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Publication Details

This article was originally published as Wright, J and Dean, R, A balancing act: problematising prescriptions about food and weight in school health texts, Journal of Didactics and Educational Policy, 16(2), 2007, 75-94.

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In Special Issue of Utbildning & Demokrati, *Journal of Didactics & Educational Policy:* 'Body, health and gender – critical perspectives on physical education?', 2007, 16(2): 75-94

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Abstract

School health syllabuses, health and physical education textbooks and most recently website resources targeting young people's health are one of the main sources of knowledge in schools about how individuals should live their lives and come to know themselves and others, particularly as these relate to their bodies, their relationships and their daily practices of eating, drinking and engaging in physical activity. One of the most powerful and pervasive discourses currently influencing ways of thinking about health and about bodies is that associated with the notion of an 'obesity epidemic'. In this paper, we use the notion of biopower as it draws on the 'truths' and imperatives of the 'obesity epidemic' to examine how the practices associated with health education via texts books and web-based resources contribute to the regulation of bodies and the constitution of particular desires around health.

Key words

body, health education, biopower, obesity epidemic, textbooks

INTRODUCTION

School health syllabuses, health and physical education text books and most recently website resources targeting young people's health are one of the main sources of knowledge in schools about how individuals should live their lives and come to know themselves and others, particularly as these relate to their bodies, their relationships and their daily practices of eating, drinking and engaging in physical activity. One of the most powerful and pervasive discourses currently influencing ways of thinking about health and about bodies is that of the 'obesity epidemic'. In this paper, we use the notion of biopower to examine the 'truths' and imperatives of the 'obesity epidemic', and how these are taken up in texts books and web-based resources, to contribute to the regulation of bodies and the constitution of particular desires around health.

In Australia, health education is a key site where particular ideas about health, weight and physical activity are explicitly taught. The close relationship between physical and health education suggests, however, that the ideas about gender, the body and health that are taught in one site, also underpin the teaching in the other. In Australia, physical education and health education often share a common syllabus and are, at least in theory, expected to attempt some form of integration in the way they are taught. In practice, time allocated for physical and health education is usually divided between physical education (outside lessons) and health education (inside lessons, so called theory lessons). Physical and health education, however, do tend to be taught by the same teachers (although this varies from state to state). This is important in terms of the kinds of ideas or discourses that inform practice, particularly for the purpose of this paper, practice as it pertains to gender, health and the body. Evans, Rich and Allwood (2006) would argue that such 'corporeal orientations', that is orientations which 'ascribe value, meaning and potential to "the body" (particular bodies) in time, space and place' (p.1), pervade every aspect of schooling. We would also argue that such orientations act, as bio-pedagogies, on individuals and populations via a range of policies and practices, including legislation, federal and state health initiatives, health media campaigns, and specific interventions. However, in this paper, we use Foucault's notion of biopower (Dreyfus & Rabinow, 1982) as explicated by Rabinow and Rose (2006) to specifically focus on the ways the practices associated with health education via texts books and web-based resources contribute to the constitution of particular 'truths' about the body, strategies for intervention, and forms of subjectification in the name of improving health.

An integrated physical and health education syllabus implies a common set of assumptions or ideas underpinning the content and desired outcomes of these syllabi. In the last fifteen years there have been attempts to subsume physical education under the rubric of 'health' – a move strongly resisted by physical educators who want to see the purpose of physical education as more than health-related physical activity (Evans 2004; Glover 1994; Tinning 1991; Tinning & Glasby 2002; Wright & Burrows 2006). However, this move is indicative of a wider social shift to see the value of physical activity (and by association physical education) primarily in terms of its contribution to health. In the 1980s, this was identified by Kirk and Colquhoun (1989) as an ideology which equates health with fitness, achieved through vigorous physical activity and as evidenced by a slim body shape. Tinning (1985) went further to describe the pervasiveness of a 'cult of slenderness' in physical education, where

the equation of exercise with health permitted the assumption that health could be read off the size and shape of the body. At this time, following the work of feminists such as Susan Bordo (2003), this was primarily associated with women, and the examples drawn were of young women who aspired to the unrealistic ideal set by the fitness and fashion industries and (Tinning argued) their physical education teachers. This 'cult of slenderness' has been criticised for its effects on how young people, and particularly young women, are encouraged to engage in practices which are dangerous to their health but which achieve, from their perspective and from that of many in society, the ideal shape of the trim, toned body.

