandemic period. The interviewees stated that the first reason for this was the fear, stress and anxiety caused by the pandemic and not being able to leave the house, and their desire to escape by eating. The second is the changes in market shopping and cooking habits due to curfews.

The second most emphasized theme is about the change in the approach toward online services with the pandemic. One of the reasons for this is to see the feasibility of online services, as a result of the necessity of the pandemic, for this reason, all areas of daily life (shopping, working, etc.) turned online. People who preferred the traditional diet before the pandemic and were not very keen on the online dieting discovered that it is applicable to the pandemic. For this reason, the idea that "it can be done online" (“Online da olabiliyormuş”) has become widespread, especially among those who

originally prefer the traditional diet. As one counselee who is university student and living in Hatay and doing online dieting for 5 months stated this change of approach toward the online world:

> Generally, people always prefer face-to-face communication. Even in school, people didn't think open education actually worked and there was a bad approach towards it, but with the pandemic process, it became clear that this was a necessity. You know, we realized that we can be in constant communication whenever and wherever you want, since it also removes the time barrier. It made it stand out even more. You know, we learned to trust somehow in the virtual environment. I think it changed our perspective.

Two of the counselees thought that the online dieting was only for counselees who could not meet face-to-face due to distance or intense work schedules. However, this thought has changed with the pandemic period, and she has understood that it is a service that everyone can choose, regardless of distance. In fact, due to the pandemic, the online dieting has become mainstream rather than an alternative system, as almost most of the counselees prefer the online dieting instead of the classical diet.

Two of the interviewees stated that they decided to start an online dieting because it was emphasized in the media that the immune system should be strong in order to avoid Covid-19, and that it was necessary to eat healthily and be at an ideal weight.

Two of the counselees stated that they do not waste time commuting to work, as they work as a home office during the pandemic. For this reason, she stated that she has more time to spare for sports and diet, and this is an opportunity to start online dieting.

Only one of the counselees emphasized that the house is a controlled space for dieting in terms of the distance from café's unhealth options and individuals have options like buying healthy foods instead of unhealth ones to their home and this was effective in starting online dieting.

Question about pandemic was also asked to online dieticians, and apart from one theme, the basics that the counselees generally said were emphasized. This theme is "availability of money to spare diet". Within the scope of this theme, one online dietician emphasized that people do not have social expenses such as traveling, eating out, or meeting with friends due to the pandemic. For this reason, people prefer to channel money which previously spent on social activities to themselves. In this respect, she stated that they consider the online dieting as an investment they make in

order to reach their ideal weight and be in a healthy body. The next section shows us that together with online dieting-specific communication processes, it has gained an alternative social activity feature, especially with the pandemic.

4.2.5 Communication and Surveillance

In this section, distinctive characteristics and surveillance mechanisms in the online dieting is discussed. It is important to grasp unique characteristics that make online dieting distinguishable from the classical diet and preferable to counselees.

This section is divided into three headlines: flexibility, motivation and continuity, to grasp online dieting more analytical.

Although these three basic features seem very independent from each other, they are actually categories that are not easily separated from each other. In other words, these categories are not very sharply separated from each other, on the contrary, they are interdependent and directly affect each other. To give an example, the fact that the online dieting does not create a barrier in terms of place and time because online dieting meeting can be made all the time in all places. Thanks to this meeting that didn't interrupt the counselee's motivation is always high and this causes the diet to become continuous. In the flexibility section, online dieting's flexible characteristics in terms of time, place and diet lists are discussed. Moreover, how flexibility affects responsibilities in the online dieting is mentioned.

4.2.5.1 Flexibility

Flexibility of diet list, place and time is also another theme which is emphasized by almost all counselees. During the interviews, 13 of the counselees emphasized how flexible the online dieting is in terms of the diet list. Generally, they mention how traditional diet lists give very little options and this make harder to obey the diet lists However, online dieting offers a variety of options, for example instead of writing 100 grams of chicken for lunch, they suggest options like grilled chicken, salads with the chicken new recipes that include 100 grams of chicken in it.

In addition to the flexibility of the diet list, 3 counselees of 3 different dieticians especially mentioned the importance of the recipes given by the online dietician. The new healthy recipes are a very integrated part of diet list flexibility. Besides

counselees' can change the meals' order in a day, they can also integrate new recipes into their diet.

Another emphasized flexibility is the flexibility of place. 9 of the 15 counselees emphasize how online dieting is advantageous in terms of place. One of the most emphasized subjects within the scope of space flexibility theme is that counselees can easily make online dieting meetings via smartphone, iPad or laptop wherever they are (whether on vacation, in a different city outside the city they live in, or for a reason such as a pandemic) without having to postpone their dietician appointment. Not wasting time in traffic was also one of the frequently mentioned topics in the place flexibility theme. Other than this subject's cultural familiarity is another topic that is mostly mentioned by counselees who are living in abroad. 3 counselees who are living in abroad mentioned how this place flexibility is very important because they want to buy service from online dietician who now their cultural foods, habits, and tastes. However, this is not only emphasized by them. The one counselee who lives in İstanbul but originally, she is from Hatay and doing online dieting for 5 months says that:

> For example, I live in Istanbul right now, and, I get dietitian support from Hatay… You may know that Hatay's regional dishes are very good, they have different flavors, or the same dish might have more or less calories. Now I would rather work with someone who knows this than to work with someone who doesn't. That's why I see it as an advantage to be able to work remotely with someone from my hometown.

Apart from these reasons, 2 counselees mentioned that going to the dietician's office, being weighed in front of the dietician and being with other counselees in the waiting room is a stressful experience for them, and that being weighed in their own home thanks to space flexibility relieves this stress.

Thirdly, the last type of flexibility is time flexibility. 8 of the 15 counselees mentions time flexibility directly and most of the time they emphasized how online dieting is a time saving. Do not waste the time in the traffic is a major reason as it is in the space flexibility.

Although one can mention that online dieting is composed of that kind of flexibility especially in terms of time, place and diet list it is very paradoxical that those flexibilities make online dieting stricter than classical one. These "flexibilities"

prevent online dieting meetings from being delayed. This causes the counselee to make an appointment with the dietician wherever they are, and to stay on the diet with the changes in the diet list no matter where and in any situation. 3 online dieticians also emphasize this issue, one of the online dieticians who is living in Bursa and giving just online services for 1.5 years but in total having 4 years experiences of being dietician says:

> There were so many excuses like it rained, there was traffic, I couldn't come because the power went off, I'm stuck in transit, or I'm ill and can't leave the house. All these excuses would severely disrupt the schedule of both parties involved. Now, the worst-case scenario is that the appointment is a bit delayed and the day gets a bit longer.

For this reason, situations that seem like flexibility actually turn into mechanisms that ensure that the surveillance and control relationship is not interrupted. For this reason, if we look at the themes of the answers given when asked about the distinctive features of the online diet, we can better understand why themes such as flexibility, sustainability, time saving and themes such as well disciplined, decreasing cheating possibility, and more control is emphasized together.

Although online dieting composed of flexibilities, those flexibilities gave more responsibility for both counselees and online dieticians. Thus, flexibility is significant concept for understand the responsibilities of counselees in online dieting.

	Document group Counselees	Total
Responsibilities in online dieting		
Counselee's		
Comply with the given diet program	14	14
Sending meal photos	10	10
To inform what is consumed outside the diet list	8	8
Feedback about previous diet list/week/ yourselves	6	6
Being honest with the dietitian	6	6
Be respectful and understanding	3	3
Keep in touch with dietician	2	2
Don't be late for appointments	2	2
Filling the anamnesis form in detail	1	1
Making regular mesaurements	1	1
SUM	53	53
N = Documents	15 (100,0%)	15 (100,0%)

Figure 8. Cross-table showing the perceived responsibilities of counselees in online dieting

According to Figure 8, the most prominent responsibility of the counselee is complying with given diet list. Actually, the second emphasized themes like sending meal photos which is evidence of compliance to the diet. Informing dieticians on what is consumed apart from diet lists and being honest with them is also directly related to themes of complying with the given diet lists. Because all counselees are aware of the fact that although complying diet list is the most prominent responsibility in diet, sometimes they cannot follow the list. They emphasized that those times saying what you ate honestly to the dietician is very important for success of the diet. Since there is a friendly and pressure-free communication between the dietician and the counselee, it is among the responsibilities of the counselee to honestly share the meals with the dietician during the periods when the counselee cannot comply with the diet.

Most of the time, the theme of complying with the diet lists and the theme of being honest to dietician in situations when they cannot comply with diet lists, mentioned together. Counselee who is living in İskenderun and having 5 months online dieting experiences:

> (…) My most important responsibility is not to cheat. So to be honest, to put it bluntly. For example, when Ms. D asks me if I had a cheat day/meal, I tell her the truth and I write it down. Look, I cheated today, but I'm writing to make up for it. I'm telling her sincerely. And she says that she believes me. Because she believes me, I can in turn tolerate her and make up on my cheat meal. Honesty and communication are very important.

Especially answers given toward this question are parallel to the understanding of "new ethic of health" (Becker 1986), focused on individual responsibility and improvement of lifestyle which is mentioned under the healthism headline in the literature review. This kinds of responsibility and ethic toward health understanding cannot be interpreted independently from self -surveillance and regulation of the body. On that point, Rich and Miah's (2009, p. 167) important evaluation should be addressed one more time: "Increasing consumerism around health and weight online, coupled with the development of tools on the Internet for self-regulation of the body, are all emerging phenomena that provide an entry point into examining a broader

process of medical surveillance within cyberspace" (Rich, E. and Miah, A., 2009, p. 167). In this context, online dieting can be conceptualized as the concept which arises as a result of "a proliferation of cyber-spatial resources, which are utilized as technologies of self-regulation concerned with weight." (Rich, E. and Miah, A., 2009, p. 167). As emphasized in the literature section, it should not be forgotten that cyberspace defined by them as a bio-political apparatus because cyberspace is composed of a lot of resources that provide self-assessment and self-surveillance of one's condition and the most important part of cyberspace includes a lot of online services to individuals to monitor and change their lifestyles, routines, and bodies. In the light of those references, online dieting can be easily defined as an online service that occur in cyberspace and composed of self-assessment, self-regulation, self-control, and self-surveillance concerned with weight.

According to counselees as a responsible individual following diet for being their ideal weight is their responsibility and if they do not be honest about their meals, or foods that they consume other than diet it is their lost because in this situation they act irresponsible in terms of their health. Moreover, by emphasizing this idea most of the counselees who mention the importance of complying with diet or being honest toward an online dietician emphasize that online dieting system is enhanced the counselee's responsibility feelings if it is compared to a classical diet. It increases engagement with the diet program (Beleigoli et al, 2020).

Giving feedback about the previous diet list is one of the responsibilities of counselees. These feedbacks are significant for writing personalized diet lists. 6 of the counselees directly emphasize importance of the feedback to revise diet lists according to their lifestyle. Thus, in the meeting counselees should mention "Were there any compelling/satisfying things while applying the diet list? What did they enjoy/did not enjoy while eating?" to get more suitable diet lists for their lifestyle and this way they do not experience hard times while they are making diet. In other words, thanks to those feedback, diet lists are adapted counselee's life instead of the counselee trying to follow diet lists. This way continuity of diet doesn't interrupt.

Three of the counselees emphasized although online dieting promises 7/24 constant communication through WhatsApp, this situation is very open to abuse and if it is not very necessary, they do not write their dieticians, especially after 22.00 pm. Because they evaluated this kind of request as disrespectful and insensitive to their private life.

Although most of the counselees interpreted constant communication as a positive side of online dieting, in terms of dieticians, this system is very open to misuse. One of the online dieticians living in Bursa and giving online dieting services for 1.5 years puts:

> (…) to be reached 24/7 by people. There can be some people in the online dieting system who think like this: "Here, I paid a certain amount of money, I bought you for 1 month." For instance, you are online, and they may ask: "don't you have to write an answer 24/7?

When online dieticians' answers are re-examined to understand their point of view which is important in terms of surveillance relations three themes are constantly emphasized by them throughout the interviews. Those themes are informing what is consumed outside the diet lists, keeping in touch with dietician and complying with the given diet program. The most emphasized themes show parallelism in both interviewee groups, as counselees generally mean to stay in touch with the dietician by sending meal photos. According to this result, counselees' most important responsibility which is approved by both online dieticians and counselees is pursuing surveillance relationships. Complying with diet list is not enough per se, but counselees show that they comply the list by sending meals photos and in general by keeping in touch. Because in this relationship keeping in touch and constant communication is equal to making a diet, this status of keeping in touch should be pursued by both counselees and online dieticians even counselee cannot follow the diet. Online dieticians and counselees emphasize the importance of keeping in touch and constant communication especially the times counselees cannot or do not want to follow the diet list. Because if they pursue communication in these kind of situations or periods, online dietician can intervene with motivational problems and immediately they can maintain their diet program.

