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Chapter 1

Biopower, biopedagogies and the obesity epidemic

Jan Wright

One of the most powerful and pervasive discourses currently influencing ways of thinking about health and about bodies is that of the ‘obesity epidemic’. This has, in turn, generated a counter argument from a range of perspectives. While there has been considerable recent theorising of the issue in the context of fat studies, there has been less attention to how the discourses associated with the obesity epidemic have had an impact on populations and specific sections of populations. The contributors to this book came together because of a joint concern as educators with the ways in which the ‘truths’ of the obesity epidemic, as they are recontextualized in government policy, health promotion initiatives, web resources and school practices have consequences for how children and young people come to know themselves. Our purpose then is to further current theoretical understandings of obesity discourse, and the practices it endorses, by interrogating what we are terming biopedagogical practices as they are enacted across a range of social and institutional sites. In bringing together collaborative insights around biopedagogies, the collection will also further theoretical understandings of the construction of the body in contemporary culture.

The starting point for this anthology is the argument that the ‘obesity epidemic’ and its associated practices depend on a range of pedagogies that affect contemporary life at both the level of the individual and the population. The notion of biopedagogies is drawn from Foucault’s (1984) concept of ‘biopower’, the governance and regulation of individuals and populations through practices associated with the body. We use the term biopedagogies to describe the normalising and regulating practices in schools and disseminated more widely through the web and other forms of media, which have been generated by escalating concerns over claims of global ‘obesity epidemic’.

Through each of the chapters, this book makes the argument that biopedagogies not only place individuals under constant surveillance, but also press them towards increasingly monitoring themselves, often through increasing their *knowledge* around ‘obesity’ related risks, and ‘instructing’ them on how to eat healthily, and stay active. These systems of control can become constant within a ‘totally pedagogized society’ (Bernstein 2001) where methods to evaluate, monitor and survey the body are encouraged across a range of contemporary cultural practices including popular media (Burrows and Wright 2007) and new technologies (eg the Internet, see Miah and Rich 2008). In effect, individuals are being offered a number of ways to *understand* themselves, *change* themselves and *take action* to change others and their environments.

This first chapter serves as an introduction to the collection by describing the ideas that motivated the book. It begins by reviewing the literature that engages in a critical social analysis of the ‘obesity epidemic’ and its impact on individuals and populations, as a way of taking stock of the debate. It discusses the ways in which the debate and the theorising of the ‘obesity epidemic’ and related areas can move

forward and how the resources of social theory can be marshalled to produce a counter discourse to that which dominates the media and current policy. The chapter explains the concept of biopedagogies and leads into chapter two that will expand on the notion of biopower and its utility in understanding the phenomenon of the ‘obesity epidemic’ and its effects.

The problem of the ‘obesity epidemic’

The idea that there is an ‘obesity epidemic’ has gained considerable purchase in the scientific health community and the public consciousness. This seems to have begun in the late 1990s with the publication of papers pointing to obesity as a serious health issue; one of these papers labelled the dramatic increase in people with a BMI above 30 between 1991 and 1998 as an ‘epidemic’ (Saguy and Almeling 2008). Mass media coverage has escalated from this point to where news articles (reporting on research alone) exceed 6,000 per year (Saguy and Almeling 2008). The issue of the ‘obesity epidemic’ has become a key plank in western (and increasingly Asian) governments’ health agendas and worthy of front page reporting when new research is released. For example, in June 2008, a report that childhood obesity numbers were *not* increasing, from an Australian nutrition researcher, Jenny O’Dea (Creswell 2008) made it to the front page of the national newspaper, *The Australian*. While it is encouraging that counter arguments are being published, the article could only make sense as front-page news if the notion of ‘childhood obesity’ had already taken hold in the public consciousness as a matter of widespread interest. In comparison to this article, most media coverage, however, has been clearly instructive that there *is* an ‘obesity epidemic’, childhood obesity is particularly of concern, and that there is a clear

relationship between weight and health, which affects individuals and the nation via economic costs. As Saguy and Almeling (2008) point out, the results of research reported in academic journals, which may be more tentative in suggesting these relationships, is taken up in government reports and newspapers in ways that single out and simplify to produce the most dramatic message. For example, Evans (2006: 262) points to the certainty and hyperbole with which the House of Commons' (HOC) *Health Select Committee Report on Obesity* states that 'with quite astonishing rapidity, an epidemic of obesity has swept over England' and

Should the gloomier scenarios relating to obesity turn out to be true, the sight of amputees will become much more familiar in the streets of Britain. There will be more blind people ...[and] this will be the first generation where people die before their parents as a consequence of childhood obesity.