In the twenty first century, we argue, 'the cult of slenderness' has taken another turn to become more encompassing and inclusive, more institutionalised and endorsed by the State as the social panic around an 'obesity epidemic'. In English speaking countries and increasingly in developed countries in Europe and Asia, the notion that there are escalating rates of obesity has dominated concerns about the health of children and young people (Evans, Rich & Davies 2004). While it is not so difficult to see how the notion of an 'obesity epidemic' emerged out of a social preoccupation with the slim body as an indicator of individual worth (Bauman 2001; Shilling 2005), it is harder to explain why it has taken this particular form. There has been a constant refrain for some time about 'declining' rates of physical activity, declining fitness levels, sedentary children watching television and spending time in front of the computer, and eating fast foods. Perhaps it has also been the propensity in the late twentieth century to begin measuring the weight of children and young people that has prompted a connection between these other concerns and the claims of an 'obesity epidemic' (see Gard & Wright 2005 for a more detailed discussion). No matter what the explanation, it is clear from the exponential increase in references to 'obesity' in newspapers in the developed world and the funding to research on obesity that it has captured much of the space in relation to the health of children and young people. We argue that this is a problem on a number of counts: firstly, because the conclusion that there is an 'obesity *epidemic*' is not sustainable; secondly, that the research linking particular behaviours in children with overweight and obesity, and overweight and obesity with ill health are far less clear cut than they are made out to be; thirdly, that interpretations of epidemiological data and interventions ignore the structural inequalities influencing health and the opportunities to be engage in 'healthy' practices; and lastly, that the discourse of the 'obesity epidemic' promotes practices which have effects which are inimical to the health of children and young people.

It is the last issue that will be the focus of this paper. While we will make an argument for the first three, much more detailed arguments are now made in a range of scholarly books and articles (e.g. Aphramor 2005; Campos, Saguy, Ernsberger, Oliver & Gaesser 2006; Evans, Rich & Davies 2004; Evans, Rich & Allwood 2005; Gard & Wright 2005; Jutel 2000, 2005; Mark 2005; Pickett, Kelly, Brunner, Lobstein, & Wilkinson 2005). Our concern, however, is with how the discourses or 'truths' associated with the 'obesity epidemic' are taken up in schools as disciplinary practices, in the form of health and physical education programs, in this paper, in texts books and in websites aimed at children and their parents. These school and web 'texts' draw on knowledge constituted in the disciplinary fields of epidemiology, medicine and nutrition to construct individuals as being 'at risk' of becoming overweight and obese. These sites provide resources to conduct "a certain number of operations on … bodies and souls, thoughts, conduct, and way of being" (Foucault

1997, p.225) in order for young people and children to become 'healthy' citizens. They provide instructions on how to assess and 'know' the body and detailed prescriptions on how to act to remediate deficiencies and to ameliorate 'risk'. Following Foucault (2001), this paper will 'problematise' the ways bodies are constructed in this context and the fears and desires that are produced by the texts and their likely effects on how people come to 'know' themselves and live their lives.

CHALLENGING THE 'OBESITY EPIDEMIC' DISCOURSE

As pointed out above, many scholars and scientists have now pointed out that the research which would support the claim of an 'obesity epidemic' and the causal relationship of overweight and obesity to health is far from conclusive and certainly much less certain than we are led to believe in the media and by government policies and initiatives. Some of the criticisms include the easy conflation between obesity and overweight in the use of the term 'obesity' – which makes a vast difference to the claims that can be made – the use of the very blunt instrument of the Body Mass Index as a measure of overweight and obesity and the claims made about the causal relationship between overweight and obesity and a wide range of diseases (Campos et al. 2006; Gard & Wright 2005). Criticisms are also levelled at the claims made about the relationship between children's behaviour (watching television, playing computers, generally lying around (the 'couch potato' rhetoric that regularly occurs in media and also in children's language) and their weight (Gard & Wright 2005; (Gorely, Marshall, & Biddle, 2004).