This brings us to the second theme: the theme of motivation. In the next section, the relationship between constant communication and motivation is discussed. Moreover, how motivation is created within friend-like communication between online dietician and counselee is mentioned.

4.2.5.2 Motivation and Psychological Support

As can be seen in the table, 12 out of 15 counselees interviewed stated that motivation and psychological support are important components of the diet process and stated that the online dieting is very supportive in this respect. As it is emphasized below in the counselees' quotations constant communication is also significant for motivational support. A counselee who is living in Hatay and doing online dieting for 5 months clearly provides that: "Apart from that, but in terms of motivating me, these video calls, especially video calls and being in constant contact, keep me dynamic."

The counselees also stated that there can be a lot of loss of motivation, especially when they could not lose weight even though they followed the diet, but they regained their motivation with the motivating speeches of the dietician by explaining the reason of this situation. For instance, most of the counselees suggest in this situation their dietician make scientific explanations like sometimes body is in the process of getting used to current weight and if diet lists are applied with the motivational manner, weight loss maintains.

They emphasized that online dieting is much more motivating than the classical diet, since 13 of the 15 of my interviewees have had a classic diet experience in their life. In particular, 5 interviewees shared their negative experiences while receiving a classical diet service and stated that these negative motivational approaches are not included in the online dieting. Contrary to traditional dieting, in online dieting even counselees who could not obey their diet list properly were motivated by their online dieticians to return to their diets instead of being punished with low calories or detox programs.

Counselees stated that while such motivational approaches are important for them in the weeks without weight loss, the approach in conversations with their dieticians on a daily basis is also very important. One counselee who is living in Adana and who has been doing online dieting for a year stated that: "When I sent my breakfast meal photo to my dietician even if all things in my plate is correct for the diet, she replied to me like good morning, the day has started off wonderfully, the day has started very well." In addition to the importance of such positive and motivational conversations in order to stay on the diet and reach the goal in the diet, such conversations and approaches increase the counselee's desire to communicate with the

dietician. This allows the person to stick to the diet by communicating with the dietician when the diet process is unsuccessful, the person feels bad, and cannot follow the diet. For this reason, giving this kind of motivational and psychological support is also part of an online dieting and it is very crucial part of how constant communication between dietician and counselee works. Thanks to the dietician's supportive and controller attitude, counselee wants to share all positive and negative situations about diet process. In this way, constant communication turns constant surveillance process which is desirable by counselees themselves.

Motivation theme is also an important theme for understanding communication process, surveillance relations, and characteristics of communication in online dieting. While describing this process, the counselees explained how the communication in a normal day was, and at the same time, they expressed how the dietician reacted when the diet could not be followed, and when cheat meals or meals were made.

	Document group C...	Total
Communication in online dieting		
Without pressure	9	9
Like Friend	9	9
Advantages of written communication/ spatial difference	7	7
Direct communication without mediator	6	6
Interest and sincerity	5	5
Advantages of sending photo	2	2
Be tough when necessary	1	1
SUM	39	39
N = Documents	15 (100,0%)	15 (100,0%)

Figure 9. Cross-table showing the characteristics of communication in online dieting according to counselees

Figure 9 shows that 9 out of 15 counselees stated that they maintain a friendly communication with their dietician and the dietician does not put any pressure on them in the diet process. Thanks to this kind of communication without any pressure counselees can say easily when they cannot obey their diet lists, or they ate cheat meals. Most counselees are motivated to return to the same diet list the next day and continue the diet, instead of detoxing by reducing the calories of the next day or exhibiting a punishing attitude when they go out of the diet. Counselee who live in

Adana and doing online dieting for one year: “I'm lucky in that regard, she is not that kind of dietitian who has strict rules, you know if we gained weight or ate more, you know what she says: it is fine, we'll fix it next week.”

In the previous sections, it was mentioned that online dieting is a surveillance relationship established between the dietician and the counselee. Thus, the power mechanisms are expected to exist in this relationship, as in every surveillance relationship. As stated by the counselees above, while the online dietician is in a powerful position and has the authority to get angry and punish when counselee does not obey the diet, dietician maintains an unpressured and motivating communication by not using their authority. Although this communication without pressure may seem far from the "control" and "surveillance mechanisms" by the counselees, it actually promotes the “state of being in a diet” all the time. Because counselees know the positive and unpressured attitude of the dietician, they can easily share every problem about their diet process and every time that they did not obey the diet list and after dietician’s supportive attitudes and motivating speech’s they can maintain their diet with a motivation. In this case, it causes the state of being on the diet to continue, which means that the surveillance relationships continue almost without any interruption. In other words, this friendly communication without pressure is not eliminating power mechanisms but only gives them a new form.

The other mostly emphasized theme which emphasized by 9 of the counselees is that they become friends with their online dietician. As one counselee who is living in İstanbul and having 9 months online dieting experiences puts that: "The reason why the online diet motivates me more is that I can access it whenever I want, so it's like talking to my friend about nourishment when I'm in trouble.” Another counselee who is 20 years old, defines her relationship with her online dietician as: "We are more like sisters now."

Three more themes are also gained related to friend-like communication themes. The first one is direct communication without mediator. 6 of the counselees directly emphasized importance of communication without mediator by giving reference from their classical diet experience. They emphasized that they could not directly communicate with dietician when they are making classical dieting. Instead, they can only access assistant of the dietician. In other words, counselees can directly

communicate with their online dietician without any mediator supports the friend-like communication between them.

The second one is using written language while they are communicating with each other. As it can be seen in the table above 7 of the counselees emphasized how written communication through WhatsApp support this friend-like communication. WhatsApp gives possibility to use gifs and emoji which support informal communication. Counselees also emphasize how are they and their dieticians use this kind of emoji and gifs which create informal friend-like communication. It is also emphasized by counselees that without writing any kind of messages they can easily understand each other through gifs and emojis on WhatsApp. This result is directly parallel to (Andreassen et al., 2006) study which is discussed in the literature section. The study was about the positive contributions of technology-mediated communication in healthcare services. As they discussed in the article patients can tell their problems more easily than before because of the lower threshold of the technology mediated communication. Thanks to this lower threshold, patients can use informal language during they are communicating with their doctor. Moreover, they suggested that technology creates "the new zone of reflection" (p. 241) that opens the possibility to a new context that patients have not only one possibility that reflects their concerns or problems in the office environment and verbally, instead they can reflect their problem as a written format. Emojis in the online dieting can be interpreted as a kind of "new zone of reflection" for both online dieticians and counselees.

The third one is interest and sincerity. While this theme can be considered as a feature that is directly related to friend-like communication and enables the formation of friend-like communication, it can also be considered as an important feature of the communication process between the online dietician and the counselee. In the scope of this theme, counselees emphasized how their online dietician is very interested not only in their diet process but in other processes in their daily life. One of my respondents mentioned how she would talk about her vacation plans or her new job with her dietician as an example. Thanks to this interaction between online dietician and counselee dietician is involved with the counselee's life and plans as a result sincere relationship facilitates the counselee to honestly share all the problems and negativities related to the diet process with the dietician. In addition, although the constant communication theme is emphasized mostly as the previous chapter, it should

not be forgotten that the constant communication theme is as important as these three themes in the formation of friend-like communication.

The answers given by dieticians to this question are also in line with those of the counselees. As it can be shown from the quote a close relationship between counselee and dietician is unique to online dieting because they are constantly communicating with each other without any break. Online dietician who is living in İstanbul and who has been an online dietician for five years:

> Of course they are mostly in your life, you see one day, but you don't see that person again for 15 days. You forget that person anyway, but s/he will come in front of you, you will open her/his file, you will look at it, you will say that's it. But here it is already written every day. So you have many ideas about that some counselees have changed jobs and some counselees even had a bad day. For this reason, that network is definitely better provided.

Thanks to the flexible and motivating character of the online dieting, the online dieting appears as a system that continues until success, compared to the classical diet. In the next section, the unique communication methods of the online diet (sending meal photos/reports) will be mentioned and the transformation of being on a diet into a continuous relationship will be discussed.

4.2.5.3 Continuity

All interviewees stated more than once in their interviews that constant communication is the most important factor in choosing an online dieting and this characteristic is the most important feature that distinguishes it from the classic diet. Although the constant communication theme is so important to understand the online dieting and surveillance relations, it will provide a more comprehensive analysis to see which themes stand out with this theme. Almost all counselee emphasized that the most important feature that ensures the continuity of constant communication is the meal photos and reporting. At least four times sending photos in a day means keeping in touch but on the other hand, this means constant control and surveillance. This leads to obeying the diet strictly. In other words, the counselee, who stays in constant communication with her dietician by sending a meal photo, actually stays on a diet all the time. This quote from counselee who is a university student and 1.5 month experience of online dieting summarizes how sending photo leads to constant surveillance and control:

> After that, you get responses like “you ate these, but pay attention to portion control, let's not eat this”. If you get an instant response, you have a chance not to eat it. Even if you don't get an immediate response, you don't make the same mistake twice, so if you're going to eat the same plate on the 2nd day, it prevents your 2nd day mistake. Oh, I shouldn't eat this, you say Ms. B warned me.

Although some dieticians I interviewed state that they give the same constant communication service to the counselee who is in classical diet, it is not so possible for all dieticians who see counselee at the office. Because usually they have a tight appointment schedule in their office. This means that after one counselee’s appointment ends, another counselee comes to the office. In this kind of schedule, it is not possible to answer all the messages constantly without a helping assistant. In other words, as counselees I interviewed emphasized constant communication is a unique characteristic of online dieting that leads to constant intervention to the disobedience to diet. Contrary to a classical diet in which the counselee sees the dietician at most once a week but generally every 10 days, if the counselee has not eaten a meal suitable for the diet or if there is a problem with the portions, they have the chance to fix it for the second meal immediately in online dieting. Although sending meal photos is the most important element that leads constant communication, counselees can some questions in regard to diet process mostly how to place some food into the diet when they desire to eat unhealthy food like hamburger or pizza. According to interview results they can ask those kinds of questions to their dietician when compared to traditional dieting. In other words, diet process requires some decisions and actions like eating correct portions, finding suitable meals to diet. In this process, counselees have some questions which should be important in terms of sustainability of diet. If those questions answered immediately by the dietician, this increases the success rate of diet because the counselee does not give any decision which affect badly to diet process. This also relates to constant communication with other three themes which are learning how to compensate, compensation chance and decreasing cheating possibility. Because of this constant communication counselee can ask immediately if they desire some food which is not located in their diet list and the dietician advise them how to consume that food without harming the diet process. It decreases the cheating possibility because counselees regularly share their meal photos with dieticians. Another situation is sometimes counselee’s daily life can happen

unexpectedly and they cannot find the exact meal which is written in their diet list. In this kind of situations, they can easily communicate with their online dietician and she come up with a solution to this situation. In other words, they are solution oriented, and they can create instant solution to counselee's problems.

Another counselee who is university student and having 1.5 months online diet experiences states that:

> It doesn't matter if you have a sudden sweet craving or if you're premenstrual. You can talk about it. For example, I want to eat cheesecake, when I says to Ms B I am in a bad mood, okay D., eat this much cheesecake, then let's cut your fruit and bread for the evening. Let's balance it like this, so it actually provides an instant balancing. It mostly teaches balance and nutrition at work.

Also, dieticians' answer to this question is parallel to counselees. One of the dieticians who has four years online dieting experience:

> For example, if there was a disruption in any of her programs or she went somewhere, she had a different program, she says "my program was like this, but here I am, how can I change it now, what can I do", so I update her program accordingly, or if she needs to change it the next day, I provide necessary changes.

As it is emphasized in those quotations above constant communication creates alternatives to the counselee. Also, thanks to this constant communication counselee learns how to eat desired food or meals that don't locate in the diet list without harms diet process. Then, this is directly learned to them how to compensate cheat meal. Although it can be interpreted that online dieting presents to counselee more alternatives and give counselee flexibility, in other words, it can be interpreted as the online dieting system desire to make the diet constant with staying constantly in communication. These alternatives and flexibility ensure that the counselee stays on the diet and the dietician follows each meal of the counselee and makes non-diet meals suitable for the diet.

Since this state of being on a constant diet also brings about being under surveillance, it shows once again how appropriate it is to examine this relationship with the concept of "prosthetic surveillance" Rich and Miah (2009). Although it is used by Rich and Miah to understand a new way of social activity and new sport activity which is Wii Fit, my research results show that it is valuable for analyzing

online dieting which can be seen as a new way of diet in the cyberspace. Rich and Miah (2009) provided that ‘prosthetic surveillance’ emphasizes the authenticity of an individual’s body since users set the application according to their routines, habits, and body sizes. In other words, individuals need to introduce themselves to the application. It is very same in the online dieting because all counselees have authentic bodies and different needs, and they should explain their routines and habits to dieticians in order to get a suitable diet list.