(HOC 2006 quoted in Evans 2006: 262)

As many have pointed out, including writers in this book, the naming of obesity as a disease, and the identification of specific risk factors provides the impetus for the close monitoring of those who might be at risk in the name of prevention, and the assumed need for treatment of those who fall within the medically defined categories of overweight or obesity. This has been given further purchase by the moral opprobrium directed at those who are perceived (through the reading of their bodies) not to be making appropriate lifestyle decisions and thereby abandoning their responsibilities (and therefore their rights) as citizens contributing to the general good. As is developed further in the following chapters, the taken for granted relationship between weight and health, and its apparent costs to individuals and society, also

provides the motivation and mechanisms for the recontextualization of bio-medical knowledge in reports that can be used to both argue for the need for public education and provide the content for that education. For example, in January 2008 the British government outlined a new strategy, including a £75 million, 3-year advertising campaign that called for an ‘evidence-based marketing program which will inform, support and empower parents in making changes to their children's diet and levels of physical activity’ (Department of Health 2008). Other examples of public health education campaigns include *Mission On* (New Zealand), *2 and 5* (Australia), ParticipACTION (Canada) and a national campaign in Japan for mandatory measurement of the waist circumferences of all people aged between 40 and 75 (Onishi 2008). These campaigns provide the public with the facts about the obesity epidemic, the likely health and economic effects, and instructions on how to act to protect themselves and their children from such effects.

There has been for many years, a critique of western societies’ ‘cult of slenderness’ and an examination of its effects for how people, and women in particular regard themselves and their bodies. Alongside and informed by this writing there has also been a fat activist movement that has gained momentum with the advent of the Internet (see Saguy and Riley 2005). However, it has only been with the public and bio-medical focus on obesity and the relationship between weight and health that the discourse has taken a different turn to provoke a proliferation of responses, from a range of different perspectives; some of which have found the apparent compatibility of their arguments distinctly unsettling (see Gard chapter).

The phenomenon of what Saguy and Riley (2005) have called anti-obesity research and activism has marshalled a counter ‘movement’, from a range of perspectives including the bio-sciences, social sciences, and cultural studies. Those on the ‘other’ side of the debate have been categorized by Saguy and Riley as fat activist researchers (such as Paul Campos and Paul Ernsberger) and fat acceptance activists (such as the National Association to Advance Fat Acceptance (NAAFA)). I maintain, however, that this categorisation (which worked very well for the purpose of their analysis of the debate) elides the important differences in purposes and positions that motivate what is a more complex collection of, mostly but not always, likeminded people (see Gard’s chapter as an example). I would argue that while most want to challenge the ‘truths’ of the obesity epidemic, not all would align seamlessly with fat activism, which is in itself not a singular position (see Lebesco 2004), nor vice versa.

Social and cultural researchers, however, often rely heavily (see the introductions to many of the chapters in this book) on those who have taken on the bio-scientists and epidemiologists in their own territory, because it seems this is a terrain on which there can be a common language. The critique of the science that supports the attention given to the obesity epidemic and its relationship with health has been gaining momentum in the public and academic domain (but as yet with little apparent purchase at the level of government) since the publication of a number of books and several articles in academic, medical and health journals (Campos 2004; Campos, Saguy, Ernsberger, Oliver and Gaesser 2006; Flegal 2005; Gard and Wright 2005). These scholars and scientists examine the ‘science’ of the ‘obesity epidemic’ on its own terms, challenging the propositions on scientific criteria of ‘truth’ – for example, quality of the methodology, the interpretations and theorising from the data – and

pointing to studies that provide alternative understandings. As these scholars point out, the research that would support the claim of an ‘obesity epidemic’ and the importance of overweight and obesity to health is far from conclusive (e.g. Campos et al 2006; Gard and Wright 2005; Mark 2005) 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’; the use of the very blunt instrument of the Body Mass Index (BMI) 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 (see Gard and Wright 2005 and Jutel and Halse in this book). 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 (see Biddle, Gorely, Marshall, Murdey and Cameron 2004; Gard and Wright 2005; Marshall, Biddle, Sallis, McKenzie and Conway 2002).