The consequences of the 'truth' claims, however, are significant. People who are regarded (and this is often literally, that is, 'gazed upon') as overweight or obese are stigmatised and objectified as the 'Other' (Braziel & Lebesco 2001; Lebesco 2001; Murray 2005). As the abhorrent Other they can be related to and treated in ways that we would never deal with those 'like ourselves'. For example, fat people report being accosted in streets, doctors can reprimand a person in their surgery for their assumed poor health practices on the basis of their weight, whether or not they have attended the surgery for that purpose (Murray 2003), teachers can embarrass and humiliate children by sending those children regarded as overweight on 'fat laps' of the oval (Leahy & Harrison 2003). The list of practices of humiliation, disregard and disrespect is extensive. The fear of being like the Other is a powerful incentive to adopt practices which 'save' oneself and, for parents, their children from becoming like this 'Other'. It helps to explain how and why children and adults accept the imperatives associated with the 'obesity epidemic' to assess one's status (weight, BMI, fat measurement) and to comply with the prescriptions or to feel guilty about not doing so.

BIO-POWER AND THE 'OBESITY EPIDEMIC'

The analytic model proposed by Foucault and interpreted in Rabinow and Rose's (2006) paper on *Biopower Today* helps both to explain the salience of the idea of an obesity epidemic in contemporary times and to understand its operation. Foucault used the notion of biopower to explain the shift in nineteenth century Europe from sovereign power to a form of power that exerts control through 'the submission of

bodies through the control of ideas' (Foucault 1979 in Dreyfus & Rabinow 1982, p.149).

> Biopower we suggest, entails one or more truth discourses about the 'vital' character of living human beings; an array of authorities considered competent to speak that truth; strategies for intervention upon collective existence *in the name of life and health*; and modes of subjectification, in which individuals work on themselves in the name of the individual or collective life or health. (Rabinow & Rose 2006, p.195, our emphasis)

Crucial to this understanding of biopower is that it is effected in the name of improving life, it is the productive control over life, rather than the right to decide on life and death as in the case of sovereign power.

To further the analytic utility of the concept, Rabinow and Rose (2006) propose that 'biopower' in its operation 'must include at a minimum the following elements':

- One or more truth discourses about the vital character of living human beings, and an array of authorities considered competent to speak the truth...
- Strategies for intervention upon collective existence in the name of life and health ...
- Modes of subjectification, through which individuals are brought to work on themselves, under certain forms of authority, in relation [to] truth discourses, by means of practices of the self, in the name of their own life and health, that of their family or some other collectivity, or indeed in the name of the life and health of the population as a whole .... (p.197)

These elements of biopower are readily recognizable in the operation of the 'obesity epidemic' as a truth discourse, which prompts strategies for intervention on populations and individuals and which provides through its manifestations in health promotion policies, the media and schools instructions for the practices individuals need to engage in, the work they need to do on their- selves, in the name of their own and life and health of the collective. What we demonstrate in this paper is how these school text books and website aimed at children and their parents contributes to both defining the parameters of the obesity epidemic and the kinds of knowledge that counts and provide detailed instructions in *why* and *how* individuals should act on themselves and others.

SCHOOL AS INSTITUTIONAL SITES FOR EXERCISE OF DISCIPLINE AND CONTROL

Foucault's notion of power, and in this case biopower, needs always to be understood as not limited to institutions, it is multi directional – that is, both 'top down' and 'bottom up. However, as Rabinow and Dreyfus (1982) suggest, 'it is precisely when these technologies find a localization within specific institutions (schools, hospitals, prisons) when, they "invest" these institutions, that bio-power really takes off' (p.185). And so it is with the 'obesity epidemic'. The 'truths' established through the expertise of science are recontextualised on website resources and school textbooks to invest schools and the teachers with them with the obligation to act and to incite their students to act. Health is an area of school practice and the curriculum that is particularly invested with a moral obligation to act to 'save' children and young

people from being unhealthy. In the context of a neoliberal discourse of health that locates responsibility for health with the individual (Lupton, 1995) this is translated into assisting children and young people better understand themselves as being 'at risk', providing the information so that they can make 'healthy' informed decisions as well as attaching such knowledge to prevailing social values about health and behaviour.