As it is explained in the literature section it is not easy to trick Wii Fit’s surveillance mechanism. This situation is also valid for the online dieting. Because the online dietician and counselee is in the constant communication it is harder to cheat especially if it is compared with the classical diet. Even if counselee ate a cheat meal, the dietician immediately told them how to compensate for this cheat meal with other meals. Thus, it can be easily said that by keeping constant communication in online dieting composed of constant surveillance mechanisms that is not easy to mislead. Also, this kind of constant surveillance mechanism is the reason why most people prefer online dieting instead of a classical one. In other words, constant communication leads to less cheating and because of this relationship between constant communication and cheating, constant communication leads to more surveillance which works smoothly. Also, it should not be forgotten that counselees' need and preference for surveillance relationships in order to continue the diet process attributes positive and supportive meaning to the surveillance.

When the online dietician’s responsibilities are analyzed, how their responsibilities in diet process is directly aims continuity is other important analysis result.

	Document group Counselees
Responsibilities in online dieting	
Dietician's	
Accessibility	13
Writing a personalized diet list	10
Motivate to counselee	9
To guide/teach	8
(Weight) tracking/recording	8
What do you want this week?	5
Revising the list as needed	5
Period tracking	1
Establishing a warm relationship with the counselee	1
Content production	1
"Without intimidation, but also with discipline"	1
N = Documents	15 (100,0%)

Figure 10. Cross-table showing the online dietician's responsibilities according to counselees

While mentioning the responsibilities of online dieting, the counselees stated that the duties and responsibilities of the online dietician were more than the classical dieticians, although I did not lead any question about this topic them directly. The first reason why they found online dieticians' duties more than classical dieticians is accessible feature of online dieticians. According to Figure 10, although 13 counselees directly mentioned accessibility issues, all the 15 counselees desire to access their dieticians whenever they want. According to them, this is the major reason why they chose online dieting and at the very beginning online dieting promise this accessibility. Thus, they request immediate feedback on their meal photos or meal reporting. Besides this meal control, they want to access their dieticians when they ask questions about the diet process. As it can be stated above from one counselee they want to access whenever they need. This need can be feedback for meal photos or reports, can be anything about a specific food or sometimes when counselees lost their motivation and want some support. Then, it can be easily said that the reason why they want to access dieticians can vary from time to time.

Apart from accessibility, creating a diet program that is suitable for the person's disease history, nutritional habits, in short, their lifestyle is the second most emphasized theme regarding the responsibility of the dietician.

In the previous sections, it was stated that the counselees who applied to the online dieting had different diet and disease histories. In this context, it was mentioned that a detailed anamnesis form was filled out in order to learn counselee's diet and disease history, habits and lifestyle of the counselee. Since this form includes the foods that the counselees likes and dislikes, how many meals a day they eat, what kind of work pace they work in, the expectation of the counselee is to prepare a diet list not only according to the history of the disease, but also according to lifestyle and routines. Due to the fact that the diet list is prepared in accordance with the counselee's lifestyle and routine then, the diet can be continued comfortably for the counselee as it is no different from the routines that are constantly in their life.

A good example of this expectation from one of the counselees who work as a civil servant and have to eat lunch at her office: "I am working, for example, even while giving the list, she asks whether these foods she suggested are available in my workplace or not." Teaching the counselee about a healthy and balanced diet, motivating the counselee to reach the goal, and keeping track of the counselee's weight and measurement information are among the responsibilities counselees expect from their online dieticians. Although these three themes were not very unexpected themes as they were the themes that counselees frequently mentioned when defining the online dieting and explaining the reasons for choosing online dieting, it is an unprecedented theme that five counselees expect them to ask the question "What do you want this week?" as the responsibility of the dietician.

With this question, actually dietician asks, "Is there a food that you cannot consume because you are on a diet, but you want to consume?" Asking this kind of question interpreted from counselees side that the online dieting is free from pressure and the online dieting lists are very flexible. However, from the surveillance perspective, this question is actually a question that enhances surveillance relationships between counselee and dietician because asking this kind of question supports the counselee to maintain the state of being on a diet all the time. Because if a dietician adds a specific meal that the counselee wants to consume into diet list, for example, hamburger, the dietician revises the days and week's meals for compensating

calories of hamburger like not include any carbohydrates for upcoming two days, or dietician can give extra physical activity to burn the hamburger to not affect badly losing weight processes of counselee. On the other hand, the fact that the counselee can integrate desired foods or meals to their diet without ignoring what they want, also ensures that the state of being on a diet continues for a long time. In other words, knowing what is desired from the counselee and adding this desired meal/food to the diet list in a controlled manner prevent cheat meals in the diet process. As one of the counselees who is living Ankara and having 5 months online dieting experiences emphasized the importance of consuming desired food in the diet in terms of success of diet process: "I think the needs of the counselee should be taken into account because it explodes at a point when you persistently don't eat what you crave." Revising the diet list when the counselee wants is the other mostly emphasized theme that five counselees over 15 are mentioned. This theme is also directly related to writing a personalized diet list. Although online dieticians write diet list according to counselee's health condition and lifestyle, counselees' plan, and routines can change suddenly. In this situation, instead of not obeying diet list counselees explain their situations and online dieticians can revise list accordingly. Work and family travels are the major examples that counselees need revision for their diet lists.

Half of the counselees mentioned the guiding and teaching responsibilities of an online dietician. They stated that one of the reasons for making online dieting is to learn how to follow a healthy diet in a sustainable way. Furthermore, counselees emphasized that instead of giving generalized information about a sustainable healthy diet, online dieticians should give advice considering their individualized medical record, their lifestyle, and habits. In other words, they expect them to be their "educators" (Lutfey, 2005).

When the same topic which is responsibilities and duties of online dietician in online dieting discussed with the online dieticians all dieticians have a common idea that online dietician is responsible for guiding and teaching their counselee to learn them sustainable healthy diet. All of them emphasized rather than focusing on a specific process such as weight gain or loss, they aim to help counselees acquire a healthy eating habit that they can maintain throughout their lives. One of the dieticians who is living in Bursa and giving online dieting service for 1.5 years out of 4 years of her carrier puts that:

> In other words, instead of a forbidden or restrictive diet, I can say how nutrition should be, that is, how we should eat throughout human life, I give a little nutrition education. That's why my sessions take so long, maybe that's why.

Themes acquired from online dieticians' interviews about duties and responsibilities of online dietician is almost parallel to counselees' answer. However, different than counselees one dietician emphasizes the necessity of attending online meetings according to planned time and another online dietician is mentioned online dieticians should have information about the cuisine and packaged food when giving consultancy services for one who live in abroad.

4.2.6 Trust as a Ground

In the previous sections, flexible, motivational, and continuous features of the online dieting were mentioned. However, the results of the analysis show that the most important reason behind the steady continuation of these three characteristics is the trust relationship that is formed/developing between the online dietician and the counselee. For this reason, a trust relationship between them can be interpreted as a facilitating ground which formed online dieting relations as a surveillance relation and at the same time it gives the possibility to conceptualize types of proximity and its important characteristics in the online dieting.

In the literature review section, Malone's three types of proximity (2003) (physical, narrative and moral) based on face-to-face nurse-patient relationship is mentioned. Because face-to-face communication is not suitable for the tele-health care services nature, Oudshoorn contributes "digital proximity" (2009) concept to understand the relationship between health professionals and patients in the context of tele-medicine. If the characteristics that digital proximity constitutes on revisited, the important characteristics were daily monitoring, psycho-social care through video and control and advice. All characteristics are fit with the online dieting system. Then, it can be easily said that online dieting is a system based on more daily surveillance of counselees put online dieticians into a surveillant position in this relationship. The other important characteristic of digital proximity discussed in the literature section was "active listening". It is also an important theme for this study. When the question asked for counselees: "Can we mention trust relationship between the online dietician

and you?" all 15 of the interviewees immediately answered as "Yes, of course." After this question: "How this trust relation is formed between you?" is directed. Although the emphasized topic together with active listening can be changed, when the answers given by the counselees were analysed, the active listening theme emerged as a common theme. Together with active listening, motivational speech made by online dieticians and relation which is not based on pressure instead flexibility and understanding between dietician and counselee are mostly emphasized topics. The motivational feature of the online dieting has previously appeared among the distinctive features of the online dieting.

	Document group Counselees	Total
Trust Relationship		
Motivation	9	9
Flexibility/ no pressure	8	8
Loosing weight in the process	7	7
Being available/ Open to communication	5	5
Being explanatory in the diet process	4	4
Profile on social media	4	4
Always getting a reply	3	3
Writing a personalized diet list	3	3
Suggesting new recipes	1	1
Not sharing without permission	1	1
Requesting detailed anamnesis form	1	1
Feeling that dietician love your job	1	1
Be realistic	1	1
SUM	48	48
N = Documents/Speaker	15 (100,0%)	15 (100,0%)

Figure 11. Cross-table showing how trust is established between online dieticians and counselees according to counselees

According to the results of the analysis (Figure 11), the motivational feature of the online dieting distinguishes it from the classical diet, and it is also a very important factor for the formation of a trust relationship between the counselee and the dietician. Pressure-free communication was also a prominent theme previously used by counselees to describe the characteristics of the communication process with their online dietician. According to the analysis results, the communication process of

online dieting, which is not based on pressure, is an important factor in the trust relationship established between the counselee and the dietician. This quote below from one counselee living İzmir and having one year of online dieting experience is very suitable how motivation and communication without pressure themes are significant to forming trust relationship between online dietician and counselee:

> (…) her stance, her motivation, the communication with her, trust… So all of these are actually effective. Motivating me, getting results, attitude, supporting me when I can't. When I do it, I think it's very nice to say "Oh look, you're great", I can get the result, all of these are effective in establishing a relationship of trust.

Another factor in establishing a trust relationship is, 7 counselees out of 15 is mentioned, that the counselee realizes that they lose weight by following the dietician's diet lists and recommendations during the process. In this process, the importance of losing weight is as important as the fact that the weight loss process takes place without being coercive. While talking about the advantages of online dieting in the previous chapters, as many counselees emphasized, the online dieting does not consist of strict diet lists that include starvation or very low-calorie diets. For this reason, it is the basis of the trust relationship that the counselees see that they can lose weight in the process without being hungry and exposed to many restrictions. The quotation below clearly shows how losing weight with sustainable diet lists is important in the formation of trust relationship between online dieticians and counselees

The dietician's open communication and being accessible at any time is another important factor that creates the element of trust between online dietician and counselee. This result is parallel to Andreassen et al. (2006) study results emphasized that because time and space limitations disappear with the e-mediated technologies, doctor and patient relationship in this context is more emancipatory than before. Scholars explain an emancipatory relationship between doctor and patients as positive side of e-mediated communication, in this study it can be easily interpreted that this emancipatory communication between them is one of the important characteristics of communication that constitutes a trust relationship.

Counselees emphasized that although being in a constant communication with the dietician throughout the day and being able to reach a dietician easily with one click is very important in terms of the formation of a trust relationship. The

accessibility of online dietician is more critical for trust relationship, especially the times when counselee lost their motivation. One quotation from a counselee who is living in Hatay and doing online diet for 5 months and in the weight-maintenance period emphasizes:

> (…) Because there is always someone there. There's always someone there when I reach out. I could move with the confidence she gave me. Even now, even though I'm in the protection period, she can answer all of my questions, even if I break the diet rules and cheat or I start to gain weight somehow, the presence of someone there gives me confidence and gives me peace. She looks like a protector there.

As the counselee emphasized above, one of the most important factors that fosters the feeling of trust is that the dietician is always present and available. One of the most important reasons why the dietician seems to be a "protector" is that even though the desired weight is achieved, the "risk" of gaining weight continues in the eyes of the counselee. In the realization of this risk which is gaining weight, the presence and availability of the dietician caused the counselee to define the dietician as a "protector". It is a very important definition in terms of understanding how surveillance relations are composed of power relations between dietician and counselee.