Despite a proliferation of papers and books in the social sciences and cultural studies (and indeed, as demonstrated above, from within the ‘bio-physical sciences’) critiquing the idea of an ‘obesity epidemic’ and its effects, nowhere is the divide between the bio-physical and medical sciences and socioculturally informed research and theorising more evident than around this issue. Nor is the power of science to establish the normative position more clearly demonstrated. Whereas those who would interrogate the knowledge constructed in the name of obesity science have to take considerable care with their claims and constantly defend their positions, those speaking from the standpoint of science have no such qualms, rarely engaging with

the debates, dismissing the research by questioning the credibility of authors (as non-scientists or non-medical researchers) and/or using derogatory epithets to dismiss alternative positions. As Saguy and Riley (2005: 870) argue, on the basis of their analysis of the claims from both sides of the debate, the central role played by morality in the debate, together with medical arguments about the risks of body weight, 'stymie rights claims and justify morality-based fears'.

The critiques of the 'truths' of the obesity epidemic are important, especially in domains where social and cultural arguments have less purchase. In this book, however, we draw on social theory to address different questions. We look to Foucault, in particular, but also other social theorists, such as Bernstein, Butler and Deleuze and those who have used their work in the area of critical health sociology to make visible the ways the ideas or discourse associated with the obesity epidemic work to govern bodies and to provide the social meanings by which individuals come to know themselves and others. The point of this book is not to argue with the scientific 'truths' (there are others who have taken up this task). Rather it is to demonstrate how these 'truths' become 'recontextualized' in different social and cultural sites to inform and persuade people on how they should understand their bodies and how they should live their lives. In doing so, in this chapter, I look to those who have drawn our attention to the importance of such a pursuit, who have pointed to the body as more than its biology, but as a site where social meanings become embodied and in doing so change 'consciousness', identities or subjectivities (depending on your theoretical bent). What Christine Halse, in this collection, following Deleuze, describes as 'the incorporation of the "outside" world (the social and economic well-being of others) into "inside" (psyche and body) of the

individual’.

Acknowledging the feminist contribution

Although the term ‘obesity’ has now captured public attention, the implications of a social and cultural preoccupation with body size and shape and appearance have been the focus of social theorists (for example, Mike Featherstone) and particularly feminists for some decades (for example, Andrea Dworkin, Susan Bartky, Naomi Woolf, Susan Orbach, Kim Chernin to name a few). Prompted by a concern with the increasing evidence of eating disorders amongst young women, feminists made the link between social structures, cultural ideals and the body, particularly, in this case, the female body.

This early work of feminism seems frequently to be elided in oft cited concerns of the loss of the fleshiness of the body in contemporary critiques of poststructuralist theorising of the body (Shilling 2008). Feminists such as Dworkin (cited in Bordo 2003) and later Bordo, however, were very much concerned with the relationship between material bodies and ‘the “direct grip” culture has on our bodies through the practices and bodily habits of everyday life’ (2003: 16). Bordo acknowledges her debt to early feminists, such as Mary Wollestencraft, who through their own experiences and politicization theorized the ways culture is not simply written on to but shapes both the body, body comportment and through this process women’s consciousness. These ideas resonate with contemporary writing around fat bodies; the themes of alienation and self-loathing and the processes by which particular kinds of body real or imaginary become constituted as abject (Kristeva 1982 and see Murray in this

book).

Bordo (2003: 32) draws on Foucault to point to the micropractices, what we might call biopedagogies, that are a 'constant and intimate fact of everyday life': the self-assessment, self-monitoring of bodies and behaviours against social norms of appearance and body shape and the moral imperatives regarding eating and exercise (so called 'lifestyle' behaviours). She argues that there is a '[desperate need for] the critical edge of a systemic perspective' which focuses on the 'institutionalized system of values and practices within which girls and women – and, increasingly, boys and men as well – come to believe they are nothing (and frequently treated as nothing) unless they are trim, tight, lineless, bulgeless, and sagless' (p.32).