The following section uses the analytic framework offered by Rabinow and Rose (2006) to demonstrate how school textbooks and web based resources establish particular 'truths' about the 'obesity epidemic' and the related area of food and exercise, set up 'norms' around body weight and shape, initiate interventions whereby children are measured and prescribed particular programs and promote particular forms of subjectification through encouraging self-assessment, self-monitoring and self-practices related to maintaining a healthy weight. Our method was to collect all sections of school health text books in the university library and curriculum resource centre and from health education lecturers which pertained to health, weight, food and physical activity (n=16 including sets of books and resources for different age groups). We also used 'Google' searching to identify Australian websites using combinations of the key words 'children', 'obesity', 'health', and 'weight' (n=6). The texts thus collected were analysed for the messages about the relationship between bodies, health and weight and for this paper the categorisation was further refined using the Rabinow and Rose (2006) analytic 'biopower' framework (see above).

Establishing the 'truths' of the 'obesity epidemic' and mobilising interventions

The 'truths' of the obesity epidemic were established on the government websites and school texts books through their constant re-citation (Butler, 1990) and through explicit and implicit references to scientific 'expertise' as their source. The starting point was often the simple equation of health with 'normal' weight and causal attribution of an extensive list of physical and psychological forms of ill-health and disease to overweight and obesity. For example, the following extensive list is provided by the *2 & 5 Campaign* (Australian Government website):

> Immediate problems include:
> - low self-esteem
> - social isolation
> - depression
> - heat intolerance
> - breathlessness on exertion
> - tiredness.
>
> Other health consequences of excessive body fat include:
> - type 2 diabetes
> - gall bladder disease
> - sleep disorders
> - high blood pressure
> - coronary heart disease
> - stroke
> - some cancers
> - osteoarthritis
> - back problems
> - reproductive abnormalities..

Having established the likely risk of being overweight or obese, statistics establishing the prevalence of the disease particularly amongst children were used to demonstrate the urgent need for interventions. 'Modern lifestyle' factors, particularly to do with increased sedentary behaviour due to the accessibility of television and computer games, and poor food choices associated with the availability of fast foods, food high in fat and sugar and family arrangements that preclude 'home cooked' meals were blamed for this increase. All resources positioned their readers (young people, parents (and carers, including teachers) as simply accepting the premises being established. It would be difficult (and it *is* extremely difficult) to take up a position that questions not only established 'scientific' facts but also that which is 'obvious'. A constantly reiterated point by TV and radio hosts and lay people and academics alike is that one has only to look around to see the evidence of increasing numbers of fat people and to observe the numbers of children on the computer and watching television. As Gard and Wright (2005) have pointed out, in addition to the power inherent in 'expert' knowledge, the desire to believe the 'truths' of the 'obesity epidemic' seem to be tied to social values which abhor fat and where to be 'fat', or for one's children to be fat, is a powerful fear.

The following quote from the New South Wales government health website, provides an example of the normalised position that: it is hard to stay healthy, that is, maintain a healthy weight, because of today's lifestyles and hence one must be vigilant. Key

sites of vigilance are suggested – sites where one might be sedentary and make bad food choices.