Seeing this power relationship is also important to grasp how this surveillance relationship between the dietician and the counselee starts. Because the reason why most counselee receive online dieting services is that they see that they cannot be successful in the process of losing weight or in general pursuing healthy diet alone. The biggest reason why counselees on online dieting do not feel the state of being "alone" is that losing weight in online dieting has turned into a relationship. This relationship is also a surveillance relationship. In other words, in an online dieting relationship, the dietician is the person responsible for applying surveillance mechanisms in order to make a person who has failed before succeeding. The following quotes from three different counselee explain this very well: “Since I am overweight and could not achieve this on my own, I reached out to Ms. E at the end of one year of telling myself I should start from somewhere.”, “Someone needs to motivate me. This is how I started. The state of not being able to motivate myself.”, “That's why I couldn't lose weight as an individual, but I needed someone because

losing weight is a bit of a thing anyway... Everyone knows but no one can do it, it's kind of like that, frankly. Just like that."

As can be seen from the examples above, counselees prefer to start online dieting as a result of the need for surveillance during the weight loss process. Besides, analysis results shows that counselees could not lose weight alone without any surveillance but also, they do not prefer dietician which they meet very frequently like traditional dieting. Therefore, this relationship brings with it power relationships, surveillance relationships and, accordingly, trust relationships although this surveillance is voluntarily surveillance which is desired by counselee.

And after this understanding, it can be said that this trust relationship gets stronger when the desired weight is reached in the process.

Being explanatory in the diet process is another theme emphasized by 4 counselees out of 15. It was stated that instead of just writing a diet list and imposing certain rules/prohibitions, explaining the rules based on rational realities to the counselees is also critical in terms of trust. In other words, dietician's explanations in the diet process is very important for formation of trust toward the dietician. For instance, one counselee who is living in İstanbul and having 9 months online dieting experience gave an example of the dietician patiently explaining the nutritional value and portions of cheese from the very beginning, in response to her question about cheese portions, even though it has been 9 months since she started the diet.

The importance of social media in online dieting has emphasized in the supplementary analysis section. Although this importance was emphasized in different points in the interviews, 4 counselee interviewees directly emphasized the importance of social media in the context of the relationship of trust. One of the counselees who is university students and online dieting for 2 months with the Instagram giveaway emphasized that after she won the giveaway, she did not start the online dieting immediately. Instead, she scrutinized online dietician's Instagram pages content. After her attitude and her posts are reliable in terms of counselee, then she decided to start. Even she will not pay any money to get an online dieting service, after she won the giveaway, she made a search about dietician. In this searching process one of the important resources to get information about dietician is dietician's Instagram page. According to counselees, Instagram pages clearly shows the online dietician's attitude toward diet process. This attitude which can be understood from Instagram stories,

type of posts that they shared on their pages is decisive for counselees to make their last decision about from which online dietician they are getting diet service. Because all online dietician has Instagram pages, a potential counselee can compare those pages in terms of content, attitude of dietician when they are in the decision-making period. In the previous sections, it is explained in detail, what kind of attitude counselees prefer and what kind of attitudes and Instagram posts they do not prefer and like but now it is important to emphasize that, contrary to classical diet, Instagram pages are interpreted from counselees that it is a reflection of online dietician attitudes toward diet and reflection type of diet list that they supposed to write.

The next theme emphasized by counselees which is "always getting a reply" can be evaluated under the availability and open to communication themes. It was stated by three counselees that knowing that the dietician will respond to the counselee as soon as possible, even if they receive a late response from the dietician in some cases, is positive in terms of trust.

Writing a personalized diet list theme is also shows up with related to active listening theme. By looking at the diet list written by the dietician, 3 counselees stated that they saw how well the dietician listened to them during the sessions and wrote a diet list in accordance with her (allergies, diseases, lifestyle, pace, foods he liked/dislike), and this was very important for them to trust the dietician. Thus, writing a personalized diet list is an important sign for active listening (Oudshoorn, 2009).

Another theme which is emphasized by only one counselee is "not sharing anything on Instagram page without permission" of counselee. The supplementary analysis show that online dieticians share successful results of their counselees in either the form of before-after photographs or weight line graphs. Sometimes they can share their screenshot of WhatsApp conversations with counselees to show their attitude toward the diet or type of communication that they maintain with their counselees. Moreover, one counselee who is living İstanbul and university students and having 1.5 months online dieting experience emphasized the importance of requesting permission when they want to share something about the counselee is important in terms of her forming trust relation.

When the forming trust relations is discussed with the online dieticians, they also emphasized the themes emphasized by the counselees. Differently, 3 out of 5 online dieticians emphasized that if counselees understand that dietician is well-

equipped, their reliability increases. As a way of demonstrating being well-equipped, giving references from scientific articles is important when explaining some of the things in the diet process to the counselee. One of the dieticians who is living in Ankara and giving online dieting service for 1.5 years out of her 3 years dietician experience emphasizes:

> Again, by speaking from FaceTime, that is, I do not hesitate to answer questions. I always base it on scientific articles. In other words, I don't say whether you should eat bread or shouldn't eat it, you should eat, yes, because it contains soluble pulp and I always approach it descriptively as if it is tempting to manage this hunger and fullness process. Therefore, when the person feels that she is equipped, a sense of trust develops.

One of the dieticians who is living Hatay and giving only online dieting services out of her 7 years dietitian carrier emphasized how the dietician's trust toward the counselee is also important because trust relationship is a two-way relationship. This dietician stated that the biggest reason for the dietician's loss of trust in counselee is pretending to follow the diet even though the diet was not followed during the weeks when weight could not be lost.

CHAPTER 5

CONCLUSION

5.1 Summary of the Thesis

This thesis starts with the premise of online dieting is relatively a new phenomenon that is composed of surveillance relations and mechanisms peculiar to it which is noteworthy to look at with a sociological lens. Based on this, the main research question of the thesis is: “How does surveillance work in the processes of online dieting and especially in the relationship between the online dietician and counselee?” For these purposes, three sub-questions are asked in this thesis. The first one is: “What are the unique surveillance mechanisms and relations in online dieting? Which aspects differ from the traditional diet?”, the second one is “Why do people prefer online dieting instead of the traditional one?” The first and second question is asked to grasp particular characteristics of online dieting that make it preferable and to understand the characteristics of surveillance in it. In other words, the first two questions were to seek the answer of ‘what brand is new in terms of surveillance if we compare it with the classical diet?’ The third sub-question of the thesis is: How does online dieting work in line with prosthetic surveillance? This sub-question shows similarities between the prosthetic surveillance concept which Rich and Miah attribute, based on the Wii-Fit console game. Thus, the aim of this sub-question is to open those similarities that it is mentioned in the literature review section and find other characteristics (if it is available) that are not only understood with prosthetic surveillance. In other words, in which point prosthetic surveillance elucidates surveillance mechanisms in online dieting is searched.

5.2 Analytical Remarks

Considering the questions that the thesis aims to answer, the results obtained from the thesis, and which can be considered as a contribution to the literature are as follows.

Firstly, online dieting is defined as a relationship between online dieticians and their counselees, and this relation is based on surveillance. Because online dieting is a relationship itself, surveillance in it is also an active process and it maintains as long as the online dietician and counselee's relation maintains. This surveillance relation between an online dietician and counselee is a complex one since it includes not only one type of surveillance, but it includes three types of surveillance which are pre-modern, modern and post-modern. Hence, online dieting composes of intersectional surveillance.

Second, although making an operational and systematic definition to define all online dieting which is made by different dieticians is not possible, the analysis results reveal that there are prominent common characteristics that are suitable for an online dieting system. The first characteristic is the crucial role Instagram plays. Almost all counselees find and decide on their online dietician through Instagram because as one counselee stated "Instagram can be interpreted as a store" for online dieting that makes an online dietician's success visible. Other than that, most of the counselees who buy a service from an online dietician are female and, in most cases, their main aim is losing weight. Although the results emphasize that with an online dieting number of male counselees increases, the female counselee number is proportionally still high compared to male counselees. Furthermore, even though most of the counselees who buy online services know how to maintain a balanced or healthy diet since they have a long diet history, they do not have the necessary motivation and discipline to organize their diet. They need a person who controls and keeps an eye on them regularly.

Third, as with other online services, the Covid-19 pandemic has dramatically increased the number of counselees who want to make an online dieting. For this reason, it can be easily said that the visibility and familiarness of online dieting have increased during the Covid-19 pandemic.

Fourth, the communication between online dietician and counselee which facilitate surveillance relation between them have some common characteristics. Although some of them are well-known characteristics of telemedicine like the flexibility of time and space are mentioned in literature sections, other points are remarkable for the coming field, not the literature itself. The first characteristic is flexibility. Online dieting is based on flexibility in terms of time, place, and diet lists. Because of those flexibilities, counselee defines the online dieting system as comfortable and easy. However, when this situation is interpreted from a surveillance perspective, those kinds of flexibility encourage pursuing dieting all the time without any interruption which harms the losing weight process. Moreover, this kind of flexibility gave a lot of responsibilities to counselees. This is because, in online dieting, counselees are the agents who purposefully maintain self-surveillance and self-assessment. Therefore, in addition to surveillance relations between online dieticians and counselees, counselees turn into agents who are applying themselves self-surveillance during the diet process to maintain their diets. If they do not apply this self-surveillance to themselves and do not communicate with their online dietician about their meal photos, daily reports of their meal or weight, the relationship between them will be interrupted. This will be followed by an interruption to their diet process which means that the diet process is interrupted. The second characteristic is motivation and psychological support. The diet process requires persistence and determination. This kind of determination and persistence that counselees need is only possible with acquiring the necessary psychological support from their online dietician. The resource of this motivation and psychological support comes from constant communication between online dieticians and counselees. Being in constant communication is very important for counselees to not lose their motivation but besides constant communication, characteristics of this communication are very critical for the motivation of the counselees. The major important characteristics that counselees emphasized are communication without any pressure, like communication with friends, and the advantages of written communication which provides a possibility of informal language by using emojis, gifs, etc. Thanks to this kind of communication, counselees can easily share their cheat meals or motivational loss so their online dieticians can intervene immediately. Although it seems very far away from power relations and pressure, this kind of friend-like communication without

pressure gives intervention power to online dieticians and it prevents interruptions in the diet process. This also brings us to the third characteristic, which is continuity. The other two themes, flexibility and motivation and psychological support are directly linked to continuity. Constant communication is a resource for motivation. Likewise, it is the primary factor to ensure continuity but at the same time, online dieting requires sending meal photo, or meal reports to the dietician. This kind of photo or report sent by the counselee after every meal ensures the continuity of diet. Besides, it gives a chance to the dietician to change the portion, or any mistake made by the counselee. For this reason, sending a meal photo or sharing a daily report of the meals enables counselee to compensate for their mistakes that might be harmful to their diet process otherwise. Meanwhile, all the time counselee is responsible for sending their meal photo since it automatically decreases the cheating possibility of the counselee. Besides the counselee's responsibilities, online dieticians have some responsibilities to maintain continuity as well. They are responsible for being accessible all the time, writing a personalized diet list for each counselee by considering their lifestyle, work and family routine, including desired meal or food in the diet list balancing with other days or meals and teaching how to maintain their weight. Teaching balancing nutrition and how to control meals portion give the possibility to counselee to control their weight after the online dieting period ends.

Fifth, the trust relationship between online dieticians and counselee, on the other hand, provides a contextual facility to the factors mentioned above as the three elements of the surveillance relationship. It is an important element that makes surveillance relations possible and successful for the online dieting system. It also gives legitimacy to all surveillance relations and procedures between online dieticians and counselees which make surveillance between online dietician and counselee voluntarily. When the elements of the trust are revisited, it is parallel to literature that active listening (Oudshoorn, 2009) is an important element for forming a trust relationship. Showing that losing weight when the diet lists are applied, open and pressure-free communication between the online dietician and counselee and being accessible of the online dietician when counselee needs are also very important elements of a trust relationship. Counselees thrust their dieticians and this trust relationship turns into a strong foundation that makes all surveillance procedures/steps and activities possible, and they can be continued voluntarily without interruption and

without a doubt. As a result, the relationship between dietician and counselee is more emancipatory (Andreassen et al, 2006) than before.

Lastly, as is discussed in the literature section, Prosthetic surveillance (Rich and Miah, 2009) is a crucial starting point and concept to conceptualize and operationalize online dieting and surveillance relations in it. As emphasized before prosthetic surveillance is a concept that is formed based on surveillance in Nintendo Wii Fit software. However, online dieting is composed of two actors which are the online dietician and counselee, in other words, the dynamics of surveillance depend on these two human beings, and they add new elements to it. First of all, because there are two human beings in this surveillance relationship, there is a degree of proximity formed between them even if they do not see each other face-to-face. At this point, Oudshoorn's (2009) digital proximity concept is a necessary concept to understand this proximity. Besides this proximity, analysis shows that they also establish trust. This trust relationship is a significant part of online dieting because it contributes its distinctive characteristics: flexibility, motivation and psychological support, and continuity. Thus, the conceptualization of prosthetic surveillance which is "a concept based on digital proximity and thrust mediated through telemedicine" is still valid and substantial for this thesis when the analysis results are revisited. Although prosthetic surveillance is a strategic concept to understand online dieting, there are also different kinds of distinctive aspects of it because this relationship includes two different actors who are online dieticians and counselees. In fact, without considering proximity and trust which provides specific surveillance characteristics in this relationship, one cannot possibly grasp the relation between an online dietician and counselee from the sociology of surveillance perspective. Besides, the prosthetic surveillance concept in Nintendo Wii Fit is based on the "absence" of the real body in cyberspace. However, in online dieting, this need for prosthetic surveillance comes from the "absence" of the motivation and discipline of counselee who need some surveil to pursue a diet.