The focus in the early feminist writing on the body was primarily on anorexia and eating disorders and the ways the preoccupation with the body, evidenced in the numbers of young women diagnosed with eating disorders, was part of the experience and self-consciousness of most girls and women in western societies. That analysis continues, inflected now with an analysis of culture in which health is equated with weight and where moral imperatives associated with the moral panic of the 'obesity epidemic' add another dimension to an already complex issue. As Halse and Rich and Evans in this book suggest desires to be thin need also to be understood in a neoliberal and performative culture where individuals are expected to be responsible not only for their own health but for striving for perfection in all aspects of their lives, including the weight and appearance of their bodies. To be fat (however that is perceived by society and/or the individual) is evidence of failure.

Lebesco/fat activism

The naming of fat 'as a feminist issue' has promoted another line of social analysis and activism. This is primarily informed by feminist theory and increasingly by cultural studies and particularly queer theory, for example, see Braziel and Lebesco (2001), Lebesco (2001 2004) and also Murray (2005 and in this collection).

Promotion of a notion of 'body diversity' underpins the arguments of most proponents of this position, but as Lebesco (2004) argues in her final chapter of *Revolting Bodies*, some proponents are more willing to take up health arguments than others. Some fat activists will use the notion of obesity as a disease determined by genes in order to argue that, being biological, it is not their fault that they are fat and therefore they should not be the target of moral judgements nor discrimination. Much of the early writing and continuing research in this field analyses western society's relationship with fat and fat bodies and seeks to make visible the experience of women who judge themselves and are judged as overweight (e.g. Carryer 1997; Davies 1998). These researchers point to the damaging effects on fat women of social stigmatisation and discrimination. They often seek to address commonly held prejudices that people are fat because they are not strong willed enough, because they haven't tried hard enough, that is, it is all their own fault.

More recently queer theory (and particularly Judith Butler) has been used to provoke, and to name the discourses that constitute fat and fat bodies as abject. For example in their introduction to *Bodies out of Bounds*, Braziel and Lebesco (2001:1) write: '[o]ne of the objectives, then, is unmasking the fat body, rendering it visible and present, rather than invisible and absent: seen rather than unsightly'. Lebesco (2004: 3) goes further in *Revolting Bodies* to move aesthetic and health constructions of fat into a

political domain; her interest is in ‘transforming fatness from a spoiled, uninhabitable, invisible identity to a stronger subject position’. Her project is to resignify the fat body ‘as healthy and powerful’ and to provide the resources (the ways of thinking) to resist stigmatising messages from anti-fat. In the terms of this book, she and others (see Murray in this collection) are attempting to disrupt the comfortable social understandings of fat and obesity and provide others ways of knowing to inform the way people live their bodies and how they regard and relate to their own and the bodies of others.

Biopedagogy(ies)

We use the word biopedagogies in this book to bring together the idea of biopower and pedagogy in ways that help us understand the the body as a political space. This accentuates the meanings associated with the body and how these are constituted in multiple ‘pedagogical sites’ – that is, sites that have the power to teach, to engage ‘learners’ in meaning making practices that they use to make sense of their worlds and their selves and thereby influence how they act on themselves and others. These sites are not necessarily (and indeed mostly) in schools, but are everywhere around us, on the web, on television, radio and film, billboards and posters, and pamphlets in doctors’ waiting rooms. Some are deliberate attempts to change behaviour, such as the public health campaigns associated with the ‘obesity epidemic’, others are more subtle and perhaps because of this more powerful. For example, reality TV shows such as *The Greatest Loser* and *Honey We’re Killing the Kids* promote the idea that change is absolutely necessary and that to not change is unthinkable – ‘your children will die’ – and inexcusable – the competitors on *The Greatest Loser* demonstrate for

all to see that it is possible to lose large amounts of weight. These shows are the most direct in their message, but similar messages about risk, lifestyles and individual responsibility are evident in the presentation of health issues in radio commentary, daily popular soaps and the ways in which fatness and large people are characterized in film and television. These spaces also provide opportunities for rebellion and resistance, both explicitly by different representations of fat women and men (see Lebesco's analysis of these in *Revolting Bodies*), but also through the public discussions they provoke about ways of seeing fatness.