> Today's lifestyles can make it hard for young people to stay healthy, eat well and exercise enough.
> Healthy eating and exercising help maintain a healthy weight.
>
> ***Why is it hard to do this?***
>
> - Because we rely on cars for transport instead of walking or riding a bike;
> - Because we spend more time sitting at a computer doing homework, using the internet or playing games;
> - Because not everyone has easy access to parks where we can be active;
> - Because there are so many different foods to choose from it's hard to know how to make a healthy choice
>
> (http://www.health.nsw.gov.au/obesity/youth/intro.html)

In another example, the website of the multi-million dollar, *2 & 5 Campaign* mobilised by the Australian government to encourage the population to eat more fruit (two per day) and vegetables (five per day), after a brief preamble about the campaign itself, moves to establish the relationship between weight and health, and then by conflating overweight and obesity, to make the claim that overweight is a serious, chronic medical condition. It goes on to establish the relationship between overweight and obesity and the cost to the Australian economy, establishes children as being particularly at risk and proposes 'an energy imbalance' as the key to the problem. These 'facts' are contested above and by many other writers. However, the point here is how simple 'facts' (with the implicit imprimatur of scientific research) are constantly re-cited and become 'truths' that govern how people come to see populations and themselves, and thereby act on themselves and others. The following quote is from the *2 & 5* website. For the sake of brevity, we have omitted some of the elaborating details and use of findings from a National Nutrition Survey to support the final 'Fact'.

> <u>Facts about Overweight and Obesity</u>
> Background Information
> Overweight and obesity are serious, chronic medical conditions that are associated with a range of debilitating and life-threatening conditions. They are also among the most complex and difficult problems to treat.
> Diseases and conditions associated with overweight and obesity impose huge financial burdens on health-care systems and the community. Studies have estimated that the health care costs of excess body weight in Australia today are about $1.2 billion.
>
> <u>Fact: The number of children who are overweight or obese is increasing</u>
> The number of overweight and obese Australian children and adolescents has doubled in the last 15 years. It is estimated that between 20 and 25 percent of children and adolescents are now overweight or obese.
>
> Because many of these people are at risk of becoming overweight or obese as adults, preventing and managing obesity in children is a priority.
>
> <u>Fact: Poor diet is a key risk factor for overweight and obesity</u>

> While many factors can influence an individual's weight, overweight and obesity are mainly caused by an imbalance when energy intake from foods exceeds energy expended in physical activity.
>
> http://www.healthyactive.gov.au/internet/healthyactive/publishing.nsf/Content/about (accessed 14 March, 2007)

These facts are further reiterated on a NSW government health website aimed at parents and caregivers:

> Boredom warning: If facts and figures are not your thing, you might like to jump straight to the 'how to' parts of this website – getting active and healthy eating. But if you want some useful background information so you'll be able to take more effective action, read on.
>
> Australian kids are not as healthy as they should be. Many of them are putting on excess weight and not losing it as they get older.
>
> In exact terms, from 1985 to 1995 the level more than doubled for overweight (mildly above healthy weight) and obesity (considerably above health weight) combined. In the same period the level of obesity on its own tripled in all age groups and for both sexes. And we're not alone: over the last 20 years, rates of overweight and obesity in children have risen greatly in many countries around the world.
>
> Obese children have a 25–50% chance of being obese as adults, and this chance may increase to around 75% for obese adolescents
>
> http://www.healthykids.nsw.gov.au/overview/ (accessed 16th march 2007)

This website reiterates the normative positions that health is equated with size, the way to know that your child is healthy is to look at their body. It suggests that all children are at risk and that parents need to be vigilant, and should be taking action. It makes the common shift from conflating overweight and obesity, which makes the statistics more dramatic, to obesity when quoting statistics (a widely varying range 25-50%) on children's chances of becoming obese adults, which are less believable if overweight were included.

The following quote from a school health textbook, targets junior high school children. It uses highly emotional language to make the common claim that rates of obesity are escalating so greatly to be 'out of control'. The readers of this quote are positioned as part of the problem, 'they are fatter than any previous generation' and it is because they are not active enough.