5.3 Contributions of the Study

As it is pointed out in the methodology chapter, online dieting is difficult to contextualize and operationalize because defining online dieting as a part of telemedicine is not very easy in Turkey even if dietetics is a part of medicine.

Considering the inadequate literature about it, it is evident that the concept of telemedicine is not commonly used in medicine as it is in the USA and Europe context. Although telemedicine is used for Covid-19 treatment, it is still not widespread when other health services are taken into account. Thus, making in-depth interviews with online dieticians and counselees and using Instagram as a supplementary research tool gave me a chance to collect necessary empirical evidence to conceptualize online dieting as one of the telemedicine services is one of the important contributions of this thesis.

Second, as per my comprehensive research, online dieting has not been studied in the line of sociology of surveillance. Thus, this thesis results shed light upon understanding surveillance in online dieting. In other words, this study reveals that surveillance is not a phenomenon in online dieting per se, but it changes how online dieting is formed at the very beginning. In other words, surveillance in online dieting shapes the form of diet and turns the diet into a relation between online dieticians and counselee. Defining this relatively new phenomenon in the light of surveillance is one of the important empirical contributions of the thesis. Besides, in the online dieting social relation between online dieticians and counselees show up as surveillance relations. This is also good evidence of how already settled and current social relations in the society can be composed of surveillance relations and mechanisms when the social relations are studied from sociology of surveillance perspective. In other words, this study is a good example of how surveillance is an important tool to understand already settled relations or relatively new phenomena in society.

Third, this study shows the current link between online dieting and the Covid-19 pandemic. As is mentioned in the analysis section, although online dieting did not show up with the pandemic, its popularity and familiarity dramatically increased with the pandemic. Revealing this close relationship between them by studying this topic during the most intense periods of Covid-19 is also one of the other empirical contributions of this study.

Demonstrating and conceptualizing the operation of surveillance in online dieting is intersectional based on the field and can be also interpreted as both empirical and theoretical contributions to this study in terms of supporting the idea that more than one type of surveillance can occur together. In other words, phenomenon such as online dieting which occur in cyberspace can still be composed of some surveillance

relations and characteristics which is classified as pre-modern, modern and post-modern. Besides this, surveillance in online dieting did not only conceptualize with concepts coming from literature but in this thesis theoretical description of surveillance in online dieting based on empirical results is made which is "flexible, supportive and continuous surveillance based on constant communication and trust relationship." This kind of definition comes from the field, can be interpreted as both empirical and theoretical contributions to further studies.

Another contribution that can be interpreted as a theoretical contribution to the literature is studying online dieting in line with the prosthetic surveillance concept. In this thesis prosthetic surveillance concept is reformulated as "a concept based on digital proximity and trust mediated through telemedicine" and it is used as a tool for studying surveillance and online dieting together which has not been studied before. In other words, this study broadened the meaning and understanding of the concept of prosthetic surveillance.

Besides, using the prosthetic surveillance concept in a different context, which is online dieting gave chance to make a bridge between field and theory. Thus, this can be evaluated important methodological contribution.

Before combining online dieting and surveillance themes, this thesis firstly aims to try to understand the online dieting phenomena, the subject of this study with Instagram analysis. Although this Instagram research is not big-scale research but a supplementary one, it is significant for comprehending the systematic characteristics of online dieting. This enables me to find out the online dieting system based on an online dietician's Instagram page content. After I gained some inside knowledge based on this analysis, I also enhanced my information level by asking questions during the interview process about Instagram. This supplementary study also gives me the opportunity to understand the prominent role Instagram plays in online dieting and it also enables me to add questions about Instagram when the in-depth interview is prepared. Supporting the main method with the supplementary Instagram analysis may guide other researchers in terms of understanding the importance of Instagram. In other words, Instagram can be important starting point for further researchers while they are studying online dieting with the disciplines of the social sciences.

5.4 Future Directions

Without a doubt, this research has some limitations that can be filled with further studies. Firstly, although telemedicine is a widely used system in USA and Europe to give health services to the patients even for cardiovascular disease, in Turkey even telemedicine services increased due to the Covid-19 pandemic, it is not a very common system for giving health services. Although there is the Turkish Telemedicine System (TUMEDSIS) whose "aim is to establish a remote medical information management system using the Internet and World Wide Web (WWW) for interactive medical information change to help remote diagnosis and remote learning" (Egeli et al, 2016, p.3). It is more related to recording a patient's health history and current situation. Also, it enables health professionals can see the record and make information exchange or give/take consultations via using the system. Although the purpose of its establishment is to provide a health system to people who cannot access the health system through this platform, it is mostly used to facilitate communication between doctors and to keep patient records. For this reason, I conceptualized online dieting as an example of telemedicine-based on the USA and Europe literature and telemedicine practices, since there was no widespread telemedicine system used to provide healthcare in Turkey expect the Covid-19 pandemic. On the one hand, this thesis would be a prominent contribution to the literature since it defines online dieting as a kind of telemedicine services. However, inadequate literature about empirical telemedicine applications appears to be a constrain for this study in terms of the enrichment of the literature review. I could not benefit from any previous resource that study surveillance and online dieting together in Turkey under the telemedicine concept.

Secondly, as I mentioned from the beginning of the study, Instagram is a huge and most important part of online dieting. Although I did a supplementary Instagram analysis as I did not want to neglect this important component, a larger study could have been done if I haven't had any time and scope limitations. Another study also inspired me to conduct research based on Instagram to understand the online dieting phenomenon with other focus instead of surveillance.

Thirdly, as I mentioned in the methodology part, although with online dieting the number of male online dieticians and counselees is increased, they are still very

few if their number is compared to female ones. This is the reason why my all respondents including online dieticians and counselees are female. On one side this is a limitation, but the low number of male counselees and dieticians also indicates that online dieting has a gender aspect as in traditional diet literature. However, because of my main topic of research questions and the limitations of the master thesis, in general, I could not dwell on this topic but still, it is a well-known phenomenon that all kind of body-related topic has an inseparable gender aspect. This gendered aspect is still relevant for online dieting, for this reason, the gender aspect of online dieting is a valuable topic for further research. In other words, "what other factors are at play with regard to already gendered aspects of the diet with online dieting?" is an important question worthy of further study. Furthermore, because my all respondents are female, throughout my research, my main concern is limited to the interaction between female counselee with solely female dieticians. So, my belief is that revisiting my research question and this time focusing on the dynamics between male online dieticians and female counselee or female online dieticians and male counselee would offer to valuable insides into the dynamics at surveillance between two parties.

The fourth one is negative work conditions that is emphasized by one online dietician which is stated in the analysis part. Because of the limitations of the master thesis, in the analysis section, I generally shared characteristics that were interpreted as advantages of online dieting by online dieticians and counselees. In addition to its advantages, I asked both the counselees and online dietitians whether there is anything you can count as a negative feature but because the answers they gave did not really relate to my research question, I could not dwell upon it. I am aware of the fact that if this constant communication of online dieting is studied from the sociology of work perspective, there will be a lot of important inputs in terms of understanding online dietician work conditions through a sociological lens. Although the research question of this thesis is not very relevant in terms of the dwelling on negative characteristics of online dieting in terms of work conditions of dieticians, I think that desire to access a dietitian 7/24 is a very valuable subject to study within the framework of sociology of work in terms of losing work and leisure time.

Lastly, when the negative characteristic of online dieting is discussed with counselees there is one counselee who emphasizes that although online dieting is valuable in terms of sustainability of the diet, the relationship between an online

dietician and counselee is not a very social process as it is in the face-to-face diet meetings. In other words, she emphasizes that not seeing the dietician face-to-face changes the characteristics of social relationships and social is transformed in this relationship. Although in this thesis I handled online dieting as a social relationship and I studied this new social relations in the sociology of surveillance perspective, the effects of how this transformed, technology-mediated social relationship affects both online dietician and counselee will be an important topic to study for further research.

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APPENDICES

APPENDIX A. APPROVAL OF THE METU HUMAN SUBJECTS ETHICS COMMITTEE

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER

ORTA DOĞU TEKNİK ÜNİVERSİTESİ
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21 Ocak 2020

Konu: Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi: İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Çağatay TOPAL

Danışmanlığını yaptığınız **Mediha Dilara CILIZOĞLU'nun "Tıbbileşen Siber Alanda Bedensel Gözetim: Online Diyet Olgusu"** başlıklı araştırması İnsan Araştırmaları Etik Kurulu tarafından uygun görülmüş ve **026-ODTU-2020** protokol numarası ile onaylanmıştır.

Saygılarımızla bilgilerinize sunarız.

Prof.Dr. Mine MISIRLISOY
Başkan

Prof. Dr. Tolga CAN
Üye

Doç.Dr. Pınar KAYGAN
Üye

Dr. Öğr. Üyesi Ali Emre TURGUT
Üye

Dr. Öğr. Üyesi Şerife SEVİNÇ
Üye

Dr. Öğr. Üyesi Müge GÜNDÜZ
Üye

Dr. Öğr. Üyesi Süreyya Özcan KABASAKAL
Üye

APPENDIX B. EXAMPLE OF ANAMNESIS FORM

Hadi birbirimizi daha yakından tanıyalım! 😉

Aşağıdaki formu bilgisayar ya da telefonunuzda word/pages/google dökümanlar uygulaması ile doldurmanız gerekmektedir. Bu yöntemler çalışmazsa çıktı alıp doldurduktan sonra fotoğrafını bana iletmenizi rica ederim 🙏🌸

Adı Soyadı:
Doğum Tarihi:
Cinsiyet:
Meslek:
Medeni Durum:
E-mail:
Cep Tel:
Adres:

Boy (cm):	**Kilo (kg):**	**Bel/Kalça Çevresi(cm):**	**Hedefimiz:**
⬇️	⬇️	⬇️	⬇️
( )	( )	( )	( )

Diyet Öyküsü ve Doğru Beslenme Alışkanlıklarına Bakacak Olursak;	
Sağlıklı yaşam programına başlama amacınız nedir?	
Daha önce hiç rejim yaptınız mı? Bu konuda profesyonel destek aldınız mı?	
Kaç defa diyet denemesinde bulundunuz? Hangilerini denediniz? Hangileri size iyi hissettirdi?	

Kendinizi en iyi hissettiğiniz ağırlık nedir? En son ne zaman bu kilodaydınız?	
Son zamanlarda ağırlığınız artmış/azalmış ise sizce bunun sebebi nedir?	
Herhangi bir besine alerjiniz var mı?	
Asla yemem dediğiniz yiyecekler?	
Onsuz yapamam dediğiniz yiyecekler?	
Sigara kullanımı?	
Spor yapar mısınız? Hangi sıklıkla?	
Bir TV/Ekran karşısında mı yemek yersiniz?	
Yemek yerken iyice çiğnemeye dikkat eder misiniz?	
Kahvaltı ile aranız nasıldır?	
Uyku düzeniniz nasıldır? Kaçta yatar, kaçta kalkarsınız?	
Akşam yemeğinden sonra/gece geç saatlerde ya da uykudan uyanıp yemek yeme alışkanlığınız var mıdır?	
Duygu değişimleri sırasında aklınıza yemek yemek gelir mi?	
Susuzluk ile açlığı karıştırdığınız olur mu?	
Evde yemekleri kim, nasıl hazırlar?	
Yemeklerin yanında herhangi bir ''içecek içme'' alışkanlığınız var mıdır?	
Çocukluk çağında kilo problemi yaşadınız mı? Yemek seçer miydiniz?	
Ailenizdeki yeme alışkanlığı nasıldır? Kilo problemi ya da kronik rahatsızlığı olan bireyler var mıdır?	
Tanı konmuş/konmamış herhangi bir rahatsızlığınız var mı? Daha önce geçirdiğiniz herhangi bir operasyon/ciddi bir rahatsızlık var mıdır?	
Şu an kullandığınız ilaç ya da takviyeler var mıdır? Nelerdir?	
Bağırsaklarınız düzenli çalışır mı? Kabızlık probleminiz var mı? Varsa bu durum için çay/takviye kullanıyor musunuz?	