Bordo uses the word pedagogy in the introduction to the 2003 edition of *Unbearable Weight* to write about the power of digitally altered media images in teaching us how to see the 'ideal body',

This [digitally modified images of "virtually every celebrity image"] is not just a matter of deception – boring old stuff, which ads have traded on from their beginnings. This is perceptual pedagogy, *How to Interpret Your Body* 101. These images are teaching us how to see.

(Bordo 2003: xviii)

As a term pedagogy has been taken to mean many different things; following Lusted's influential paper in *Screen* it has had the potential to go beyond a simple notion of transmission, to understand pedagogy as a relational cultural practice through which knowledge is produced. It is a practice that involves the negotiation of knowledge (ideas) in relations of power and one that goes beyond the classroom. Most recently following Basil Bernstein, Evans, Rich, Davies and Allwood (2008: 17) have argued

that pedagogy encompasses all those ubiquitous (conscious) practices which would instruct about how one should live; these are always value laden and ‘help lay down the rules of belonging to a culture and class’. Body pedagogies, from their point of view, then are ‘any conscious activity [under]taken by people, organisations or the state, that are designed to enhance individuals’ understandings of their own and others’ corporeality’.

In going beyond the notion of body pedagogies – as pedagogies that target the body - we draw on Foucault’s concept of biopower (see Harwood in chapter two for a detailed discussion) to conceive of the body as inextricably bound up with life (or bios). This enables us to understand biopedagogies as those disciplinary and regulatory strategies that enable the governing of bodies in the name of health and life. The cojoining of biopower and pedagogy allows us to suggest a framework for analysis of ‘biopedagogical practices. These practices produce the truths associated with the obesity epidemic and include for example, the ‘strategies for intervention’, the power relations and modes of instruction across a wide range of social and institutional sites, enacted in the name of the ‘obesity epidemic’. Biopedagogies can be understood as urging people to work on themselves. However, as the authors in this book point out, this is not always predictable. How individuals take up ideas around fatness and obesity will be mediated by their personal experiences, their own embodiment, their interactions with other ways of knowing, other truths and operations of power in relation to the knowledge produced around the health, obesity and the body.

The Chapters

The book is divided into two sections with a commentary by Valerie Walkerdine completing the collection. The first section of the book takes a more theoretical stance examining how particular obesity discourses have come into being and how these are circulating – normalising, regulating and so on - to govern populations. The second section of the book focuses on how ideas associated with the obesity epidemic contribute to the governing of the population through specific biopedagogies or interventions. Most of the chapters draw on empirical work to examine the truths of the obesity epidemic, particularly the ways in which they have been recontextualized in school and public health interventions that target families and young people. The first section begins with a key chapter in which Valerie Harwood explains how drawing on Foucault's notions of biopower and an understanding of pedagogy as a relation between knowledge and individuals in the context of particular social sites enables us to exceed the theoretical potential of each, particularly in the analysis of the ways in which ideas about obesity are taken up, transmitted and resisted by individuals, institutions, and governments.

The third chapter by Michael Gard makes an important and provocative contribution by challenging critical obesity researchers and fat activists, including the contributors to this book, to beware of complacency with their/our own positions. He argues that, if we to have more public effect, we need to be open to understanding how other intellectual traditions operate and to use these strategically to speak in languages other than those with which we are comfortable; that is, we should not let the well worn grooves of our own discursive positions inhibit our capacity to speak to many different audiences. He also suggests that we need to more closely interrogate the

invested positions of those whose ideas we would take up because they seem to support our arguments and those who would use our arguments to support positions that may be counter to our own.