> Health professional warn of an epidemic of obesity and say waistlines are swelling at such a pace that Australia is on course to overtake America as the world's fattest nation in the next ten to fifteen years. By then, as many as seven in ten people will be overweight or obese, based on current trends.
>
> Children give particular cause for concern. Today's adolescents are fatter than any previous generation, according to Louise Bauer …One recent study found that children spend an average of ten minutes a day doing vigorous physical activity.
>
> The rate of childhood obesity has tripled in the past decade, with more than one in five children now [in 2001] classified as obese or overweight, according to the

> NHMRC. Only in the US do children weigh more on average than they do in Australian. (from 'Nintendonitis', cited in Cox, Donovan, Hayes-Williams, McKeen, Pearson, Sutton 2004, p.8)

In other materials on the websites and textbooks readers are directed to particular ways of thinking about food and physical activity. The problem is established as the imbalance between food in and energy out; and the consumption of fast foods, and foods high in fat and sugar. The notion of 'fat' is particularly loaded with guilt and loathing.

> The heart of the problem is energy balance: if children take in more energy through food than they burn through activity, they will put on weight. The solution is to balance what we eat with how much we do. This is something that families must look at, but also something for schools and childcare centres to consider. (NSW Health website)

> *Why is it called 'junk food'?* Eating patterns are linked to the development of health problems. The foods that are more likely to lead to health problems are often called 'junk foods'. Foods that contain lots of *fat*, *salt* and *sugar* are the villains!" (CYH website: Young Adult Health – healthy eating, emphasis in the original)

> *What is fat?* In your body, it is the way you store energy – for later. …If you eat too much fat you will find out the bad things about too much fat. Fat can: lead to obesity (when a person weighs too much for his/her height and body type); lead to illnesses when you are older (heart disease); make you feel bad because you're not getting enough of the good foods to keep you healthy; *make you feel bad about what you feel you look like*. (CYH website: Kids Health – fuel for your body, our emphasis)

Modes of subjectification

Having established the 'facts' of the 'risk' through the re-citation of its 'truths', the various campaigns, website resources and school textbooks create the need to change by mobilising the position that the individual is responsible for his or her own health, and parents and teachers are responsible for the children in their 'care'. Absent from the discourse and the funding models that follow are structural changes to people's living conditions, changes in transport to make opportunities for play and recreation more accessible, changes in working hours and support for families so that they have more time to plan for different ways of eating if they so choose and so on and so on. Rather the message is that each individual needs to take on the task of ensuring that there is a balance between the energy they ingest and the energy they expend, and to not do so will have dire consequences. In some of the school texts books the advice on this was quite specific and tables of energy expenditure for different kinds of activities were provided to assist in the self-monitoring this required. The metaphor of the seesaw was also frequently used as an indicator of the energy balance prescription. The following are some examples of tasks directed at students. For smaller children one of the suggestions was that they kept a diary of what they eat which could be assessed by teachers and parents.

Self-assessment: am I 'at risk'?

The following examples encourage children and young people to self-monitor by recording their activity levels, record their eating habits, keep exercise and diet diaries, and to rate and measure their health and activity levels.

> Calculate the number of hours in an average week that you or a friend spends using a computer or computer-generated games, … Do you think that you or your friend devotes too much time to computer-related activities?" (Cox et al 2004, p. 9).
>
> Use the weekly lifestyle charts below and on page 13 to analyse your lifestyle and determine whether you have a balanced lifestyle. (p. 12)

and from another text book for younger children,

> <u>Diet report – take home sheet</u>. For homework tonight, you will be scoring everything that you eat. Try to be honest and decide on the scores *yourself*. … As an extra challenge you can write a comment about the foods that you ate." (Tasker, 2003a, p. obscured).
>
> <u>What you can do.</u> Get to know your body. Keep a diary for a week. Write down: everything you eat (even if you only licked the cake mixing spoon); everything you do, like walking, sitting, running, skating, lying on the couch etc; how you feel at different times during the day e.g. tired, hungry, sleepy and energetic; how much sleep you have and how you feel when you wake up. At the end of the week you should know heaps about how your body works. … Changing even one small thing at a time can make a big difference over a longer time. (CYH website: Kid's Health – Weight - how much should you weigh?)