Kadın Danışanlarıma Özel;	
Düzenli Adet = Mensturasyon döngünüz var mıdır?	
Beslenme alışkanlıklarınız mensturasyon döneminde değişiyor mu?	
Doğum yaptınız mı?	
Daha öncesinde veya şu anda hormon tedavisi alıyor musunuz?	
Menapoz durumu?	

Aşağıdaki Besinleri Hangi Sıklıkla ve Ne Kadar Tüketirsiniz?	
Börek, simit, lavaş, yufka, poğaça vb.	
Ekmek, wasa, galeta	
Pilav, bulgur pilavı, makarna, tam tahıllı makarna	
Peynir (hangi peynirler?)	
Et, tavuk, balık, hindi	
Yumurta	
Hindi füme, salam, sosis, sucuk, kavurma	
Tereyağı	
Bal, kaymak, reçel, nutella	
Meyve	
Süt, yoğurt, ayran, kefir	
Yağlı tohumlar (ceviz, badem, fındık, fıstık, kaju vb.) çiğ mi, kavrulmuş mu?	
Soslar (ketçap, mayonez, salata sosları)	
Sebzeler	
Salata (sos ekler misiniz? Nasıl bir sos?)	
Kuru baklagiller (nohut, kuru fasulye, kuru börülce, Meksika fasulyesi)	
Şerbetli/sütlü tatlı ya da pasta/kurabiye	
Çikolata	
Su	
Gazlı içecek	
Çay, kahve (şeker kullanır mısınız?)	

Bitki çayları	
Alkol	
Paketli gıdalar?	
Saydıklarımızın dışında yiyecek ya da içecekler?	

Başlamadan önce aşağıdaki tahlillerin varlığını sorgulamamız gerekiyor; **Not:** Son 3-6 ay içerisinde yaptırmış olduğunuz güncel kan tahlilleriniz varsa geçerli olacaktır.
• **HbA1C** • **Açlık Kan Şekeri** • **Açlık İnsülini** • **Trigliserit** • **Total Kolesterol** • **HDL** • **LDL** • **CRP (C reaktif ProteinHemogram** • **ALT / AST** • **TSH** • **Serbest T3 T4** • **B12 vitamini** • **Serum Demir** • **Demir Bağlama Kapasitesi** • **D vitamini**

APPENDIX C. INTERVIEW QUESTIONNAIRES

Online diyetisyenler için

1. Online diyet nedir?

1.1 Nasıl bir sistemde işliyor?
1.2 Neden ve nasıl ortaya çıktığı düşünülüyor?
2.Daha önce geleneksel diyetisyenlik deneyiminiz (ofis ortamında) oldu mu?
Cevabınız Evetse,
2.1 İkisini nasıl karşılaştırırsınız? Geleneksel diyetisyenlik ve online diyetisyenlik arasındaki farklar nelerdir? (İletişim süreci, sorumluluklar, tanımlar açısından)
2.2 Online diyetisyenliğin diğerine kıyasla dezavantajları / avantajları nelerdir?
3. Danışanınızla aranızda olan iletişim sürecinden bahsedebilir misiniz?
3.1 Diyetisyenin ve danışanın görev ve sorumlulukları bu iletişim sürecinde nelerdir?
3.2 Danışanınızla aranızda kurulan bir güven ilişkisinden bahsetmek mümkün mü?
4. Instagram'ı online diyetin nasıl bir parçası olarak değerlendirmeliyiz?
4.1 Gönderilerinizin içeriklerine nasıl karar veriyorsunuz?
5. Pandemi döneminde online diyet süreci nasıl etkilendi?

Danışanlar için görüşme soruları

1. Online diyet nedir
   1.1 Online diyeti nasıl öğrendiniz?
   1.2 Online-diyet hizmeti almaya nasıl karar verdiniz?
2. Daha önce bir diyetisyenden ofisinde yüz yüze danışarak diyet hizmeti aldınız mı? Cevabınız evet ise

   2.1. Bu hizmeti online diyet ile karşılaştırır mısınız? Ne farklılıklar ve benzerlikler var? (İletişim süreci, sorumluluklar, tanımlar açısından)
3. Diyetisyeninizle aranızda olan iletişim sürecinden bahsedebilir misiniz?
   3.1 Diyetisyen ve danışanın görev ve sorumlulukları bu iletişim sürecinde nelerdir?
   3.2 Diyetisyeninizle aranızda kurulan bir güven ilişkisinden bahsetmek mümkün mü?
4. Instagram'ı online diyetin nasıl bir parçası olarak değerlendirmeliyiz?
5. Pandemi döneminde online diyet süreci nasıl etkilendi?

APPENDIX D. TURKISH SUMMARY / TÜRKÇE ÖZET

Bu tez "Çevrimiçi diyet süreçlerinde ve özellikle çevrimiçi diyetisyen ve danışan arasındaki ilişkide gözetim mekanizması nasıl işliyor?" sorusuna cevap vermeyi amaçlamaktadır. Tezin temel argümanı, danışan ve diyetisyen arasındaki ilişkinin gerçekleştiği alanın siber alan olması ve buna bağlı olarak danışan ve diyetisyen arasında kendine özgü bir iletişim dinamiğinin mevcut olmasına dayanır. Bir diğer deyişle, araştırma sorusunun arkasındaki ilk argüman, çevrimiçi diyetin ana süreçleri ve amaçları geleneksel diyetle benzer olmasına rağmen, danışan ve diyetisyen arasındaki ilişkinin gözetim boyutunda bazı önemli sosyolojik farklılıklar doğurduğudur. Bu argümana dayanarak, ilk ve ana alt araştırma sorum şudur:

a) Çevrimiçi diyetin kendine özgü gözetim mekanizmaları ve ilişkileri nelerdir? Hangi yönleriyle geleneksel diyetten ayrışır?

Grunwald ve Busses'in (2003) yeme bozukluklarına yönelik çevrimiçi müdahale ile ilgili çalışması, bireylerin çevrimiçi danışmanlığı tercih etme nedenlerine de odaklanmaktadır. İnternet ortamındaki iletişimin anonim olması, bilgi alışverişinin hızlı olması, katılımcıların iletişimde zaman ve mekândan bağımsız olması ve iletişimi sürdürmenin maliyetinin düşük olması nedeniyle insanların çevrimiçi hizmetleri tercih ettikleri sonucuna varmışlardır. Geleneksel diyet yerine çevrimiçi diyeti tercih etmenin, Grunwald ve Busses'in çalışmalarında buldukları benzer nedenlere mi dayandığını veya bunun arkasında başka nedenler olup olmadığını incelemek için ikinci alt soru sorulmuştur:

b) Çevrimiçi diyet geleneksel diyete kıyasla bireyler tarafından neden tercih ediliyor?

Bu soruyu cevaplamak için hem geleneksel diyet hem de çevrimiçi diyeti deneyimlemiş kişiler katılımcı olarak belirlenmiş çünkü yapabilecekleri karşılaştırmalar ve gerekçelendirmeler bu soruyu cevaplamak için faydalıdır.

Bunlara ek olarak, kişisel çevrimiçi diyet deneyimim ve yapmış olduğum tamamlayıcı Instagram analizi bulguları sonucu, bu çalışmada çevrimiçi diyet şu şekilde kavramsallaştırılmıştır:

a) Çevrimiçi diyet, Türkiye'de görece yeni bir meslektir ve danışan ile diyetisyen arasındaki ikili ilişkiye dayanmaktadır ve bu ilişki çoğu zaman amacı kilo vermek olan danışanlar üzerinde bir gözetim mekanizmasına dayanmaktadır. Bununla birlikte, danışanlar kilo almaya veya diyetlerini sağlıklı besinlerle değiştirmeye eğilimli olabilirler. Ayrıca gözetim ilişkileri danışanın vücut ölçülerini rutin olarak diyetisyenle paylaşması sürecine dayanmaktadır ve bu her diyetisyenin talebi olmasa da çoğu zaman diyetisyen danışanın öğünlerinin fotoğrafını görmek ister. Sürekliliği ve iletişimi sağlamak için haftalık vücut ölçülerini ve ağırlıklarını paylaşmak üzere çevrimiçi toplantılar düzenlenir. İlişkinin dinamikleri göz önüne alındığında, bu ilişki gözetimin bir örneği olarak kabul edilebilir. Bu ilişkinin tıbbi amacı kilo vermek/almak veya sağlıklı beslenmeyi öğrenmektir. Bu ilişkideki gözetim mekanizmalarının başlıcaları şu şekilde sıralanabilir:

i. Danışanın uyku düzeninden nelere alerjisi olduğuna, kimlerle yaşadığından günlük rutinlerine kadar ayrıntılı bilgilerin yer aldığı bilgi formunu edinmek,

ii. Görüşmelerden önce ve sonra danışanın kilosunu, boyunu ve vücut ölçülerini (boy, bel, basen, göğüs) düzenli olarak öğrenmek,

iii. Diyet döneminde danışanın öğün fotoğrafları göndermesini beklemek ve bu fotoğraflara çoğu zaman çevrimiçi diyetisyen tarafından anlık yönlendirmeler, yorumlar ve önerilerin yapılması.

b) Tüm bu süreç, WhatsApp, Zoom, FaceTime gibi çevrimiçi iletişim uygulamaları kullanılarak siber uzam üzerinde gerçekleşir; ve tüm iletişimin sanal bir ortamda gerçekleşmesi yüz yüze iletişimin olmadığı anlamına gelir. İletişimleri sosyal medya üzerinden gerçekleşmese de diyetisyenler ve danışanlar birbirlerini çoğu zaman Instagram aracılığıyla buldukları için Instagram hala bu yeni mesleğin ayrılmaz bir parçası olmaya devam etmektedir. Bu da çevrimiçi diyeti *e-scaped* tıp altında incelenebilecek bir kavram haline getirir. Başka bir deyişle, tüm iletişim süreci internet üzerinden tıbbi bir amaçla yürütülmektedir.

Bu tezin konusu için önemli olan bir başka argüman, çevrimiçi diyetisyenliğin yeni bir meslek türü olduğu, ancak kendi başına yeni bir şey olmadığı, çünkü bu yeni fenomenin arkasında onu yaratan önemli bir sosyal arka plan olduğudur. Bu yeni olgunun anlaşılması için ise onu meydana getiren koşulların analiz edilmesi gerekir. Bu bağlamda, "protez gözetim" kavramı (Rich & Miah, 2008), Wii-Fit (Nintendo tarafından geliştirilen video oyunlarından biri) 'in tıbbileştirilmiş siber alan ve sanal

sağlık yönetişimi ışığında halihazırda var olan ve potansiyel gözetim mekanizmalarını anlamak için yararlıdır. Çevrimiçi diyet ve Wii-Fit'in ortak yönleri oldukça fazladır. Diğer uygulamaların aksine, Wii Fit'in tasarımını yanıltmak zordur çünkü kullanıcının talimatları uygulayıp uygulamadığı ayırt edebilmektedir. Aynı şekilde online diyette de diyetisyene gitme zorunluluğu olmadan anlık gözetim mekanizması bulunmaktadır. Örneğin öğünlerin fotoğraflarını göndermek, haftalık düzenli çevrimiçi toplantılar, vücut ölçüleri hakkında düzenli bilgi paylaşmak bu sürecin bir parçasıdır. Her ikisi de entegre bir gözetim mekanizması içerir. Bu nedenle danışanlar diyetisyen ofisinde rutin diyetisyen kontrolü yerine sürekli gözetim altında oldukları için online diyette hile yapmaları engellenmiş bir konumdadırlar. Wii Fit söz konusu olduğunda, uygulama yapay zeka üzerine kurulu olduğu için yarı sanaldır. Başka bir deyişle, Wii-Fit'de danışana talimat ve tavsiye sağlayan mekanizma bir oyun uygulaması iken, uygulama bir insan tarafından kullanılmaktadır. Bu noktada online diyet bağlamındaki ilişki iki bireye dayansa da yüz yüze bir ilişki yoktur. Bu da gözetleme mekanizmalarını birbirine benzer kılar.

Tıbbileştirilmiş siber alanın bir ürünü olan çevrimiçi diyette gözetim mekanizmalarını anlama çabalarına paralel olarak, Rich ve Miah (2009) tarafından tanımlanan protez gözetim özellikleri, çevrimiçi diyetteki gözetim mekanizmalarına benzemektedir. Bu nedenle, protez gözetim kavramsallaştırması, çevrimiçi diyette gözetim mekanizmalarının daha derinden anlaşılması için önemli bir kaynaktır. Daha öncesinde protez gözetimin yeniden tanımlanmasında kullanılan "teletıp aracılığıyla sağlanan dijital yakınlık üzerine kurulu" kavramsallaştırması analiz sonuçları yeniden gözden geçirildiğinde bu tez için hala geçerli ve önemlidir. Bu da son soru için zemin hazırlar:

b) Protez gözetimi doğrultusunda online diyet nasıl işliyor?