The remaining writers in this section examine how the medicalization of weight through its association with health, becomes a key component of public health discourses of individual responsibility, morality and the drawing up of distinctions between the normal and the pathological. They each examine the processes by which these truths come into being and the power they derive from an association between health and morality. They bring to the surface those ideas about obesity and fat that are hard to contest, to speak against. These chapters make visible this process, both through exemplification/illustration and by drawing on robust theory to say why this is a problem. They point to how the uncontested re-citation of ways of talking and acting on bodies in the name of the obesity epidemic are dangerous and offer other ways of knowing and acting.

In Chapter five, Annemarie Jutel explores the genesis of the medical position on overweight and obesity through an analysis of the ‘convergence of conditions which have led to the consideration of overweight as a disease’. These include the ways the appearance of the body has come to signify the worth of the individual; and the capacity to measure fatness, to establish an objective truth about a person’s weight. The idea that the social and personal worth of a person is indicated by their appearance is taken further by Samantha Murray and Christine Halse in their chapters in this section. They both develop the idea that the obesity discourse is charged with notions of morality and virtue, where appearance is indicative of not only an

individual's lifestyle practices, their attitudes and choices but also of their relationship to the good of the rest of their society and their cost to that society. Murray draws attention to John Burry's argument that maintaining a 'healthy' weight is not only the responsibility of individuals but is also a matter of ethics. Halse develops this idea in her description of the moral imperatives associated with weight control as a 'virtue discourse'. She argues that what sets virtue discourses apart from other discourses is the way they 'configure virtue as an open-ended condition: a state of excellence that has no boundaries or exclusions' (Halse, Honey and Boughtwood 2007: 220).

In the second section of the book, the authors describe how the truths of the obesity epidemic are recontextualized as 'strategies for intervention ... in the name of life and health' (Rabinow and Rose 2006: 196). Remarkably similar interventions encouraging populations to make 'responsible' decisions in relation to eating and physical activity have proliferated across the United States, Canada, the United Kingdom, Australia and New Zealand (and more recently in Japan, Hong Kong and Singapore). These normalize particular practices with the apparent imprimatur of science and demonize others and by doing so normalize particular ways of living and being. In the process, they contribute to other individualising discourses that would blame particular social groups for their failure to live up to social standards of health. These interventions and the moral ideas of individual responsibility for one's health that underpin them provide a context in which measuring of weight, calculating of the BMI, comparing these measures against standards and the monitoring of eating and activity as part of everyday and institutionalized practice become acceptable. The discourses of the obesity epidemic are enacted on the bodies of children and young people in schools, in patient consultations in doctors' surgeries and by individuals on themselves via the

mechanisms for self-monitoring offered on the web, in popular magazines and similar popular media sites.

Importantly, the authors in the second section of the book demonstrate how these interventions are targeted specifically at families, young people and children. While Murray and Halse draw our attention to how bodies become abject in the context of the obesity discourses, in Part Two, in the chapters by Lisette Burrows and Laura Azzarito, we see how the obesity discourses are used in conjunction with racialized and classed discourses to mobilize feelings of blame and disgust around whole populations (e.g. poor, working class, cultural minorities). Burrows demonstrates how Maori and Pacifica peoples in New Zealand through media coverage of obesity are constituted as being at greater risk of obesity, and of the health consequences assumed to be associated with it, through what are described as their ‘inappropriate’ cultural practices and values around eating and exercise.

Azzarito in her chapter argues that the normative discourses of the obesity epidemic privilege white gendered ideas of the fit healthy body and white cultural practices associated with eating and activity and thereby constitute the cultural practices and the non-white bodies of marginalized people of colour as ‘Other’. She examines specific school-based research interventions in the United States aimed at improving the health of young African American, Hispanic and Native American people and argues that these are narrowly based on racialized categories of healthy and fit bodies, that they contribute to the ‘reclaiming of race as a biological category’ and to the assimilation of ‘the bodies of young people from different ethnic background to whiteness’.