Teachers are advised to use the following strategies to assist students make assessments of their behaviour:

> What to do: Discuss with children what they ate for lunch. Ask students to sit in two different groups – those who think they had a healthy lunch and those who think their lunch was unhealthy. (Harrold 2003, p.8).
>
> Do you know how much fat is in your favourite foods?... Choose one of these foods and use the plasticine and scales in your group to make a ball of 'fat' that weighs the same as your chosen fast food…. What was the fattiest food in your group? What is the fattiest food in your class? (Tasker 2003b, p.15)

Prescriptions for self-practices

The same resources provided instructions on how to address the 'risks' or 'deficiencies' that might have been identified by the process of self-monitoring; or the 'risk' inherent as a member of a population where risk of overweight or obesity has become a normalised state. The advice was also accompanied by a suggestion that to resist such prescriptions was to be a less than ideal citizen

> How can I maintain a healthy weight?
> You can help maintain your weight by balancing the amount you eat and drink with the energy your body needs to function, grow and exercise. Eating a balanced diet and leading an active lifestyle can help you maintain a healthy weight. (NSW Health website)
>
> Many Australians choose to participate in passive recreational activities in their free time. Do you? … [M]any people choose to spend so much of their free time on passive activities that it leaves them with little or no time to participate in active recreation". (Cox et al 2004b, p.8)
>
> Did you know that if you're between 12 and 18 years old, you need to be doing at least 60 minutes of moderate to vigorous physical activity every day to keep healthy? And you shouldn't spend more than two hours a day surfing the net, watching TV or playing video games? (Dept. of Health and Aging 2004, p.1).

In another example a cartoon character, Ollie Oil, drawn with a spotty face, long oily looking hair, sitting hunched over, eating chips, was used to capture the nature of the abject 'Other'. Ollie Oil, however, could be recuperated if he changed his habits and balanced his input and output of energy.

> Ollie Oil has only recently moved in to the neighbourhood. He likes to eat fried foods and sugary treats. He loves to skate, though, and seeing all of his new friends and how healthy they are is giving him the motivation to try and improve his diet. He knows that if he eats lots of grains, fruits and vegies, plus moderate amounts of dairy and protein, then *he can afford to have a treat every now and then, especially if he follows it up with a good skate around the park.* (Tasker 2003b, p. 8, our emphasis)

CONCLUSION

The difficulty with pointing to the ethical and moral problems with the obesity epidemic as discourse is the power of the idea that we should be saving children by improving their health. The information and prescriptions we have discussed above, from that perspective seem to be in children's best interests. Our argument is rather that such 'truths' and the practices that follow are not 'healthy' for children or young people or for the relationships between children and those who care for them. We have a long history now of arguments that a preoccupation with weight, a fear of getting fat, a preoccupation with the balance between energy in and energy out, does not have happy consequences for young women and can very damaging to their health.

The truths associated with the obesity epidemic and the regulatory practices – institutional and self-desciplining, that these inspire, have generalised fears about body shape and weight, in the name of health to everyone in the population – all social and cultural groups and for both women and men. No-one escapes the net of 'risk', and so no-one escapes the moral imperatives to assess oneself and to act. How the truth messages will be taken up is not of course uniform and may include resistance to such ideas in all kinds of ways. As Monaghan (2007) points out individuals make sense of, and act on the basis of, social ideas (in his case about the BMI) in relation to their experiences, investments in other social ideas (in his gender aesthetics) and embodied feelings. We need to know more about how this happens in the case of children and young people and a study across schools in the UK, Australia and New Zealand are currently planning to do this.

We would still argue, however, that schools and particularly teachers of physical and health education need to critically examine the ideas about the body, health, physical activity and food that they promote and consider the implication of their practices for the well-being of students. We would also argue that teachers can assist students become better able to critically assess health 'truths', and particularly the claims made about the 'obesity epidemic', to understand how knowledge is recontextualised in media, on the web and in other texts and to recognise how and why feelings of fear and loathing are mobilised in the process. As a first step teachers must engage with the debates, read the different points of view and take up a position that is informed by critique rather than themselves accepting the rhetoric of the 'obesity epidemic' as fact.

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