Rich ve Miah (2009) tarafından geliştirilen "protez gözetim" kavramı siber alanda var olan gözetim literatürü için faydalı ve önemlidir. Bu kavram çevrimiçi diyeti düşünerek oluşturulmak yerine Nintendo Wii Fit vücut uygulamalarından yola çıkarak oluşturulmuş olsa da online diyet ile birçok önemli ortak noktaları vardır. İnternet tabanlı beslenme oyunları ve oyun konsollarının kullanımı, fiziksel aktivite derecelerini artırmada derin bir etkiye sahip olabilecek yeni bir sosyal aktivite yolu ve yeni bir spor aktivitesi önermektedir, çünkü bu aktivitelerin gerçek hayattaki hareketlerini taklit etmeyi amaçlamaktadır. Bununla birlikte, ileri düzey kullanıcılar,

makinenin beklenen tasarımını, yalnızca birkaç parmak hareketiyle gerekli bir kol hareketini varsaymak için yanıltabildiklerinden, gerçek spor hareketlerini sabote edebilirler. Bu noktada Wii fit, kullanıcının ağırlığını ölçebilmesi, egzersiz düzeyi ve denge merkezlerini hesaplayabilmesi ve vücut kitle endeksini izleyebilmesi için entegre bir denge tahtası cihazı kullanmayı amaçlar. Daha sonra ise kullanıcılar için gelişime dayalı antrenman programları buna göre oluşturulmaktadır. Böylece bu oyun konsolu, kilo alma veya verme gibi farklı ihtiyaçlar için kategoriler sunan bir vücut kitle endeksi hesaplaması sağlamaktadır.

Günümüzde gözetim, sağlık ve teknoloji kavramları iç içe geçmiş durumdadır ve bu kavramlar "çevrimiçi diyet" gibi yeni bir fenomenin oluşumuna katkıda bulunmaktadır. Çevrimiçi diyet fenomeni, bu kavramların nasıl bir arada var olduğunun önemli bir göstergesidir ve bu nedenle bu kavramlar birlikte çalışılmalıdır. Ball ve Haggerty'nin (2005) çalışmaları, gözetim çalışmaları alanında oldukça yetkin bilim insanları olduklarından bu çalışmanın metodoloji bölümünü şekillendirmesi açısından yardımcı olmuştur. Çalışmaları özellikle "Gözetim çalışmaları yapmak ne anlama geliyor?" sorusuna cevap vermesi açısından oldukça değerlidir (s.129). Sonuç olarak, bu soru "gözetim üzerine çalışan [bilim insanları] kimlerdir ve neden gözetim çalışmaları yapıyorlar?" ve en önemlisi "nasıl yapıyorlar?" gibi başka sorulara yol açar (s.129). Nitel yöntemler genel olarak "belirli bir bağlamda işlerin nasıl yürüdüğü" sorusu etrafında döndüğünden (Mason, 2002, s.1) gözetim çalışmalarının bazı önemli yönleri ışığında, bu araştırmada tercih edilen yöntem ortak bir nitel araç olarak derinlemesine görüşmeler yapmaktır. Katılımcılar kartopu tekniği ile seçilmiştir. 5 diyetisyen ve her birinin üçer danışanı olmak üzere toplamda 20 kişi ile yarı yapılandırılmış derinlemesine görüşmeler yapılmıştır. COVID-19 nedeniyle Zoom uygulaması kullanılarak internet üzerinden görüşmeler gerçekleştirilmiştir. Tüm katılımcılar Zoom'un arayüzüne aşina olduğu için bu platform üzerinden görüşmeleri yaparken herhangi bir zorlukla karşılaşılmamıştır. Görüşmeler tamamlandıktan sonra görüşmeleri daha analitik bir şekilde analiz edebilmek için ise MAXQDA kullanılmıştır. Böylece bu platformda küçük bir analiz yaparak çevrimiçi diyetisyenler hakkında bilgi edinmemi sağladım. Bu analiz, çevrimiçi diyet ve nasıl çalıştığı konusundaki tezimin konusunu netleştirmeye yardımcı oldu. Ancak, bu analiz tezimin ana yöntemi değil, ek bir çalışmadır. Yine de tezimin araştırma sorularını şekillendirmesi, "online diyetisyen kimdir" sorusuna açıklayıcı bir cevap önermesi ve

online diyetteki gözetim mekanizmaları hakkında fikir sahibi olmak açısından önemlidir.

İlk olarak, çevrimiçi diyet, çevrimiçi diyetisyenler ve danışanları arasındaki ilişki olarak tanımlanmakta ve bu ilişki büyük oranda gözetime dayanmaktadır. Çevrimiçi diyetin kendisi bir ilişki olduğu için bu ilişkide var olan gözetim de aktif bir süreçtir ve çevrimiçi diyetisyen ile danışan ilişkisi devam ettiği sürece devam eder. Çevrimiçi diyetisyen ile danışan arasındaki bu gözetim ilişkisi, yalnızca bir gözetim türünü değil, modern öncesi, modern ve post-modern olmak üzere üç tür gözetimi içerdiği için karmaşık bir ilişkidir. Bu nedenle, çevrimiçi diyet, kesişimsel gözetimden oluşur.

İkincisi, farklı diyetisyenler tarafından yapılan tüm çevrimiçi diyetleri tanımlamak için operasyonel ve sistematik bir tanım yapmak mümkün olmasa da, analiz sonuçları çevrimiçi diyet sistemlerinin belirgin ortak özellikleri olduğunu ortaya koymaktadır. İlk özellik, Instagram'ın oynadığı önemli roldür. Hemen hemen tüm danışanlar online diyetisyenlerini Instagram üzerinden bulup danışmanlık hizmeti almaya karar vermektedirler çünkü katılımcılardan birinin belirttiği gibi "Instagram çevrimi içi diyetin mağazasıdır" ve bu da çevrimiçi diyetisyenlerin başarısını görünür kılar. Bunun dışında online diyetisyenden hizmet alan danışanların çoğu kadın olmakla birlikte çoğu durumda asıl amaçları kilo vermektir. Sonuçlar, çevrimiçi diyetle erkek danışan sayısının arttığını gösterse de kadın danışan sayısı erkek danışanlara göre orantısal olarak hala yüksektir. Ayrıca, çevrimiçi hizmet satın alan danışanların çoğu, uzun bir diyet geçmişine sahip oldukları için dengeli veya sağlıklı beslenmeyi bilmelerine rağmen, diyetlerini organize etmek için gerekli motivasyon ve disipline sahip değillerdir. Onları düzenli olarak kontrol eden ve izleyen bir kişiye ihtiyaçları vardır.

Üçüncüsü, diğer çevrimiçi hizmetlerde olduğu gibi, Covid-19 salgınının çevrimiçi diyete olan talebi de önemli ölçüde artırmasıdır. Bu nedenle Covid-19 pandemisinin çevrimiçi diyetin görünürlüğünü ve bilinirliğini arttırdığı rahatlıkla söylenebilir.

Dördüncüsü, çevrimiçi diyetisyen ile danışan arasındaki gözetim ilişkisini kolaylaştıran iletişimin bazı ortak özelliklerinin olduğudur. Zaman ve mekanın esnekliği gibi teletıpın bilinen özelliklerinden bazıları literatür bölümlerinde bahsedilmiş olsa da, diğer noktalar literatürün kendisinden ziyade alanda elde edilen

veriler olduğu için dikkat çekicidir. İlk özellik esnekliktir. Çevrimiçi diyet, zaman, yer ve diyet listeleri açısından esnekliğe dayanmaktadır. Bu esneklikler nedeniyle danışanlar çevrimiçi diyet sistemini rahat ve kolay olarak tanımlamaktadır. Ancak bu durum gözetim açısından yorumlandığında, bu tür esneklikler kilo verme sürecine zarar veren herhangi bir kesinti olmadan sürekli diyet yapmayı teşvik etmektedir. Ayrıca bu tür bir esneklik danışanlara birçok sorumluluk yüklemektedir. Bunun nedeni, çevrimiçi diyette danışanların bilinçli olarak özdenetim ve öz değerlendirmeyi sürdüren aracılar olmasıdır. Bu nedenle danışanlar, diyetlerini sürdürmek için diyet sürecinde kendilerini gözetim altında tutan kimselere dönüşmektedir. Bu öz gözetimi kendilerine uygulamazlarsa ve çevrimiçi diyetisyenleri ile öğün fotoğrafları, öğünlerinin günlük raporları veya kiloları hakkında iletişim kurmazlarsa, aralarındaki ilişki kesintiye uğrayacaktır. Bunu da diyet süreçlerinde bir kesinti takip edecektir. İkinci özellik motivasyon ve psikolojik destektir. Diyet süreci sabır ve kararlılık gerektirir. Danışanların ihtiyaç duyduğu bu sabır ve kararlılık ancak çevrimiçi diyetisyenlerinden gerekli psikolojik desteği alabilmeleri ile mümkündür. Bu motivasyonun ve psikolojik desteğin kaynağı, çevrimiçi diyetisyenler ve danışanlar arasındaki sürekli iletişimden gelmektedir. Danışanların motivasyonlarını kaybetmemeleri için sürekli iletişim halinde olmaları çok önemlidir ancak sürekli iletişimin yanı sıra bu iletişimin özellikleri danışanların motivasyonu için çok önemlidir. Bu ilişkinin özelliklerine bakıldığında, danışanların ilk iki sırada vurgulananı özellikler şu şekildedir: arkadaşça herhangi bir baskı olmadan iletişim kurma, emoji, gif vb. kullanarak informal dil olanağı sağlayan yazılı iletişimin avantajlarıdır. Bu tür iletişim sayesinde danışanlar diyete uymayan bir şey yediğinde veya motivasyon kaybı yaşadığında diyetisyenleri hemen müdahale edebilsin diye kolayca onlarla paylaşabilir. Bu ilişki, güç ilişkilerinden ve baskıdan çok uzak gibi görünse de bu tür baskısız arkadaşça iletişim, çevrimiçi diyetisyenlere diyet sürecinin her anına müdahale gücü verir ve diyet sürecindeki kesintileri önler. Bu da bizi üçüncü özelliğe, yani sürekliliğe getiriyor. Diğer iki tema, esneklik, motivasyon ve psikolojik destek, süreklilik ile doğrudan bağlantılıdır. Sürekli iletişim motivasyon için önemli bir kaynaktır ve sürekliliği sağlamak için birincil faktördür. Aynı zamanda çevrimiçi diyet, diyetisyene öğün fotoğrafı veya öğün raporu göndermeyi gerektirir. Danışanın her öğünden sonra gönderdiği fotoğraf veya rapor diyetin devamlılığını sağlar. Ayrıca diyetisyene porsiyonu veya danışanın yaptığı herhangi bir hatayı değiştirme bazen de

önleme şansı verir. Bu nedenle öğün fotoğrafı göndermek veya öğünlerin günlük raporunu paylaşmak danışanın diyet sürecine zarar verebilecek hatalarını telafi etmesini sağlar. Bu arada, danışanın diyeti bozma olasılığını otomatik olarak azalttığından, öğün fotoğrafını göndermek her zaman danışanın sorumluluğundadır. Analiz sonuçlarının da gösterdiği gibi danışanın sorumluluklarının yanı sıra online diyetisyenlerin de devamlılığı sağlamak için bazı sorumlulukları vardır. Diyetisyenler, her zaman ulaşılabilir olmak, yaşam tarzı, iş ve aile rutinini göz önünde bulundurarak her danışana kişiselleştirilmiş bir diyet listesi yazmak, diyet listesinde istenen öğün veya yiyecekleri diğer günler veya öğünlerle dengelemek ve kilolarını nasıl koruyacağını öğretmekle sorumludurlar. Dengeli beslenmenin ve öğünlerin nasıl kontrol edileceğinin öğretilmesi danışana çevrimiçi diyet süreci bittikten sonra da kilolarını kontrol etme imkanı verir.