As Deana Leahy points out in her chapter, governmental regulation is not only about drawing on expert knowledge to set up particular ways of living but also about the way affect is mobilized in the process of subjectification. As she says so evocatively, the pedagogies invoked in health classrooms in the name of teaching about bodies, nutrition and health, ‘are explicitly designed to permeate and creep into students’ ways of thinking and being’. She describes, through data collected in classrooms, how students are invited via biopedagogical strategies to understand themselves and their bodies in relation to particular expert understandings of fitness and health. More importantly, however, are the ways in which expert knowledge is mobilized by the teacher in her talk about the relationship between exercise, fitness and fat, to elicit bodily responses, and in particular in her examples, disgust. Leahy argues that ‘disgust’ is an affect commonly mobilized by both teachers and students in health classes and by other health strategies designed to address childhood obesity.

In their chapters, Simone Fullagar, Natalie Beausoleil, Genevieve Rail, Emma Rich and John Evans use interviews with families or young people to demonstrate how the health imperatives associated with the obesity epidemic, as promoted through government and school interventions are taken up by families and young people in the way they talk about their bodies, their health and their lives. Fullagar, for example, examines the texts of health promotion initiatives directed at preventing obesity alongside the texts from interviews with families about their decision-making practices around health. She demonstrates the power of the health promotion discourses in the ways the families talked about health, in how they negotiated risks and how feelings of shame and despair influenced their decision-making. Her analysis

exemplifies the way the 'lived body' is the site of a discursive struggle where competing meanings of health and lifestyle decisions are made in relation to material circumstances and the relational contexts of families.

Rich and Evans use the *Every Child Matters* policy document to identify techniques of surveillance, which in the name of informing young people (and their parents, through measuring their child's weight online) about their health produce affects such as anxiety, stress and guilt. They argue that these reach into every aspect of young people's lives both inside and outside schools, through the moral imperatives to be a particular kind of person. These also provide teachers and health educators (and, I would argue, friends, family and sometimes only nodding acquaintances) with the assumed right to make moral judgements on young people's bodies and to become expert in recommending how they should eat, exercise and generally live their lives in order to lose or maintain a 'healthy weight'. They draw on their interviews with young women diagnosed with anorexia to demonstrate the damaging effects of such regulatory techniques. For example many of the young people they interviewed talked about such techniques (such as being weighed in class) as critical moments in how they came to view their bodies.

Geneviève Rail and Natalie Beausoleil also draw on interviews with young people, this time from a large study investigating the meanings of health and fitness for Canadian young people. Both Rail and Beausoleil demonstrate the power of the obesity discourse in promoting particular 'truths' about exercise, eating, energy balance and appearance to persuade young people to particular ways of knowing their bodies, no matter what their ethnic or social class background. Beausoleil writing

from the position of a feminist and health activist in the area of body image and prevention of eating disorders documents the difficulties for activists in the face of public health messages and school initiatives premised on the moral assumptions of very powerful regulatory discourses of 'health' and the 'healthy body'. Like other writers in this collection she also points to spaces for resistance and opportunities for social change in her case through concerns around increasing incidences of young people diagnosed with eating disorders and the desire by officials to 'do no harm'

All of the authors in this collection use resources of social theory and their empirical work to reveal how, via biopedagogies, the truths associated with 'obesity epidemic' are produced. This provides the key to thinking through ways of countering a discourse that equates health with weight and produces ways of thinking about and acting on bodies that are detrimental to the well-being of individuals and populations. From a poststructuralist position there is no escaping discourse, nor the processes of truth making and the defining of subjects that this implies. However, taking up Foucault, we can contest the truths and the relations of power in which they are produced (Harwood 2006). The truths associated with the 'obesity epidemic' and the interventions promoted in the name of addressing the obesity problem, as argued by the authors in this collection, do not contribute to the health of populations; rather they divide populations on the basis of moral judgements about appearance, weight and lifestyle decisions, with effects that are damaging to individuals and groups. Moreover, whole populations are interpellated (Althusser 1971) by the discourse so that individuals, families, institutions make decisions about their lives and those for whom they are responsible on basis of the 'risk' of obesity that might occur. The effectiveness of the discourse is its capacity to engage the emotions of shame, guilt

and fear, not only amongst those who are already defined as ‘abject’ (following Kristeva 1982) or not-normal but for all in the fear that they might become so. By pointing out how the discourse works we hope by this book to provide alternative ‘truths’, resources for different ways of knowing, and different ways of understanding health, selves and bodies.

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