Beşinci olarak, çevrimiçi diyetisyenler ve danışan arasındaki güven ilişkisi ise, gözetim ilişkisinin üç unsuru olarak yukarıda belirtilen faktörlere bağlamsal bir kolaylık sağlamaktadır. Bu güven ilişkisi, çevrimiçi diyet sistemi için gözetim ilişkilerini mümkün ve başarılı kılan önemli bir unsurdur. Ayrıca güvene dayalı bir ilişki çevrimiçi diyetisyen ve danışan arasında gönüllü olarak gerçekleşen tüm gözetim ilişkileri ve prosedürlerine meşruiyet kazandırmaktadır. Güven unsurlarına yeniden bakıldığında "aktif dinlemenin" (Oudshoorn, 2009) güven ilişkisinin oluşmasında önemli bir unsur olduğu literatürle paralellik göstermektedir. Danışanın diyet listelerini uygulandığında kilo vermesini görmesi, çevrimiçi diyetisyen ve danışan arasında açık ve baskısız iletişim ve danışanın ihtiyaç duyduğu anda çevrimiçi diyetisyenin ulaşılabilir olması da güven ilişkisinin çok önemli unsurlarıdır. Danışanlar diyetisyenlerine güvenirler ve bu güven ilişkisi, tüm gözetim prosedürlerini/adımlarını ve etkinliklerini mümkün kılan güçlü bir temele dönüşür ve kesintisiz ve tereddütsüz gönüllü olarak devam ettirilebilir. Sonuç olarak, diyetisyen ve danışan arasındaki ilişki eskisinden daha özgürleştiricidir (Andreassen ve diğerleri, 2006).

Son olarak, protez gözetim (Rich ve Miah, 2009); çevrimiçi diyet ve gözetim ilişkilerini kavramsallaştırmak ve operasyonel hale getirmek için çok önemli bir başlangıç noktası ve kavramdır. Daha önce de vurgulandığı gibi protez gözetim, Nintendo Wii Fit yazılımındaki gözetim ilişkilerini anlamaya yönelik olarak oluşturulmuş bir kavramdır. Ancak çevrimiçi diyet; diyetisyen ve danışan olmak üzere

iki aktörden oluşmaktadır, yani gözetimin dinamikleri bu iki insana bağlıdır ve bu iki aktör gözetim ilişkisine yalnız protez gözetim kavramıyla açıklanamayacak yeni unsurlar eklemektedir. Öncelikle bu gözetim ilişkisi iki bireyin içerdiğinden yüz yüze görüşmeseler de aralarında oluşan bir yakınlık vardır. Bu noktada Oudshoorn'un (2009) "dijital yakınlık" kavramı bu yakınlığı anlamak için gerekli bir kavramdır. Bu yakınlığın yanı sıra analizler, yukarıda da belirtildiği gibi güven inşa ettiklerini göstermektedir. Bu güven ilişkisi, çevrimiçi diyetin önemli bir parçasıdır çünkü ayırt edici özelliklerine katkıda bulunur. Protez gözetimi çevrimiçi diyeti anlamak için stratejik bir kavram olsa da bu ilişki çevrimiçi diyetisyen ve danışan olan iki farklı aktörü içerdiğinden, farklı türde ayırt edici yönleri de vardır. Aslında, bu ilişkide belirli gözetim özelliklerini sağlayan yakınlık ve güven dikkate alınmadan, çevrimiçi bir diyetisyen ile danışan arasındaki ilişki gözetim sosyolojisi perspektifinden kavranamaz. Ayrıca, Nintendo Wii Fit'teki protez gözetim konsepti, gerçek bedenin siber alandaki "yokluğuna" dayanmaktadır. Bununla birlikte, çevrimiçi diyette, protez gözetime olan bu ihtiyaç, diyet yapmak için b gözetime ihtiyaç duyan danışanın motivasyon ve disiplininin "yokluğundan" kaynaklanmaktadır.

Danışan ve diyetisyenlerle yapılan görüşmelerden yola çıkarak elde ettiğim sonuçlara ek olarak, danışan ve diyetisyenlerin karşılıklı sorumlulukları da bu tez için önemli bulgular arasındadır. Örnek olarak, danışanın en önemli sorumluluğu verilen diyet listesine uymaktır. Bununla birlikte diyete uyumun kanıtı olan öğün fotoğraflarının gönderilmesi gibi temalar görüşmeciler tarafından vurgulanmıştır. Diyet listeleri dışında tüketilenler konusunda diyetisyenleri bilgilendirmek ve onlara karşı dürüst olmak, verilen diyet listelerine uyma temalarıyla da doğrudan ilişkilidir. Çünkü tüm danışanlar diyet listesine uymanın diyette en önemli sorumluluk olduğunun farkında olmalarına rağmen bazen listeyi takip edememektedirler. Diyetisyene ne yediğinizi dürüstçe söylemenin de diyetin başarısı için çok önemli olduğu görüşmeciler tarafından pek çok kez vurgulanmıştır. Diyetisyen ile danışan arasında samimi ve baskısız bir iletişim olduğu için danışanın diyete uyum sağlayamadığı dönemlerde yediği öğünleri dürüstçe diyetisyenle paylaşmak da danışanın sorumlulukları arasındadır. Ayrıca, çevrimiçi diyetisyene karşı dürüst olmanın veya diyete uymanın öneminden bahseden danışanların çoğu, çevrimiçi diyet sisteminin klasik bir diyete kıyasla danışanın sorumluluk duygularını artırdığını vurgulamaktadır.

Danışanlar çevrimiçi diyetin sorumluluklarından bahsederken bu konuda kendilerine doğrudan bir soru yöneltilmemesine rağmen çevrimiçi diyetisyenin görev ve sorumluluklarının klasik diyetisyenlere göre daha fazla olduğu belirtilmiştir. Çevrimiçi diyetisyenlerin görevlerini geleneksel diyetisyenlerden daha fazla bulmalarının ilk nedeni çevrimiçi diyetisyenlerin erişilebilirlik özelliğidir. 15 danışanın tamamı diledikleri zaman diyetisyenlerine ulaşmak istediklerinin altını çizmiştir. Onlara göre, çevrimiçi diyeti seçmelerinin ana nedeni en başta çevrimiçi diyetin bu erişilebilirliği vaat ettiğini düşünmeleridir. Bundan dolayı, öğün fotoğrafları veya öğün raporları hakkında anında geri bildirim talep etmektedirler. Bu öğün kontrolünün yanı sıra diyet süreci ile ilgili sorular sorduklarında diyetisyenlerine ulaşmak istemektedirler. Aynı zamanda, danışana sağlıklı ve dengeli beslenmeyi öğretmek, danışanı hedefe ulaşmak için motive etmek, danışanın kilo ve ölçü bilgilerini takip etmek danışanların diyetisyenlerinden bekledikleri sorumluluklar arasındadır. Danışanların ihtiyaçlarına hızlıca geri dönüş yapabilmek de danışanların beklentileri arasında yer almaktadır. Bu ihtiyaç, bazen öğün fotoğrafları veya raporları için geri bildirim olabilmekteyken bazen de danışanların motivasyonlarını kaybettiğinde ve psikolojik desteğe ihtiyaç duyduklarında çevrimiçi diyetisyenin bu ihtiyacı sağlamasıdır. O halde diyetisyenlere ulaşmak isteme sebeplerinin zaman zaman değişebileceği rahatlıkla söylenebilir. Ayrıca, kişinin hastalık geçmişine, beslenme alışkanlıklarına, kısacası yaşam tarzına uygun bir diyet programı oluşturmak, diyetisyenin sorumluluğu ile ilgili en çok vurgulanan ikinci temadır. Diyet listesinin danışanın istediği zaman revize edilmesi, 15 görüşmeci arasından beş danışanın bahsettiği en çok vurgulanan diğer temadır. Bu tema aynı zamanda kişiselleştirilmiş bir diyet listesi yazmakla da doğrudan ilgilidir. Çevrimiçi diyetisyenler, danışanın sağlık durumuna ve yaşam tarzına göre diyet listesi yazsa da danışanın plan ve rutinleri aniden değişebilmektedir. Bu durumda danışanlar diyet listesine uymamak yerine durumlarını açıklar ve çevrimiçi ve liste diyetisyenler tarafından revize edilebilmektedir. İş ve aile seyahatleri, danışanların diyet listelerinde revizyona ihtiyaç duydukları başlıca örneklerdir.

Danışanların yarısı ise çevrimiçi diyetisyenlerin rehberlik ve öğretim sorumluluklarından bahsetmiştir. Ayrıca, çevrimiçi diyet yapma nedenlerinden birinin sağlıklı bir diyetin sürdürülebilir bir şekilde nasıl takip edileceğini öğrenmek olduğunu belirtmişlerdir. Danışanlar, çevrimiçi diyetisyenlerin sürdürülebilir sağlıklı beslenme

hakkında genel bilgiler vermek yerine, kişiselleştirilmiş tıbbi kayıtları, yaşam tarzları ve alışkanlıkları göz önünde bulundurarak tavsiyelerde bulunması gerektiğini vurgulamışlardır. Başka bir deyişle, diyetisyenlerinden "eğitmenleri" olmalarını beklemektedirler (Lutfey, 2005).

Aynı konu çevrimiçi diyetisyenlerle tartışıldığında ise tüm diyetisyenlerin ortak fikri çevrimiçi diyetisyenlerin danışanlarına sürdürülebilir sağlıklı beslenmeyi öğretmek ve onlara rehberlik etmekle sorumlu olduğudur. Hepsi kilo alma veya verme gibi belirli bir sürece odaklanmak yerine, danışanlara yaşamları boyunca sürdürebilecekleri sağlıklı bir beslenme alışkanlığı kazandırmayı amaçlamaktadır.

Kuşkusuz, bu araştırmanın daha sonraki çalışmalarla doldurulabilecek bazı sınırlamaları vardır. Birincisi, teletıp ABD ve Avrupa'da kalp damar hastalıklarında hastalara sağlık hizmeti vermek için yaygın olarak kullanılan bir sistem olmasına rağmen, Türkiye'de Covid-19 pandemisi nedeniyle teletıp hizmetleri artmış olsa da, bu sistem sağlık hizmeti vermek için çok yaygın bir sistem değildir. COVID-19 pandemisinden önce Türkiye'de sağlık hizmeti sağlamak için kullanılan yaygın bir teletıp sistemi olmadığı için çevrimiçi diyet bu tezde ABD ve Avrupa literatürüne dayalı bir teletıp örneği olarak kavramsallaştırılmıştır. Bir yandan bu tez çevrimiçi diyeti bir tür teletıp hizmeti olarak tanımladığı için literatüre önemli bir katkı sağlamaktadır; ancak Türkiye'de ampirik teletıp uygulamaları hakkındaki literatür yetersiz olduğundan Türkiye'deki ampirik teletıp uygulamaları eklenerek literatür zenginleştirilememiştir. Buna ek olarak Teletıp kavramı altında Türkiye'de gözetim ve çevrimiçi diyeti daha önce bir arada inceleyen hiçbir kaynaktan yararlanılamamıştır.

İkincisi, Instagram çevrimiçi diyetin çok büyük ve en önemli parçasıdır. Bu önemli bileşen ihmal etmek istenmediğinden ek bir Instagram analizi yapılmasına rağmen, zaman ve kapsam kısıtlaması daha kapsamlı bir çalışma yapılması önünde engel teşkil etmiştir.

Üçüncü olarak, çevrimiçi diyetle birlikte erkek çevrimiçi diyetisyen ve danışanların sayısı artmasına rağmen, sayıları kadınlara göre çok azdır. Bu, çevrimiçi diyetisyenler ve danışanlar dahil tüm yanıtlayıcılarımın kadın olmasının nedenidir. Bu nedenle erkek çevrimiçi diyetisyenlerle kadın danışanları baz alarak yapılan bir çalışma şüphesiz sosyolojik olarak değerli veriler sunacaktır.

Dördüncü olarak, sadece bir çevrimiçi diyetisyen tarafından vurgulanan olumsuz çalışma koşulları da yüksek lisans tezinin sınırlılıkları nedeniyle çalışmanın analiz bölümünde detaylı bir şekilde ele alınamamıştır. Tezin araştırma sorusu düşünüldüğünde analiz bölümünde genellikle çevrimiçi diyetisyenler ve danışanlar tarafından çevrimiçi diyetin avantajları olarak yorumlanan özelliklerin paylaşılmasına dayanmaktadır. Çevrimiçi diyetin sürekli iletişimi içinde barındıran karakteri, çevrimiçi diyetisyene 7/24 ulaşma isteğinin iş ve boş zaman ayrımının kaybolması açısından sosyolojik bir mercekle anlamak birçok önemli girdiyi ortaya çıkarmak için iş sosyolojisi perspektifinden incelenebilir. Son olarak, bu tezde çevrimiçi diyet bir sosyal ilişki olarak ele alınmış ve bu yeni sosyal ilişkiler gözetim sosyolojisi perspektifinden incelenmiştir. Fakat bu dönüşen, teknoloji aracılı sosyal ilişkinin hem çevrimiçi diyetisyeni hem de danışanı toplumsal anlamda nasıl etkilediğinin etkilerinin çalışması daha sonraki çalışmalar için önem arz etmektedir.

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